

Your Social Security Number • - - **Schedule 1EZ - Property Tax Credit** See instructions, Page 13.

Qualifying Property	Primary Residence	Auto 1	Auto 2 (joint returns or qualifying widow(er) only)
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	•	•	•
	•	•	•
	•	•	•

Amount Paid 19. , , . 0020. , , . 0021. , , . 00

22. Total property tax paid: Add Lines 19, 20, and 21.

22. , , . 00

23. Maximum property tax credit allowed

• 23. **500** . 00

24. Enter the lesser of Line 22 or Line 23.

• 24. . 0025. Enter the **decimal amount** for your filing status and Connecticut AGI from the Property Tax Credit Table located in the instruction booklet. If zero, enter the amount from Line 24 on Line 27.• 25. .

26. Multiply Line 24 by Line 25.

• 26. . 0027. Subtract Line 26 from Line 24. Enter here and on Line 5. Attach *Schedule 1EZ* to your return or your credit will be disallowed.27. . 00**Schedule 2EZ - Individual Use Tax**

Complete this worksheet to calculate your Connecticut individual use tax liability and attach Page 3 to your return.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Date of purchase	Description of goods or services	Retailer or service provider	Purchase price	CT tax due (.06 X Column D)	Tax, if any, paid to another jurisdiction	Balance due (Column E minus Column F but not less than zero)
•						
•						
•						
•						
•						
• Total of individual purchases under \$300 not listed above						

28. **Individual use tax:** Add all amounts for Column G. Enter here and on Line 7.• 28. , , . 00**Schedule 3EZ - Contributions to Designated Charities**

29a. AIDS Research	29a.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29b. Organ Transplant	29b.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29c. Endangered Species/Wildlife	29c.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29d. Breast Cancer Research	29d.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29e. Safety Net Services	29e.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29f. Military Family Relief Fund	29f.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00

29. Total contributions: Add Lines 29a through 29f; enter amount here and on Line 16.

• 29. , , . 00

Complete applicable schedules on this page and send all three pages of the return to DRS.