

# FORM CT-1040

## Connecticut Resident Income Tax Return

**2001**  
**1040**

For the year January 1 - December 31, 2001, or other taxable year beginning \_\_\_\_\_, 2001, ending \_\_\_\_\_, \_\_\_\_\_.

<b>Label</b> Use the DRS label located on cover.  Otherwise, print or type. (See instructions, Page 12)	<b>L</b>	Your First Name and Middle Initial	Last Name		<b>Social Security Number</b> ..... ..... ..... <b>Spouse's Social Security Number</b> ..... ..... ..... <b>IMPORTANT!</b> You <b>MUST</b> enter your SSN(s) above. <b>DEPARTMENT USE ONLY</b> - - - - - <b>- 20</b>
	<b>A</b>	If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial	Last Name		
	<b>B</b>	Home Address (number and street), Apartment Number, PO Box			
	<b>H</b>	City, Town, or Post Office	State	ZIP Code	
<b>E</b>	<b>WEBFILING OR ELECTRONIC FILING MAY SPEED YOUR REFUND, see Page 5.</b>				
Check here if you <b>do not</b> want forms sent to you next year. Checking this box does not relieve you of your responsibility to file ..... <input type="checkbox"/>					
If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here ..... <input type="checkbox"/>					

<b>Filing Status</b> Check only one box.	<b>NOTE:</b> Generally, your filing status <b>must</b> be the same as your federal income tax filing status for this year (See instructions, Page 12).			
	<input type="checkbox"/> A.	Single		
	<input type="checkbox"/> B.	Married filing joint return or Qualifying widow(er) with dependent child		
	<input type="checkbox"/> C.	Married filing <i>SEPARATE</i> return	_____	_____
<input type="checkbox"/> D.	Head of household (with qualifying person)	Spouse's full name _____	Spouse's Social Security Number _____	

<b>Income</b>	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 I)	▶	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. <b>Connecticut Adjusted Gross Income</b> (Subtract Line 4 from Line 3)	▶	5		
<b>Tax</b>	6. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 12)	▶	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 <b>must</b> complete <i>Schedule 3</i> , on reverse and enter the amount from Line 64 here. See instructions, Page 13.)	▶	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. <b>Connecticut Income Tax</b> (Subtract Line 13 from Line 12. If less than zero, enter "0.")	▶	14		
	15. <b>Individual Use Tax</b> (Complete the <i>Individual Use Tax Worksheet</i> .) You must enter zero on this line if no use tax is due. (See instructions, Page 13)	▶	15		
	16. <b>Total Tax</b> (Add Line 14 and Line 15)	▶	16		
<b>Payments</b>	17. Connecticut tax withheld ( <b>Attach all W-2s and certain 1099s; see instructions, Page 13</b> )	▶	17		
	18. All 2001 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. <b>Total Payments</b> (Add Lines 17, 18, and 19)	▶	20		
<b>Refund</b>	21. <b>If Line 20 is greater than Line 16, enter amount overpaid.</b> (Subtract Line 16 from Line 20)	▶	21		
	22. Amount of Line 21 you want <b>applied to your 2002 estimated tax</b>	▶	22		
	23. Amount of Line 21 you want to contribute to: (See instructions, Page 13)				
	AIDS Research ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00				
	Organ Transplant ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00				
	Endangered Species/Wildlife ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00				
	Breast Cancer Research ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00				
Safety Net Services ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00					
<b>Total Contributions</b>	▶	23		00	
24. Amount of Line 21 you want <b>refunded</b> to you. (Subtract Line 22 and Line 23 from Line 21) <b>REFUND</b>	▶	24			
<b>Amount You Owe</b>	25. <b>If Line 16 is greater than Line 20, enter the amount of tax you owe.</b> (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 14)	▶	28		
	29. <b>Amount you owe</b> with this return (Add Lines 25 through 28) Check if paying by credit card <input type="checkbox"/> (See instructions, Page 14) <b>AMOUNT YOU OWE</b>	▶	29		

Make your check or money order payable to:	Use envelope provided, with correct mailing label, or mail to:	
<b>Commissioner of Revenue Services</b>	For refunds and all other tax forms without payment -	For all tax forms with payment -
Write your Social Security Number(s) and "2001 Form CT-1040" on your check or money order.	Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	Department of Revenue Services PO Box 2977 Hartford CT 06104-2977

**SCHEDULE 1 MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (Enter all amounts as positive numbers)**

Additions to Federal Adjusted Gross Income (See instructions, Page 15)	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 (See instructions, Page 15)	▶	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. <b>TOTAL ADDITIONS</b> (Add Lines 30 through 36) Enter here and on Line 2 on the front of this form.		▶	37		
Subtractions From Federal Adjusted Gross Income (See instructions, Page 16)	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 17)	▶	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 (See instructions, Page 17)	▶	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. <b>TOTAL SUBTRACTIONS</b> (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**

48. **MODIFIED CONNECTICUT ADJUSTED GROSS INCOME** (See instructions, Page 21) ▶ 48

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

**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)	▶ 49			▶
50. Non-Connecticut income included on Line 48 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 20)	▶ 50			▶
51. Divide Line 50 by Line 48 (may not exceed 1.0000)	▶ 51	.		▶ .
52. Income tax liability (Subtract Line 11 from Line 6)	▶ 52			▶
53. Multiply Line 51 by Line 52	▶ 53			▶
54. Income tax paid to a qualifying jurisdiction (See instructions, Page 21)	▶ 54			▶
55. Enter the lesser of Line 53 or Line 54	▶ 55			▶
56. <b>TOTAL CREDIT</b> (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(S) PAID (See instructions, Page 22)	AMOUNT PAID	
PRIMARY RESIDENCE					57 ▶	
AUTO 1					58 ▶	
MARRIED FILING JOINTLY ONLY - AUTO 2					59 ▶	

<b>Property Tax Credit Calculation</b>	60. <b>TOTAL PROPERTY TAX PAID</b> (Add all amounts for Column E)	▶ 60	
	61. <b>MAXIMUM PROPERTY TAX CREDIT ALLOWED</b>	▶ 61	<b>500 00</b>
	62. Enter the <b>Lesser</b> 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. <b>Limitation</b> - Enter the result from the <i>Property Tax Credit Limitation Worksheet</i> (See Page 23)	▶ 63	
64. Subtract Line 63 from Line 62. <b>Enter here and on Line 11 on the front of this form.</b>		▶ 64	

**Third Party Designee**

Do you authorize DRS to contact another person about this return? (See Page 14)  **Yes.** Complete the following.  **No**

Designee's Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ Personal Identification Number (PIN) [ ] [ ] [ ] [ ] [ ] [ ]

**Sign Here**  
Keep a copy for your records.

I declare under penalty of law 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. I understand that the penalty for willfully delivering a false return 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.

Your Signature	Date	Daytime Telephone Number ( )
Spouse's Signature (if joint return)	Date	Daytime Telephone Number ( )
Paid Preparer's Signature	Date	Telephone Number ( )
Firm's Name, Address, and ZIP Code		Preparer's SSN or PTIN
		FEIN