Form CT-1040 Connecticut Resident Income Tax Return

For DRS Use Only

- 20

2013 CT-1040

		Complete return in blue or black ink only. Taxpayers mus	Taxpayers must sign declaration on reverse side.										
For th	e ye	ar January 1 - December 31, 2013, or other taxable year beginning:,	2013 an	d endin	g:			,					
1	Filin	g Status - Check only one box. Married filing separately							,				
		Single Married filing jointly	Head	of hous	ehold			/ing wide ependen					
		Enter spouse's name here and SSN below.											
→	You	r Social Security Number Spouse's Social Security Number Check if			Check	if							
_	You	r first name MI Last name (If two last names, insert	a space b	etween	decea	sed		Suffi	x (Jr.	/Sr.)			
Print your SSN, name, mailing address, and city or town here.								7 [Π			
	If joi	int return, spouse's first name MI Last name (If two last names, insert	a space t	oetween	names.)			Suffi	x (Jr.	/Sr.)			
nam , or t	Mail	ling address (number and street, apartment number, suite number, PO Box)								Ш			
and city	IVIGII												
ur Si and													
Print you address,	City	town, or post office (If town is two words, leave a space between the words.) State ZIP code				_							
Prin	Ente	er city or town of residence if different from above. ZIP code											
→													
Check	if yo	u filed Form CT-2210 Check here if you are filing these forms. Attach the fo	. ,			eturn.							
2			rm CT-1	040CR	C Whole	e Doll	lars C	nlv					
	1.	Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4	1.			, ,		, y	7 [00			
←	2.	Additions to federal adjusted gross income from Schedule 1, Line 39	2.						֓֟֟֝֟֟֝֟֝֟֝֟֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	00			
	3.	Add Line 1 and Line 2.	3.						ī i	00			
	4.	Subtractions from federal adjusted gross income from <i>Schedule 1</i> , Line 50	4.		7		,			00			
					,		,		 				
ns.	5.	Connecticut adjusted gross income: Subtract Line 4 from Line 3.	5.		,		,		<u>ا</u> ٠.	00			
staple. forms.	6.	Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 19	9. 6.		,].	00			
Do not staple. or 1099 forms	7.	Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59	7.].[00			
_	8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."	8.].[00			
ere. W-2	9.	Connecticut alternative minimum tax from Form CT-6251	9.		,		,[].[00			
eck l	10.	Add Line 8 and Line 9.	10.		,		,].[00			
Clip check here. Do not send W-2	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			
0 0	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			
4	14.	Connecticut income tax: Subtract Line 13 from Line 12. If less than zero, enter "0."	14.		,		,		j.[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			

Due date: April 15, 2014 - Attach a copy of all applicable schedules and forms to this return.

	2	013 F	orm	ı CT	-1040	- Pag	ge 2 (of 4			Yo	ur Soci	al Securit	y Num	ber •] - [-		
17. Ente	er amo	unt fro	m L	ine	16.									 17.								0
Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099 wages, tips, etc.											Col	umn		onne withhe		come ta	ЭX					
and 1099	18a.			-[•				.00	18a.								
rmation enter 18b00							18b.								.[
and and 9 forms if 18d									18c.								.[
									18d.							٦.						
									18e.							Ξ.	į					
withheld.	18f.	\Box		- [<u> </u>	•			.00	18f.	$\overline{\Box}$						╡.	
	18g.	П							╡,	•			.00	18g.	$\overline{\Box}$						Ξ.	
	_	Additio	onal	СТ	withh	olding	from	n Supr	oleme	ntal Sc	hedule	CT-10	040WH	18h.	\equiv						Π.	
18. Tota	al Conn	ecticut	t inc	come	tax w	/ithhel	d: Ad	ld amo	unts ir	n Colum	nn C an	d enter		d 10	П	H	H				=	
19. All 2							-							_								
20. Pay				•	•								. ,	20.	=		H				=	
20a.Con								•					,	20a.	=	Ш,					=	
										ile C1-	LIIO, I	-1116 10).	20a. 21.	Н						=	
21. Tota											47.6			_	H						=	
22. Ove														22.		H	H				=	•
23. Amo	ount of	Line 2	22 o	verp	ayme	ent yo	u wai	nt app	lied t	o you	2014	estima	ated tax	23.		H.	Щ				١.	
 Tota Ref 														24.		Ш						•
dep		comp	letir	ng Li	nes 2	5a, 25	5b, aı	nd 250	. If yo	ou do n	ot elect		deposit,	25.							٦.	
25a. Ched	cking	25b.	Rou	ıting	'nг						c. Acco				П						Ŧ	
Savir 25d. Will	3-			nber a ba	nk ac	count	outsi	de the	U.S.?	· 💍 \	numl ⁄es	bei										
25e.Refu														l check	will b	e iss	ued ar	nd pro	cessin	g may be		
26. Tax	due: I	Line	17 i	s mo	ore th	an Lir	ne 21	, subti	act L	ine 21	from Li	ne 17.		26	닖		Щ				╝.	•
27. If lat 28. If lat										months	s or frac	ction o	f a mont	27. 1	Ш	Щ.	Щ		,		╝.	
	, then b						,				, oa.	, o		28	·		Ш				╝.	
29. Inte	rest on					estima	ited t	ax fror	n For	m CT-2	2210:			29								
30. Tota						26 th	roug	h 29.						30								
Declaration statements vering a fals) and, to	the bes	st of	mv ki	nowled	ge and	belief	. it is tru	e. com	iplete, ai	nd correc	t. I unde	erstand the	penalt	v for	willful	lv					
declaration Your signal	n of a pai	d prepa	rer c	other	than th	e taxpa	yer is	based o	on all ir	nformation	on of whi	ch the p	reparer ha	s any k	nowle	edge.		telepho	one num	ber		
Your email	addrass											•										_
Spouse's s	signature	(if joint re	eturn)								Date •				Day ● (time te	lephon)	e numbe	er		
Paid prepa	rer's sign	ature							Da	te		Telepho	ne number			Pre	parer's	SSN c	r PTIN			
Firm's nam	ne, addres	s, and Z	ZIP co	ode								\	/			FEI	N				<u> </u>	
Third Par	rty Des	anee -	- Co	mple	te the	follow	ina to	author	ize DF	RS to co	ntact ar	other r	person ah	out this	s retu	ırn.						_
Designee's		J	20				.5 .5			ephone r		P					identifi	cation	numbei	(PIN)		

2013 Form CT-1040 - Page 3		Your Social Security Number				-	I			
Schedule 1 - Modifications to Federal Ac	ljusted Gross Income	Enter all i	tems as	; positive	numbe	ers.				
See instructions, Page 23. 31. Interest on state and local government obligations other	er than Connecticut	31.					٦.			
32. Mutual fund exempt-interest dividends from non-Conne		32.	HH				7			
government obligations 35/Pessylvey164/16/1///////////////////////////////			/////	/////	/////	/////	///	(O)O)		
34. Taxable amount of lump-sum distributions from qualific adjusted gross income	al 34.],].	00			
35. Beneficiary's share of Connecticut fiduciary adjustmen	ero. 35.						00			
36. Loss on sale of Connecticut state and local governmen	36.						00			
37. Domestic production activity deduction from federal Fo	orm 1040, Line 35	37.						00		
38. Other - specify •		38.						00		
39. Total additions: Add Lines 31 through 38. Enter here	and on Line 2.	39.						00		
40. Interest on U.S. government obligations		40.		\rfloor, \square				00		
41. Exempt dividends from certain qualifying mutual funds deri	ved from U.S. government oblig	ations 41.],				00		
42. Social Security benefit adjustment: See Social Security B	enefit Adjustment Worksheet, F	Page 25. 42.						00		
43. Refunds of state and local income taxes	43.						00			
44. Tier 1 and Tier 2 railroad retirement benefits and suppl	emental annuities	44.						00		
45. 50% of military retirement pay	45.						00			
46. Beneficiary's share of Connecticut fiduciary adjustmen	t: Enter only if less than zero.	46.						00		
47. Gain on sale of Connecticut state and local governmen	nt bonds	47.						00		
48. Connecticut Higher Education Trust (CHET) contribution Enter CHET account number: Do not add spaces or dashes.	ons	48.].	00		
49. Other - specify: Do not include out of state income. • _		49.						00		
50. Total subtractions: Add Lines 40 through 49. Enter h	ere and on Line 4.	50.						00		
Schedule 2 - Credit for Income Taxes Paid You must attach a copy of your return filed with the qua 51. Modified Connecticut adjusted gross income. See instr	alifying jurisdiction(s) or you		isallowe	ed.			٦.,	00		
on mountained commonweal asjectical group mountained commonweal	Column		Column B							
52. Enter qualifying jurisdiction's name and two-letter	Name	Code	• Name							
code. See instructions, Page 29. 52.							Ш			
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax	52	00						00		
return. Complete Schedule 2 Worksheet, Page 29.	53	. 00						00		
54. Divide Line 53 by Line 51. May not exceed 1.0000	54.	. 00						00		
55. Income tax liability. Subtract Line 11 from Line 6.	. 00						00			
56. Multiply Line 54 by Line 55.	56	. 00		17				UU		
 Income tax paid to a qualifying jurisdiction. See instructions, Page 30. 	57	. 00						00		
58. Enter the lesser of Line 56 or Line 57.	58	. 00						00		
59. Total credit: Add Line 58, all columns. Enter here ar	nd on Line 7.	59.					00			

	2013 Form CT-1040 - Page 4 of		Yo Security	ur Soci			-						
Schedule 3 - Pro	perty Tax Credit See instruction	ns, Page	30.										
Qualifying Property	Primary Residence	1		Auto	1		(joint re	turns or qua	Auto 2 alifying wid	dow(er)	only)		
Name of Connecticut Tax Town or District	•	•					•						
Description of Property If primary residence, enter street address.		_ _											
If motor vehicle, enter year, make, and model.	•	_ _					•					_	
Date(s) Paid	• / / 2013	•		/	/ 20)13	•		1	/ 201	13	_	
	• / / 2013	•	_ :	_	_)13	•				2013		
Amount Pa	id 60.	00 61				. 00	62.				٦.	00	
63. Total property tax	paid: Add Lines 60, 61, and 62.						63.				٦.	00	
64. Maximum property	/ tax credit allowed						64.	•	3	0	0		
65. Enter the lesser of L	Line 63 or Line 64.						65.	•			٦.	00	
66. Enter the decimal a	amount for your filing status and Congras it appears on Page 31. If zero, en						66.	•	Π.				
67. Multiply Line 65 by	Line 66.						67.	•	\Box		٦.	00	
	om Line 65. Enter here and on Line 11 to your return or your credit will be dis						68.				=	00	
69a. Total use tax due 69b. Total use tax due 69c. Total use tax due 69. Individual use ta	cut Individual Use Tax Worksheet on Fat 1%: From Connecticut Individual Uat 6.35%: From Connecticut Individual at 7%: From Connecticut Individual Uax: Add Lines 69a through 69c. If no	lse Tax W Il Use Tax Ise Tax W	orksheet, Workshe orksheet,	Section Section Section	n A, Colu tion B, Co n C, Colu	imn 7. Dlumn 7 Imn 7	69c.					00 00 00	
here and on Line							• 69.					UU	
Schedule 5 - Con	ntributions to Designated C	harities	s - See r	nore in	formatio	n on Pa	age 6.						
70a. AIDS Research		70a.				<u> </u>	00						
70b. Organ Transplant		70b.					00						
70c. Endangered Speci	ies/Wildlife	70c.					00						
70d. Breast Cancer Res	70d.	, ,],		00							
70e. Safety Net Service	70e.	, ,		,		00							
70f. Military Family Rel	ief	70f.],		00						
70. Total Contributions	s: Add Lines 70a through 70f. Enter an	nount her	e and on	Line 24	١.	70		,				00	
	Complete and ser	nd all fou	ır pages	of the	return to	DRS.							
Use th	e correct mailing address f	or retu	rns wit	hap	aymen	t or re	equest	ing a re	efund.	7			
De PO	all tax forms with payment: partment of Revenue Services Box 2977 rtford CT 06104-2977	De PC		t of Re	II other to venue Se 1-2976			out payr	nent:				