STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
25 Sigourney Street

FORM CT-1041

Connecticut Income Tax Return for Trusts and Estates

ZUUU CT-1041

(Rev. 12/00)

Hartford CT 06106-5032

For residents, nonresidents, and part-year residents

Name and Title of Fiduciary Name and Title of Fiduciary Name and Title of Fiduciary Number and Street PO Box PO Box City, Town or Post Office State ZIP Code Check here if you meet the Form CT-1041, Quick-File Requirements (See Quick-File Requirements on Page 141) The extreme was closed, or furust terminated, enter date: Check here if you checked any of the boxes on Form CT-2210, Part I Easte was closed, or furust terminated, enter date: Check applicable box: Nonresident Type of Entity If trust was created by the will of a decedent's death of Granton type trust filing federal Form 1041 If trust was created by the will of a decedent, also check here If trust was created by the will of a decedent, also check here If trust was created by the will of a decedent, also check here Check applicable box: Amenand Trust was created by the will of a decedent, also check here If trust was created by the will of a decedent, also check here If trust was created by the will of a decedent, also check here Credit Credit Credit Credit of Credit of Connecticut income tax: Multiply Line 1 by 4.5% (.045) Allocated Connecticut income tax: Multiply Line 1 by 4.5% (.045) Allocated Connecticut alternative minimum tax credit (from Form CT-1041, Schedule I, Part I, Line 12) Credit of Credit of Credit of Connecticut minimum tax credit (from Form CT-1041, Schedule I, Part I, Line 25) All Connecticut alternative minimum tax credit (from Form CT-1041, Schedule I, Part I, Line 25) All Connecticut income tax withheld (See instructions) Credit of Credit of Income tax withheld (See instructions) Total Lawrence and part-year resident trusts on the part of the p					
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Date trust was created, or for an estate, date of decedent's death: If estate was closed, or trust terminated, enter date: Check applicable box: Resident estate Full-year resident trust Part-year resident trust	Check here if you meet the Form CT-1041, Quick-File Requirements (See <i>Quick-File Requirements</i> on Page 14.) ▶ □				
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17. Amount of Line 16 you want to contribute to: (See instructions for details of funds)					
AIDS Research \$2 \$5 \$15 other .00					
Refund, Organ Transplant ► \$2 ► \$15 ► other .00					
Amount Endangered Species/Wildlife \$2 \ \ \\$5 \ \ \\$15 \ \Delta other00					
Due Breast Cancer Research ► \$2 ► \$5 ► \$15 ► other .00 Safety Net Services ► \$2 ► \$5 ► \$15 ► other .00					
or TOTAL CONTRIBUTIONS ► 17					
18. Amount to be refunded to you (Subtract Line 17 from Line 16)	+				
19. If Line 9 is greater than Line 13, enter the amount of tax you owe (Subtract Line 13 from Line 9) ▶ 19					
20. If late: Enter penalty (See instructions)					
21. If late: Enter interest (See instructions)					
22. Interest on underpayments of estimated tax (from Form CT-2210)	+				
23. Amount due with this return (Add Lines 19 through 22) AMOUNT YOU OWE 23	+				
UE DATE (FOR CALENDAR YEAR FILERS): April 17, 2001 Mail to:					
ake check or money order payable to: COMMISSIONER OF REVENUE SERVICES. Department of Revenue Services					
ail in the envelope provided with this return or to the address shown at right. PO Box 2934 Hartford CT 06104-2934					

SCHEDULE A - CONNECTICUT FIDUCIARY ADJUSTMENTS - (See instructions) **Additions** 1. Interest on state and local government obligations other than Connecticut 2. Exempt-interest dividends received from a mutual fund derived from state or municipal 2 government obligations other than Connecticut 3. Shareholder's pro rata share of S corporation nonseparately computed loss (Enter as a positive number) 3 4. Loss on sale of Connecticut state and local government bonds (Enter as a positive number) 4 5. Connecticut income tax payments deducted in determining federal taxable income prior to deductions relating to distributions to beneficiaries 5 6. Other (Specify) 6 7. Total additions (Add Lines 1 through 6) 7 **Subtractions** 8. Interest on United States government obligations 8 9. Exempt dividends from certain qualifying mutual funds derived from United States government obligations 9 10. Shareholder's pro rata share of S corporation nonseparately computed income 10 11. Gain on sale of Connecticut state and local government bonds 11 12. Refunds of Connecticut income tax 12 13 13. Other (Specify) 14. Total subtractions (Add Lines 8 through 13) 14 15. Connecticut fiduciary adjustment - (Subtract Line 14 from Line 7. This amount may be positive or negative) Enter on Form CT-1041, Schedule B, Part 1, Line f, Column 5. 15 Resident estates or full year resident trusts (except for those that meet the Quick-File Requirements) must attach Form CT-1041, Schedule C and if applicable, Schedule CT-1041FA Questions A If the trust is an inter vivos trust, enter name, address, and Social Security Number of grantor: Name of grantor:_____ B. If you check "Part-year resident trust" on the front of this return, enter the date on which the trust C. Does the trust or estate have an interest in real property or tangible personal property located in ☐ Yes ☐ No Connecticut? Completed Schedules must be attached to the back of Form CT-1041 in the following order unless the trust or estate meets the Quick-File Requirements on Page 14: 1. Schedule B Schedule C 3. Schedule CT-1041FA

- 4. Schedule I
- 5. Form CT-8801
- 6. Credit for income taxes paid to other jurisdictions Attach a copy of your return filed with other jurisdictions or the credit will be disallowed.

Declaration: I declare under the penalty 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 the taxpayer) is based on all information of which preparer has any knowledge.

Sign	Signature of Fiduciary or Officer Representing Fiduciary	Date	Telephone Number
Here			()
Keep a copy of	Paid Preparer's Signature		Preparer's PTIN or SSN
this return for your records	Firm's Name and Address	>	Federal Employer ID Number
			Firm's Telephone Number ()

Check this box if you used a paid preparer and do not want forms sent to you next year. Checking this box does not relieve you of your responsibility to file.