		Form CT-1040 Connecticut Resident Income Tax Return	For DRS Use Only		-	20			009 -1040	•	
		Complete return in blue or black ink only.		p <mark>ayers</mark> m	ust sign	declaratio	on on re	verse sid	de.		
For th	ne ye	ar January 1 - December 31, 2009, or other taxable year beginr				id ending: _			,	<u> </u>	
1	Fili	ng Status Single Filing jointly for federal and Connecticut Connecticut Only		Filing sep Connecti	parately for cut only	Hear hous	d of sehold		ng widow(e pendent ch		
			se's name here		low.						
→ 		Check if deceased	use Social Secur	-		de	eck if ceased				
me, N here	You	r first name MI Last	name (If two las	t names, ins	ert a space l	between nam	es.)		Suffix (Jr	r./Sr.)	
ര ഗ) If jo	int return, spouse's first name MI Last	name (If two las	t names, ins	ert a space l	between nam	es.)		Suffix (Jr./Sr.)		
our n nd S											
» ح		ling address (number and street, apartment number, suite number, PO B	ox)			_					
Print						-					
Prin	City	, town, or post office (If town is two words, leave a space between the wo	ords.) State	ZIP code							
→~						-					
<u>ر</u> ا	ou r	k here if you do not want forms sent to ext year. This does not relieve you of responsibility to file.	nd checked		n CT-8379 n CT-1040	foll		if you are d attach th eturn.			
2	1.	Federal adjusted gross income from federal Form 1040,	Line 37	·		N	/hole Do	ollars On	ily		
		Form 1040A, Line 21; or Form 1040EZ, Line 4	Line or,		1.					00	
	2.	Additions to federal adjusted gross income from Schedu	<i>lle 1</i> , Line 39		2.					00	
	3.	Add Line 1 and Line 2.			3.					00	
÷	4.	Subtractions from federal adjusted gross income from S	<i>chedule 1</i> , Li	ne 50	4.					00	
	5.	Connecticut adjusted gross income: Subtract Line 4 t	from Line 3.		5.	,				00	
ıple. rms.	6.	Income tax from tax tables or Tax Calculation Schedule: S	See instructio	ns, Page	15. 6.	,				00	
sta 9 fo	7.	Credit for income taxes paid to qualifying jurisdictions from	m Schedule 2	?, Line 59	7.	,				00	
o not staple. r 1099 forms	8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line	e 6, enter "0."		8.			_,		00	
-9 -0 -7 -0	9.	Connecticut alternative minimum tax from Form CT-625	1		9.			,		00	
k her nd W	10.	Add Line 8 and Line 9.			10.	7				00	
Clip check here. Do not staple. Do not send W-2 or 1099 forms	11.	Credit for property taxes paid on your primary residence Complete and attach <i>Schedule 3</i> on Page 4 or your cred			n: 11.					00	
Don	12.	Subtract Line 11 from Line 10. If less than zero, enter "0		_	12.	,				00	
	13.	Adjusted net Connecticut minimum tax credit from Form	CT-8801		13.					00	
÷	14.	Connecticut income tax: Subtract Line 13 from Line 12. If	less than zer	o, enter "0.	." 14.					00	
	15.	Individual use tax from Schedule 4, Line 69: If no tax is a	due, enter "0.	"	15.					00	
	16.	Add Line 14 and Line 15.			16.					00	

Due date: April 15, 2010 - Attach a copy of all applicable schedules and forms to this return. For a faster refund, see Page 2 of the booklet for electronic filing options.

					Fo	orm	СТ-	104	0 - F	'age	2 of	4			Yo Security	our Soci / Numbe				-		- 🔲		
1	7. Enter	amou	unt f	rom	Lin	e 16	<u>э.</u>									17.							. ()0
3						deral		No. f	rom		of W- n 1099		Connect		mn B ages, tips, etc.		Со	nnectio		umn come	-	vithheld	d	
W-2 a	and 1099	18a.			-[_	D		. 00	18a.							. ()0
Inform Only (mation enter	18b.			-								Ð		. 00	18b.)0
inform	nation your W-2	18c.			-ľ								Ð		· 00	18c.							. ()0
and 1	099 forms	18d.			[=	•		. 00	18d.							=: =)0
incom	ne tax vithheld.	18e.			i–ľ							-	Ð			18e.					.,		=1 • -)0
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					/ L _[= -				18g.							= 7)0
		18g.												04014							I, L		= 2)0
1	8. Total (/H, Line 3.	_18h.					7		Ľ	10
															be disallowed.	18.		,			,		. ()0
1	9. All 200)9 est	ima	ted t	ax	payr	men	ts ar	nd a	ny ov	/erpa	yme	nts applie	ed fro	m a prior year	19.		,			7		. ()0
2	0. Payme	ents r	nade	e wit	h F	orm	CT-	-104	0 E)	XT (F	lequ€	est fo	or extensi	ion of	time to file)	20.		,			7		. ()0
2	1. Total	baym	ent	s: Ac	l bt	_ines	s 18	, 19	, and	d 20.						21.		,			7		. ()0
4 2	2. Overp	ayme	nt: I	f Lin	e 2	1 is	mor	e th	an L	ine 1	7, su	ubtrac	ct Line 17	7 from	Line 21.	22.							. ()0
2	3. Amoui	nt of l	_ine	22 y	/ou	war	nt ar	oplie	ed to	o you	ı r 20 1	10 es	stimated	tax		23.							()0
2	4. Total c	ontrik	outio	ons o	f re	efunc	d to (desi	gnat	ed ch	naritie	es fro	om Sched	lule 5	, Line 70	24.							= 7)0
2	25. Refun											nali	ines 25a	25h	and 25c.	25.							. ()0
25	5a. Checki	ng 🗌		o. Ro		ng		-pos			ipicui		25c. /		int	20.		!? [10
2!	Savings 5d. Will thi		nd c				acc	ount	out	side t'	he U.	.S.?	Yes											
	26. Tax d			-										-	17	26.							()0
	27. If late:												0 21 1101	Line		27.					7		. ()0
		Ente	r int	eres	t. N								onths or	fraction	on of a month	28.							. ()0
2	9. Interes	ston	unde	erpa	yme	ent c	of es	stima	ated	tax f	rom I	Form	n CT-221(D:		29.							= F)0
	See in	struc	tions	s, Pa	ige	17.									—	30.					,		77)0
6	schedules understanc \$5,000, or the taxpay	n: I de and st I the p impris er is b	eclar aten enal onm	e uno nents Ity for ent fo	der p ar wil	pena nd, to Ilfully ot mo	alty of the deliv ore th	f law best verin nan fi	that of m g a f	I have ny kno alse re ears, c	e exar owledg eturn or both	ge an or do h. The	d belief, it ocument to e declarati	is true DRS on of a		panying correct.	 1 1		teloot				[
ords.	Your signature Spouse's signature (if joint return)						●				•	 Daytime telephone number () 												
Sign Here a copy for your records.								Date					Daytime	teleph	none n	umber								
Sign Here	 Paid prepa 	rer's sig	signature Date Telephon								Telephone number	er Preparer's SSN or PTIN												
p a cop	Firm's name, address, and ZIP code						• • ()					FEIN												
Keep	•									<u> </u>				<u> </u>					-					
	Third Pa Designee			gnee) - (Com	plet	e th	e fol	Iowin	ig to a		orize DR lephone n		ontact another	person					numl	ber (Pli	N)	

Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS.

	Form CT-1040 - Page 3 of 4 Yo Security	ur Social Number		<u> </u>	-	
	Schedule 1 - Modifications to Federal Adjusted Gross Income	Ente	r all iter	ns as pos	sitive num	bers.
31.	See instructions, Page 18. 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.	Cancellation of debt income: See instructions.	33.				. 00
34.	Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	,],	. 00
35.	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	35.				. 00
36.	Loss on sale of Connecticut state and local government bonds	36.				. 00
37.	Domestic production activity deduction from federal Form 1040, Line 35	37.				. 00
38.	Other - specify •	38.				. 00
39.	Total additions: Add Lines 31 through 38. Enter here and on Line 2.	39.				. 00
40	Interest on U.S. government obligations	40.				. 00
41.	Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.				. 00
42	Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 20.	42.				. 00
43.	Refunds of state and local income taxes	43.				. 00
44.	Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.				. 00
45.	50% of military retirement pay	45.	Ī.			. 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
	Connecticut Higher Education Trust (CHET) contributions	48.				. 00
	Enter CHET account number:					
49	(can be up to 14 digits)	49.				. 00
50.	Total subtractions: Add Lines 40 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.

51. Modified Connecticut adjusted gross income		_		51.	,,,					
See instructions, Page 24.		Column A	-		Column B	- ·				
52. Enter qualifying jurisdiction's name and two-letter code: See instructions, Page 24.	52.	Name		ode	Name	Code				
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax	ſ			00		00				
return: Complete <i>Schedule 2 Worksheet</i> , Page 24. 54. Divide Line 53 by Line 51. May not exceed 1.0000				00						
55. Income tax liability: Subtract Line 11 from Line 6.	55.			00		. 00				
56. Multiply Line 54 by Line 55.	56.	, , , , , , , , , , , , , , , , , , , ,		00	, , , , , , , , , , , , , , , , , , ,	. 00				
57. Income tax paid to a qualifying jurisdiction See instructions, Page 25.	57.			00		. 00				
58. Enter the lesser of Line 56 or Line 57.	58.	,,,		00		. 00				
59. Total credit: Add Line 58, all columns. Enter he	ere and	l on Line 7.	59.		, , , , , , , , , , , , , , , , , , , ,	00				
Complete applicable schedule	s on	Page 4 and send all f	our pa	ade	s of the return to DRS					

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

		Form CT-10)40 - Page 4 of 4				Your So Security Nur		•	T - [] - []		
S	chedule 3 Qualifying Pro	- Property Tax Cred	it See instructions, Pa	age 25		Auto 1					uto 2		(anh)	
	me of Connec wn or District	ticut Tax		•		Auto			•	ns or quali	lying v	widow(er	(only)	
De If p stre	scription of Province of address.	roperty ce, enter nter year,		•					•					
	ike, and model. te(s) Paid	•	/	•		1	/ 2009		•	/		/ 20	00	
						· ' ·	/ 2009		-	///_/		_ / 20 / 20		
		• /	//2009	•		. ′			•	/_	==	_ / 20	09	
	Am	ount Paid 60.	, . 00	61.				00	62.		_,			00
63	. Total proper	ty tax paid: Add Lines 60,	61, and 62.						63.		_,			00
64	. Maximum pi	roperty tax credit allowed							64.	•		50	0.	00
65	. Enter the less	ser of Line 63 or Line 64.							65.	•				00
66		cimal amount for your filing exactly as it appears on Pa							66.	•				
67	. Multiply Line	65 by Line 66.							67.	•				00
68		e 67 from Line 65. Enter hei											- ·	00
<u> </u>		dule 3 to your return or your - Individual Use Tax			2 600	inotruo	tiona Daga 2	0	68.				•	00
		vorksheet to calculate you							to your	return.				
-	Column A	Column B	Column C		Colum	n D	Column	E		umn F		Colu		
	Date of purchase	Description of goods or services	Retailer or service provider		Purch pric		CT tax du (.06 X Colum	-	pa an	if any, aid to other diction		Baland Column Column less tha	E mi F but	nus not
•														
•											\square			
•											+			
•														
H	Total of indivi	dual purchases under \$300) not listed above											
	lu dividu al		for Column C. Enter h				I				╗┢			00
		use tax: Add all amounts - Contributions to D				ne is		•	69.				<u>.</u>	00
			•		,			00						
	a. AIDS Rese		70a.		,	,		00						
	b. Organ Trans		70b.			, ,		00						
	_	d Species/Wildlife	70c.			_ , ,	<u> </u>	00						
70	d. Breast Cano	cer Research	70d.				<u> </u>	00						
70	e. Safety Net S	Services	70e.		,			00						

~ ~ -70. Total Co

70f. Military Family Relief Fund

ont	ibutions: Add Lines 70a through 70f. Enter amount here and on Line	24. 70. , , ,	. 00
	Use envelope provided, with correct maili	ng label, or mail to:]
	For refunds and all other tax forms without payment:	For all tax forms with payment:	
	Department of Revenue Services	Department of Revenue Services	
	PO Box 2976	PO Box 2977	
	Hartford CT 06104-2976	Hartford CT 06104-2977	
-	Make your check payable to: Commissioner	of Revenue Services	·

00

Make your check payable to: **Commissioner of Revenue Services** To ensure proper posting, write your SSN(s) (optional) and "2009 Form CT-1040" on your check.

70f.