FORM CT-1040NR/PY

Connecticut Nonresident or Part-Year Resident Income Tax Return

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N	IR/PY

For the yes	Check here for 1999 resident status: r January 1 - December 31, 1999, or other taxable year		/ear Resident	
			· · · · · · · · · · · · · · · · · · ·	
Label	Your First Name and Middle Initial	Last Name	Your Social Security Number	
Use the DRS label located on	If a JOINT Return, Spouse's First Name and Middle Initial	Last Name	Your Spouse's Social Security Number	
the inside of this booklet.	Home Address Number and Street	Apt. No. PO Box	DEPARTMENT USE ONLY	
Otherwise, please print or type.	City, Town or Post Office	State ZIP Code	Your Telephone Number	
(See instructions,				
page13)	Check here if you do not want forms sent to you next ye of your responsibility to file	ear. Checking this box does not relieve yo	^{ou} ► □	
	If you are required to file Form CT-2210 and checked and			
Filing	► A. 🗍 Single			
Status	► B. ■ Married filing joint return or Qualifying wid	dow(er) with dependent child	: :	
Check only	C. Married filing SEPARATE return	>	• • • • •	
one box.	► D.	ר) Spouse's full name	Spouse's Social Security Number	
	1. Federal Adjusted Gross Income (from federal Form			
	Form 1040EZ, Line 4; or TeleFile Tax Record, Line I 2. Additions, if any (from <i>Schedule 1</i> , Line 39 on reve		► 1 ► 2	
	3. Add Line 1 and Line 2	13C)		
	4. Subtractions, if any (from <i>Schedule 1</i> , Line 49 on r	reverse)		
	5. Connecticut Adjusted Gross Income (Subtract Line 4		5	
ncome	6. Income from Connecticut sources (from <i>Schedule</i> 0		► 6	
	7. Enter the greater of Line 5 or Line 6 (If zero or less,		▶ 7	
	8. Income Tax: From Tax Tables or Tax Calculation Sc	-	▶ 8	
	9. Divide Line 6 by Line 5 (If Line 6 is equal to or greate		▶ 9 .	
and Tox	10. Multiply Line 9 by Line 8		▶ 10	
Tax	11. Credit for income taxes paid to other jurisdictions by	part-year residents only (from Schedule	<i>le 2</i>) 11	
	12. Subtract Line 11 from Line 10 (If Line 11 is greater th	an Line 10, enter 0)	▶ 12	
Ś	13. Connecticut Alternative Minimum Tax (from Form CT	-6251)	▶ 13	
	14. Add Line 12 and Line 13		▶ 14	
	15. Adjusted Net Connecticut Minimum Tax Credit (from	Form CT-8801)	▶ 15	
and Tax	16. Connecticut Income Tax (Subtract Line 15 from Line		▶ 16	
Í	17. Individual Use Tax. (Complete the Individual Use this line if no use tax is due. (See instructions, page 10.1)	<i>Tax Worksheet.)</i> You must enter 0 on the 14)	▶ 17	
•	18. Total Tax (Add Line 16 and Line 17)	<i>y</i> o <i>1 i j</i>	► 18	
4	19. Connecticut tax withheld (Attach all W-2s and ce	rtain 1099s; see instructions, page 1	14) 🕨 19	
	20. All 1999 estimated tax payments and any overpaym		▶ 20	
Payments	21. Payments made with extension request (Form CT-1	1040 EXT)	▶ 21	
	22. Total payments (Add Lines 19, 20, and 21)		▶ 22	
	23. If Line 22 is greater than Line 18, enter amount of		22) 23	
Refund, Amount	24. Amount of Line 23 you want applied to your 200		▶ 24	
5	25. Amount of Line 23 you want to contribute to: (Se	e instructions, page 15)		
		_\$5 ► \$15 ► other		
Refund,		_\$5 ►\$15 ► other		
Amount	Endangered Species/Wildlife \$2			
You Owe,		_\$5 ►\$15 ► other \$5 ►\$15 ► other		
or				~~
Contributio	1 26 Amount of Line 22 you want refunded to you (Sub	TOTAL CONTRIBUTIO		00
5	26. Amount of Line 23 you want refunded to you (Sub	tract line 24 and line 25 from line 23 REFU		
	27. If Line 18 is greater than Line 22, enter the amount of			
	28. If late: Enter Penalty (Multiply Line 27 by 10% (.10))		▶ 28	
	29. If late: Enter Interest (Multiply Line 27 by number of mo			
5	30. Interest on underpayment of estimated tax (from Fo			
I	31. Amount you owe with this return (Add Lines 27 the second seco	through 30) AMOUNT YOU O	DWE 31	

SEE PAYMENT AND MAILING INSTRUCTIONS ON REVERSE TAXPAYERS MUST SIGN DECLARATION ON REVERSE

SCHEDULE 1 - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (See instructions, page 16)

	Additions To Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers			
32.	Interest on state and local government obligations other than Connecticut	►	32	
33.	Exempt-interest dividends from a mutual fund derived from state or municipal government			
	obligations other than Connecticut		33	
34.	Shareholder's pro rata share of S corporation nonseparately computed loss		34	
35.	Taxable amount of lump sum distributions from qualified plans not included in federal adjusted gross income		35	
36.	Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)		36	
37.	Loss on sale of Connecticut state and local government bonds		37	
38.	Other - specify		38	
39.	Total additions (Add Lines 32 through 38) Enter here and on Line 2 on the front of this form.		39	
	Subtractions From Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers	;		
40.	Interest on United States government obligations		40	
41.	Exempt dividends from certain qualifying mutual funds derived from United States government obligations		41	
42.	Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, page 18)		42	
43.	Refunds of state and local income taxes		43	
44.	Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities		44	
45.	Shareholder's pro rata share of S corporation nonseparately computed income		45	
46.	Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)		46	
47.	Gain on sale of Connecticut state and local government bonds		47	
48.	Other - specify (Do not include out-of-state income)		48	
49.	Total subtractions (Add Lines 40 through 48) Enter here and on Line 4 on the front of this form.		49	

SCHEDULE 2 - CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS (FOR PART-YEAR RESIDENTS ONLY)

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

▶ 50

50.	Connecticut AGI	during the	residency port	on of the	e taxable y	ear only	(See	instructions,	page 2	21)
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	FOR EACH COLUMN, ENTER THE FOLLOWING:		COLUMN A		COLUMN B		
				Name	Code	Name	Code
51.	Enter other jurisdiction's name and two-letter code (See instructions, page 21)		51	•		▶	
52.	Non-Connecticut income included on Line 50 and reported on another jurisdiction's income tax return (Complete <i>Schedule 2 Worksheet</i> , page 23)		52			►	
53.	Divide Line 52 by Line 50 (may not exceed 1.0000)		53	•		▶ .	
54.	Apportioned income tax (See instructions, page 22)		54			►	
55.	Multiply Line 53 by Line 54		55			►	
56.	Income tax paid to another jurisdiction		56			►	
57.	Enter the lesser of Line 55 or Line 56		57				
58.	TOTAL CREDIT (Add Line 57, all columns) Enter this amount here and on Line 11 on the front of this form.				58		

TAXPAYERS MUST SIGN DECLARATION BELOW

DUE DATE: April 18, 2000

Make your check or money order payable to: **COMMISSIONER OF REVENUE SERVICES**, and write your Social Security Number(s) and "1999 Form CT-1040NR/PY" on your check or money order.

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 2968 Hartford CT 06104-2968	For payment , mail to:	DRS PO Box 2969 Hartford CT 06104-2969
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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. The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

	Your Signature	Date	Spouse's Signature (If joint ret	urn) Date
Sign Here				
copy of	Paid Preparer's Signature		C	Date
this return for your records	Firm Name and Address		P	Preparer's EIN, SSN or PTIN