



Form CT-1040 Connecticut Resident Income Tax Return



\subset	File and pay Form CT-1040 electronically using myconneCT at portal.ct.gov/DRS-myconneCT.					mycc Rever				
	For J	January 1 - December 31, 2023	3, or other	tax year be	eginning	-	- 2023	and endir	ng –	-
1	Fili	ng Status - Check only one b	oox.			<u>M</u> <u>M</u> -	DD-YYYY		MM-DD	- YYYYY
		Single	Head	of household		Ma	rried filing separately	^у •		
	Vou	Married filing jointly	Qualif	ying surviving	g spouse		Spouso's Social St		er spouse's name he	ere and SSN below.
→	YOU	r Social Security Number			Check if		Spouse's Social Se	ecurity Number		Check if deceased
iling here.	You	r first name		MI	deceased Last	name (If t	wo last names, inse	rt a space betwe	en names.)	Suffix (Jr./Sr.)
, ma										
sN, name, mailing city or town here	lf jo	int return, spouse's first name		MI	Last	name (If t	wo last names, insei	rt a space betwe	en names.)	Suffix (Jr./Sr.)
Print your SSN, name, mailing address, and city or town here	Mai	ling address (number and street)					Mailing address 2	(apartment num	iber, PO Box)	
youi ss, a		, town, or post office (If town is two	words, lea	ve a space b	etween the v	vords.)	State	ZIP code		Country code
Print you address,										
ی م	Ente	er city or town of residence if differe	ent from ab	ove.			ZIP code			
Chee	ok th	•								
appr	opria	ate and Estates, check	ing any bo	ox from Par	t 1.			Form	CT-19IT, Title 19 St	tatus Release
if yo	u are	on your federal For	m 1040`.)			2	·		CT-1040 CRC, Clai	-
com		Federal Form 1310 S	Statement c	of Person Cla	iming Refun	d Due a D	eceased Taxpayer	Form	CT-8379, Nonoblig	
2	1.	Federal adjusted gross inco		federal Fo	orm 1040,	Line 11,			Whole Dollars	
_		or federal Form 1040-SR, L	⊥ine 11					1.		.00
4	2.	Additions to federal adjuste	ed gross i	ncome fror	n Schedu	le 1, Line	e 38	2.		.00
	3.	Add Line 1 and Line 2.						3.		.00
CT K-1	4.	4. Subtractions from federal adjusted gross income from <i>Schedule 1</i> , Line 50					1, Line 50	4.		.00
staples. chedules	5.	5. Connecticut adjusted gross income: Subtract Line 4 from Line 3.						5.		.00
staples chedule	6.	Income tax from tax tables	or Tax Ca	alculation S	Schedule:	See inst	ructions.	6.		.00
ωŌ	7.	Credit for income taxes paid	to qualif	ying jurisdi	ctions fron	n Sched	<i>ule 2</i> , Line 59	7.		.00
o not 099,	8.	Subtract Line 7 from Line 6	. If Line 7	is greater	than Line	6, enter	"0."	8.		.00
e. Do	9.	Connecticut alternative min	iimum tax	k from Forr	n CT-625′	l		9.		.00
Clip check here. Do not us and Forms W-2 or 1099, or		Add Line 8 and Line 9.				- 4	-1	10.		.00
chec) orms	11.	Credit for property taxes paid Attach completed <i>Schedule</i>						11.		.00
Clip of here and Fe	12.	Subtract Line 11 from Line	10. If less	s than zero	, enter "0.	33		12.		.00
Clip check here. Do not Do not send Forms W-2 or 1099,	13.	. Total allowable credits from	I Schedul	le CT-IT Cr	edit, Part	1, Line 1	1	13.		.00
Jo no	14.	Connecticut income tax: S	Subtract Li	ine 13 from	Line 12. If	less thar	a zero, enter "0."	14.		.00
←	15.	Individual use tax from Sch	edule 4,	Line 69: If	no tax is c	lue, ente	r "0."	15.		.00
	16.	Add Line 14 and Line 15.						16.		.00

16. Add Line 14 and Line 15.

Due date: April 15, 2024 - 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.

3

Forms W-2

Information

Only enter information from

your Forms W-2 and 1099

if Connecticut income tax

was withheld.

6

and 1099

Page 2 of 4 (Rev. 12/23) 1040 1223W 02 9999

18a.

18b.

18c.

18d.

18e.

Form CT-1040

Withholding Schedule: You must complete Columns A, B, and C or your

Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099

18f. Additional CT withholding from Supplemental Schedule

Your Social Security Number •

Con

•

17. Enter amount from Line '

	17.	
withholding will be disallow Column B - necticut wages, tips, etc.	wed.	Column C - Connecticut income tax withheld
	18a.	
	18b.	
	18c.	
	18d.	
	18e.	
CT-1040WH	18f.	
	40	

		5		
	18.	Total Connecticut income tax withheld: Add amounts in Column C, Lines 18a, 18b, 18c, 18d, 18e, and 18f, and enter here.	18.	
	19.	All 2023 estimated tax payments and any overpayments applied from a prior year	19.	
	20.	Payments made with Form CT-1040 EXT (request for extension of time to file)	20.	
	20a.	Connecticut earned income tax credit: From Schedule CT-EITC, Line 16.	20a.	
	20b.	Claim of right credit: From Form CT-1040 CRC, Line 6.	20b.	
	20c.	Pass-Through Entity Tax Credit: From Schedule CT-PE, Line 1. Schedule must be attached.	20c.	
	21.	Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.	21.	
4	22.	Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.	22.	

 23. Amount of Line 22 overpayment you want applied to your 2024 estimated tax
 23.

 24. Amount of Line 22 overpayment you want applied as a CHET contribution from Schedule CT-CHET, Line 4.
 24.

 24a. Total contributions of refund to designated charities from Schedule 5, Line 70
 24a.

 25. Refund: Subtract Lines 23, 24, and 24a from Line 22. For direct deposit, complete Lines 25a, 25b, and 25c. Direct deposit is not available to first-time filers.
 25.

 25a. Checking
 Savings
 25c. Account number

	25b	. Routing number	25d. Will this refund go to a k	pank account outside the U.S.?	Yes				
	lf yo	If you do not elect direct deposit, a refund check will be issued and processing may be delayed.							
5	26.	Tax due: If Line	17 is more than Line 21, subtract Line 21 from Line 17.	26.	.00				
	27.	If late: Enter pen	alty. Multiply Line 26 by 10% (.10).	27.	.00				
	28.	If late: Enter inter	rest. Multiply Line 26 by number of months or fraction of a month						
		late, then by 1%	(.01).	28.	.00				
	29.	Interest on under	payment of estimated tax from Form CT-2210: See instructions.	29.	.00				
	30.	Total amount du	ue: Add Lines 26 through 29.	30.	.00				

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign	•	•	
Here	Spouse's signature (if joint return)	Date (MMDDYYYY)	Daytime telephone number
K	•	•	•
Keep a copy of his return	Your email address		
for your	Paid preparer's signature	Date (MMDDYYYY)	Telephone number
ecords.	•	•	•
	Type or print paid preparer's name	Firm's Federal Employer Ide	entification Number (FEIN) 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	s return.
		P	

I nirg Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Telephone number Personal identification number (PIN)

•

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.

•

.00

.00

.00

.00

.00

.00

.00

.00

.00 .00 .00 .00 .00

.00

.00

.00

.00

.00

[.]



Form CT-1040 Page 3 of 4 (Rev. 12/23) 1040 1223W 03 9999



Enter all items as positive numbers.

Schedule 1 - Modifications to Federal Adjusted Gross Income See instructions.

	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
	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 Connecticut Higher Education Trust (CHET) contributions made in 2023 or	47.	.00
40.	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.	Pension or annuity income. See instructions.	48b.	.00
48c.	Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purpose	48c.	.00
49	Other - specify: Do not include out of state income	49.	.00
	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	
	Colu Name	mn A Code	Column B	Code
52. Enter qualifying jurisdiction's name and two-letter code	62.			
 Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from Schedule 2 Worksheet 	i3.	.00		.00
54. Divide Line 53 by Line 51. May not exceed 1.0000	4.		_ •	
55. Income tax liability. Subtract Line 11 from Line 6	5.	.00		.00
56. Multiply Line 54 by Line 55	6.	.00		.00
57. Income tax paid to a qualifying jurisdiction	67.	.00		.00
58. Enter the lesser of Line 56 or Line 57	8.	.00		.00
59. Total credit: Add Line 58, all columns. Enter here and on Line 7		59.	.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.



Page 4 of 4 (Rev. 12/23) 1040 1223W 04 9999

Form CT-1040



Your Social Security Number •

Schedule 3 - Property Tax Credit - See instructions.

Schedule 3 - Prop	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 Paid	
60. Primary Residence	•	•		60.	.00
61. Auto 1	•	•		61.	.00
		•			
62. Auto 2 - Married filing jointly or qualifying surv		•		62.	.00
63. Total property tax) 61 and 62		63.	.00
	•				
64. Maximum property		·a.			
65. Enter the lesser of L				65. •	.00
66. Enter the decimal a If zero, enter the ar		ig status and Connecticut AGI from the Prope on Line 68.		66.	
67. Multiply Line 65 by I				67. •	.00
		ere and on Line 11. Attach <i>Schedule 3</i> to yo			
your credit will be di				68.	.00
Schedule 4 - Indiv	vidual Use Tax	Failure to report and pay use tax is subje \$5,000 fine, imprisonment for as much a			
		ner 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	a.	.00
69b. Total use tax due a	t 6.35%: From Con	necticut Individual Use Tax Worksheet, Section	n B, Column 7 69k).	.00
69c. Total use tax due a	t 7.75%: From Cor	necticut Individual Use Tax Worksheet, Section	on C, Column 7 690	э.	.00
69d. Total use tax due a	t 2.99%: From <i>Cor</i>	necticut Individual Use Tax Worksheet, Section	on D, Column 7 690	ł.	.00
		ough 69d. If no use tax is due, you must ent			00
Enter here and on Schedule 5 - Cont		Designated Charities - See instruction		9. •	.00
70a. AIDS Research		5	70a	а.	.00
70b. Organ Transplant			701	o.	.00
70c. Endangered Specie	s/Wildlife		700	o.	.00
70d. Breast Cancer Rese	earch		700	ı.	.00
70e. Safety Net Services	i		706	э.	.00
70f. Military Relief			70		.00
70g. CHET Baby Scholar	rs		70g		.00
J			5		

70h. Mental Health Community Investment Account

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

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

70h.

70.

.00. .00

Use the correct mailing address for			
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 "2023 Form CT-1040 " on your check.	