Department of Revenue Services State of Connecticut (Rev. 12/16)



Form CT-1040NR/PY

.00

.00

.00

.00

.00

.00 .00

.00

Connecticut Nonresident and Part-Year Resident Income Tax Return NRPY 1216W 01 9999 For DRS **Use Only** Taxpayers must sign declaration on reverse side. Complete return in blue or black ink only. MM-DD-YYYY For January 1 - December 31, 2016, or other taxable year Year Beginning and Ending MM-DD-YYYY M M - D D - Y Y Y Y Filing Status - Check only one box. 1 Single Head of household Married filing separately Married filing jointly Qualifying widow(er) with dependent child Enter spouse's name here and SSN below. Your Social Security Number Spouse's Social Security Number Check if Check if deceased deceased name, mailing and city or town here 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.) SSN. Mailing address (number and street, apartment number, suite number, PO Box) Print your address, ZIP code 2016 Resident Status City, town, or post office (If town is two words, leave a space between the words.) Nonresident Enter city or town of residence if different from above. ZIP code Part-Year Resident Check the appropriate box to identify if you: Filed Form CT-1040CRC (Attach to the back of the return.) Filed Form CT-AIT Filed Form CT-8379 (Attach to the front of the return.) Filed Form CT-2210 and checked any boxes on Part 1. Whole Dollars Only Federal adjusted gross income from federal Form 1040, Line 37: Form 1040A, Line 21; or Form 1040EZ, Line 4 1. .00 2. .00 2. Additions to federal adjusted gross income from Schedule 1, Line 40 .00 3. Add Line 1 and Line 2. 3. .00 Subtractions from federal adjusted gross income from Schedule 1, Line 52 4. .00 Connecticut adjusted gross income: Subtract Line 4 from Line 3. 5. or 1099 forms. not staple. 6. .00 Income from Connecticut sources from Schedule CT-SI, Line 30 7. Enter the greater of Line 5 or Line 6. If zero or less, go to Line 12 and enter "0." .00 7. Income tax on the amount on Line 7 from tax tables or Tax Calculation Schedule: .00 See instructions, Page 16. 8. Clip check here. Do Do not send W-2 or 1 Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000. 9. .00 10. Multiply Line 9 by Line 8. 10.

16. Connecticut income tax: Subtract Line 15 from Line 14. If less than zero, enter "0." 16. 17. Individual use tax from Schedule 3, Line 62: If no tax is due, enter "0." 17.

Due date: April 15, 2017 - Attach a copy of all applicable schedules and forms to this return.

11. Credit for income taxes paid to qualifying jurisdictions during resident portion

of taxable year — part-year residents only (from Schedule 2, Line 61)

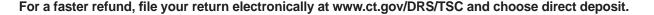
12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter "0."

13. Connecticut alternative minimum tax from Form CT-6251

15. Total allowable credits from Schedule CT-IT Credit, Part I, Line 11

14. Add Line 12 and Line 13.

18. Add Line 16 and Line 17.



11.

12.

13.

14.

15.

18.

19. Enter amount from Line 18.



Your Social Security Number •

19.

.00

3					o. from Box b of W-2, dule CT K-1 or 1099	Column B -		t :		edule. K-1	(Column C - Connecticut incom Check box at left if from Sched	
	and 10 mation	99	20a.		•			.00	•		20a.		.00
	enter nation		20b.					.00	•		20b.		.00
	Sched		20c.					.00	•		20c.		.00
1099	-1, and forms	if	20d.		•			.00	•		20d.		.00
incor	necticut ne tax withhel		20e.		•			.00	•		20e.		.00
wao	With in Ion	u.	20f Additio	nal CT withholding	g from Supplemental	Schedule (:T-1040WF	,			20f.		.00
			tal Connecticut	income tax withhe	eld: Add amounts in Co B, and C or your with	lumn C and	enter here.				20.		.00
	21.	All	2016 estimated tax payments and any overpayments applied from a prior year							21.		.00	
	22.	Pa	ayments made with Form CT-1040 EXT (Request for extension of till laim of right credit: From Form CT-1040CRC, Line 6. Attach Form CT-1040CRC to the back of this return.				time to file	ime to file)			22.		.00
							n				22a.		.00
	23.	23. Total payments: Add Lines 20, 21, 22, and 22a.								23.		.00	
4	24.	24. Overpayment: If Line 23 is more than Line 19, subtract Line 19 fro				Line 19 fron	m Line 23.				24.		.00
	26.			ount of Line 24 overpayment you want applied to your 2017 es							25.		.00
			HET contribution from Schedule CT-CHET, Line 4. Attach Schedule CT-CHET the back of this return.				'			26.		.00	
				ns of refund to designated charities from			-				26a.		.00
					d 26a from Line 24. F Direct deposit is not			ilers.			27.		.00
	27a.	Ch	ecking	Savings	27c. Account	number							
			outing number 27d. Will this refund go to a bank account outside the U.S.? Yes										
5	•				nd check will be issue the 23 subtract Line		0 ,	be d	elay	ed.	28.		.00
J			ax due: If Line 19 is more than Line 23, subtract Line 23 from Line 19. late: Enter penalty. Multiply Line 28 by 10% (.10).						29.		.00		
	30.	lf la	late: Enter interest. Multiply Line 28 by number of months or fraction of a rete, then by 1% (.01).				ion of a mo	month			30.		.00
			terest on underpayment of estimated tax from Form CT-2210:						31.		.00		
			ee instructions, Page 18. otal amount due: Add Lines 28 through 31.							32.		.00	
6	repo pena	aration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understar alty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more that \$5,000, or imprisonment for not more that \$5,000 is a paid preparer other than the taxpayer is based on all information of which the preparer has any know					understand the t more than five						
Si	an		Your signature	е			Date (MM	IDDY	YYY	()		Home/cell telephone n	umber
	ere	•	Your email ad	ldress			•						-
	ера												
this r	y of eturn		Spouse's signature (if joint return)			Date (MMDDYYYY)					Daytime telephone nur	nber	
for y	our ords.	•	Paid preparer	's signature			Date (MM)	IDDY	ΥΥY	()		Telephone number	
		•	•									•	
			Preparer's SSN or PTIN Firm's Federal Employ						ploye	r Iden	tification Number (FEIN)		
			Firm's name, address, and ZIP code										
		•	Third Party Designee - Complete the following to authorize DRS to contact another person about this return.										
			Designee's nan		3	Telephone no						Personal identification number	(PIN)
											•		

Schedule 1 - Modifications to Federal Adjusted Gross Income Enter all items as positive numbers. See instructions, Page 20. .00 33. Interest on state and local government obligations other than Connecticut 33. 34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal .00 government obligations 34. 35. Taxable amount of lump-sum distributions from qualified plans not included in federal .00 adjusted gross income 35. .00 36. 36. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero. .00 37. Loss on sale of Connecticut state and local government bonds 37. .00 38. Domestic production activity deduction from federal Form 1040, Line 35 38. .00 39. Other - specify • 39. .00 40. Total additions: Add Lines 33 through 39. Enter here and on Line 2. 40. .00 41. Interest on U.S. government obligations 41. .00 42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 42. .00 43. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 23. 43. 44. Refunds of state and local income taxes 44. .00 .00 45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 45. .00 46. Military retirement pay 46. 47. .00 47. 25% of income received from the Connecticut teacher's retirement system 48. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero. .00 48. .00 49. 49. Gain on sale of Connecticut state and local government bonds .00 50. Connecticut Higher Education Trust (CHET) contributions 50. Enter CHET account number: Do not add spaces or dashes. .00 51. Other - specify: Do not include out of state income. • 51. .00 52. Total subtractions: Add Lines 41 through 51. Enter here and on Line 4. 52.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions - Part-Year Residents OnlyYou must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. See instructions, Page 27.

53. Connecticut adjusted gross income during the residency portion of the ta	xable year	53.	.00	
See instructions, Page 27.	• Name	nn A Code	• Name	Code
54. Enter qualifying jurisdiction's name and two-letter code	54.			
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet, Page 26.</i> .	55.	.00		.00
56. Divide Line 55 by Line 53. May not exceed 1.0000	56.		_ •	
57. Apportioned income tax: See instructions, Page 28	57.	.00		.00
58. Multiply Line 56 by Line 57.	58.	.00		.00
59. Income tax paid to a qualifying jurisdiction. See instructions, Page 25	59.	.00		.00
60. Enter the lesser of Line 58 or Line 59.	60.	.00		.00
61. Total credit: Add Line 60, all columns. Enter here and on Line 11		61.	.00	



Your Social Security Number •

Failure to report and pay use tax is subject to as much as a \$5,000 fine, imprisonment for as much as 5 years, or both.

Schedule 3 - Individual Use Tax

\$5,000 fine, imprisonment for as much as 5 years, or both.

Do you owe use tax for online or other purchases where you paid no sales tax? See instructions, Page 37.

Complete the Connecticut Individual Use Tax Worksheet on Page 38 to calculate your use tax liability.

62a. Total use tax due at 1%: From Connecticut Individual Use Tax Worksheet, Section A, Column 7

62b. Total use tax due at 6.35%: From Connecticut Individual Use Tax Worksheet, Section B, Column 7

62c. Total use tax due at 7.75%: From Connecticut Individual Use Tax Worksheet, Section C, Column 7

62c. 000

62. Individual use tax: Add Lines 62a through 62c. If no use tax is due, you must enter "0."

Enter here and on Line 17.

Schedule 4 - Contributions to Designated Charities - See more information on Page 57.

63a. AIDS Research	63a.	.00
63b. Organ Transplant	63b.	.00
63c. Endangered Species/Wildlife	63c.	.00
63d. Breast Cancer Research	63d.	.00
63e. Safety Net Services	63e.	.00
63f. Military Relief	63f.	.00
63g. CHET Baby Scholar	63g.	.00
63. Total Contributions: Add Lines 63a through 63g. Enter amount here and on Line 26a.	63.	.00

Complete and send all four pages of the return to DRS.

Use the correct mailing address for returns with a payment or requesting a refund.					
For all tax forms with payment:	For refunds and all other tax forms without payment:				
Department of Revenue Services PO Box 2969 Hartford CT 06104-2969	Department of Revenue Services PO Box 2968 Hartford CT 06104-2968				

Make your check payable to: Commissioner of Revenue Services

To ensure proper posting, write your SSN(s) (optional) and "2016 Form CT-1040NR/PY" on your check.