

Form CT-1040
CONNECTICUT RESIDENT INCOME TAX RETURN

For the year January 1 - December 31, 1998, or other taxable year beginning _____, 1998, ending _____, 19__.

Label Use the DRS label located on the inside front cover of this booklet. Otherwise, please print or type. (See instructions)	L A B E L H E R E	Your First Name and Middle Initial _____ Last Name _____	Your Social Security Number _____
		If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial _____ Last Name _____	Spouse's Social Security Number _____
		Home Address _____ Number and Street _____	DEPARTMENT USE ONLY
		City, Town or Post Office _____ State _____ ZIP Code _____	Your Telephone Number (____) _____
		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 <input type="checkbox"/>	
		If you are required to file Form CT-2210 and checked any boxes on Part 1, check here <input type="checkbox"/>	

Filing Status Check only one box.	NOTE: Your filing status must be the same as your federal income tax filing status for this year. See instructions for details.	
	<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 _____

Income and Tax STAPLE W-2s, W-2Gs AND 1099s HERE	1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 18; Form 1040EZ, Line 4; or Telefile Tax Record, Line H)	▶	1	
	2. Additions, if any (from Schedule 1, Line 37 on reverse)	▶	2	
	3. Add Line 1 and Line 2	▶	3	
	4. Subtractions, if any (from Schedule 1, Line 47 on reverse)	▶	4	
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	▶	5	
	6. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions)	▶	6	
	7. Credit for income taxes paid to other jurisdictions (from Schedule 2, 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 or motor vehicle, or both (from Schedule 3, Line 64). To be allowed this credit, you must complete Schedule 3 on reverse.	▶	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. Connecticut Income Tax (Subtract Line 13 from Line 12. If less than zero, enter 0.)	▶	14	
	15. Individual Use Tax 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)	▶	15	
	16. Total Tax (Add Line 14 and Line 15)	▶	16	

Payments CLIP CHECK OR MONEY ORDER HERE (DO NOT STAPLE)	17. Connecticut tax withheld (Attach all W-2s and certain 1099s; see instructions)	▶	17	
	18. All 1998 estimated tax payments and any overpayments applied from a prior year	▶	18	
	19. Payments made with extension request (Form CT-1040 EXT)	▶	19	
	20. Total payments (Add Lines 17, 18 and 19)	▶	20	

Refund, Amount You Owe or Contribution	21. If Line 20 is greater than Line 16, enter amount overpaid. (Subtract Line 16 from Line 20)	▶	21	
	22. Amount of Line 21 you want applied to your 1999 estimated tax	▶	22	
	23. Amount of Line 21 you want to contribute to: (See instructions for details of funds)			
	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			
	TOTAL CONTRIBUTIONS	▶	23	00
	24. Amount of Line 21 you want refunded to you (Subtract Line 22 and Line 23 from Line 21)	▶	24	
			REFUND	
25. If Line 16 is greater than Line 20, enter the amount of tax you owe. (Subtract Line 20 from Line 16)	▶	25		
26. If Late: Enter Penalty (See instructions)	▶	26		
27. If Late: Enter Interest (1% x number of months late or fraction thereof x amount on Line 25)	▶	27		
28. Interest on underpayment of estimated tax (from Form CT-2210; see instructions)	▶	28		
29. Amount you owe with this return (Add Lines 25 through 28)	▶	29		
			AMOUNT YOU OWE	

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-1040" on your check. Attach a copy of all applicable schedules and forms to this return. Mail in the envelope provided (with the correct label affixed).
For refund request or no tax due, mail to: DRS, PO Box 2976, Hartford, CT 06104-2976.
For payment, mail to: DRS, PO Box 2977, Hartford, CT 06104-2977.

SCHEDULE 1 - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE INSTRUCTIONS)

Additions To Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers

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)	▶	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 (See instructions) _____	▶	36		
37. Total additions (Add Lines 30 through 36) Enter here and on Line 2 on the front of this form.	▶	37		

Subtractions From Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers

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 instructions)	▶	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)	▶	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; see instructions) _____	▶	46		
47. Total subtractions (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 OTHER JURISDICTIONS

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

48. **MODIFIED CONNECTICUT ADJUSTED GROSS INCOME** (See instructions)

FOR EACH COLUMN, ENTER THE FOLLOWING:

- 49. Enter other jurisdiction's name and two-letter code (See instructions)
- 50. Non-Connecticut income included on Line 48 and reported on another jurisdiction's income tax return (from Schedule 2 Worksheet)
- 51. Divide Line 50 by Line 48 (may not exceed 1.0000)
- 52. Income tax liability (Subtract Line 11 from Line 6; see instructions)
- 53. Multiply Line 51 by Line 52
- 54. Income tax paid to another jurisdiction
- 55. Enter the lesser of Line 53 or Line 54
- 56. **TOTAL CREDIT** (Add Line 55, all columns)
Enter this amount here and on Line 7 on the front of this form.

	▶	48			
		COLUMN A		COLUMN B	
		Name	Code	Name	Code
49	▶				
50	▶				
51	▶				
52	▶				
53	▶				
54	▶				
55	▶				
					56

SCHEDULE 3 - CREDIT FOR PROPERTY TAXES PAID ON YOUR PRIMARY RESIDENCE OR MOTOR VEHICLE, OR BOTH
Complete this schedule, otherwise the property tax credit will not be allowed.

QUALIFYING PROPERTY	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	
	NAME OF CONNECTICUT TAX TOWN OR DISTRICT	DESCRIPTION OF PROPERTY <small>If primary residence, enter street address If motor vehicle, enter year, make and model</small>	LIST / BILL NUMBER <small>(If available)</small>	DATE PAID <small>(See instructions)</small>	AMOUNT PAID	
PRIMARY RESIDENCE					57	▶
AUTO 1					58	▶
MARRIED FILING JOINT ONLY - AUTO 2					59	▶
60. TOTAL PROPERTY TAX PAID (Add all amounts for Column E)					60	▶
61. MAXIMUM PROPERTY TAX CREDIT ALLOWED					61	350 00
62. Enter the Lesser 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. Limitation - Enter 0 or the result from the <i>Property Tax Credit Limitation Worksheet</i> (See instructions)					63	
64. Subtract Line 63 from Line 62. Enter here and on Form CT-1040, Line 11.					64	▶

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Your Return	Your Signature	Date	Spouse's Signature (if joint return)	Date
	Paid Preparer's Signature			Date
	Firm Name			Federal Employer ID Number