Form CT-1040 Connecticut Resident Income Tax Return

For DRS Use Only **2009** CT-1040

		Complete return in blue or black ink only. Taxpayers must	sign c	leclara	ition o	n reve	erse s	de.	
For t	ne ye	ar January 1 - December 31, 2009, or other taxable year beginning:, 2	009 and	dending	j:				
1	Fil	ng Status Single Filing jointly for federal and Connecticut only Filing jointly for federal and Connecticut only Filing separately for federal and Connecticut only							
		Enter spouse's name here and SSN below.							
→	. [r Social Security Number Spouse Social Security Number Check if deceased	if Chec						
name, SSN here	You	r first name MI Last name (If two last names, insert a	space b	etween n	ames.)			Suffi	ix (Jr./Sr.)
	lf ic	int return, spouse's first name MI Last name (If two last names, insert a	space b	etween n	ames)			Suffi	ix (Jr./Sr.)
⊆ <i>U</i> :) <u> </u>		Space 2					Julia	IX (01.701.)
your	Ма	ing address (number and street, apartment number, suite number, PO Box)							
= "	5								
Prin									
→	C it	town, or post office (If town is two words, leave a space between the words.) State ZIP code							
7									
<u> </u>	ou r	k here if you do not want forms sent to ext year. This does not relieve you of responsibility to file. Check here if you filed Form CT-2210 and checked any boxes on Part 1. Form C'			Check I followin front of	g and	attach t	filing he for	the m to the
2	1.	Federal adjusted gross income from federal Form 1040, Line 37;			Whol	e Doll	lars O	nly	
	••	Form 1040A, Line 21; or Form 1040EZ, Line 4	1.						. 00
	2.	Additions to federal adjusted gross income from Schedule 1, Line 39	2.		,		,		. 00
	3.	Add Line 1 and Line 2.	3.				,		. 00
+	4.	Subtractions from federal adjusted gross income from Schedule 1, Line 50	4.		,		,		. 00
_	5.	Connecticut adjusted gross income: Subtract Line 4 from Line 3.	5.						. 00
staple. forms.	6.	Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 15.	6.				,		. 00
staple.) forms	7.	Credit for income taxes paid to qualifying jurisdictions from <i>Schedule</i> 2, Line 59	7.				,		. 00
o not s · 1099	8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."	8.		,		,		. 00
Clip check here. Do Do not send W-2 or 1	9.	Connecticut alternative minimum tax from Form CT-6251	9.						. 00
	10.	Add Line 8 and Line 9.	10.		,		,		. 00
	11.	Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach <i>Schedule 3</i> on Page 4 or your credit will be disallowed.	11.						. 00
Cip Don	12.	Subtract Line 11 from Line 10. If less than zero, enter "0."	12.		,		,		. 00
	13.	Adjusted net Connecticut minimum tax credit from Form CT-8801	13.						. 00
←	14.	Connecticut income tax: Subtract Line 13 from Line 12. If less than zero, enter "0."	14.				,		. 00
	15.	Individual use tax from Schedule 4, Line 69: If no tax is due, enter "0."	15.		,		,		. 00
	16.	Add Line 14 and Line 15.	16.						. 00

				For	m CT-	1040	- Page	2 of 4	ļ				our Social / Number	•		_					
17. Enter	amoı	unt fro	om L	ine	16.								17.							٦.	00
3					ral ID I			b of W-2				nn B ages, tips, etc.		Со	nnectic	Colu ut inco			ithheld	1	
N-2 and 1099	18a.		-	-[•			. 00	18a.		, .		,			▋.	00
nformation Only enter	18b.			-					•			- 00	18b.								00
nformation rom your W-2	18c.		<u> </u>	-					•			. 00	18c.								0
and 1099 forms f Connecticut	18d.		<u> </u>	-T					•			- 00	18d.							Ī.	0
ncome tax vas withheld.	18e.	П	<u> </u>						•			. 00	18e.				,			Ŧ.	0
	18f.	П		-					•			. 00	18f.		T		7			╡.	0
	18g.	Н	-	- -					•				18g.		7					Ħ.	0
_	_	Ent	or ar	2011	at from	n Sun	nleme	ntal Sci	hodi	ule CT-1040			18h.							╡.	0
18. Total (-					nd enter here.	_1011.				,				
You m	ust c	omp	lete	Col	umns	А, В,	and C	or you	ır wi	thholding wi	ill k	be disallowed.	18.		,		,				0
19. All 200	09 est	imate	ed ta	х ра	ymen	ts and	d any c	verpay	men	its applied f	ror	m a prior year	19.		,		,				0
20. Payme	ents r	nade	with	For	m CT	-1040	EXT (Reques	st foi	extension (of	time to file)	20.		,		,				0
21. Total	paym	ents	: Ad	d Lin	es 18	, 19, a	and 20						21.		,		,				0
4 22. Overp	ayme	nt: If	Line	21	s mor	e thar	n Line	17, sub	trac	t Line 17 fro	m	Line 21.	22.				<u> </u>			٦.	0
23. Amou	nt of L	ine 2	22 yo	ou w	ant ar	plied	to yo	ur 201() es	timated tax	ζ.		23.								0
			-		_	-	_			n <i>Schedule</i>		Line 70	24.				7			Τ.	0
25. Refun	d։ Տւ	btrac	ct Lir	nes 2	23 and	1 24 fr	om Lir	ne 22.		nes 25a, 25l			25.							Ξ.	00
25a. Checki		25b.				eposii	by co	mpietin	g Lii	25c. Acc			25.		; 		7			╣.	
Savings	s 🗌		nur	nber						num											
25d. Will thi										Yes	_										0
5 26. Tax d	ue: If	Line	17 is	s mo	re tha	n Line	e 21, s	ubtract	Line	21 from Lir	ne	17.	26.		_,					٠.	0
27. If late: 28. If late:										onths or frac	ctic	on of a month	27.		7		7			╡.	0
late, th	nen b	/ 1%	(.01).							71.0	_	28.				,			١.	00
29. Interes See in						stimat	ed tax	from Fo	orm	CT-2210:			29.							-	00
30. Total	amou	nt d	ue: /	Add I	_ines	26 thr	ough 2	29.					30.				<u> </u>				00
schedules understand \$5,000, or the taxpay Your signa	and st d the p impris er is b ture	atemo enalty onme ased ased	ents) y for nt for on al	and, willfu not r	to the lly deli [,] nore th	best overing	f my kn a false e years	owledge return o or both.	e and or doo . The	I belief, it is tri cument to DR declaration o s any knowle	rue, RS i of a edg	Date	correct. I ore than	•	Daytime () Daytime ()	telepho	ne nu	mber			
Paid prepa	rer's siç	gnature)						•	Date	•	Telephone number (Preparer	's SSN	or PT	IN			
Firm's nam	ne, addr	ess, an	nd ZIP	code								<u> </u>		\exists	FEIN						<u> </u>
Third Pa	e's nan	ne							Tel	ephone numb	ber	ontact another	P(ers	onal ide	ntifica	ition r				

Form CT-1040 - Page	e 3 of 4		Your Social rity Number	-	-		\top
Schedule 1 - Modifications to Feder	ral Adjusted (all items as p	positive nun	nbers.	
See instructions, Page 18. 31. Interest on state and local government obligations	s other than Conn	ecticut	31.				00
 Mutual fund exempt-interest dividends from non-C government obligations 	Connecticut state of	or municipal	32.				00
33. Cancellation of debt income: See instructions.			33.				00
 Taxable amount of lump-sum distributions from quadjusted gross income 	ualified plans not i	ncluded in federal	34.],		ĪĪ.	00
35. Beneficiary's share of Connecticut fiduciary adjus	tment: Enter only	if greater than zero.	35.	,			00
36. Loss on sale of Connecticut state and local gover	36.			<u> </u>	00		
37. Domestic production activity deduction from feder	al Form 1040, Lin	e 35	37.]	00
38. Other - specify •			38.			<u> </u>	00
39. Total additions: Add Lines 31 through 38. Enter	here and on Line	2.	39.			<u> </u>	00
40. Interest on U.S. government obligations	40.				00		
41. Exempt dividends from certain qualifying mutual fund	ds derived from U.S	S. government obligation	s 41.				00
42. Social Security benefit adjustment: See Social Secu	ırity Benefit Adjustr	ment Worksheet, Page 2	20. 42.	,			00
43. Refunds of state and local income taxes	43.			Ш.	00		
44. Tier 1 and Tier 2 railroad retirement benefits and	supplemental ann	uities	44.			Ш.	00
45. 50% of military retirement pay	45.			聏.	00		
46. Beneficiary's share of Connecticut fiduciary adjus	tment: Enter only	if less than zero.	46.			Ш.	00
47. Gain on sale of Connecticut state and local gover	-		47.			Ш.	00
48. Connecticut Higher Education Trust (CHET) contr			48.			丽.	00
Enter CHET account number: (can be up to 14 digits)							00
49. Other - specify: Do not include out of state income	e. •		49.			₩.	00
50. Total subtractions: Add Lines 40 through 49. Er	nter here and on L	ine 4.	50.			<u> </u>	00
Schedule 2 - Credit for Income Taxes F You must attach a copy of your return filed with the				owed.			
51. Modified Connecticut adjusted gross income	_		51.				00
See instructions, Page 24.		Column A Name	Code	Column B Name			odo
 Enter qualifying jurisdiction's name and two-letter code: See instructions, Page 24. 	52.	Name	Code	• Ivan	iie		ode
53. Non-Connecticut income included on Line 51 and							
reported on a qualifying jurisdiction's income tax return: Complete Schedule 2 Worksheet, Page 24.	53.		. 00]	00
54. Divide Line 53 by Line 51. May not exceed 1.0000	54.						
55. Income tax liability: Subtract Line 11 from Line 6.	55		. 00				00
56. Multiply Line 54 by Line 55.	56,		. 00				00
57. Income tax paid to a qualifying jurisdiction	00				00		
See instructions, Page 25.	57.		00			₩.	00
58. Enter the lesser of Line 56 or Line 57.	58	_الـــالـــارلـــالـــالــــــــــــــــ	J.			00	لتا
Total credit: Add Line 58, all columns. Enter he	ere and on Line 7.	5	59.			. 00	

	Form CT-104	0 - Page 4 of 4		Your Social Security Number		-		
	perty Tax Credi	See instructions, Pag	e 25.			uto 2		
Qualifying Property		Residence	Auto	1	(joint returns or qualif	ying widow(er) only)		
ame of Connecticut Ta own or District	ax •	•			•			
escription of Property primary residence, ente								
reet address.								
motor vehicle, enter yea ake, and model.	ar, •				•			
ate(s) Paid	• /	/ 2009 •	/_	/ 2009	• /_	/ 2009		
	•/_	/ 2009	/_	/ 2009	•/_	/ 2009		
Amount P	aid 60.	, 00	31	. 00	62.	. 00		
3. Total property tax	paid: Add Lines 60, 6	1, and 62.			63.	. 00		
4. Maximum property	tax credit allowed				64. ●	500 . 00		
5. Enter the lesser of L	ine 63 or Line 64.				65. ●	. 00		
		status and Connecticut at e 27. If zero, enter the a			66. ●			
•		e 27. Il Zelo, elitel tile a	mount nom Line o	on Line oo.				
7. Multiply Line 65 by l 3. Subtract Line 67 fro		and on Line 11		_	67. ●	. 00		
		rand on Line 11. credit will be disallowed.			68.	. 00		
		- Do you owe use Connecticut individual						
Column A	Column B	Column C	Column D	Column E	Column F	Column G		
	Description of ods or services	Retailer or service provider	Purchase price	CT tax due (.06 X Column I	Tax, if any, paid to another jurisdiction	Balance due (Column E minus Column F but not less than zero)		
						,		
Total of individual pu	urchases under \$300	not listed above						
9. Individual use ta	x: Add all amounts f	or Column G. Enter he	re and on Line 15	i.	• 69.	, 00		
chedule 5 - Con	tributions to De	esignated Charitie	es .					
a. AIDS Research		70a.			00			
		70b.			00			
b. Organ Transplant		70b.						
c. Endangered Speci	ies/Wildlife	70c.		,	00			
d. Breast Cancer Res	search	70d.		,0	00			
e. Safety Net Service	es	70e.			00			
Of. Military Family Rel	ief Fund	70f.			00			
). Total Contributions	: Add Lines 70a throu	gh 70f. Enter amount he	re and on Line 24.	7	0.	00		
		Jse envelope provided, wi		bel, or mail to:		7		
•	refunds and all oth	er tax forms without p		For all tax for	rms with payment			
PO	partment of Revenue Box 2976			PO Box 2977	of Revenue Service 7	es		