Form CT-1040EZ

CONNECTICUT RESIDENT EZ INCOME TAX RETURN



	For the yea	' Jar	nuary 1 - December 31, 1998, or other taxable year ► beginning, 1998, ► end	ling _	, 19				
	Label	r		cial Se	ecurity Number				
	Use the	Ā							
	DRS label	B E	If a JOINT Return, Spouse's First Name and Middle Initial Last Name	ouse's	Social Security Number				
located on the inside of		L	Home Address Number and Street DE		: : TMENT USE ONLY				
this booklet.		H		FARI	WENT USE ONLY				
e liter meet,		E R	City, Town or Post Office State ZIP Code You	ur Tele	phone Number				
	or type.)				
	(See instructions)		You may file Form CT-1040EZ if you meet ALL of the following conditions: (See instruction	ons)					
			A. You have no modifications to Federal Adjusted Gross Income for Connecticut income tax purpose federally taxable refund of state and local income taxes; and		your only modification is a				
	B. Y C. Y D. Y		You were a resident of Connecticut for the entire taxable year: and						
			C. You are not claiming credit for income taxes paid to another jurisdiction; and D. You do not have a federal alternative minimum tax liability, and you are not claiming an adjusted net Connecticut minimum tax credit.						
			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						
	Filing		NOTE: Your filing status must be the same as your federal income tax filing status for this year. See instruct	ions fo	or details.				
•	Status		► A. Single						
ERE	Check onl	y	 B. Married filing joint return or Qualifying widow(er) with dependent child C. Married filing SEPARATE return 		! !				
9s H	one box.		C. D Manned mining SEPARATE lettining Spouse's full name Spouse's full name	Spo	use's Social Security Number				
109			1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 18;						
AN			Form 1040EZ, Line 4; or TeleFile Tax Record, Line H)		1				
2Gs			2. Refunds of state and local income taxes (from federal Form 1040, Line 10; see instructions)		2				
×	Income and Tax		3. Connecticut Adjusted Gross Income (Subtract Line 2 from Line 1)	_	3				
W-25			4. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions)	· -	4	_			
Ē		-	 Credit for property taxes paid on your primary residence or motor vehicle, or both (from Schedule 2 EZ Line 26). To be allowed this credit, you must complete Schedule 2 EZ on reverse. 		5				
STAPLE W-2s, W-2Gs AND 1099s HERE			6. Connecticut Income Tax (Subtract Line 5 from Line 4. If less than zero, enter 0.)	_	6				
			7. Individual Use Tax (from Schedule 1 EZ, Line 18 on reverse). You must enter a zero on this line						
			if no use tax is due, otherwise you will not be considered to have filed a use tax return. (See instructions)	_	7				
			8. Total Tax (Add Line 6 and Line 7)		8				
			 9. Connecticut tax withheld (Attach all W-2s and certain 1099s; see instructions) 10. All 1998 estimated tax payments and any overpayments applied from a prior year 		<u>9</u> 10				
	Payment	ts	11. Payments made with extension request (Form CT-1040 EXT)		11				
4			12. Total payments (Add Lines 9, 10 and 11)	· -	12				
IOT STAPLE)			13. If Line 12 is greater than Line 8, enter amount overpaid. (Subtract Line 8 from Line 12)		13				
STA			14. Amount of Line 13 you want applied to your 1999 estimated tax		14				
Ę			15. Amount of Line 13 you want to contribute to: (See instructions for details of funds)						
ē	Refund, Amount You Owe or Contributio		AIDS Research ►\$2 ►\$5 ►\$15 ► other0	0					
۳۳ ۱		,	Organ Transplant \blacktriangleright $\$2$ \blacktriangleright $\$5$ \blacktriangleright $\$15$ \blacktriangleright other $.0$						
H		t	Endangered Species/Wildlife						
BÖ		е							
N No			Breast Cancer Research \blacktriangleright \$2 \blacktriangleright \$5 \blacktriangleright \$15 \blacktriangleright other0						
IONE		ion	Safety Net Services \blacktriangleright \$2 \blacktriangleright \$5 \blacktriangleright \$15 \blacktriangleright other0						
N NC			TOTAL CONTRIBUTIONS		15	00			
<u>CK</u>			16. Amount of Line 13 you want refunded to you						
Щ			(Subtract Line 14 and Line 15 from Line 13) REFUND		16				
SLP			17. If Line 8 is greater than Line 12, enter the amount of tax you owe. (Subtract Line 12 from Line 8. See instructions) AMOUNT YOU OWE		17				
-									

TAXPAYERS MUST SIGN DECLARATION ON REVERSE

DUE DATE: April 15, 1999

Make your check payable to: COMMISSIONER OF REVENUE SERVICES, and write your Social Security Number(s) and "1998 Form CT-1040EZ" on your check. Attach a copy of all applicable schedules and forms to this return.

Mail in the envelope provided to you (with the correct label affixed).

For refund request or no tax due, mail to: DRS, PO Box 150420, Hartford, CT 06115-0420. For payment, mail to: DRS, PO Box 150440, Hartford, CT 06115-0440.

SCHEDULE 1 EZ - INDIVIDUAL USE TAX

Complete this schedule if you have a Connecticut individual use tax liability. You owe use tax if you purchased taxable goods or services during the taxable year and did not pay Connecticut sales tax on the purchase. Individual items with the purchase price of \$300 or more must be listed separately below. Although you do not need to list separately any indivudual item with a purchase price of less than \$300, such items are subject to tax and the total of the purchase price of these items should be reported on Line A.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G
DATE OF PURCHASE	DESCRIPTION OF ARTICLES OR SERVICES	RETAILER OR SERVICE PROVIDER	PURCHASE PRICE	CT TAX DUE (.06 x Column D)	TAX, IF ANY, PAID TO ANOTHER JURISDICTION	BALANCE DUE (Col. E - Col. F but not less than zero)
A. TOTAL O	F INDIVIDUAL PURCHASES UNDER	\$300 NOT LISTED ABOVE				A
18. Individ	18. Individual Use Tax (Add all amounts for Column G) Enter here and on Line 7 on the front of this form.					

18. Individual Use Tax (Add all amounts for Column G) Enter here and on Line 7 on the front of this form.

IMPORTANT: You must enter a zero on Line 7 if no Connecticut use tax is due. If you do not make an entry on Line 7, you will not have filed a use tax return.

SCHEDULE 2 EZ - CREDIT FOR PROPERTY TAXES PAID ON YOUR PRIMARY RESIDENCE OR MOTOR VEHICLE, OR BOTH Failure to complete this schedule could result in the disallowance of this credit. COLUMN C COLUMN A COLUMN B COLUMN D COLUMN E QUALIFYING NAME OF **DESCRIPTION OF PROPERTY** LIST or BILL PROPERTY CONNECTICUT TAX If primary residence, enter street address *DATE PAID AMOUNT PAID NUMBER TOWN OR DISTRICT If motor vehicle, enter year, make and model (if available) PRIMARY RESIDENCE 19 AUTO 1 20

21

22

350 00

23

24

25

26

22. TOTAL PROPERTY TAX PAID (Add all amounts for Column E)

23. Maximum Property Tax Credit Allowed

MARRIED FILING

JOINTLY ONLY - AUTO 2

24. Enter the Lesser of Line 22 amount or \$350 (If \$100 or less, enter this amount on Line 26. If greater than \$100, go to Line 25).

25. Limitation - Enter 0 or the result from the Property Tax Credit Limitation Worksheet. (See note below)

26. Subtract Line 25 from Line 24. Enter Here and on Form CT-1040EZ, Line 5.

* Generally, for property tax bills first becoming due during 1998 and paid during 1998. (See instructions)

NOTE: Enter zero on Line 25 and do not complete the Property Tax Credit Limitation Worksheet if:

Your filing status is **Single** and your Connecticut AGI is \$52,500 or less;

Your filing status is Married Filing Jointly and your Connecticut AGI is \$100,500 or less;

Your filing status is Married Filing Separately and your Connecticut AGI is \$50,250 or less;

Your filing status is Head of Household and your Connecticut AGI is \$78,500 or less.

Otherwise, you must complete the worksheet.

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. Declaration of preparer (other than
DECEARATION.	taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Your Signature	Date	Spouse's Signature (if joint return)	Date
Keep a copy of this return	Paid Preparer's Signature			Date
for your records	Firm Name		Þ	Federal Employer ID Number