

Form CT-1040
Connecticut Resident Income Tax Return

For DRS
Use Only

20

2009
CT-1040

Complete return in blue or black ink only.

Taxpayers must sign declaration on reverse side.

For the year January 1 - December 31, 2009, or other taxable year beginning: _____, 2009 and ending: _____.

1 Filing Status

☐ Single ☐ Filing jointly for federal and Connecticut ☐ Filing jointly for Connecticut only ☐ Filing separately for federal and Connecticut ☐ Filing separately for Connecticut only ☐ Head of household ☐ Qualifying widow(er) with dependent child

Enter spouse's name here and SSN below.

Print your name, address, and SSN here.

Your Social Security Number - - ☐ Check if deceased

Spouse Social Security Number - - ☐ Check if deceased

Your first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

If joint return, spouse's first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

Mailing address (number and street, apartment number, suite number, PO Box)

City, town, or post office (If town is two words, leave a space between the words.) State ZIP code -

☐ Check here if you do not want forms sent to you next year. This **does not** relieve you of your responsibility to file.

☐ Check here if you filed **Form CT-2210** and checked any boxes on Part 1.

☐ **Form CT-8379** ☐ **Form CT-1040CRC** Check here if you are filing the following and attach the form to the front of the return.

2

1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4 **Whole Dollars Only**

2. Additions to federal adjusted gross income from *Schedule 1*, Line 39

3. Add Line 1 and Line 2.

4. Subtractions from federal adjusted gross income from *Schedule 1*, Line 50

5. **Connecticut adjusted gross income:** Subtract Line 4 from Line 3.

6. Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 15.

7. Credit for income taxes paid to qualifying jurisdictions from *Schedule 2*, Line 59

8. Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."

9. Connecticut alternative minimum tax from Form CT-6251

10. Add Line 8 and Line 9.

11. Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach *Schedule 3* on Page 4 or your credit will be disallowed.

12. Subtract Line 11 from Line 10. If less than zero, enter "0."

13. Adjusted net Connecticut minimum tax credit from Form CT-8801

14. **Connecticut income tax:** Subtract Line 13 from Line 12. If less than zero, enter "0."

15. Individual use tax from *Schedule 4*, Line 69: If no tax is due, enter "0."

16. Add Line 14 and Line 15.

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.

17. 00

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

Enter all items as positive numbers.

[illegible]

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 See instructions, Page 24.	51.											.00	
		<div> <div> <div>Column A</div> <div> <div>Name</div> <div>Code</div> </div> </div> <div> <div>Column B</div> <div> <div>Name</div> <div>Code</div> </div> </div> </div>											
52. Enter qualifying jurisdiction's name and two-letter code: See instructions, Page 24.	52.	<div> <div></div> <div></div> </div>										<div> <div></div> <div></div> </div>	
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet</i> , Page 24.	53.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<div> <div></div> <div></div> </div>	
54. Divide Line 53 by Line 51. May not exceed 1.0000	54.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<div> <div></div> <div></div> </div>	
55. Income tax liability: Subtract Line 11 from Line 6.	55.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<div> <div></div> <div></div> </div>	
56. Multiply Line 54 by Line 55.	56.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<div> <div></div> <div></div> </div>	
57. Income tax paid to a qualifying jurisdiction See instructions, Page 25.	57.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<div> <div></div> <div></div> </div>	
58. Enter the lesser of Line 56 or Line 57.	58.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<div> <div></div> <div></div> </div>	
59. Total credit: Add Line 58, all columns. Enter here and on Line 7.	59.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<div> <div></div> <div></div> </div>	

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

Your Social Security Number • - - **Schedule 3 - Property Tax Credit** See instructions, Page 25.

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	60. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00	61. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00	62. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
63. Total property tax paid: Add Lines 60, 61, and 62.			63. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
64. Maximum property tax credit allowed			64. • 500 . 00
65. Enter the lesser of Line 63 or Line 64.			65. • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
66. Enter the decimal amount for your filing status and Connecticut AGI from the <i>Property Tax Credit Table</i> exactly as it appears on Page 27. If zero, enter the amount from Line 65 on Line 68.			66. • <input type="text"/> . <input type="text"/> <input type="text"/>
67. Multiply Line 65 by Line 66.			67. • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
68. Subtract Line 67 from Line 65. Enter here and on Line 11. Attach <i>Schedule 3</i> to your return or your credit will be disallowed.			68. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00

Schedule 4 - Individual Use Tax - Do you owe use tax? See instructions, Page 28.

Complete this worksheet to calculate your Connecticut individual use tax liability and attach Page 4 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						

69. Individual use tax: Add all amounts for Column G. Enter here and on Line 15. • 69. . 00**Schedule 5 - Contributions to Designated Charities**

70a. AIDS Research	70a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
70b. Organ Transplant	70b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
70c. Endangered Species/Wildlife	70c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
70d. Breast Cancer Research	70d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
70e. Safety Net Services	70e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
70f. Military Family Relief Fund	70f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00
70. Total Contributions: Add Lines 70a through 70f. Enter amount here and on Line 24.	70. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . 00

Use envelope provided, with correct mailing label, or mail to:

For refunds and all other tax forms without payment:

Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976

For all tax forms with payment:

Department of Revenue Services
PO Box 2977
Hartford CT 06104-2977

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.