

1999 CONNECTICUT ANNUAL SUMMARY AND TRANSMITTAL OF INFORMATION RETURNS CT-1096 (DRS)

PLEASE READ INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM

The attached Annual Reconciliation of Withholding may be used by new payers and payers who have not received Employer's Withholding Coupon Books for 1999.

Annual Reconciliation: Form CT-1096 (DRS), Connecticut Annual Summary and Transmittal of Information Returns, must be filed by certain payers who are required to file federal Form 1096. Form CT-1096 is due the last day of February. No payment is to be made with this form.

If you are required to file a federal Form 1096, you must file a Form CT-1096 with every "state copy" of the following:

- federal Form W-2G, for winnings paid to resident individuals, even if no Connecticut income tax was withheld;
- federal Form 1099-MISC, for payments to resident individuals or, if the payments relate to services performed wholly or partly in Connecticut, payments to nonresident individuals, even if no Connecticut income tax was withheld;
- federal Form 1099-R, **only** if Connecticut income tax was withheld;
- federal Form 1099-S, reporting real estate transactions in Connecticut.

The above federal forms must be filed even if you are not required to be registered with DRS. Unregistered filers should write "Information Only" in the space reserved for the Connecticut Tax Registration Number on this form.

Mail your completed return to: Department of Revenue Services PO Box 5081 Hartford CT 06102-5081

CONNECTICUT TAX REGISTRATION NUMBER		FEDERAL EMPLOYER ID NUMBER	DUE DATE
Enter name and address below. Please print or type.		nnecticut income tax withheld from npayroll amounts (See Instructions) ► 1.	
		al nonpayroll amount reported h this Form CT-1096 ► 2.	
	3. Nu	mber of 1099s and W-2Gs submitted ► 3.	
	ΝΟΤ	E: DO NOT MAKE PAYMENT WITH THIS F	ORM.
TAXPAYER'S COPY	MAIL	TO: DEPARTMENT OF REVENUE SER PO BOX 5081 HARTFORD CT 06102-5081	VICES
		lare under the penalties of false statemen to the best of my knowledge and belief, it is	

Signature

Title

Date _

SEPARATE HERE AND MAIL COUPON TO DEPARTMENT OF REVENUE SERVICES. RETAIN TOP PORTION FOR YOUR RECORDS.

CONNECTICUT TAX REGISTRATION NUMBER		FEDERAL EMPLOYER ID NUMBER		DUE DATE		
Enter name and address below. Please print or type.		necticut income tax withheld from payroll amounts (See Instructions,) ▶1.			
		al nonpayroll amount reported this Form CT-1096	► 2.			
	3. Nur	nber of 1099s and W-2Gs submitted	d ►3.			
	NOTE: DO NOT MAKE PAYMENT WITH THIS FORM.					
		TO: DEPARTMENT OF REVENU PO BOX 5081 HARTFORD CT 06102-508		ES		
		I declare under the penalties of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete and correct.				
		ture				
	T '0.			Data		

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Title

INSTRUCTIONS FOR COMPLETING FORM CT-1096

- Line 1: Enter the total amount of Connecticut income tax withheld from nonpayroll amounts during the calendar year. (This should equal the Total Line on the back of this form.)
- Line 2: Enter the total amount of gross winnings, miscellaneous income, distributions and proceeds from federal Forms W-2G, 1099-MISC, 1099-R and 1099-S reported with this return.

Line 3: Indicate the number of federal Forms W-2G, 1099-MISC, 1099-R and 1099-S submitted with this return.

Be sure to complete all requested information on the back of this return. Sign and date the return in the space provided.

CONNECTICUT INCOME TAX WITHHELD

FROM NONPAYROLL AMOUNTS

Do not make payment with this return. All payments must be made using Forms CT-WH and CT-941.

NOTE: If you are required by the IRS to file copies of federal Forms 1099, W-2G, or both, on magnetic media, you must file these forms on magnetic media with DRS. However if you file 24 or fewer Forms 1099, W-2G or both, with DRS, you may be excused from the magnetic media filing requirements for that particular type of information return without obtaining a waiver. For new information regarding magnetic media reporting requirements, call DRS at: 1-800-382-9463 (in-state) or 860-297-5962 (anywhere). Telecommunications Device for the Deaf (TDD/TT) users only, call 860-297-4911.

Complete for Each Period

PERIOD

1st QUARTER

2nd QUARTER

3rd QUARTER

4th QUARTER

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This should equal Line 1 on the front of this form.

CT-1096 (DRS) Back (Rev. 10/98)

JANUARY 1 -

MARCH 31

APRIL 1 -

JUNE 30

JULY 1 -

SEPTEMBER 30

OCTOBER 1 -

DECEMBER 31

TOTAL

Complete for Each Period

PERIOD		CONNECTICUT INCOME TAX WITHHELD FROM NONPAYROLL AMOUNTS
JANUARY 1 - MARCH 31	1st QUARTER	
APRIL 1 - JUNE 30	2nd QUARTER	
JULY 1 - SEPTEMBER 30	3rd QUARTER	
OCTOBER 1 - DECEMBER 31	4th QUARTER	
TOTAL		

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