



Form CT-1040 Connecticut Resident Income Tax Return



Taxpayers must sign declaration on reverse side. Complete return in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

			· · · · · · · · · · · · · · · · · · ·	,	·····					/-	
	For J	anuary 1 - December 31, 2021	, or other tax	year beg	ginning	-	- 2021	and ending	-	-	
1	Fili	ng Status - Check only one b	ox.			MM-DE) - <u>Y Y Y Y</u>		MM-DD	- YYYYY	
		Single	Head of ho	usehold		Married	I filing separately	•			
	Vau	Married filing jointly	Qualifying	widow(er)		6.5	avea's Sacial Sac		pouse's name he	ere and SSN bel	ow.
→	rou	r Social Security Number			Check if	Sp	ouse's Social Sec -	-		Check if deceased	
ling. ere.	You			MI	deceased Last	name (If two la	ast names, insert	a space between	 names.)	Suffix (Jr./Si	
mail vn h											
Print your SSN, name, mailing address. and citv or town here	lf joi	nt return, spouse's first name		MI	Last	name (If two la	ast names, insert	a space between	names.)	Suffix (Jr./Si	r.)
ŝN, na citv o											
ur SSN and ci	Mail	ing address (number and street)					Mailing address	2 (apartment nur	nber, PO Box)		
our :	City	town, or post office (If town is two	worda laava a	anaaa hat	ween the y	worde)	State	ZIP code			
Print you address.	City		words, leave a	space bei	ween the	vorus.)	olale	Zir code			
Pri adc	Ente	er city or town of residence if differe	nt from above.				ZIP code				
→											
		e appropriate box to identify attaching a completed:	Form C	T-1040 (CRC, Clai	m of Right Cr	edit Forr	n CT-8379, Nor	nobligated Spou	se Claim	
Ē	orm	CT-2210 , Underpayment of Es, and Estates, checking any bo			y Individu	als,	Federal Form a Deceased Ta		nt of Person Clai	ming Refund [Due
		,							Whole Dollars	Only	
2	1.	Federal adjusted gross inco or federal Form 1040-SR, L	me from fed ine 11	eral For	m 1040,	Line 11,		1.			.00
←	2.	Additions to federal adjuster	d gross incor	ne from	Schedu	<i>le 1</i> , Line 38		2.			.00
К-1.	3.	Add Line 1 and Line 2.						3.			.00
s CT	4.	Subtractions from federal ad	djusted gross	s income	e from S	chedule 1, L	ine 50	4.			.00
e staples. Schedules	5.	Connecticut adjusted gro	ss income:	Subtrac	t Line 4 f	rom Line 3.		5.			.00
e stal Sche	6.	Income tax from tax tables	or Tax Calcul	ation So	chedule:	See instruct	ions.	6.			.00
not use staples 99, or Schedule	7.	Credit for income taxes paid	to qualifying	jurisdict	tions fron	n Schedule 2	2, Line 59	7.			.00
	8.	Subtract Line 7 from Line 6.	. If Line 7 is g	greater t	han Line	6, enter "0.'	3	8.			.00
ere. I '-2 or	9.	Connecticut alternative min	imum tax fro	m Form	CT-625	I		9.			.00
ck h SK h	10.	Add Line 8 and Line 9.						10.			.00
Clip check here. Do send Forms W-2 or 10	11.	Credit for property taxes paid Attach completed <i>Schedule</i> 3						11.			.00
Clip send	12.	Subtract Line 11 from Line	10. If less tha	an zero,	enter "0.	3 3		12.			.00
not		Total allowable credits from	Schedule C	T-IT Cre	dit, Part	1, Line 11		13.			.00
€°°	14.	Connecticut income tax: S	ubtract Line 1	3 from L	ine 12. If	less than zer	ro, enter "0."	14.			.00
	15.	Individual use tax from Sch	edule 4, Line	69: lf n	o tax is c	lue, enter "0	" ·	15.			.00
	16.	Add Line 14 and Line 15.						16.			.00

16. Add Line 14 and Line 15.

Due date: April 15, 2022 - Attach a copy of all applicable schedules and forms to this return. Do not use staples. For a faster refund, file your return electronically at portal.ct.gov/TSC and choose direct deposit.

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Form CT-1040

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Your Social Security Number •

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		1040) 1221V	V 02 99	99			2154.4	fe										
	17.	En	ter am	ount fr	om Line	9 16.									17.				.00
3			Col	umn A	You mus - Employe bayer's fe	er's fede	eral ID	No. fro	om Box	< b			Column	ill be disallo 3 - s, tips, etc.	wed.	С	Column C - Connecticut income tax	x withh	eld
	ms W-2 1099	2	18a.							•			-		18a.				.00
	nformation Dnly enter 18b. nformation from our Forms 18c.								18b.				.00						
									18c.				.00						
Ŵ-2	and 10	099	18d.							•					18d.				.00
inco	me tax withhe		18e.							•					18e.				.00
mao	Within	ia.	18f.	Additio	nal CT wi	ithholdi	ng from	n <i>Supr</i>	lemen	ntal Sc	hedul	e Cī	T-1040WH		18f.				.00
	18.				i t income olumn C, I				18d, 1	l8e, ai	nd 18f	, an	d enter here		18.				.00
	19.	All	2021 e	stimate	d tax pay	ments	and an	ıy over	payme	ents ap	oplied	fror	n a prior ye	ar	19.				.00
	20.	Pay	yments	made	with Forn	n CT-10)40 EX	T (req	uest fo	or exte	nsion	of ti	ime to file)		20.				.00
	20a.	. Co	nnectic	ut earn	ed incom	ie tax c	redit: F	[:] rom S	chedul	le CT-	EITC,	Line	e 16.		20a.				.00
	20b.	. Cla	im of ri	ght cre	dit: From	Form	CT-104	0 CRC), Line	6.					20b.				.00
	20c.	Pas	ss-Thro	ugh En	tity Tax C	redit: F	rom So	chedul	e CT-P	PE, Lin	e 1. S	che	dule must l	e attached	20c.				.00
	21.	Tot	al pay	ments	and refu	ndable	credit	ts: Add	l Lines	18, 1	9, 20,	20a	a, 20b and	20c.	21.				.00
4	22.	Ove	erpaym	ent: If l	ine 21 is	more	han Li	ne 17,	subtra	act Lin	e 17 f	rom	Line 21.		22.				.00
	23.	Am	ount of	Line 2	2 overpa	yment	∕ou wa	int app	lied to	o your	2022	est	imated tax	ſ	23.				.00
	24.				2 overpa <u>y</u> T-CHET,		/ou wa	nt app	lied as	a CH	ET co	ntrik	oution		24.				.00
					s of refun										24a.				.00
	25.				t Lines 23 5a, 25b, a								oosit, first-time fil	ers.	25.				.00
	25a.	Che	ecking		Savin	igs		25c.	Acco	unt nu	mber								
			uting nu not ele		ct deposi	it, a ref	und che	eck wil	l be is:	sued a				fund go to a be delayed.		cou	nt outside the U.S.?		Yes
5	26.	Тах	k due:	If Line '	17 is more	e than	Line 21	1, subt	ract Lir	ne 21	from L	ine	17.	-	26.				.00
	27.	lf la	ate: Ent	er pena	alty. Multi	ply Lin	e 26 by	/ 10%	(.10).						27.				.00
	28.			er inter by 1% (iply Lin	∍ 26 by	/ numb	er of n	nonthe	s or fra	actic	on of a mor	th	28.				.00
	29.	-	erest or e instru		payment	of estir	nated t	tax fror	n Forn	n CT-2	2210:				29.				.00
	30.				e: Add L	ines 26	throug	gh 29.							30.				.00
6	and deliv	payı verir paic	ment of ng a fals	f any us se retur rer othe	e tax due n or docu	e, and, t iment to	o the b DRS i	pest of is a fine	my kno e of not	owled t more	ge and than	d be \$5,0	lief, it is tru 00, or impr	e, complete sonment fo eparer has	e, and co or not mo	rrec re ti wlec	es and statements, inc ct. I understand the pe han five years, or both dge. Home/cell telephone num	nalty fo . The de	r willfully
	ign ere	•	Charter	o olemat	une (if :-: 1	rotum)						•					-	-	
		•	opouse	Sugnati	ure (if joint	return)						•	Date (MMD	–		•	Daytime telephone numb -	-	
co	ep a py of		Your em	ail addre	SS														
	return		Paid pre	narer's	signature								Date (MMD	DYYYY)		-	Telephone number		

for your

records.

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Paid preparer's signature

Designee's name

Type or print paid preparer's name

Firm's name, address, and ZIP code

Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS. Visit us at portal.ct.gov/DRS for more information.

Telephone number -

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

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Paid preparer's PTIN

Check if self-employed

Personal identification number (PIN)

Firm's Federal Employer Identification Number (FEIN)

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Schedule 1 - Modifications to Federal Adjusted Gross Income

See	instructions.	Ent	er all items as positive numbers.
31.	Interest on state and local government obligations other than Connecticut	31.	.00
32.	Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	.00
33.	Taxable amount of lump-sum distributions from qualified plans not included in federal		
	adjusted gross income	33.	.00
34.	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	34.	.00
	Loss on sale of Connecticut state and local government bonds	35.	.00
30.	Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	36.	.00
36a.	80% of Section 179 federal deduction. See instructions.	36a.	.00
37.	Other - specify •	37.	.00
38.	Total additions: Add Lines 31 through 37. Enter here and on Line 2.	38.	.00
39.	Interest on U.S. government obligations	39.	.00
40.	Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	.00
41.	Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet instructions.	41.	.00
42.	Refunds of state and local income taxes	42.	.00
43.	Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	.00
44.	Military retirement pay	44.	.00
45.	50% of income received from the Connecticut Teachers' Retirement System	45.	.00
46.	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.	46.	.00
	Gain on sale of Connecticut state and local government bonds	47.	.00
48.	Connecticut Higher Education Trust (CHET) contributions made in 2021 or an excess carried forward from a prior year. See instructions.	48.	.00
	Enter CHET account number:		
10	Do not add spaces or dashes.	10	00
	25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	48a.	.00
	42% of pension or annuity income. See instructions.	48b.	.00
49.	Other - specify: Do not include out of state income •	49.	.00
50.	Total subtractions: Add Lines 39 through 49. Enter here and on Line 4.	50.	.00

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. See instructions.

51. Modified Connecticut adjusted gross income.			.00	
	Column / Name	A Code	Column B	S Code
52. Enter qualifying jurisdiction's name and two-letter code				
 Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from Schedule 2 Worksheet 		.00		.00
54. Divide Line 53 by Line 51. May not exceed 1.0000	· _ ·			
55. Income tax liability. Subtract Line 11 from Line 6		.00		.00
56. Multiply Line 54 by Line 55		.00		.00
57. Income tax paid to a qualifying jurisdiction		.00		.00
58. Enter the lesser of Line 56 or Line 57		.00		.00
59. Total credit: Add Line 58, all columns. Enter here and on Line 7.			.00	

Complete applicable schedules on Page 4 and send all four pages of the return to DRS.

Visit us at **portal.ct.gov/DRS** for more information.



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Your Social Security Number •

Schedule 3 - Property Tax Credit - You must check one or both boxes to claim this credit.

STOP	Your credit will be dis if you do not check the corresponding box.	e You or y	your spouse are 65 years of age or older m one or more dependents on your federal inc		check here; or	. check here.
	Qualifying Property	Name of Connecticut Tax Town or District	Description of Property If primary residence, enter street address. If motor vehicle, enter year, make, and model.	`		Amount Paid
60). Primary Residence of	•	•		60.	.00
61	. Auto 1	•	•	•	61.	.00
62	2. Auto 2 - Married filing jointly or qualifying wido		•	•	62.	.00
63	3. Total property tax p	paid: Add Lines 60), 61, and 62.		63.	.00
	Maximum property				64.	200.00
	5. Enter the lesser of L				65.	.00
66	6. Enter the decimal a	mount for your filir	ng status and Connecticut AGI from the Prop	perty Tax Credit Table	e.	
	If zero, enter the am	ount from Line 65	on Line 68.		66. •	
67	7. Multiply Line 65 by L	_ine 66.			67. •	.00
68	 Subtract Line 67 from your credit will be dis 		ere and on Line 11. Attach <i>Schedule 3</i> to y		68.	.00
Sc	chedule 4 - Indiv	idual IIse Tay	Failure to report and pay use tax is sub \$5,000 fine, imprisonment for as much			
Do	you owe use tax f	for online or oth	ner purchases where you paid no sa ax Worksheet to calculate your use tax liabil			
	•		cticut Individual Use Tax Worksheet, Section	•	69a.	.00
69	9b. Total use tax due at	t 6.35%: From Con	necticut Individual Use Tax Worksheet, Section	on B, Column 7	69b.	.00
69	9c. Total use tax due at	t 7.75%: From Cor	necticut Individual Use Tax Worksheet, Sec	tion C, Column 7	69c.	.00
69	9d. Total use tax due at	t 2.99%: From Con	necticut Individual Use Tax Worksheet, Sec	tion D, Column 7	69d.	.00
6	69. Individual use tax: Enter here and on		ough 69d. If no use tax is due, you must er	nter "0."	69.	.00
Sc	chedule 5 - Cont	ributions to E	Designated Charities - See instruct	ions.		
70a	a. AIDS Research				70a.	.00
70	b. Organ Transplant				70b.	.00
700	c. Endangered Species	s/Wildlife			70c.	.00
700	d. Breast Cancer Rese	earch			70d.	.00
706	e. Safety Net Services				70e.	.00
70f	f. Military Relief				70f.	.00
70	g. CHET Baby Scholar	S			70g.	.00
70	h. Mental Health Comn	munity Investment	Account		70h.	.00
70.	Total Contributions:	Add Lines 70a thr	ough 70h. Enter amount here and on Line 2	24a.	70.	.00
			Complete and send all four pages of the re	eturn to DRS.		

Use the correct mailing address for					
For all tax forms with payment:	For refunds and all other tax forms without payment:	Commissioner of Revenue Service			
Department of Revenue Services PO Box 2977 Hartford CT 06104-2977	Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	To ensure proper posting, write your SSN(s) (optional) and "2021 Form CT-1040 " on your check.			

Visit us at **portal.ct.gov/DRS** for more information.