Form CT-1040 Connecticut Resident Income Tax Return

For DRS Use Only

		Complete return in blue or black ink only. Taxpay	yers must	st sign declaration on reverse side.										
For the year January 1 - December 31, 2012, or other taxable year beginning:, 2						2012 and ending:,,								
1	Fil	Single Filing jointly for federal and Connecticut only	Filing separate Connecticut o	t only Head of Qualifying						ng widow(er) endent child				
		Enter spouse's name here and SSN below.												
ing •		Check if deceased	Spouse Social Security Number Last name (If two last names, insert a space between					Check if deceased						
nail 'n h														
ame, mailing or town here	If jo	oint return, spouse's first name MI Last name (If two last name	mes, insert a	space b	etween r	names.)			Suffix	(Jr./Sr.)				
nan v or														
Print your SSN, name, mailing address, and city or town here.		iling address (number and street, apartment number, suite number, PO Box)			7									
ur SS and	F				1									
t you	Cit	y, town, or post office (If town is two words, leave a space between the words.) State Z	ZIP code											
Print you address.														
→	En	ter city or town of residence if different from above.												
	k if s	rou filed Form CT-2210 Check here if you are filing these forms. Attac	ch the form(e) to th	e front	of the ret	urn							
		ked any boxes on Part 1. Form CT-8379			40CRC	or the ret	uiii.							
2	1.	Federal adjusted gross income from federal Form 1040, Line 37;	_			Whole	Dolla	ars Or	nly					
		Form 1040A, Line 21; or Form 1040EZ, Line 4		1.		,	J,			. 00				
	2.	Additions to federal adjusted gross income from Schedule 1, Line 39		2.		,	<u> </u>			. 00				
	3.	Add Line 1 and Line 2.		3.		,	Щ,			. 00				
staple.	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.		,	<u> </u>			. 00				
	6.	Income tax from tax tables or Tax Calculation Schedule: See instructions,	Page 18.	6.		,	Щ,			. 00				
	7.	Credit for income taxes paid to qualifying jurisdictions from $\it Schedule 2$, Li	ine 59	7.		,	<u> </u>			. 00				
o not 1099	8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."		8.		,],			. 00				
e. 2. O	9.	Connecticut alternative minimum tax from Form CT-6251		9.		,	Ш,			. 00				
Clip check here. Do Do not send W-2 or	10.	Add Line 8 and Line 9.		10.		,				. 00				
	11.	Credit for property taxes paid on your primary residence, motor vehicle, Complete and attach <i>Schedule 3</i> on Page 4 or your credit will be disallow		11.						. 00				
Sip	12.	Subtract Line 11 from Line 10. If less than zero, enter "0."		12.		,				. 00				
_	13.	Total allowable credits from Schedule CT-IT Credit, Part I, Line 11		13.		,				. 00				
←	14.	Connecticut income tax: Subtract Line 13 from Line 12. If less than zero, e	nter "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				

Column C Connecticut income tax wit 18a	vithheld
Connecticut income tax with 18a	vithheld
18b	
18c.	
18d.	
18e	
18f	
18g.	
18h	
18h	
18.	
19	
20	
20a. 21. 22. , 23. 24.	
21	
22	
23. , , , , , , , , , , , , , , , , , , ,	
23. , , , , , , , , , , , , , , , , , , ,	
24. , , ,	
, , , , , , , , , , , , , , , , , , , ,	
25. , , , , , , , , , , , , , , , , , , ,	
26.	
27.	ПΠ
28	
30. , , , ,	
27.	

2012 Form CT-1040 - Page 3 of 4		Your Social ity Number	•	7 - [-		Т
Schedule 1 - Modifications to Federal Adjuste			er all items	as posit	tive numb	bers.	
See instructions, Page 22. Interest on state and local government obligations other than Co	onnecticut	31.	, .		,]	00
 Mutual fund exempt-interest dividends from non-Connecticut sta government obligations 	te or municipal	32.	,				00
- / jobskerved Not Not Not Sel		///\$///	//////	/////	/////	////	///
. Taxable amount of lump-sum distributions from qualified plans n adjusted gross income	ot included in federal	34.			,	<u>.</u>	00
Beneficiary's share of Connecticut fiduciary adjustment: Enter or	nly if greater than zero.	35.				<u>.</u>	00
. Loss on sale of Connecticut state and local government bonds		36.			,		00
7. Domestic production activity deduction from federal Form 1040,	Line 35	37.			, 🔲 🗀	<u> </u> .	00
s. Other - specify •		38.			,	<u>.</u>	00
D. Total additions: Add Lines 31 through 38. Enter here and on Li	ine 2.	39.				<u> </u>	00
. Interest on U.S. government obligations		40.			,		00
. Exempt dividends from certain qualifying mutual funds derived from	U.S. government obligations	s 41.				<u>.</u>	00
. Social Security benefit adjustment: See Social Security Benefit Adjustment	ustment Worksheet, Page 24	4. 42.				<u>.</u>	00
s. Refunds of state and local income taxes	43.				<u>.</u>	00	
. Tier 1 and Tier 2 railroad retirement benefits and supplemental a	44.			,		00	
5.50% of military retirement pay	45.	, .				00	
Beneficiary's share of Connecticut fiduciary adjustment: Enter or	46.			,	\Box .	00	
. Gain on sale of Connecticut state and local government bonds	47.			,		00	
S. Connecticut Higher Education Trust (CHET) contributions		48.			, .	<u> </u>	00
Enter CHET account number: Do not add spaces or dashes. Other - specify: Do not include out of state income.		49.				Ш.	00
Total subtractions: Add Lines 40 through 49. Enter here and o	in Line 4	50.				П	00
chedule 2 - Credit for Income Taxes Paid to Qua						<u> </u>	_
ou must attach a copy of your return filed with the qualifying jur			allowed.				
. Modified Connecticut adjusted gross income		51.			,	\Box .	00
See instructions, Page 28. Enter qualifying jurisdiction's name and two-letter	Column A Name	Code	•	Colum Name	ın B	Co	ode
code: See instructions, Page 28. 52.							
s. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet</i> , Page 28. 53.		00					00
Tetam. Complete Gonedale 2 Worksheet, 1 age 20. 33.		VV					
Divide Line 53 by Line 51 May not exceed 1 0000 54	,,,						
Divide Line 53 by Line 51. May not exceed 1.0000 54.	,,,	00					00
. Income tax liability: Subtract Line 11 from Line 6. 55.					,	 	
i. Income tax liability: Subtract Line 11 from Line 6. 55. i. Multiply Line 54 by Line 55. 56.		. 00	, ,		,		00
. Income tax liability: Subtract Line 11 from Line 6. 55.		. 00	, , ,				00

	erty Tax Credit See instructi	ons, Page 2		. 1		/inint *		to 2	da /	\ -· '	۸ ا
Qualifying Property Name of Connecticut Tax	Primary Residence		Auto	11		(joint returns	s or qualify	ing wi	aow(e	r) only	/)
Town or District Description of Property		•				•					
If primary residence, enter street address.											
If motor vehicle, enter year, make, and model.	•					•					
Date(s) Paid	• / / 2012	2 •	/_	/ 20	12	•	/_		/ 20)12	
	• / / 2012	2 •	/	_ / 20	12	• _	/_		/ 20	12	
Amount Paid	60.	00 61.			00	62.					00
	id: Add Lines 60, 61, and 62.				J• []	63.		,		T.	00
64. Maximum property ta	ax credit allowed					64.		3	0	0	. 00
65. Enter the lesser of Line	e 63 or Line 64.					65.	•				. 00
	ount for your filing status and Co s it appears on Page 30. If zero, e				68	66.	,				
	-	inter the anic	ount nom Line	oo on Line	00.						00
67. Multiply Line 65 by Lin 68. Subtract Line 67 from	e oo. Line 65. Enter here and on Line 1	1.				67. ●	1			┥.	. 00
Attach Schedule 3 to y	our return or your credit will be di	sallowed.				68.					. 00
	dual Use Tax - Do you of Individual Use Tax Worksheet on										
69a. Total use tax due at	1%: From Connecticut Individual	Use Tax Wor	ksheet, Section	n A, Colum	n 7.	69a.		,			. 00
69b. Total use tax due at	6.35%: From Connecticut Individu	ıal Use Tax V	orksheet, Sect	ion B, Colu	ımn 7	69b.		,			. 00
69c. Total use tax due at	7%: From Connecticut Individual	Use Tax Wor	ksheet, Section	n C, Colum	nn 7	69c.		7			00
	Add Lines 69a through 69c. If r	no use tax is	due, enter "0	."							0.0
Enter here and on L	ine 15.				•	69.		,			. 00
Schedule 5 - Contr	ibutions to Designated (Charities	- See more in	formation	on Pag	e 6.					
70a. AIDS Research		70a.			. 00						
70b. Organ Transplant		70b.	,		. 00)					
70c. Endangered Species	/Wildlife	70c.	,	,	. 00						
70d. Breast Cancer Resea	arch	70d.],	. 00						
70e. Safety Net Services		70e.			. 00)					
70f. Military Family Relief	Fund	70f.	,	,	. 00						
											00

Use the correct mailing address for returns requesting a refund or with a payment								
For refunds and all other tax forms without payment:	For all tax forms with payment:							
Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	Department of Revenue Services PO Box 2977 Hartford CT 06104-2977							