

# Schedule CT-1040AW

## Part-Year Resident Income Allocation

# 2015

**Part-year residents** must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

|                                                         |           |                                                       |
|---------------------------------------------------------|-----------|-------------------------------------------------------|
| Your first name and middle initial                      | Last name | Your Social Security Number<br>____ : ____ : ____     |
| If joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number<br>____ : ____ : ____ |

| Part 1 – Adjusted Gross Income                                                        |    | Federal Income<br>as Modified<br>See instructions. | Connecticut<br>Resident Period                      |                                                     | Connecticut<br>Nonresident Period                            |  |
|---------------------------------------------------------------------------------------|----|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|--|
|                                                                                       |    | Column A<br>Income from<br>federal return          | Column B<br>Income from Column A<br>for this period | Column C<br>Income from Column A<br>for this period | Column D<br>Income from Column C<br>from Connecticut sources |  |
| 1. Wages, salaries, tips, etc. ....                                                   | 1  |                                                    |                                                     |                                                     |                                                              |  |
| 2. Taxable interest.....                                                              | 2  |                                                    |                                                     |                                                     |                                                              |  |
| 3. Ordinary dividends.....                                                            | 3  |                                                    |                                                     |                                                     |                                                              |  |
| 4. Alimony received .....                                                             | 4  |                                                    |                                                     |                                                     |                                                              |  |
| 5. Business income or (loss).....                                                     | 5  |                                                    |                                                     |                                                     |                                                              |  |
| 6. Capital gain or (loss).....                                                        | 6  |                                                    |                                                     |                                                     |                                                              |  |
| 7. Other gains or (losses) .....                                                      | 7  |                                                    |                                                     |                                                     |                                                              |  |
| 8. Taxable amount of IRA distributions .....                                          | 8  |                                                    |                                                     |                                                     |                                                              |  |
| 9. Taxable amount of pensions and annuities.....                                      | 9  |                                                    |                                                     |                                                     |                                                              |  |
| 10. Rental real estate, royalties, partnerships,<br>S corporations, trusts, etc. .... | 10 |                                                    |                                                     |                                                     |                                                              |  |
| 11. Farm income or (loss).....                                                        | 11 |                                                    |                                                     |                                                     |                                                              |  |
| 12. Unemployment compensation .....                                                   | 12 |                                                    |                                                     |                                                     |                                                              |  |
| 13. Taxable amount of social security benefits .....                                  | 13 |                                                    |                                                     |                                                     |                                                              |  |
| 14. Other income: See instructions. ....                                              | 14 |                                                    |                                                     |                                                     |                                                              |  |
| 15. Add Lines 1 through 14. ....                                                      | 15 | 00                                                 | 00                                                  | 00                                                  | 00                                                           |  |

| Part 2 – Adjustments to Income                                                                              |    |
|-------------------------------------------------------------------------------------------------------------|----|
| 16. Educator expenses .....                                                                                 | 16 |
| 17. Certain business expenses of reservists, performing<br>artists, and fee-basis government officials..... | 17 |
| 18. Health savings account deduction.....                                                                   | 18 |
| 19. Moving expenses.....                                                                                    | 19 |
| 20. Deductible part of self-employment tax .....                                                            | 20 |
| 21. Self-employed SEP, SIMPLE, and qualified plans..                                                        | 21 |
| 22. Self-employed health insurance deduction.....                                                           | 22 |
| 23. Penalty on early withdrawal of savings.....                                                             | 23 |
| 24. Alimony paid .....                                                                                      | 24 |
| 25. IRA deduction .....                                                                                     | 25 |
| 26. Student loan interest deduction .....                                                                   | 26 |
| 27. Tuition and fees .....                                                                                  | 27 |
| 28. <i>Reserved for future use</i> .....                                                                    | 28 |
| 29. Total adjustments: Add Lines 16 through 27. ....                                                        | 29 |
| 30. Subtract Line 29 from Line 15. ....                                                                     | 30 |

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.  
Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

### Part 3 – Part-Year Resident Information

#### Moved Into Connecticut

1. Date **you** moved into Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **prior** residence: \_\_\_\_\_
2. Date **your spouse** moved into Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **prior** residence: \_\_\_\_\_

#### Moved Out of Connecticut

1. Date **you** moved out of Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **new** residence: \_\_\_\_\_
2. Date **your spouse** moved out of Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **new** residence: \_\_\_\_\_

#### Income From Connecticut Sources During Nonresident Period

1. Did **you** receive income from Connecticut sources during your nonresident period? ..... ☐ Yes ☐ No
2. Did **your spouse** receive income from Connecticut sources during his or her nonresident period? ..... ☐ Yes ☐ No