## **FORM CT-1040**

## 1999 1040

## **Connecticut Resident Income Tax Return**

roi the year	anuary 1 - December 31, 1999, or other taxable year — beginning, 1999, — er	nuing _		•					
Label .	Your First Name and Middle Initial Last Name	Your Soci	ial Security Number						
Use the A	<b> ▶</b>		: : :						
DRS label B	If a JOINT Return, Spouse's First Name and Middle Initial Last Name	Spouse's	e's Social Security Number						
located on	<b>▶</b>		i i						
the inside L	<u> </u>		: :						
of this booklet.	Home Address Number and Street Apt. No.	DEPARI	MENT USE ONLY						
IE	<b>&gt;</b>								
Otherwise, please print E	City, Town or Post Office State ZIP Code	Your Tele <sub>l</sub>	phone Number						
or type.	▶	(	)						
(See	Check here if you do not want forms sent to you next year. Checking this box does not relieve you of your re	oononoihi	ility to file	$\overline{}$					
instructions,				_					
page 12)	If you are required to file Form CT-2210 and checked any boxes on Part 1, check here			<u> </u>					
Eiling	NOTE: Your filing status must be the same as your federal income tax filing status for this ye	ear ( <i>Se</i>	e instructions, page 12).						
Filing	► A. Single								
Status	▶ B.  Married filing joint return or Qualifying widow(er) with dependent child		: :						
Check only	► C. Married filing SEPARATE return		<u>_:: </u>						
one box.	▶ D. ☐ Head of household (with qualifying person)	Spouse's	use's Social Security Number						
i	1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 18;								
	Form 1040EZ, Line 4; or Telefile Tax Record, Line I)			+					
	2. Additions, if any (from Schedule 1, Line 37 on reverse)								
-	3. Add Line 1 and Line 2	▶ 3	3	$\perp \perp \downarrow$					
Income	4. Subtractions, if any (from Schedule 1, Line 47 on reverse)	<b>▶</b> ∠	1						
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	▶ 5	5						
	6. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, page 12)	▶ 6	5						
	7. Credit for income taxes paid to other jurisdictions (from Schedule 2, Line 56 on reverse)	▶ 7	7						
5	8. Subtract Line 7 from Line 6. (If Line 7 is greater than Line 6, enter 0.)	▶ 8	3						
and	9. Connecticut Alternative Minimum Tax (from Form CT-6251)	▶ 9	9						
Tax	10. Add Line 8 and Line 9	▶ 10							
j N	11. Credit for property taxes paid on your primary residence and/or motor vehicle (You <b>must</b> complete	· F							
Ě	Schedule 3, on reverse.) Enter the amount from Line 64 here. (See instructions, page 13)	▶ 11	1						
AFLE W-25,	12. Subtract Line 11 from Line 10 (If less than zero, enter 0)	▶ 12	2						
	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. <b>Individual Use Tax</b> (Complete the <i>Individual Use Tax Worksheet.</i> ) You must enter 0 on	· '   ' '	*	+					
5	this line if no use tax is due. (See instructions, page 13)	▶ 15	5						
	16. Total Tax (Add Line 14 and Line 15)	▶ 16	+	_					
	17. Connecticut tax withheld (Attach all W-2s and certain 1099s; see instructions, page 13)	▶ 17		+					
_	18. All 1999 estimated tax payments and any overpayments applied from a prior year	▶ 18	_						
Payments	19. Payments made with extension request (Form CT-1040 EXT)	<b>▶</b> 19		+					
	20. Total payments (Add Lines 17, 18, and 19)	▶ 20		+					
<b>-</b>				+					
Refund,	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 2000 estimated tax	▶ 22	<u> </u>	+					
	23. Amount of Line 21 you want to contribute to: (See instructions, page 13)								
Amount	AIDS Research \$2 ▶\$5 ▶\$15 ▶ other00								
You Owe,	Organ Transplant         ►        \$2         ►        \$5         ►        \$15         ► other        00           Endangered Species/Wildlife         \$2         ►         \$5         ►         \$15         ► other         .00								
or									
Contribution	Breast Cancer Research								
	Safety Net Services ► \$2 ►\$5 ► \$15 ► other00			00					
	TOTAL CONTRIBUTIONS  24. Amount of Line 21 you want <b>refunded</b> to you (Subtract Line 22 and Line 23 from Line 21)	▶ 23	, <u> </u>	00					
	REFUND	. —		+					
Í	25. If Line 16 is greater than Line 20, enter the amount of tax you owe. (Subtract Line 20 from Line 16	′ <b>—</b>		+					
5	26. If Late: Enter Penalty (Multiply Line 25 by 10% (.10))	▶ 26		$\perp$					
i	27. If Late: Enter Interest (Multiply Line 25 by number of months late or fraction thereof, then by 1% (.01	~ · ·							
<u> </u>	28. Interest on underpayment of estimated tax (from Form CT-2210; see instructions, page 14)	▶ 28	3						
·	29. Amount you owe with this return (Add Lines 25 through 28)  AMOUNT YOU OWE	▶ 29	9						
Make your che	ck or money order payable to: For <b>refund request</b> or <b>no tax due</b> , mail to: For <b>payment</b> , mail to:								
	ER OF REVENUE SERVICES Department of Revenue Services Department of Revenue Services	ices							
	ial Security Number(s) and PO Box 2976 PO Box 2977								
	-1040" on your check or Hartford CT 06104-2976 Hartford CT 06104-2977								
money order.	Mail in the envelope provided with the correct label affixed.								

		DIFICATIONS TO FE ederal Adjusted Gros							ons, pag	ge 15)						_	
30. Interest on	state a	nd local government obl	igations other than Co	nnecticut						•	30	)			$\rightarrow$		
		vidends from a mutual fu		or municipal						•	31						
government obligations other than Connecticut  32. Shareholder's pro rata share of S corporation nonseparately computed loss								<b>•</b>	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 sa	ale of Co	onnecticut state and local	I government bonds							▶	35						
36. Other - specify										▶	36	3					
37. Total addition	ons (Ad	d Lines 30 through 36) E	Enter here and on Line	2 on the front	of tl	nis fo	rm.			<b>•</b>	37	,					
		rom Federal Adjusted		nter All Amou	ınts	as	Posit	tive Num	bers			1					
38. Interest on United States government obligations										<b>•</b>	38				-+		
•	39. Exempt dividends from certain qualifying mutual funds derived from United Sta							-		39							
	•	nefit adjustment ( <i>See Sc</i>	ocial Security Benefit A	Adjustment Work	she	eet, p	age 1	7)			40				$\rightarrow$		
		nd local income taxes									41				+		
		railroad retirement benef	• •								42						
	-	rata share of S corporati		•	,						43						
-		of Connecticut fiduciary	,	y if less than ze	ro)						44						
		onnecticut state and loca	· ·								45			+	_		
	• (	o not include out-of-state	,	ing 4 as the fue		£ 41=1=					46	+					
		Add Lines 38 through 46 EDIT FOR INCOME	<u> </u>								47					_	
		ust attach a copy o						on(s) or	the cre	dit wi	II I	e disall	lowe	ed.			
-		ECTICUT ADJUSTED GI			-			<b>►</b>	48								
		.UMN, ENTER THE FOL	,	, , ,		´		COL	JMN A				COL	UMN B			
		•		ana naga 10)		40	Name		<b></b>	Code	+	Name			Co ▶	de	
<ul><li>49. Enter other jurisdiction's name and two-letter code (<i>See instructions, page 19</i>)</li><li>50. Non-Connecticut income included on Line 48 and reported on another jurisdiction's income tax return (Complete <i>Schedule 2 Worksheet, page 20</i>)</li></ul>				nother	<b>•</b>	50						<b>&gt;</b>					
		Line 48 (may not exceed		, page 20)	<b></b>	51		•				<b>&gt;</b>	•				
52. Income tax liability (Subtract Line 11 from Line 6; see instructions, page 19)				ns. page 19)	<b>•</b>	52						<b>&gt;</b>					
53. Multiply Line 51 by Line 52				<b>•</b>	53						<b>&gt;</b>						
					<b>•</b>	54						<b>&gt;</b>					
54. Income tax paid to another jurisdiction  55. Enter the lesser of Line 53 or Line 54					· •	55						<b>&gt;</b>					
		dd Line 55, all columns)									T					_	
		here and on Line 7 on the	ne front of this form.							56	6	<b>&gt;</b>					
SCHEDULE	3-CR	EDIT FOR PROPERT											E.				
		Failure to complete this schedule could result COLUMN A COLUMN B				COLUMN C				COLUMN D			COLUMN E				
QUALIFYIN	NG							_		DATE PAID		AMOUNT PAID			_		
PROPERT	Υ	DEGOKII HONGI I KOLEKTI							(See	(See instructions page 21)			ANIO OTA				
PRIMARY RESIDENCE													57	<b>&gt;</b>			
AUTO1													58 ▶				
	MARRIED FILING																
JOINT ONLY - AUTO 2									59			H					
60. TOTAL PROPERTY TAX PAID (Add all amounts for Column E)										60	<b>&gt;</b>		L				
61. MAXIMUM PROPERTY TAX CREDIT ALLOWED								61		425	0						
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. <b>Limitation</b> - Enter the result from the <i>Property Tax Credit Limitation Worksheet</i> (See instructions, page 21)									63								
												<b></b>	-				
64. Subtract Line 63 from Line 62. Enter here and on Line 11 on the front of this form.  DECLARATION: I declare under the penalties of false statement that I have examined this return									1	·•		64			<u> </u>		
schedules an is imprisonm	d state	ements) and, to the b ot to exceed one yea	est of my knowled ar or a fine not to	ge and belief, exceed two	it tho	is tr usa	ue, c	omplete	and cor	rect.	Th	e penalty	/ for	false	staten	ner	
taxpayer) is b		on all information of gnature		ate			se's Sid	gnature (if j	oint return	)				Date			
Sign		<u> </u>	5	•		,	01	,		•				0			
Your	Paid Pr	reparer's Signature								[	Date	)					
Return																	
	Firm Name									F	Preparer's EIN, SSN or PTIN						