

Department of Revenue Services State of Connecticut (Rev. 12/22) 1040 1222W 01 9999



Form CT-1040 Connecticut Resident Income Tax Return



\subset		File and pay Form CT-1040	electronically usin	g myconn	neCT at portal	.ct.gov/DRS-myconn	neCT.		
	For J	January 1 - December 31, 2022,	or other tax year	beginnin	g –	- 2022	and ending	-	-
1	Fili	ng Status - Check only one bo		M M - D D	- YYYYY				
		Single	Head of househ	old	М	arried filing separately	•		
	Vou	Married filing jointly Ir Social Security Number	Qualifying surviv	ing spous/	e	Spouse's Social Se		pouse's name he	re and SSN below.
•	fou			Check		-	-		Check if deceased
Print your SSN, name, mailing address, and city or town here.	You	r first name	M	deceas		e (If two last names, insert a space betwee		names.)	Suffix (Jr./Sr.)
name, i or tow		int return, spouse's first name	М	I	Last name (If two last names, insert a space between names.) Suffi				Suffix (Jr./Sr.)
SN, n citv	Mai	ling address (number and street)				Mailing address 2 (a	apartment numbe	r, PO Box)	
and o									
you sss,		, town, or post office (If town is two v	vords, leave a space	e between	the words.)	State 2	ZIP code		Country code
Print you address,									
_	Ent	er city or town of residence if differer	t from above.			ZIP code			
	alı əh								
Che appr	opria	ate and Estates, checkin			ome Tax by Ir	ndividuals, Trusts,	Form CT	-19IT, Title 19 St	atus Release
if yo	u are			his scheo	dule if you cla	aimed dependents	Form CT	-1040 CRC, Claii	m of Right Credit
attao com			atement of Person (Claiming R	Refund Due a [Deceased Taxpayer	Form CT	-8379, Nonobliga	ated Spouse Clain
0	1	Federal adjusted gross inco	me from federal	Form 10)40 Line 11			Whole Dollars	Only
2	1.	or federal Form 1040-SR, Li			, Ellio II	3	1.		.00
-	2.	Additions to federal adjusted	l gross income f	rom Sch	<i>edule 1</i> , Lin	e 38	2.		.00
• .5	3.	Add Line 1 and Line 2.	3.		.00				
CT K-1	4.	Subtractions from federal ad	4.		.00				
les. ules	5.	Connecticut adjusted gros	s income: Sub	5.		.00			
staples. chedules	6.	Income tax from tax tables o	6.		.00				
ωŌ	7.	Credit for income taxes paid	7.		.00				
o not 099,	8.	Subtract Line 7 from Line 6.	r "0."	8.		.00			
e. Do or 1	9.	Connecticut alternative mini	mum tax from Fo		9.		.00		
Clip check here. Do not us Do not send Forms W-2 or 1099, or		Add Line 8 and Line 9. Credit for property taxes paid			10.		.00		
Forr		Attach completed Schedule 3	0	be disallowed.	11.		.00		
Clip		Subtract Line 11 from Line 1			12.		.00		
tot s	13.	Total allowable credits from	Schedule CT-IT	11	13.		.00		
Don	14.	Connecticut income tax: Su	ubtract Line 13 fro	om Line 1	2. If less that	n zero, enter "0."	14.		.00
←	15.	Individual use tax from Sche	<i>dule 4</i> , Line 69:	lf no tax	is due, ente	er "0."	15.		.00
	16.	Add Line 14 and Line 15.					16.		.00

16. Add Line 14 and Line 15.

Due date: April 15, 2023 - Attach a copy of all applicable schedules and forms to this return. Do not use staples. 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). Visit us at portal.ct.gov/DRS for more information.

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Form CT-1040

Your Social Security Number •

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		1040	1222W	02 999	9		-1 24.66	•							
	17.	Ent	er amo	ount fro	m Line 16.							17.			.00
3			Colu	mn A -	ou must cor Employer's fe	ederal ID	No. from	n Box b	•	C	olumn B -	wed.	Column C - Connecticut income tax	<pre>withheld</pre>	
	ns W-2 1099	2	18a.		-				•			18a.			.00
Information Only enter		n	18b.						•			18b.			.00
infor	mation Forms		18c.						•			18c.			.00
Ŵ-2	and 10)99	18d.						•			18d.			.00
inco	me tax withhe		18e.						•			18e.			.00
was	wiume	iu.	18f. A	dditiona	al CT withho	ldina fro	m Supple	emental Se	chedule (CT-1	040WH	18f.			.00
	18.		al Conn	ecticut	income tax	withhele	d:					18.			.00
	19.	All 2	2022 es	timated	tax paymer	its and a	ny overpa	ayments a	applied fro	rom a	a prior year	19.			.00
	20.	Pay	ments i	made wi	ith Form CT	-1040 EX	XT (reque	est for exte	ension of	f time	e to file)	20.			.00
	20a.	. Con	inecticu	it earned	d income ta	credit:	From Sch	nedule CT	EITC, Li	ine 1	6.	20a.			.00
	20b.	. Clai	m of rig	ght credi	t: From Fori	n CT-10	40 CRC,	Line 6.				20b.			.00
	20c.	Pas	s-Throu	ugh Entit	y Tax Credit	: From S	Schedule	CT-PE, Lir	ne 1. Sch	hedu	le must be attached.	20c.			.00
	21.	Tota	al payn	nents ar	nd refundal	ble cred	its: Add I	ines 18, 1	19, 20, 20	0a, 2	20b and 20c.	21.			.00
4	22.	Ove	erpayme	ent: If Lii	ne 21 is mo	re than L	ine 17, s.	ubtract Lir	ne 17 fror	m Li	ne 21.	22.			.00
	23.	Amo	ount of	Line 22	overpayme	nt you w	ant appli	ed to you	b Column B - Connecticut wages, tips, etc. Connecticut income tax 0 18a. • 18a. • 18a. • 18b. • 18b. • 18c. • 18d. • 19d. • 10d. • 10d		.00				
	24.	Amo from	ount of Scheo	Line 22 Jule CT-	overpayme CHET, Line	nt you w 4.	ant applie	ed as a C⊦	HET cont	tribut	ion	24.			.00
		Ref	und: S	ubtract L	_ines 23, 24	, and 24	a from Li	ne 22. For	r direct de	epos	sit,				.00
	25a.	Che	cking		Savings		25c. /	Account nı	umber						
			iting nur not ele	-	deposit, a r	efund ch	neck will b	be issued			0		count outside the U.S.?	Yes	S
5	26.	Тах	due: If	Line 17	is more that	an Line 2	1, subtra	ct Line 21	from Lin	ne 17		26.			.00
				•	y. Multiply L st. Multiply L			,	ns or fract	ction	of a month	27.			.00
		late, then by 1% (.01).								28.			.00		
		See	terest on underpayment of estimated tax from Form CT-2210: ee instructions.											.00	
	30.	Tota	al amo	unt due	: Add Lines	26 throu	ıgh 29.					30.			.00
6	and deliv	payn verin paid	nent of g a false	any use e return er other	tax due, an or documen	d, to the it to DRS	best of m is a fine o	y knowled	dge and b e than \$5	belie 5,000 f whi	f, it is true, complete , or imprisonment fo ch the preparer has	e, and cor or not mor	rect. I understand the per re than five years, or both vledge.	nalty for will The declara	llfully
S	ign	•	our aight	aturo						•			-	-	
	ere		pouse's	signature	e (if joint retur	n)					ate (MMDDYYYY)		Daytime telephone numb	ər	
cop	ep a by of		<mark>our ema</mark>	il addres	S					• -			•	-	
for	return your ords.		aid prep	arer's sig	gnature						ate (MMDDYYYY)		Telephone number	-	
										_					-

Firm's Federal Employer Identification Number (FEIN) Type or print paid preparer's name Check if self-employed Firm's name, address, and ZIP code Paid preparer's PTIN Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Personal identification number (PIN) Telephone number

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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.

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Schedule 1 - Modifications to Federal Adjusted Gross Income

See	instructions.	Enter 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
~ 4	, .		
	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 Section 168(k) federal bonus depreciation deduction allowed for property placed in service	35.	.00
50.	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 2022 or an excess carried forward from a prior year. See instructions.	48.	.00
	Enter CHET account number: Do not add spaces or dashes.		
48a.	25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	48a.	.00
48b.	100% 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.	51.		.00	
	Column Name	A Code	Column E	B Code
52. Enter qualifying jurisdiction's name and two-letter code				
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from <i>Schedule 2 Worksheet.</i> 53.		.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.		9.	.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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Form CT-1040



Your Social Security Number •

Schedule 3 - Property Tax Credit - See instructions.

Schedule 3 - Prope	erty Tax Credi	t - See instructions.						
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.	Date(s) Paid (MMDDYYYY)	Amount F	'aid			
60. Primary Residence	•	•	e	60.	.00			
61. Auto 1	•	•		61.	.00			
62. Auto 2 - Married filing	•	•	(62.	.00			
jointly or qualifying surv	iving spouse only.							
63. Total property tax	paid: Add Lines 60), 61, and 62.	6	63.	.00			
64. Maximum property	v tax credit allowe	d.	6	64. • 3	300 . 00			
65. Enter the lesser of L	ine 63 or Line 64.		6	65. •	.00			
66. Enter the decimal a	mount for your filir	ng status and Connecticut AGI from the Prope	erty Tax Credit Table.					
If zero, enter the arr	ount from Line 65	on Line 68.		. ●				
67. Multiply Line 65 by I	_ine 66.		6	67. •	.00			
		ere and on Line 11. Attach Schedule 3 to yo			00			
your credit will be di	sallowed.			68.	.00			
Schedule 4 - Indiv	idual Use Tax	Failure to report and pay use tax is subje \$5,000 fine, imprisonment for as much a						
		her purchases where you paid no sale ax Worksheet to calculate your use tax liabilit						
69a. Total use tax due a	t 1%: From Conne	cticut Individual Use Tax Worksheet, Section A	A, Column 7 69a		.00			
69b. Total use tax due a	t 6.35%: From <i>Con</i>	necticut Individual Use Tax Worksheet, Sectior	n B, Column 7 69b		.00			
69c. Total use tax due a	t 7.75%: From <i>Cor</i>	necticut Individual Use Tax Worksheet, Section	on C, Column 7 69c	£	.00			
69d. Total use tax due a	t 2.99%: From Cor	necticut Individual Use Tax Worksheet, Section	on D, Column 7 69d		.00			
		ough 69d. If no use tax is due, you must ent						
Enter here and on		Designated Charities - See instruction		. •	.00			
70a. AIDS Research			70a		.00			
70b. Organ Transplant			70b		.00			
. .								
70c. Endangered Specie			70c		.00			
70d. Breast Cancer Rese	earch		70d		.00			
70e. Safety Net Services			70e	·	.00			
70f. Military Relief	70f. Military Relief 70f00							
70g. CHET Baby Scholar	ſS		70g		.00			

70. Total Contributions: Add Lines 70a through 70h. Enter amount here and on Line 24a.

70h. Mental Health Community Investment Account

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

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70h.

70.

Use the correct mailing address for	Make your check payable to:		
For all tax forms with payment:	For refunds and all other tax forms without payment:	Commissioner of Revenue Services	
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 "2022 Form CT-1040 " on your check.	