

**FORM CT-1040NR/PY**

**Connecticut Nonresident or Part-Year Resident Income Tax Return**

Check here for 2001 resident status:  Nonresident  Part-Year Resident

For the year January 1 - December 31, 2001, or other taxable year beginning \_\_\_\_\_, 2001, ending \_\_\_\_\_.

<b>Label</b> Use the DRS label located on cover. Otherwise, print or type. (See instructions, Page 14)	<b>L</b>	Your First Name and Middle Initial _____	Last Name _____	<b>Social Security Number</b> _____ _____ _____	
	<b>A</b>	If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial _____	Last Name _____		<b>Spouse's Social Security Number</b> _____ _____ _____
	<b>B</b>	Home Address (number and street), Apartment Number, PO Box _____			
	<b>H</b>	City, Town, or Post Office _____	State _____		ZIP Code _____

**IMPORTANT!**  
You **MUST** enter your SSN(s) above.

DEPARTMENT USE ONLY  
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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 .....

If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here .....

<b>Filing Status</b> Check only one box.	<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) _____ <span style="margin-left: 150px;"><i>Spouse's full name</i></span> <span style="margin-left: 150px;"><i>Spouse's Social Security Number</i></span>
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STAPLE W-2s, W-2Gs, AND CERTAIN 1099s HERE  
  
 CLIP CHECK OR MONEY ORDER HERE (Do Not Staple)

<b>Income</b>	1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 19; Form 1040EZ, Line 4; or federal TeleFile Tax Record, Line I) <span style="float: right;">▶ 1</span> 2. Additions, if any (from <i>Schedule 1</i> , Line 39, on reverse) <span style="float: right;">▶ 2</span> 3. Add Line 1 and Line 2 <span style="float: right;">▶ 3</span> 4. Subtractions, if any (from <i>Schedule 1</i> , Line 49, on reverse) <span style="float: right;">▶ 4</span> 5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3) <span style="float: right;">▶ 5</span>		
<b>Tax</b>	6. Income from Connecticut sources (from <i>Schedule CT-SI</i> , Line 26) <span style="float: right;">▶ 6</span> 7. <b>Enter the greater of Line 5 or Line 6</b> (If zero or less, go to Line 12 and enter "0.") <span style="float: right;">▶ 7</span> 8. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 15) <span style="float: right;">▶ 8</span> 9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000) <span style="float: right;">▶ 9</span> 10. Multiply Line 9 by Line 8 <span style="float: right;">▶ 10</span> 11. Credit for income taxes paid to qualifying jurisdictions by part-year residents only (from <i>Schedule 2</i> ) <span style="float: right;">▶ 11</span> 12. Subtract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter "0.") <span style="float: right;">▶ 12</span> 13. Connecticut Alternative Minimum Tax (from Form CT-6251) <span style="float: right;">▶ 13</span> 14. Add Line 12 and Line 13 <span style="float: right;">▶ 14</span> 15. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801) <span style="float: right;">▶ 15</span> 16. <b>Connecticut Income Tax</b> (Subtract Line 15 from Line 14. If less than zero, enter "0.") <span style="float: right;">▶ 16</span> 17. <b>Individual Use Tax.</b> (Complete the <i>Individual Use Tax Worksheet</i> .) You must enter zero on this line if no use tax is due. (See instructions, Page 16) <span style="float: right;">▶ 17</span> 18. <b>Total Tax</b> (Add Line 16 and Line 17) <span style="float: right;">▶ 18</span>		
<b>Payments</b>	19. Connecticut tax withheld ( <b>Attach all W-2s and certain 1099s; see instructions, Page 16</b> ) <span style="float: right;">▶ 19</span> 20. All 2001 estimated tax payments and any overpayments applied from a prior year <span style="float: right;">▶ 20</span> 21. Payments made with Form CT-1040 EXT (request for extension of time to file) <span style="float: right;">▶ 21</span> 22. <b>Total Payments</b> (Add Lines 19, 20, and 21) <span style="float: right;">▶ 22</span>		
<b>Refund</b>	23. <b>If Line 22 is greater than Line 18, enter amount overpaid.</b> (Subtract Line 18 from Line 22) <span style="float: right;">▶ 23</span> 24. Amount of Line 23 you want <b>applied to your 2002 estimated tax</b> <span style="float: right;">▶ 24</span> 25. Amount of Line 23 you want to contribute to: (See instructions, Page 17) AIDS Research <span style="margin-left: 20px;">▶ _____ \$2</span> <span style="margin-left: 20px;">▶ _____ \$5</span> <span style="margin-left: 20px;">▶ _____ \$15</span> <span style="margin-left: 20px;">▶ other _____ .00</span> Organ Transplant <span style="margin-left: 20px;">▶ _____ \$2</span> <span style="margin-left: 20px;">▶ _____ \$5</span> <span style="margin-left: 20px;">▶ _____ \$15</span> <span style="margin-left: 20px;">▶ other _____ .00</span> Endangered Species/Wildlife <span style="margin-left: 20px;">▶ _____ \$2</span> <span style="margin-left: 20px;">▶ _____ \$5</span> <span style="margin-left: 20px;">▶ _____ \$15</span> <span style="margin-left: 20px;">▶ other _____ .00</span> Breast Cancer Research <span style="margin-left: 20px;">▶ _____ \$2</span> <span style="margin-left: 20px;">▶ _____ \$5</span> <span style="margin-left: 20px;">▶ _____ \$15</span> <span style="margin-left: 20px;">▶ other _____ .00</span> Safety Net Services <span style="margin-left: 20px;">▶ _____ \$2</span> <span style="margin-left: 20px;">▶ _____ \$5</span> <span style="margin-left: 20px;">▶ _____ \$15</span> <span style="margin-left: 20px;">▶ other _____ .00</span> <b>Total Contributions</b> <span style="float: right;">▶ 25</span>		00
<b>Amount You Owe</b>	26. Amount of Line 23 you want <b>refunded</b> to you. (Subtract Line 24 and Line 25 from Line 23) <b>REFUND</b> <span style="float: right;">▶ 26</span> 27. <b>If Line 18 is greater than Line 22, enter the amount of tax you owe.</b> (Subtract Line 22 from Line 18) <span style="float: right;">▶ 27</span> 28. If late: Enter Penalty (Multiply Line 27 by 10% (.10)) <span style="float: right;">▶ 28</span> 29. If late: Enter Interest (Multiply Line 27 by number of months late or fraction thereof, then by 1% (.01)) <span style="float: right;">▶ 29</span> 30. Interest on underpayment of estimated tax (from Form CT-2210; see instructions, Page 17) <span style="float: right;">▶ 30</span> 31. <b>Amount you owe</b> with this return (Add Lines 27 through 30) <span style="float: right;">▶ 31</span> Check if paying by credit card <input type="checkbox"/> (See instructions, Page 17) <b>AMOUNT YOU OWE</b>		

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

**SCHEDULE 1 MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (Enter all amounts as positive numbers)**

Additions to Federal Adjusted Gross Income (See instructions, Page 18)	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 (See instructions, Page 18)	▶	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. <b>TOTAL ADDITIONS</b> (Add Lines 32 through 38) Enter here and on Line 2 on the front of this form.	▶	39		
	Subtractions From Federal Adjusted Gross Income (See instructions, Page 19)	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 20)		▶	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 (See instructions, Page 21)		▶	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. <b>TOTAL SUBTRACTIONS</b> (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 QUALIFYING JURISDICTIONS (FOR PART-YEAR RESIDENTS ONLY)**

<p><b>Important:</b> You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.</p>	50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 24)	▶	50		
	<b>FOR EACH COLUMN, ENTER THE FOLLOWING:</b>				
				<b>COLUMN A</b>	<b>COLUMN B</b>
				Name	Code
	51. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 24)	▶	51		
	52. Non-Connecticut income included on Line 50 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 23)	▶	52		
	53. Divide Line 52 by Line 50 (may not exceed 1.0000)	▶	53	.	.
	54. Apportioned income tax (See instructions, Page 24)	▶	54		
	55. Multiply Line 53 by Line 54	▶	55		
	56. Income tax paid to a qualifying jurisdiction (See instructions, Page 24)	▶	56		
57. Enter the lesser of Line 55 or Line 56	▶	57			
58. <b>TOTAL CREDIT</b> (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 15, 2002**

Make your check or money order payable to: **COMMISSIONER OF REVENUE SERVICES**  
Write your Social Security Number(s) and "2001 Form CT-1040NR/PY" on your check or money order.

**Attach a copy of all applicable schedules and forms to this return.** Use envelope provided with correct mailing label, or mail to:

**For refunds and all other tax forms without payment** – Department of Revenue Services  
PO Box 2968  
Hartford CT 06104-2968

**For all tax forms with payment** – Department of Revenue Services  
PO Box 2969  
Hartford CT 06104-2969

<b>Third Party Designee</b>	Do you authorize DRS to contact another person about this return? (See Page 18) <input type="checkbox"/> <b>Yes.</b> Complete the following. <input type="checkbox"/> <b>No</b>			
	Designee's Name	Telephone Number ( )	Personal Identification Number (PIN)	<input type="text"/>
<b>Sign Here Keep a copy for your records.</b>	I declare under penalty of law 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. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.			
	Your Signature	Date	Daytime Telephone Number ( )	
	Spouse's Signature (if joint return)	Date	Daytime Telephone Number ( )	
	Paid Preparer's Signature	Date	Telephone Number ( )	Preparer's SSN or PTIN
	Firm's Name, Address, and ZIP Code			FEIN