# Connecticut Nonresident or Part-Year Resident Income Tax Return 

Check here for 2002 resident status: $\rightarrow \square$ Nonresident $\square \square$ Part-Year Resident




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 ..................... $\square$
If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here.
Filing Status Check only one box.
A.
] Single
$-\mathrm{c} . \square$ Married filing SEPARATELY. Enter spouse's SSN above and full name here:

- B. $\square$ Married filing jointly or Qualifying widow(er) with dependent child

1. Federal Adjusted Gross Income (From federal Form 1040, Line 35; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal TeleFile Tax Record, Line I)
2. Additions to Federal Adjusted Gross Income (From Schedule 1, Line 39)

Income
3. Add Line 1 and Line 2
4. Subtractions from Federal Adjusted Gross Income (From Schedule 1, Line 49)
5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)
6. Income from Connecticut sources (From Schedule CT-SI, Line 28)
7. Enter the greater of Line 5 or Line 6 (If zero or less, go to Line 12 and enter "0.")
8. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 14)
9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5 , enter 1.0000)
10. Multiply Line 9 by Line 8
11. Credit for Income Taxes Paid to Qualifying Jurisdictions for Part-Year Residents Only (From Schedule 2, Line 58)
12. Subtract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter " 0. .)
13. Connecticut Alternative Minimum Tax (From Form CT-6251)
14. Add Line 12 and Line 13
15. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)
16. Connecticut Income Tax (Subtract Line 15 from Line 14. If less than zero, enter " 0 .")
17. Individual Use Tax (Complete the Individual Use Tax Worksheet. See Instructions, Page 15.)
18. Total Tax (Add Line 16 and Line 17)
19. Connecticut tax withheld (Attach all W-2s and certain 1099s. See instructions, Page 15.)
20. All 2002 estimated tax payments and any overpayments applied from a prior year
21. Payments made with Form CT-1040 EXT (Request for extension of time to file)
22. Total Payments (Add Lines 19, 20, and 21)
23. If Line 22 is greater than Line 18, enter amount overpaid. (Subtract Line 18 from Line 22)
24. Amount of Line 23 you want applied to your 2003 estimated tax
25. Amount of Line 23 you want to contribute to charity (From Schedule 3, Line 59) Total Contributions
26. Amount of Line 23 you want refunded to you. (Subtract Lines 24 and 25 from Line 23) REFUND For faster refund, choose direct deposit and complete Lines 26a, 26b, and 26c.
26a. Type of Account: $\square$ Checking $>$ Savings

26b. $\square$ 26c. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Account Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

27. If Line 18 is greater than Line 22, enter the amount of tax you owe. (Subtract Line 22 from Line 18) 28. If late: Enter Penalty (Multiply Line 27 by $10 \%$ (.10))
28. If late: Enter Interest (Multiply Line 27 by number of months late or fraction thereof, then by $1 \%$ (.01))
29. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, Page 16.)
30. Amount you owe with this return (Add Lines 27 through 30)

Check if paying by credit card $\square$ (See instructions, Page 16)
AMOUNT YOU OWE


## Schedule 1 Modifications to Federal Adjusted Gross Income (enter all amounts as positive numbers)

32. Interest on state and local government obligations other than Connecticut
33. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations

Additions to Federal Adjusted Gross Income (See instructions, Page 18)

Subtractions
From Federal
Adjusted
Gross Income (See instructions, Page 19)

Schedule 2

## Important:

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.
34. Special depreciation allowance for qualified property
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income
36. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)
37. Loss on sale of Connecticut state and local government bonds
38. Other - specify
39. TOTAL ADDITIONS (Add Lines 32 through 38) Enter here and on Line 2.
40. Interest on United States government obligations
41. Exempt dividends from certain qualifying mutual funds derived from United States government obligations
42. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page 19)
43. Refunds of state and local income taxes
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities
45. Do not use. Line reserved for future use
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)
47. Gain on sale of Connecticut state and local government bonds
48. Other - specify (Do not include out-of-state income)
49. TOTAL SUBTRACTIONS (Add Lines 40 through 48) Enter here and on Line 4.

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redit for Income Taxes Paid to Qualifying Jurisdictions (for Part-Year Residents Only)
50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) 50 FOR EACH COLUMN, ENTER THE FOLLOWING:
51. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 23)
52. Non-Connecticut income included on Line 50 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 22)
53. Divide Line 52 by Line 50 (may not exceed 1.0000)
54. Apportioned income tax (See instructions, Page 23)
55. Multiply Line 53 by Line 54
56. Income tax paid to a qualifying jurisdiction (See instructions, Page 23)
57. Enter the lesser of Line 55 or Line 56
58. TOTAL CREDIT (Add Line 57, all columns) Enter here and on Line 11.


Schedule 3 Contributions of Refund to Designated Charities (See instructions, Page 24)

59. TOTAL CONTRIBUTIONS. Enter here and on Line 25.

## Due Date: April 15, 2003

Make your check or money order payable to: "Commissioner of Revenue Services"
To ensure proper posting of your payment, write your Social Security Number(s) and "2002 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


