



#### **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 | <sup>у</sup> •   |                      |                    |
|   | 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<br>here.  | You  | r first name  |             | MI             | deceased<br>Last | name (If t          | wo last names, inse     | rt a space betwe | en names.)           | Suffix (Jr./Sr.)   |
| , ma  |  |   |             |                |                  |                     |                         |                  |                      |                    |
| sN, name, mailing<br>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<br>address, and city or town here | Mai  | ling address (number and street)  |             |                |                  |                     | Mailing address 2       | (apartment num   | iber, PO Box)        |                    |
| youi<br>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<br>address,   |  |   |             |                |                  |                     |                         |                  |                      |                    |
| ی<br>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.<br>chedules  | 5.   | 5. Connecticut adjusted gross income: Subtract Line 4 from Line 3.                  |             |                |                  |                     |                         | 5.               |                      | .00                |
| staples<br>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<br>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<br>and Forms W-2 or 1099, or         |  | Add Line 8 and Line 9.  |             |                |                  | - 4                 | -1                      | 10.              |                      | .00                |
| chec)<br>orms   | 11.  | Credit for property taxes paid<br>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.      | <b>33</b>           |                         | 12.              |                      | .00                |
| Clip check here. Do not<br>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

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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 •

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| 17. Enter amount from Line ' |
|------------------------------|
|------------------------------|

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

|   |      | 5  |      |  |
|---|------|--|------|--|
|   | 18.  | Total Connecticut income tax withheld:<br>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                                |
| <b>K</b>                        | •   | •                                 | •   |
| Keep a<br>copy of<br>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)<br>Check if<br>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.

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<sup>.</sup> 



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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<br>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<br>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:<br>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<br>Name | mn A<br>Code | Column B | Code |
| 52. Enter qualifying jurisdiction's name and two-letter code   | 62.          |              |          |      |
| <ol> <li>Non-Connecticut income included on Line 51 and reported on a<br/>qualifying jurisdiction's income tax return from Schedule 2 Worksheet</li> </ol> | 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.



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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<br>Connecticut Tax<br>Town or District | <b>Description of Property</b><br>If primary residence, enter street address. If<br>motor vehicle, enter year, make, and model. | Date(s) Paid<br>(MMDDYYYY) | Amount Paid |     |
| 60. Primary Residence                                     | •  | •   |                            | 60.         | .00 |
|   |  |   |                            |             |     |
| 61. Auto 1  | •  | •   |                            | 61.         | .00 |
|   |  | •   |                            |             |     |
| 62. Auto 2 - Married filing<br>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 <b>decimal a</b><br>If zero, enter the ar   |  | ig status and Connecticut AGI from the Prope<br>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<br>\$5,000 fine, imprisonment for as much a  |                            |             |     |
|   |  | ner purchases where you paid no sale<br>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 <b>must</b> ent   |                            |             | 00  |
| Enter here and on<br>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 |
| <b>J</b>  |  |   | 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<br>PO Box 2977<br>Hartford CT 06104-2977 | Department of Revenue Services<br>PO Box 2976<br>Hartford CT 06104-2976 | To ensure proper posting, write your<br>SSN(s) (optional) and <b>"2023 Form</b><br><b>CT-1040</b> " on your check. |  |