Form CT-1040NR/PY Connecticut Nonresident and Part-Year Resident Income Tax Return

For DRS Use Only CT-10

Your Social Security Number **Check if docessed with dependent child security Number** **Check if docessed with the security Number** **Check if you first name** **MI Last name (if two last names, insent a space between names.)* **Suffix (Jr/Sic Vir/Sic Vir		Complete return in blue or black ink only. Taxpayers must si	Taxpayers must sign declaration on reverse side.											
Single Married filing jointly Enter spouse's name here and SSN below.	For the	e year January 1 - December 31, 2013, or other taxable year beginning:, 2013	, 2013 and ending:,,											
Your Social Security Number **Check if docessed with dependent child security Number** **Check if docessed with the security Number** **Check if you first name** **MI Last name (if two last names, insent a space between names.)* **Suffix (Jr/Sic Vir/Sic Vir	1	Married ming separately			— Qualify	ving widow(er)								
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17. Individual use tax from Schedule 3, Line 62: If no tax is due, enter "0."	_					00								
	~													
18. Add Line 16 and Line 17. ■ 18.		18. Add Line 16 and Line 17.	18.			0(

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

		20	013 F	orm	CT-10	40NR/PY	′ - Page	2 of 4			Security	our Soci / Numb			_		-	-	Ι	I
19. Ente	er amo	ount fro	om Lii	ne 18	3.							19.],].	00
ŗ			ederal		. from E	Box b of W- ule CT K-1		Connecticu	umn B ut wage etc.	s, tips,	Schedul CT K-1			necticu		me ta	ax wit	thheld le CT K-1		
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21. All 2	2013 6	estimat	ted ta	x pay	ments	and any	overpa	yments app	olied fro	m a pri	or year	21.].	0
22. Pay	ments	made	with	Form	ı CT-1	040 EXT	(Reque	st for exten	sion of	time to	file)	22.				Π,	, 🔲		7.	0
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28. Tax	due:	If Line	19 is	more	than	Line 23, s	subtract	Line 23 fro	m Line	19.		_ 28.		,		,	,].	0
29. If lat	e: En	er pen	alty. I	Multip	oly Lin	e 28 by 1	0% (.10).				29.				П.			Ī.	0
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31. Inter	est on					ated tax fr	om Forr	n CT-2210:	See in	struction	ns,					,	Н		╡.	0
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Spouse	's signat	ure (if ioi	nt retur	n)						Date				Daytime	telephr	one ni	umber			
Your signature Your email address Spouse's signature (if joint return) Paid preparer's signature Firm's name, address, and ZIP code Third Party Designee - Complete the following to authorize DRS								Det	•)					
Paid pre	eparer's	signature	9					Date •		Telephone (number			Preparer	s SSN	or PT	IN			
Firm's n	ame, ac	ldress, ar	nd ZIP o	ode				•					F	EIN						_
Third F	Party D	esigne	ee - Co	mple	te the f	ollowing to	authoriz	ze DRS to co	ntact ar	nother pe	rson ab	out this	return							_
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Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS.

Thank You

2013 Form CT-1040NR/PY	- Page 3 o	of 4			S	Yo ecurity	our So y Num			П-		7 -			
Schedule 1 - Modifications to Federal	Adjusted	d Gros	ss In	com	е		·	- Enter	all iter	ms as p	oositiv	∕e nuı	mbers.		
See Instructions, Page 20. 33. Interest on state and local government obligation	s other thar	n Conne	ecticut				33.							. (00
34. Mutual fund exempt-interest dividends from non- government obligations	Connecticu	t state c	or mur	icipal			34.							•	00
35/16656166161846161486////////////////////////	////////	/////	////	////	////	////	//35/			/////	////	////	/////	•	///
Taxable amount of lump-sum distributions from q adjusted gross income	ualified plai	ns not ir	nclude	d in fe	deral	,,,,,	36.],],[. [00
37. Beneficiary's share of Connecticut fiduciary adjus	stment: Ente	er only i	f grea	ter tha	n zero	٠.	37.							. [00
38. Loss on sale of Connecticut state and local gove	rnment bon	ds					38.							. (00
39. Domestic production activity deduction from fede	ral form 104	40, Line	35				39.		٦, [\neg ,[00
40. Other - specify •							40.						$\exists \Box$		00
41. Total additions: Add Lines 33 through 40. Enter	here and o	on Line	2.				41.							. (00
42. Interest on U.S. government obligations							— 42.						$\overline{\Box}$		00
43. Exempt dividends from certain qualifying mutual fur	nds derived	from U.S	S. gov	ernme	nt oblig	ations	s 43.						乛		00
44. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 2				ige 22	. 44.	ΠĪ					╗		00		
45. Refunds of state and local income taxes					45.						╦		00		
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities					46.	ΠĪ	<u> </u>		Ti.		╗		00		
47. 50% of military retirement pay					47.	ΠĪ					╗		00		
48. Beneficiary's share of Connecticut fiduciary adjus	stment: Ente	er only i	f less	than z	ero.		48.						╗		00
49. Gain on sale of Connecticut state and local gove	rnment bon	ds					49.	П					╗		00
50. Connecticut Higher Education Trust (CHET) cont	ributions						50.	П	Π̈́		ΠÏ		而	(00
Enter CHET account number: Do not add spaces or dashes.														•	_
51. Other - specify: Do not include out of state income	e. •						51.								00
52. Total subtractions: Add Lines 42 through 51. Er	nter here an	nd on Lir	ne 4.				52.							. (00
Schedule 2 - Credit for Income Taxes If You must attach a copy of your return filed with the											ents	On	ly		
	. , ,	•	,	, ,										1	00
 Connecticut adjusted gross income during the re See instructions, Page 26. 	sidency poi	rtion of t		e year l umn			53			Col	umn	ı B		- Ľ	30
54. Enter qualifying jurisdiction's name and two-lette code. See instructions, Page 26.	r 54.	•	Nan			C	ode		•	Nam				Cod	e
55. Non-Connecticut income included on Line 53 an reported on a qualifying jurisdiction's income tax							_								
return: Complete Schedule 2 Worksheet, Page 24.						<u>.</u>	00	Щ						. [00
56. Divide Line 55 by Line 53. May not exceed 1.0000.	56.											<u></u>			
57. Apportioned income tax: See instructions, Page 26	57.					Щ.	. 00						Щ	٠,	00
58. Multiply Line 56 by Line 57.	58.	,				<u>.</u>	00							. [00
59. Income tax paid to a qualifying jurisdiction	F0						00								00
See instructions, Page 26. 60. Enter the lesser of Line 58 or Line 59.	59 60.						00						╫	` -	00
61. Total credit: Add Line 60, all columns. Enter he		ine 11				61.		卅					00	• [
o i. Iotai Greatti Add Line oo, an Coldinia. Elitel II	ore and on L	_iii				οι.							1 - 1 - 1		

2013 Form	CT-1040NR/PY	-	Page	4	of	4

63b. Organ Transplant

63c. Endangered Species/Wildlife

63d. Breast Cancer Research

Military Family Relief

63e. Safety Net Services

63f.

63.

	2013 Form CT-1040NR/PY - Page 4 of 4	Your Social Security Number	•] - [
	hedule 3 - Individual Use Tax you owe use tax for on-line or other purchases where you paid no sa	ales tax? See inst	ruction	s. Page	e 36.				
	Failure to report and pay use tax is subject to as much as a \$5,000 fine,					rs, o	r bot	h.	
Com	nplete the Connecticut Individual Use Tax Worksheet on Page 37 to calculate y	our use tax liabilit	y.						
62a.	. Total use tax due at 1%: From Connecticut Individual Use Tax Worksheet, Section	on A, Column 7.	62a.].[00
62b.	. Total use tax due at 6.35%: From Connecticut Individual Use Tax Worksheet, Se	ection B, Column 7	62b.].[00
62c.	. Total use tax due at 7%: From Connecticut Individual Use Tax Worksheet, Section	on C, Column 7	62c.].[00
62.	Individual use tax: Add Lines 62a through 62c. If no use tax is due, you mu here and on Line 17.	st enter "0"	62.		, .].[00
Sch	hedule 4 - Contributions to Designated Charities - See more in	formation on Page	- e 4.						
63a.	. AIDS Research 63a.	00							

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63.

63b.

63c.

63d.

63e.

63f.

Total contributions: Add Lines 63a through 63f, enter amount here and on Line 26.

Complete and send all four pages of the return to DRS.

Use the correct mailing address for returns with a payment or requesting a refund.										
For all tax forms with payment:	For refunds and all other tax forms without payment:									
Department of Revenue Services	Department of Revenue Services									
PO Box 2969	PO Box 2968									
Hartford CT 06104-2969	Hartford CT 06104-2968									

Make your check payable to Commissioner of Revenue Services

To ensure proper posting, write your SSN(s) (optional) and "2013 Form CT-1040NR/PY" on your check.