

FORM CT-1040

Connecticut Resident Income Tax Return

2000 1040

For the year January 1 - December 31, 2000, or other taxable year beginning _____, 2000, ending _____.

Label Use the DRS label located on cover. Otherwise, print or type. (See instructions, Page 13)	L A B E L H E R E	Your First Name and Middle Initial		Last Name		Social Security Number			
		If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial		Last Name		Spouse's Social Security Number		IMPORTANT! You MUST enter your SSN(s) above.	
		Home Address (number and street)		PO Box	Apt. No.		DEPARTMENT USE ONLY		
		City, Town or Post Office		State	ZIP Code				

ELECTRONIC FILING MAY SPEED YOUR REFUND

Check here if you **do not** want forms sent to you next year. Checking this box does not relieve you of your responsibility to file
 If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here

Filing Status Check only one box.	NOTE: Your filing status must be the same as your federal income tax filing status for this year (See instructions, Page 13).	
	A. <input type="checkbox"/> Single B. <input type="checkbox"/> Married filing joint return or Qualifying widow(er) with dependent child C. <input type="checkbox"/> Married filing <i>SEPARATE</i> return _____ Spouse's full name D. <input type="checkbox"/> Head of household (with qualifying person) _____ Spouse's Social Security Number	

Income	1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 19; Form 1040EZ, Line 4; or federal Telefile Tax Record, Line 1)	1		
	2. Additions, if any (from <i>Schedule 1</i> , Line 37, on reverse)	2		
	3. Add Line 1 and Line 2	3		
	4. Subtractions, if any (from <i>Schedule 1</i> , Line 47, on reverse)	4		
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	5		
Tax	6. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 13)	6		
	7. Credit for income taxes paid to qualifying jurisdictions (from <i>Schedule 2</i> , Line 56 on reverse)	7		
	8. Subtract Line 7 from Line 6. (If Line 7 is greater than Line 6, enter "0.")	8		
	9. Connecticut Alternative Minimum Tax (from Form CT-6251)	9		
	10. Add Line 8 and Line 9	10		
	11. Credit for property taxes paid on your primary residence and/or motor vehicle (You must complete <i>Schedule 3</i> , on reverse and enter the amount from Line 64 here. See instructions, Page 14.)	11		
	12. Subtract Line 11 from Line 10 (If less than zero, enter "0.")	12		
	13. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)	13		
	14. Connecticut Income Tax (Subtract Line 13 from Line 12. If less than zero, enter "0.")	14		
	15. Individual Use Tax (Complete the <i>Individual Use Tax Worksheet</i> .) You must enter zero on this line if no use tax is due. (See instructions, Page 14)	15		
	16. Total Tax (Add Line 14 and Line 15)	16		
Payments	17. Connecticut tax withheld (Attach all W-2s and certain 1099s; see instructions, Page 14)	17		
	18. All 2000 estimated tax payments and any overpayments applied from a prior year	18		
	19. Payments made with Form CT-1040 EXT (request for extension of time to file)	19		
	20. Total Payments (Add Lines 17, 18, and 19)	20		
Refund	21. If Line 20 is greater than Line 16, enter amount overpaid. (Subtract Line 16 from Line 20)	21		
	22. Amount of Line 21 you want applied to your 2001 estimated tax	22		
	23. Amount of Line 21 you want to contribute to: (See instructions, Page 14)			
	AIDS Research <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
	Organ Transplant <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
	Endangered Species/Wildlife <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
	Breast Cancer Research <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
Safety Net Services <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00				
Total Contributions	23		00	
24. Amount of Line 21 you want refunded to you. (Subtract Line 22 and Line 23 from Line 21) REFUND	24			
Amount You Owe	25. If Line 16 is greater than Line 20, enter the amount of tax you owe. (Subtract Line 20 from Line 16)	25		
	26. If Late: Enter Penalty (Multiply Line 25 by 10% (.10))	26		
	27. If Late: Enter Interest (Multiply Line 25 by number of months late or fraction thereof, then by 1% (.01))	27		
	28. Interest on underpayment of estimated tax (from Form CT-2210; see instructions, Page 15)	28		
	29. Amount you owe with this return (Add Lines 25 through 28) AMOUNT YOU OWE	29		

Make your check or money order payable to: COMMISSIONER OF REVENUE SERVICES Write your Social Security Number(s) and "2000 Form CT-1040" on your check or money order.	Use envelope provided, with correct mailing label, or mail to:	
	For refund request or no tax due – Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	For payment – Department of Revenue Services PO Box 2977 Hartford CT 06104-2977

Taxpayers must sign declaration on reverse — Due date: April 17, 2001 — Attach a copy of all applicable schedules and forms to this return.

SCHEDULE 1 - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (See instructions, Page 16)

Additions To Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers

30. Interest on state and local government obligations other than Connecticut	▶	30		
31. Exempt-interest dividends from a mutual fund derived from state or municipal government obligations other than Connecticut	▶	31		
32. Shareholder's pro rata share of S corporation nonseparately computed loss	▶	32		
33. Taxable amount of lump sum distributions from qualified plans not included in federal adjusted gross income	▶	33		
34. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	▶	34		
35. Loss on sale of Connecticut state and local government bonds	▶	35		
36. Other - specify _____	▶	36		
37. TOTAL ADDITIONS (Add Lines 30 through 36) Enter here and on Line 2 on the front of this form.	▶	37		

Subtractions From Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers

38. Interest on United States government obligations	▶	38		
39. Exempt dividends from certain qualifying mutual funds derived from United States government obligations	▶	39		
40. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page 18)	▶	40		
41. Refunds of state and local income taxes	▶	41		
42. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	▶	42		
43. Shareholder's pro rata share of S corporation nonseparately computed income	▶	43		
44. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)	▶	44		
45. Gain on sale of Connecticut state and local government bonds	▶	45		
46. Other - specify (Do not include out-of-state income) _____	▶	46		
47. TOTAL SUBTRACTIONS (Add Lines 38 through 46) Enter here and on Line 4 on the front of this form.	▶	47		

SCHEDULE 2 - CREDIT FOR INCOME TAXES PAID TO QUALIFYING JURISDICTIONS

Important: You must attach a copy of your return filed with the qualifying jurisdiction(s) or the credit will be disallowed.

48. MODIFIED CONNECTICUT ADJUSTED GROSS INCOME (See instructions, Page 21)	▶	48		
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FOR EACH COLUMN, ENTER THE FOLLOWING:

	COLUMN A		COLUMN B	
	Name	Code	Name	Code
49. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 21)	▶		▶	
50. Non-Connecticut income included on Line 48 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 21)	▶		▶	
51. Divide Line 50 by Line 48 (may not exceed 1.0000)	▶	.	▶	.
52. Income tax liability (Subtract Line 11 from Line 6; see instructions, Page 22)	▶		▶	
53. Multiply Line 51 by Line 52	▶		▶	
54. Income tax paid to a qualifying jurisdiction (See instructions, Page 22)	▶		▶	
55. Enter the lesser of Line 53 or Line 54	▶		▶	
56. TOTAL CREDIT (Add Line 55, all columns) Enter this amount here and on Line 7 on the front of this form.	▶	56		

SCHEDULE 3 - CREDIT FOR PROPERTY TAXES PAID ON YOUR PRIMARY RESIDENCE AND/OR MOTOR VEHICLE
Failure to complete this schedule could result in the disallowance of this credit.

QUALIFYING PROPERTY	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	
	NAME OF CONNECTICUT TAX TOWN OR DISTRICT	DESCRIPTION OF PROPERTY If primary residence, enter street address If motor vehicle, enter year, make, and model	LIST OR BILL NUMBER (If available)	DATE PAID (See instructions, Page 23)	AMOUNT PAID	
PRIMARY RESIDENCE					57	▶
AUTO 1					58	▶
MARRIED FILING JOINTLY ONLY - AUTO 2					59	▶
60. TOTAL PROPERTY TAX PAID (Add all amounts for Column E)					60	▶
61. MAXIMUM PROPERTY TAX CREDIT ALLOWED					61	500 00
62. Enter the Lesser of Line 60 or Line 61. (If \$100 or less, enter this amount on Line 64. If greater than \$100, go to Line 63.)					62	
63. Limitation - Enter the result from the Property Tax Credit Limitation Worksheet (See Page 25)					63	
64. Subtract Line 63 from Line 62. Enter here and on Line 11 on the front of this form.					64	▶

DECLARATION: I declare under the penalties of false statement that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. The penalties for false statement are imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy for your records.	Your Signature	Date	Daytime Telephone Number ()	May DRS contact the preparer shown below about this return? (see Page 16) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse's Signature (if joint return)	Date	Daytime Telephone Number ()	
	Paid Preparer's Signature	Date	Telephone Number ()	Preparer's SSN or PTIN
	Firm's Name, Address, and ZIP Code			FEIN