



Schedule CT-EITC Connecticut Earned Income Tax Credit

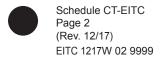
2017

17

Your Social Security Number •

If you were a nonresident or part-year resident of Connecticut during 2017 - **STOP HERE.** You do not qualify for the Connecticut earned income tax credit (CT EITC) and you **must** file Form CT-1040NR/PY.

| C | omplete return in blue or black ink or | nly. Attach | Attach completed Schedule CT-EITC to the back of Form CT-1040 or Form CT-1040X. | | | | | | |
|-----|---|----------------|---|--|-------------------------------------|---|--|--|--|
| 1. | Did you claim the federal earned inco | ome credit for | 2017? | Yes No | Stop; you do not | qualify for the CT EITC. | | | |
| 2. | Is your investment income greater th | an \$3,450? | Yes Stop | ; you do not quali | ify for the CT EITC. | No | | | |
| 3. | Did you already file a 2017 Form CT file Form CT-1040X, Amended Conn | | | | | No If Yes , you must e instructions. | | | |
| 4. | Did you claim qualifying children on yo | ur 2017 federa | Schedule EIC? | Yes Co | mplete Line 5. | No Skip to Line 6. | | | |
| 5. | List up to three children you claimed on federal Schedule EIC. If you claimed more than three, see instructions. | | | | | | | | |
| | Child 1 Child 1 - First name | | MI | Last name (If two | last names, insert a spa | ace between names.) | | | |
| | Child 1 - Social Security Number | Year of Birth | Relationship 1 = son 3 = gra | /daughter/stepchild ndchild 4 = foster | 2 = niece/nephew | Number of months living with you | | | |
| | Check the box if this child was identified | ïed as a stude | nt on federal S | chedule EIC, box | (4a. | | | | |
| | Check the box if this child was identif | ied as being d | isabled on fede | ral Schedule EIC |), box 4b. | | | | |
| | Child 2 Child 2 - First name | | MI | Last name (If two | last names, insert a spa | ace between names.) | | | |
| | | | | | | | | | |
| | Child 2 - Social Security Number | Year of Birth | Relationship 1 = son 3 = gra | /daughter/stepchild ndchild 4 = foster | 2 = niece/nephew child 5 = other | Number of months living with you | | | |
| | Check the box if this child was identified as a student on federal Schedule EIC, box 4a. | | | | | | | | |
| | Check the box if this child was identif | ïed as being d | isabled on fede | ral Schedule EIC | C, box 4b. | | | | |
| | Child 3 Child 3 - First name | | MI Last name (If two last names, insert a s | | last names, insert a spa | pace between names.) | | | |
| | Child 3 - Social Security Number | Year of Birth | Relationship | | | Number of months living with you | | | |
| | | real of Birth | | /daughter/stepchild ndchild 4 = foster | 2 = niece/nephew child 5 = other | Number of months living with you | | | |
| | Check the box if this child was identified | ied as a stude | nt on federal S | chedule EIC, box | (4a. | | | | |
| | Check the box if this child was identified as being disabled on federal Schedule EIC, box 4b. | | | | | | | | |
| 6. | Did you have wages but NO Connecticut income tax withheld? Yes No | | | | | | | | |
| | If YES , enter wages from Forms W-2 and 1099 by completing Lines 6a, 6b, and 6c. If NO , go to Line 7, or if Connecticut tax was withheld, enter Forms W-2 and 1099 information on Form CT-1040, Lines 18a through 18f. | | | | | | | | |
| | Column A Employer's federal ID No. from Box b or payer's federal ID No. from Form | | nployer's state ID | umn B No. from Box 15 o No. from Form 10 | | Column C Wages, tips, etc. | | | |
| 6a. | | | | | • | | | | |
| 6b. | | | | | • | | | | |
| 6c. | | | | | • | | | | |





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| 7. | Were you self-employed or did you have income not reported on a W-2 or 1099? Yes No | | | | | | | | |
|-----|--|--|------------------------------|------|-----|--|--|--|--|
| | If YES , complete Lines 7a, 7b, and 7c. If NO , go to Line 8. See instructions. | | | | | | | | |
| | Column A Business's federal ID No. | Column B Business's state ID No. (CT tax registration number) | Column C Income or (loss) | | | | | | |
| 7a. | | | • | | | | | | |
| 7b. | | | • | | | | | | |
| 7c. | | | • | | | | | | |
| 8. | Amount of federal EIC claimed from fe Form 1040A, Line 42a; or Form 1040E | 8. | | .00 | | | | | |
| 9. | Connecticut EITC rate: 23.0% (.230) | | 9. • | .230 | | | | | |
| 10. | Connecticut EITC: Multiply Line 8 by L | 10. | | .00 | | | | | |
| 11. | Did you file a federal income tax return as married filing jointly but file a Connecticut return as married filing separately? Yes Complete Lines 12 through 15. No Skip to Line 16. | | | | | | | | |
| | | | | | | | | | |
| 12. | Enter your separate federal adjusted gro | 12. | | .00 | | | | | |
| 13. | Enter your joint federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4. | | | | .00 | | | | |
| | | | | | .00 | | | | |
| 14. | Divide Line 12 by Line 13. If Line 12 is | 14. | • | | | | | | |
| 15. | Multiply Line 10 by Line 14. Enter here | 15. | | .00 | | | | | |
| 16. | 6. Connecticut Earned Income Tax Credit: Enter the amount from Line 10 or Line 15, if completed, here and on Form CT-1040, Line 20a, or Form CT-1040X, Line 22a. | | | | | | | | |
| | | | | | .00 | | | | |
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