

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	• __ / __ / 2008 • __ / __ / 2008	• __ / __ / 2008 • __ / __ / 2008	• __ / __ / 2008 • __ / __ / 2008
Amount Paid	19. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	20. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	21. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
22. Total property tax paid: Add Lines 19, 20, and 21.			22. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
23. Maximum property tax credit allowed			• 23. 500. 00
24. Enter the lesser of Line 22 or Line 23.			• 24. <input type="text"/> . 00
25. 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. <input type="text"/> . <input type="text"/>
26. Multiply Line 24 by Line 25.			• 26. <input type="text"/> . 00
27. Subtract Line 26 from Line 24. Enter here and on Line 5. Attach <i>Schedule 1EZ</i> to your return or your credit will be disallowed.			• 27. <input type="text"/> . 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.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00

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