

CT-1041
Connecticut Fiduciary Income Tax Return
For residents, nonresidents and part-year residents

1991

For the year January 1 - December 31, 1991, or other year beginning _____, 1991, ending _____, 19____

Name of Estate or Trust	Federal Employer I.D. Number
Name and Title of Fiduciary	Decedent's <small>(For Estates Only)</small> social security number
Address of Fiduciary <small>Number and Street</small>	Check applicable box: <input type="checkbox"/> Final Return <input type="checkbox"/> Amended Return
City, Town or Post Office State Zip Code	

Date trust was created or, for an estate, date of decedent's death: _____ If estate was closed, or trust terminated, enter date: _____

Check applicable boxes: Decedent's estate Simple trust Complex trust Bankruptcy estate
 Family estate trust Pooled income fund Grantor type trust filing federal Form 1041 (See Instructions)

Income For Resident Estate and Trust only	1. Federal taxable income of fiduciary (Attach a complete copy of federal Form 1041)	1					
	2. Includible gain pursuant to Internal Revenue Code §644 - (Trusts only)	2					
	3. Add Lines 1 and 2	3					
	4. Fiduciary's share of Connecticut fiduciary adjustment	4					
	5. Connecticut taxable income of fiduciary (Line 3 and add or subtract Line 4)	5					
Tax Computation and Credits	6. Connecticut tax on Line 5 amount (Full year resident estate or trust only)	6					
	7. Allocated Connecticut tax (From Schedule CT-1041FA, Part 1, Line 9) (Nonresident estate and trust and part-year resident trust, see instructions)	7					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">Sch. CT-1041FA filers only complete Line 7a</td> <td style="width:40%; font-size: small;">Amount from Schedule CT-1041FA Part 1, Line 5</td> <td style="width:10%; font-size: small;">7a</td> <td style="width:20%;"></td> </tr> </table>	Sch. CT-1041FA filers only complete Line 7a	Amount from Schedule CT-1041FA Part 1, Line 5	7a			
Sch. CT-1041FA filers only complete Line 7a	Amount from Schedule CT-1041FA Part 1, Line 5	7a					
8. State credits (For residents and part-year residents only). (See instructions)	8						
TOTAL TAX	9. Total Connecticut tax (Subtract Line 8 from Line 6 or 7). (See instructions)	9					
Payments	10. Estimated tax paid	10					
	11. Payments made with extension request	11					
	12. Total payments (Add Lines 10 and 11)	12					
Refund or Amount Due	13. If Line 12 is more than Line 9, enter amount overpaid (Subtract Line 9 from Line 12)	13					
	14. Amount of Line 13 you want to be applied to your 1992 estimated tax	14					
	15. Amount of Line 13 you want to be refunded to you (Subtract Line 14 from Line 13)	15					
	16. If Line 9 is greater than Line 12, enter the amount of tax you owe. (Subtract Line 12 from Line 9)	16					
	17. For late payment or filing: (See instructions) Penalty \$ _____ + Interest \$ _____ =	17					
	18. Balance due with this return (Add Lines 16 and 17).	18					

DUE DATE (FOR CALENDAR YEAR FILERS): April 15, 1992

Make remittance payable to: COMMISSIONER OF REVENUE SERVICES.
Write trust's or estate's Federal Employer ID Number and "1991 CT-1041" on your check.

Attach a copy of federal Form 1041 and all applicable schedules and forms to this return.

Mail in the envelope provided to you with this return or to the address shown at right:

Mail to:
Department of Revenue Services
P.O. Box 2934
Hartford, CT 06104-2934

DECLARATION: I declare under the penalties of false statement that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief, is a true, correct and complete return. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here <small>Keep a copy of this return for your records</small>	Signature of Fiduciary or Officer Representing Fiduciary	Date
	Paid Preparer's Signature	Federal Employer I.D. Number
	Firm Name and Address	Connecticut Sales Tax Registration Number

Was a fee charged either for the preparation of this return or for advice in the preparation of this return? YES NO

Check if you used a paid preparer and do not want forms sent to you next year. Checking this box does not relieve you of your responsibility to file.

SCHEDULE A - CONNECTICUT FIDUCIARY ADJUSTMENTS (SEE INSTRUCTIONS)

Additions			
1. Interest on state and local obligations other than Connecticut		1	
2. Exempt-interest dividends on state and local obligations other than Connecticut		2	
3. Pro rata share of certain S corporation shareholder's loss (Enter as a positive figure)		3	
4. Loss on sale of Connecticut bonds (Enter as a positive figure)		4	
5. Other — specify _____		5	
6. Total Additions (Add Lines 1 through 5)		6	
Subtractions			
7. Interest on U.S. obligations		7	
8. Dividends from certain mutual funds consisting of U.S. obligations		8	
9. Pro rata share of certain S corporation shareholder's income		9	
10. Gain on sale of Connecticut bonds		10	
11. Other — specify _____		11	
12. Total Subtractions (Add Lines 7 through 11)		12	()
13. Connecticut Fiduciary Adjustment, difference between Lines 6 and 12 to be entered as total of Column 5, Schedule B below		13	

SCHEDULE B - SHARES OF CONNECTICUT FIDUCIARY ADJUSTMENT OF A RESIDENT OR A NONRESIDENT ESTATE OR TRUST OR A PART-YEAR RESIDENT TRUST

(1) Name and address of each beneficiary. Check box if beneficiary is a nonresident of Connecticut	(2) Identifying number of each beneficiary	Shares of federal distributable net income (See Instructions)		(5) Shares of Connecticut fiduciary adjustment
		(3) Amount	(4) Percent	
a) <input type="checkbox"/>				
b) <input type="checkbox"/>				
c) <input type="checkbox"/>				
d) <input type="checkbox"/>				
The total of Schedule B, Column 5 should be the same as Line 13 above (See Instructions)		Fiduciary Total	100%	

- A.** If inter vivos trust, enter name and address of grantor: _____
- B.** If trust was revocable and changed state residence during the year, enter the date of the change of residence (see *inst.*) _____
- C.** Resident Status — Check all boxes that apply:
- 1) Connecticut full-year resident estate or trust
 - 2) Connecticut part-year resident trust (Attach Schedule CT-1041FA)
 - 3) Connecticut full-year nonresident estate or trust (Attach Schedule CT-1041FA)
 - 4) Connecticut full-year resident estate or trust with nonresident beneficiaries (Attach Schedule CT-1041FA)
- D.** Does the estate or trust have an interest in real property located in Connecticut? YES (See Instructions) NO

SCHEDULE CT-1041 FA
FIDUCIARY ALLOCATION

NAME OF ESTATE OR TRUST	Federal Employee I.D. Number
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Complete this form as follows:

- Resident estate or trust with any nonresident beneficiaries**
If any of the income distributable to the nonresident beneficiaries is derived from Connecticut sources, complete Parts 3 and 2 in that order. However, do not complete Schedule CT-1041 FA if none of the income distributable to the nonresident beneficiaries is derived from Connecticut sources, even if other income is distributable to those beneficiaries. In this case, include a statement with Form CT-1041 to the effect that the distributable income of the nonresident beneficiaries consists only of income that is not taxable to nonresident individuals.
- Nonresident estate or trust and part-year resident trust**
Complete Parts 3, 2 and 1 in that order.

PART 1 - Computation of Connecticut tax of a nonresident estate or trust and part-year resident trust

1. Federal taxable income of fiduciary (From Federal Form 1041, Line 22)	1.		
2. Includible gain pursuant to Internal Revenue Code § 644 (Trusts only)	2.		
3. Add Lines 1 and 2	3.		
4. Fiduciary's share of Connecticut fiduciary adjustment (From Form CT-1041, Schedule B, Column 5)	4.		
5. Connecticut taxable income of fiduciary (Line 3 and add or subtract Line 4)	5.		
6. Connecticut taxable income of the fiduciary from Connecticut sources (see instructions)	6.		
7. Connecticut tax (see instructions)	7.		
8. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.00)	8.		
9. Allocated Connecticut tax (multiply Line 7 by decimal on Line 8; enter here and on Form CT-1041, Line 7)	9.		

PART 2 - Fiduciary's and beneficiary's share of income from Connecticut sources (see instructions)

Beneficiary — same as in Schedule B, Form CT-1041	Shares of federal distributable net income (see instructions)		(3) Shares of income from Connecticut sources	Enter the amount from the total line of Column (3) of Form CT-1041, Schedule B on the total line of Column (1). Enter the amount from Part 3, Line 24, Column (b), at the total line of Column (3) of Part 2.
	(1) Amount	(2) Percentage		
a)				
b)				
c)				
d)				
Fiduciary				
Totals		100%		

Please note: The fiduciary must provide each nonresident beneficiary with a schedule of amounts of Connecticut source income for inclusion by the nonresident beneficiary on his or her CT-1040 NR/PY Schedule CT-SI.

PART 3 - Details of federal distributable net income and amounts from Connecticut sources (see instructions)

Lines 1 - 17, Column (a) are based on the entries on page 1, federal Form 1041 with modifications as specified in instructions.		(a) Federal amount as modified	(b) Amount of Column (a) from Connecticut sources
INCOME	1. Interest income (see instructions for modifications)	1.	
	2. Dividends (see instructions for modifications)	2.	
	3. Business income (or loss)	3.	
	4. Capital gain (or loss)	4.	
	5. Rents, royalties, partnerships, other estates and trusts	5.	
	6. Farm income (or loss)	6.	
	7. Ordinary gain (or loss)	7.	
	8. Other income - Specify: _____ (see instructions for modifications)	8.	
	9. TOTAL INCOME (add Lines 1 through 8)	9.	
DEDUCTIONS	10. Interest	10.	
	11. Taxes	11.	
	12. Fiduciary fees	12.	
	13. Charitable deduction (from federal Form 1041, Schedule A, Line 6)	13.	
	14. Attorney, accountant and return preparer's fees	14.	
	15. Other deductions	15.	
	16. TOTAL DEDUCTIONS (add Lines 10 through 15)	16.	
	17. Adjusted total income (or loss) (subtract Line 16 from Line 9)	17.	
LINES 18 - 24 are based on entries on Schedule B, federal Form 1041			
	18. Enter Line 17 (a) from Schedule D, federal Form 1041	18.	
	19. Enter Line 1 from Schedule A, federal Form 1041 (Long term and short term capital gain portion only)	19.	
	20. Enter Line 4 from Schedule A, federal Form 1041	20.	
	21. If amount on Line 4 of this Part is a loss, enter amount here (as a positive figure)	21.	
	22. TOTAL (add Lines 17 through 21)	22.	
	23. If amount on Line 4 of this Part is a gain, enter amount here	23.	
	24. Distributable Net Income (subtract Line 23 from Line 22) - Enter Column (b) amount on Part 2, Column (3) Total Line	24.	

- a. Carefully read the instructions for each item before entering any amounts on the return.
- b. Attach all applicable schedules and forms supporting the return, including federal Form 1041 and federal Schedule K-1 (1041) for each beneficiary.
- c. Be sure to check the correct resident status on Form CT-1041, Schedule B.
- d. Be sure the return is signed by the fiduciary or the officer representing the fiduciary.
- e. Be sure to use the correct mailing address when filing your return.
- f. Be sure any paid preparer signs the return.

WHERE TO FILE FORM CT-1041

Be sure to use the proper mailing address when filing Form CT-1041.

Mail to:
 Department of Revenue Services
 P.O. Box 2934
 Hartford, CT 06104-2934

INSTRUCTIONS FOR CONNECTICUT FIDUCIARY INCOME TAX RETURN - FORM CT-1041

All information on Form CT-1041 should be for the calendar year January 1 through December 31, 1991, or for the fiscal year of the estate. If filing for a fiscal year, enter the month and day the tax year began, and the month, day and year that it ended at the top of the front page.

NAME AND ADDRESS

Enter in the spaces at the top of the return the name of the estate or trust and the name and address of the fiduciary. Also enter the employer identification number of the estate or trust in the space provided to the right of the address box. If an estate, also enter the decedent's social security number.

Final return - Check this box if this is a final return because the estate or trust has terminated.

Amended return - Check this box if this is an amended return.

Enter the date the estate or trust was created and the date the estate or trust terminated (if applicable) in the space provided.

Check the appropriate box to identify the type of estate or trust.

ROUNDING OFF TO WHOLE DOLLARS

You may round off cents to the nearest whole dollar on your return and schedules. All cents up to and including 49 cents are to be dropped. All amounts from 50 cents to 99 cents are to be rounded up to the next highest dollar. For example, \$1.29 becomes \$1.00 and \$3.59 becomes \$4.00.

COMPLETING THE RETURN

If filing for a resident estate or trust, go to Line 1 instructions on this page.

If filing for a nonresident estate or trust or for a part-year resident trust, go to Schedule CT-1041FA instructions on page 12 of this booklet.

ATTACH A COPY OF FEDERAL FORM 1041 INCLUDING ALL SCHEDULES AND ATTACHMENTS.

FORM CT-1041 - LINE INSTRUCTIONS

LINE 1 - FEDERAL TAXABLE INCOME OF FIDUCIARY

Enter the amount of the taxable income of fiduciary as reported on federal Form 1041, Line 22.

LINE 2 - INCLUDIBLE GAIN PURSUANT TO INTERNAL REVENUE CODE SECTION 644 (TRUSTS ONLY)

For federal purposes, a separate tax is imposed on a trust that sells appreciated property within two years after such property has been transferred to such trust.

For Form CT-1041 purposes, the gain from this type of transaction is included on Line 2.

LINE 3

Add Lines 1 and 2 and enter the result on Line 3.

LINE 4 - FIDUCIARY'S SHARE OF CONNECTICUT FIDUCIARY ADJUSTMENT

Enter on Line 4 the fiduciary's share of Connecticut fiduciary adjustment from Schedule B, Column 5. This may be a positive or negative number.

LINE 5 - CONNECTICUT TAXABLE INCOME OF FIDUCIARY

Add or subtract the amount on Line 4 from the amount on Line 3. Enter the result on Line 5.

LINE 6 - STATE TAX ON LINE 5 AMOUNT (FULL-YEAR RESIDENT ESTATE OR TRUST ONLY)

Multiply the amount on Line 5 by 1.5% (0.015) and enter the result on Line 6.

LINE 1 - CONNECTICUT TAXABLE INCOME OF FIDUCIARY

Add to Connecticut taxable income of fiduciary from Line 5 of Form CT-1041 any net amount derived from or connected with sources in another jurisdiction(s) where you were subject to income taxation (whether or not income tax was actually paid to the jurisdiction(s)) that is a loss. The modified amount is entered on Line 1.

LINE 2 - NON-CONNECTICUT INCOME

Enter on Line 2 the total of non-Connecticut income which is included in Line 1 and is reported on another jurisdiction's income tax return.

LINE 3

Divide the amount on Line 2 by the amount on Line 1. The result cannot exceed 1.00. (Round to two decimal places.)

LINE 4 - CONNECTICUT TAX LIABILITY

Report on Line 4 your Connecticut tax liability as shown on Line 6 of Form CT-1041.

LINE 5

Multiply the percentage arrived at on Line 3 by the amount reported on Line 4.

LINE 6 - INCOME TAX PAID TO OTHER JURISDICTIONS

Enter on Line 6 the total amount of income tax paid to another jurisdiction.

LINE 7

Enter on Line 7 the smaller of the amounts reported on Lines 5 or 6.

LINE 8 - TOTAL CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS

Add the amounts from Line 7A and Line 7B and Line 7 of any additional worksheets. Enter the total on Line 8 of this worksheet and on Line 8 of Form CT-1041.

WORKSHEET INSTRUCTIONS FOR PART-YEAR RESIDENT TRUSTS ONLY

This worksheet is also used by a part-year resident trust to claim a credit against tax liability for income taxes paid during the taxable year to another state or a political subdivision thereof, or the District of Columbia or any province of Canada, only for the portion of the taxable year that the trust is a Connecticut resident. No credit is allowed for income taxes paid to a foreign country.

NOTE: Nonresident trusts are not allowed a credit for income taxes paid to other jurisdictions.

The credit must be separately computed for each jurisdiction. Use separate columns for each jurisdiction for which you are claiming a credit. Any credit claimed for income taxes paid to another state's political subdivision (city, town, etc.) should also be treated as a separate jurisdiction.

The worksheet provides two columns, A and B, to compute the credit for two jurisdictions. If you require more than two columns, you should create an identical worksheet.

The credit claimed shall not exceed the amount of tax due to Connecticut on that portion of income taxed in another jurisdiction.

NOTE: You must attach a copy of all other jurisdictions' income

tax returns to the back of your Form CT-1041.

IMPORTANT: Be sure to enter the name of the taxing jurisdiction in the space provided in each column.

LINE 1 - CONNECTICUT TAXABLE INCOME OF FIDUCIARY

Multiply Line 7(a) of Form CT-1041 by a fraction the numerator of which is the number of days the trust was a Connecticut resident and the denominator of which is 365. This amount should be entered on Line 1 with the following exception:

For the period of Connecticut residency, add to this amount any net amount derived from or connected with sources in another jurisdiction(s) where you were subject to income taxation (whether or not income tax was actually paid to the jurisdiction(s)) that is a loss.

Enter the modified amount on Line 1.

LINE 2 - NON-CONNECTICUT INCOME

Enter on Line 2 the total of income from sources outside Connecticut which is included in the Connecticut taxable income of the fiduciary during the residency portion of the tax year and is reported on another jurisdiction's income tax return.

LINE 3

Divide the amount on Line 2 by the amount on Line 1. The amount entered on Line 3 cannot exceed 1.00. (Round to two decimal places.)

LINE 4 - ALLOCATED CONNECTICUT INCOME TAX

Report on Line 4 the allocated Connecticut income tax as shown on Line 7 of Form CT-1041.

LINE 5

Multiply the percentage arrived at on Line 3 by the amount reported on Line 4.

LINE 6 - INCOME TAX PAID TO ANOTHER JURISDICTION

Enter on Line 6 the total amount of income tax paid to another jurisdiction during the period of residency.

LINE 7

Enter on Line 7 the smaller of the amounts reported on Line 5 or Line 6.

LINE 8

Add the amounts from Line 7A and Line 7B and Line 7 of any additional worksheets. Enter the total on Line 8 of this worksheet and Line 8 of Form CT-1041.

THIS CONCLUDES WORKSHEET INSTRUCTIONS

LINE 9 - TOTAL CONNECTICUT TAX

Full-Year Resident Estates and Trusts

Subtract the amount on Line 8 from the amount on Line 6 and enter the result on Line 9.

Nonresident Estates and Trusts

Enter the amount from Line 7 on Line 9.

Part-Year Resident Trust

Subtract the amount on Line 8 from the amount on Line 7 and enter the result on Line 9.

LINE 10 - ESTIMATED TAX PAID

Enter on Line 10 the total of all 1991 fiduciary income estimated tax payments and any prior year estate income tax overpayment applied. Be sure to include any 1991 estimated fiduciary income tax payments made in 1992.

LINE 11 - PAYMENTS MADE WITH EXTENSION REQUEST

If you file an Application for Extension of Time to File, Form CT-1041EXT, for 1991, enter on Line 11 the amount you paid with Form CT-1041EXT.

LINE 12 - TOTAL PAYMENTS

Add Lines 10 and 11. Enter the total on Line 12.

LINE 13 - AMOUNT OVERPAID

If Line 12 is more than Line 9, subtract Line 9 from Line 12 and enter the result on Line 13.

LINE 14 - AMOUNT APPLIED TO 1992 ESTIMATED TAX

Enter on Line 14 the amount of Line 13 to be applied to your 1992 estimated tax.

LINE 15 - AMOUNT OF REFUND

Subtract Line 14 from Line 13 and enter the result on Line 15.

LINE 16 - AMOUNT OF TAX OWED

If Line 9 is greater than Line 12, subtract Line 12 from Line 9 and enter the result on Line 16.

LINE 17 - LATE PAYMENT OR FILING: PENALTY AND INTEREST

Penalty: The penalty for late payment or underpayment of the tax due is 10% of such amount due.

The penalty for late filing where no tax is due is \$50.

Interest: If you fail to pay the tax when due, interest will be charged at the rate of 1 1/4% per month or fraction thereof from the due date until payment is made.

Calculate the penalty and interest and enter these amounts in the spaces provided. Combine the penalty and interest amounts and enter the total on Line 17.

LINE 18 - BALANCE DUE

Add Lines 16 and 17 and enter the result on Line 18. Pay the amount in full with the return. Make your check or money order payable to the Commissioner of Revenue Services. Write the employer identification number and "1991 Form CT-1041" on the check or money order in the lower left corner. Do not send cash.

SIGN HERE

The fiduciary or an officer of a corporate fiduciary must sign and date Form CT-1041.

Anyone you pay to prepare the return must sign it and fill in the other blanks in the paid preparer's area of the return. The preparer required to sign the return must sign it by hand; signature stamps are not acceptable. If someone prepares your return and does not charge you, that person should not sign it.

Paid preparers may be subject to a penalty for failure to conform to certain requirements.

NOTE: If you paid anyone for advice or for preparation of this return, you may incur a use tax liability if that preparer did not charge a sales tax.

SCHEDULE A - CONNECTICUT FIDUCIARY ADJUSTMENT

This schedule is used for computing the Connecticut fiduciary adjustment, which is then allocated among the estate or trust and its beneficiaries in Schedule B. The additions and subtractions enumerated in Schedule A of Form CT-1041 which relate to items of income, gain, loss or deduction of the estate or trust, constitute the fiduciary adjustment. However, the additions and subtractions for Lines 2 and 7 of Schedule A should not be made with respect to any amount paid or set aside for charitable purposes.

Member of partnership - If the estate or trust has income as a member of a partnership, any of the additions or subtractions that apply to such income should be included in Schedule A of Form CT-1041. The estate's or trust's share of such partnership items may be obtained from the Connecticut partnership return on Form CT-1065, Schedule K-1.

Beneficiary of another estate or trust - If the estate or trust is a beneficiary of another estate or trust, the share of the fiduciary adjustment of the other estate or trust to be included in Schedule A of Form CT-1041 may generally be obtained from its fiduciary.

The estate or trust must make the additions and subtractions for the taxable year of the S corporation, partnership or estate or trust that ends within the estate's or trust's taxable year.

ADDITIONS:**LINE 1 - INTEREST ON STATE AND LOCAL OBLIGATIONS OTHER THAN CONNECTICUT**

Enter the total amount of interest income from bonds issued by a state other than Connecticut and municipal bonds issued by a county, city, town or other local government unit in a state other than Connecticut, which interest income is not taxed for federal purposes.

LINE 2 - EXEMPT-INTEREST DIVIDENDS ON STATE AND LOCAL OBLIGATIONS OTHER THAN CONNECTICUT

Enter the total of exempt-interest dividends from state or local obligations, other than those derived from obligations of the State of Connecticut or its municipalities. Enter only the percentage of income on non-Connecticut obligations where a fund invests in various states.

EXAMPLE:

A fund invests in obligations of many states, including Connecticut. Assuming that 20% of the distribution is from Connecticut-sourced obligations, the remaining 80% would be added back on this line.

LINE 3 - PRO RATA SHARE OF CERTAIN S CORPORATION SHAREHOLDER'S LOSS

Enter only the Connecticut portion of any loss, reported on line 8 federal Form 1041, from your share in an S corporation.

In the event that the S corporation apportions its ordinary income to another state(s), the Connecticut apportionment percentage reported on Form CT-1120SI, Schedule K-1 should be used to determine the loss addback on Line 3. This information should be provided to you by the S corporation.

LINE 4 - LOSS ON SALE OF CONNECTICUT BONDS

Enter the total amount of losses from the sale or exchange of notes, bonds or other obligations of the State of Connecticut.

LINE 5 - OTHER

Use Line 5 to report any additions to income which are not listed on Lines 1 through 4. See Connecticut Rule 52(a)(10)-2 for specific information.

LINE 6 - TOTAL ADDITIONS

Add Lines 1 through 5. Enter the total on Line 6.

SUBTRACTIONS:**LINE 7 - INTEREST ON U.S. OBLIGATIONS**

Enter the total of any interest income (to the extent included in federal adjusted gross income) that federal law prohibits states from taxing; i.e., all U.S. Government bond interest such as Savings Bonds Series EE and Series HH, U.S. Treasury bills and notes.

NOTE: Do not enter the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgages Corporation (FHLMC) securities. This interest is taxed by Connecticut. A complete list is available from Taxpayer Services.

LINE 8 - DIVIDENDS FROM CERTAIN MUTUAL FUNDS CONSISTING OF U.S. OBLIGATIONS

Include dividend income from ownership of qualified federal obligations. Certain mutual funds are qualified to pay "exempt dividends" if 50% or more of their assets consists of tax-exempt government obligations. The portion of the dividends that is tax-exempt will be shown on your annual statement.

LINE 9 - PRO RATA SHARE OF CERTAIN S CORPORATION SHAREHOLDER'S INCOME

Enter only the Connecticut portion of any income, reported on line 8 of federal Form 1041, from your share in an S corporation.

In the event that the S corporation apportions its ordinary income to another state(s), the Connecticut apportionment percentage reported on Form CT-1120SI, Schedule K-1 should be used to determine the income to be deducted on Line 9. This information should be provided to you by the S corporation.

LINE 10 - GAIN ON SALE OF CONNECTICUT BONDS

Enter the total amount of all gains from the sale or exchange of notes, bonds or other obligations of the State of Connecticut.

LINE 11 - OTHER

Use Line 11 to report any subtractions to income which are not listed on Lines 7 through 10. See Connecticut Rule 52(a)(10)-3 for specific information.

LINE 12 - TOTAL SUBTRACTIONS

Add Lines 7 through 11. Enter the total on Line 12.

LINE 13 - CONNECTICUT FIDUCIARY ADJUSTMENT

Subtract Line 12 from Line 6 and enter the result on Line 13 and on the total line of Schedule B, Column 5.

SCHEDULE B - SHARES OF CONNECTICUT FIDUCIARY ADJUSTMENT

The purpose of this schedule is to show the distribution of the Connecticut fiduciary adjustment among the beneficiaries and the fiduciary of the estate or trust. The shares of the beneficiaries and of the fiduciary in the Connecticut fiduciary adjustment (Line 13 of Schedule A) are in proportion to their respective shares of federal distributable net income of the estate or trust.

COLUMNS 1 AND 2

Enter in Columns 1 and 2 the name, address and identifying number of each beneficiary of the estate or trust. If the mailing address differs from the home address, give both. If a beneficiary is a Connecticut nonresident, check the appropriate box to the right of his or her name. If space is needed to list additional beneficiaries, attach a separate sheet of paper to the return.

COLUMN 3

Enter the respective share of federal distributable net income of each beneficiary and of the fiduciary on the appropriate lines of Column 3. Entries must be made in Schedule B for all beneficiaries, both resident and nonresident.

COLUMN 4

Determine the percentage interest of each beneficiary and of the fiduciary in federal distributable net income of the estate or trust, based upon amounts in Column 3, and enter that percentage on the appropriate line of Column 4.

COLUMN 5

Enter the amount of the Connecticut fiduciary adjustment (from Line 13 of Schedule A) on the total line of Column 5. The share of each beneficiary and of the fiduciary in the total amount is determined by multiplying the total fiduciary adjustment by the Column 4 percentage.

NOTE: If the estate or trust has no federal distributable net income, the share of each beneficiary in the fiduciary adjustment must be in proportion to his or her share of the estate or trust income for the taxable year, under local law or the governing instrument, which is required to be distributed currently and any other amounts of such income distributed in such year. Any balance of the fiduciary adjustment not allocable to beneficiaries must be allocated to the estate or trust. If the shares in the Connecticut fiduciary adjustment are apportioned in accordance with this paragraph, do not complete Schedule B. Instead, show the apportionment in a schedule attached to the return.

LINES A THROUGH D

Complete applicable items A through D at the bottom of Schedule B. Be sure to check applicable resident status boxes.

SCHEDULE CT-1041FA - LINE INSTRUCTIONS

Schedule CT-1041FA, Fiduciary Allocation, must be completed and attached to a Form CT-1041 that is filed for (1) a nonresident estate or trust having income derived from Connecticut sources, (2) a part-year resident trust or (3) a resident estate or trust with a nonresident beneficiary.

NOTE: Refer to the front page of Schedule CT-1041FA to determine which parts of Schedule CT-1041FA should be completed.

PART 1

LINE 1 - FEDERAL TAXABLE INCOME OF FIDUCIARY

Enter the amount of the taxable income of the fiduciary as reported on federal Form 1041, Line 22.

LINE 2 - INCLUDIBLE GAIN PURSUANT TO INTERNAL REVENUE CODE SECTION 644 (TRUSTS ONLY)

For federal purposes a separate tax is imposed on a trust that sells appreciated property within 2 years after such property has been transferred to such trust.

For Schedule CT-1041FA purposes the gain from this type of transaction is included on Line 2.

LINE 3

Add the amounts on Lines 1 and 2 and enter the total on Line 3.

LINE 4 - FIDUCIARY'S SHARE OF CONNECTICUT FIDUCIARY ADJUSTMENT

Enter the amount from the Fiduciary line of Form CT-1041, Schedule B, Column 5.

LINE 5 - CONNECTICUT TAXABLE INCOME OF FIDUCIARY

Add or subtract the amount on Line 4 from the amount on Line 3. Enter the result on Line 5.

LINE 6 - CONNECTICUT TAXABLE INCOME OF FIDUCIARY FROM CONNECTICUT SOURCES

In order to determine the Connecticut taxable income of the fiduciary from Connecticut sources, add the following:

- a. Fiduciary's share of income from Connecticut sources (Part 2, Column 3) _____
- b. Amount of Schedule CT-1041FA, Part 1, Line 2 (Section 644 gain) from Connecticut sources. _____
- c. Subtract the amount on Schedule CT-1041FA, Part 3, Line 18(b) from the amount on Part 3, Line 4(b) _____

TOTAL _____

Enter the total on Part 1, Line 6.

LINE 7 - CONNECTICUT TAX

Multiply the greater of Line 5 or Line 6 by 1.5% and enter the result on Line 7.

LINE 8

Divide Line 6 by Line 5 and enter the result on Line 8. (If Line 6 is equal to or greater than Line 5, enter 1.00.) Round to two decimal places.

LINE 9 - ALLOCATED CONNECTICUT TAX

Multiply the amount on Line 7 by the amount on Line 8. Enter the result here and on Form CT-1041, Line 7.

PART 2 - FIDUCIARY'S AND BENEFICIARY'S SHARE OF INCOME FROM CONNECTICUT SOURCES

The federal distributable net income from Connecticut sources (Part 3, Line 24, Column (b)) is to be allocated in Part 2 to the estate or trust (fiduciary) and its beneficiaries in proportion to

their respective shares in the federal distributable net income of the estate or trust.

COLUMNS 1 AND 2

Using Columns 3 and 4 of Form CT-1041, Schedule B, enter the respective shares of federal distributable net income of each beneficiary and of the fiduciary and their percentages on the appropriate lines of Columns (1) and (2). Use the same letter (a or b) as used in Schedule B of Form CT-1041 to identify each beneficiary. Note that solely for purposes of determining the allocation of income from Connecticut sources that applies among the nonresident taxpayers, entries must be made for both resident and nonresident beneficiaries. The entries in Columns (3) and (4) of Schedule B and Columns (1) and (2) of Part 2 will be identical.

COLUMN 3

Enter on the total line of Column (3) the total income from Connecticut sources included in federal distributable net income of the estate or trust (from Part 3, Line 24, Column (b)).

The share of each nonresident beneficiary or of the fiduciary of a nonresident estate or trust or part-year resident trust in such total amount is determined by multiplying the total income from Connecticut sources (Column (3) total) by the Column (2) percentage. With respect to part-year resident trusts, the amounts in Column (3) for nonresident beneficiaries should not include amounts received during the period of residency that were not from Connecticut sources. No entry is required in this column with respect to a resident beneficiary or the fiduciary of a resident estate or trust. If resident beneficiaries or fiduciaries of a resident estate or trust are excluded from Column (3), the amounts in Column (3) may not equal the total.

PART 3 - DETAILS OF FEDERAL DISTRIBUTABLE NET INCOME AND AMOUNTS FROM CONNECTICUT SOURCES

Enter in Column (a) the amount reported on federal Form 1041 as modified for the applicable items listed in Part 3. Enter in Column (b) the portion of each amount in Column (a) that is derived from Connecticut sources.

NOTE: Passive Activity Loss Limitations

Any deduction for passive activity losses must be recomputed to determine the amounts which would be allowed if the federal adjusted gross income took into account only items of income gain, loss or deduction derived from or connected with Connecticut sources.

Part-Year Resident Trust Only

If a part-year resident trust, include in Column (b) all income during the period of residency and Connecticut source income during the period of nonresidency. If the trust was a part-year resident trust, include in Column (b) all items the trust would be required to include or exclude if the trust were filing a federal return on an accrual basis.

LINES 1 AND 2 - INTEREST INCOME AND DIVIDENDS

Report on Lines 1 and 2, Column (b), income from interest and dividends included in Column (a) that is from a trade or business carried on in Connecticut and amounts which relate to items of income, gain, loss or deduction of the estate or trust derived from or connected with Connecticut sources. Include in Column (a) and, if applicable, Column (b) interest on state and local obligations other than Connecticut and exempt-interest dividends on state and local obligations other than Connecticut.

However, do not include in Columns (a) and (b) any income which is exempt from state taxes under the laws of the United States or of Connecticut, such as interest on United States government bonds or qualifying dividends, from mutual funds that invest in obligations of the United States government and meet the 50% asset requirements.

LINE 3 - BUSINESS INCOME (OR LOSS)

Enter in Column (b) the net profit from a trade or business carried on in Connecticut by the estate or trust. If business is carried on both within and without of Connecticut and the Connecticut income can be determined from the books and records of the business, enter in Column (b) of Line 3 the net profit from business carried on in Connecticut, and in Column (b) on the proper lines the other items relating to the Connecticut operations. If the books and records of the business do not disclose Connecticut income, refer to Schedule CT-1040BA of Form CT-1040NR/PY.

LINE 4 - CAPITAL GAIN (OR LOSS)

Enter in column (b) the amount of capital gain (or loss) from Connecticut sources. Do not include in Column (b) a capital loss carryover for years prior to 1991.

LINE 5 - RENTS, ROYALTIES, PARTNERSHIPS, OTHER ESTATES AND TRUSTS

Include in Column (b) net rents and royalties from (1) real property situated in Connecticut whether or not used in or connected with a business, (2) tangible personal property not used in a business if such property has an actual situs in Connecticut and (3) tangible and intangible personal property used in or connected with a trade or business carried on in Connecticut by the estate or trust.

The portion derived from Connecticut sources of the estate's or trust's share of income, gain, loss or deduction from a partnership is to be entered in Column (b). This may ordinarily be obtained from Form CT-1065.

The portion derived from Connecticut sources of the estate's or trust's share of income from other estates or trusts to be entered in Column (b) may ordinarily be obtained from Form CT-1041, Schedule K-1. Any portion of the estate's or trust's share of such income, gain, loss or deduction not reported here must be included elsewhere in Column (b) of Part 3 on the appropriate line describing the nature of the income (e.g., a partnership Connecticut capital gain would be included in Column (b) on Line 4 of Part 3).

LINE 6 - FARM INCOME (OR LOSS)

Enter in Column (b) the net profit from farming carried on in Connecticut by the estate or trust. If farming is carried on both within and without of Connecticut and the Connecticut income can be determined from the books and records of the farm, enter in Column (b) on Line 6 the net profit from farming carried on in Connecticut, and in Column (b) on the proper lines the other items relating to the Connecticut operations. If the books and records of the farm do not disclose Connecticut income, refer to Schedule CT-1040BA of Form CT-1040NR/PY.

LINE 7 - ORDINARY GAIN (OR LOSS)

Enter in Column (b) the amount of any ordinary gain (or loss) from federal Form 4797 from Connecticut sources.

LINE 8 - OTHER INCOME

Enter in Column (b) any Connecticut source income which is not reportable elsewhere in Part 3. Enter in Column (b) your pro rata share of an S corporation's separately stated items of income and loss apportioned to Connecticut from Form CT-1120SI Schedule K-1 (NR).

Specific items of income must be included elsewhere on their appropriate lines of Part 3, Column (b).

Do not include in Column (b) a net operating loss carryover for years prior to 1991.

LINE 9

Add Lines 1 through 8 and enter the total on Line 9.

LINES 10 THROUGH 15

Enter in Column (b) only that portion of each item of deduction reported in Column (a) which relates to income derived from Connecticut sources (as reported in Column (b) on Lines 1

through 8 of Part 3).

LINE 16

Add Lines 10 through 15 and enter the total on Line 16.

LINE 17 - ADJUSTED TOTAL INCOME (OR LOSS)

Subtract Line 16 from Line 9 and enter the result on Line 17.

LINES 18 THROUGH 21

Enter in Column (b) on Lines 18 through 21 the portion of the Column (a) amounts which relate to items of income, gain, loss

or deduction of the estate or trust derived from or connected with Connecticut sources.

LINE 22

Add Lines 17 through 21 and enter the total on Line 22.

LINE 23

If the amount on Line 4 above is a gain, enter that amount on Line 23.

LINE 24 - DISTRIBUTABLE NET INCOME

Subtract Line 23 from Line 22 and enter the result on Line 24.

Enter the amount from Part 3, Line 24, Column (b), on Part 2 at the total line of Column (3).