## Form CT-1040NR/PY **Connecticut Nonresident or Part-Year Resident Income Tax Return**

			Check here for 2002 resident status: 🕨 🗖 Nonresident 🕨 🗖 Part-Year R	eside	nt					
_		1	y 1 - December 31, 2002, or other taxable year ► beginning, 2002, ►		0	,	·			
	Label L Use the A			r Soc	ial Secur	ity Number				
I	DRS label B	► If a JOI	NT Return, Spouse's First Name and Middle Initial Last Name Spo	use's	_ :	: Security Num	 ber			
I	cated on E cover. L				:	:	201			
(	Otherwise,	-	Address (number and street), Apartment Number, PO Box	IMPORTANT!           You MUST enter your SSN(s) above.						
	print or <b>H</b> type. <i>(See</i>		Ý Ý							
iı	nstructions, R	City, To	wn, or Post Office State ZIP Code DRS	USE (	ONLY					
г	Fage 13)	<b>  ▶</b>		_	-	- 20	_			
	E-FILE YOUR RETURN FOR FASTER REFU					Page 4	•			
	e-fil	كسما	Check here if you do not want forms sent to you next year. Checking this box does not relieve you of y							
L	CLICK ZR FAST ROUND THR If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here									
	Filing	► A.	☐ Single ► C. ☐ Married filing SEPARATELY.		spouse's S	SSN above and	d full			
	Status		name here:		`					
	Check only one box.	▶ В.	Married filing jointly or Qualifying D. Head of household (with qua widow(er) with dependent child	alifying	) person)					
-		1 50	deral Adjusted Gross Income (From federal Form 1040, Line 35; Form 1040A, Line 21;	<u> </u>						
	Income		rm 1040EZ, Line 4; or federal TeleFile Tax Record, Line I)	▶ 1						
-		2. Ad	ditions to Federal Adjusted Gross Income (From Schedule 1, Line 39)	▶ 2						
ERE		3. Ad	d Line 1 and Line 2	▶ 3						
ВH			btractions from Federal Adjusted Gross Income (From Schedule 1, Line 49)	▶ 4						
660			nnecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	► 5	_					
ž			come from Connecticut sources (From <i>Schedule CT-SI</i> , Line 28)		_					
<b>TAI</b>			ter the greater of Line 5 or Line 6 (If zero or less, go to Line 12 and enter "0.") come Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 14)	► 7 ► 8						
CE			vide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000)							
Q			Itiply Line 9 by Line 8							
s, A	Tax		edit for Income Taxes Paid to Qualifying Jurisdictions for Part-Year Residents Only		-					
1-26			om <i>Schedule 2</i> , Line 58)	► <u>1</u> 1	1					
s, s			btract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter "0.")	► <u>12</u>						
V-2			nnecticut Alternative Minimum Tax (From Form CT-6251)	► 13	_					
۲E		-	d Line 12 and Line 13 justed Net Connecticut Minimum Tax Credit (From Form CT-8801)	► 14 ► 15						
STAPLE W-2s, W-2Gs, AND CERTAIN 1099s HERE		16. <b>Connecticut Income Tax</b> (Subtract Line 15 from Line 14. If less than zero, enter "0.")			5 6					
		17. Individual Use Tax (Complete the Individual Use Tax Worksheet. See Instructions, Page 15.)								
-			tal Tax (Add Line 16 and Line 17)	► 17 ► 18	-					
▲	Payments	19. Co	nnecticut tax withheld (Attach all W-2s and certain 1099s. See instructions, Page 15.)	► 19						
-	Failure to attach W-2s	20. All	2002 estimated tax payments and any overpayments applied from a prior year	▶ 20	D					
aple	will result in the		yments made with Form CT-1040 EXT (Request for extension of time to file)	► 2 <sup>-</sup>	1					
ţ			tal Payments (Add Lines 19, 20, and 21)	▶ 22	2					
Ŷ			Line 22 is greater than Line 18, enter amount overpaid. (Subtract Line 18 from Line 22)							
ĕ			nount of Line 23 you want applied to your 2003 estimated tax	▶ 24	-					
ERE			nount of Line 23 you want to contribute to charity (From Schedule 3, Line 59) Total Contributions		_		00			
R H	NEW Direct		nount of Line 23 you want <b>refunded to you</b> . (Subtract Lines 24 and 25 from Line 23) <b>REFUND</b> r faster refund, choose direct deposit and complete Lines 26a, 26b, and 26c.	▶ 26	5					
RDE			Type of Account: Checking Savings							
0 ⊿ ≻	Direc. Deposit	200.								
NO	Der	26b. ►	26c. ►							
ž	,	Routing Number Account Number								
CLIP CHECK OR MONEY ORDER HERE (Do Not Staple)			ine 18 is greater than Line 22, enter the amount of tax you owe. (Subtract Line 22 from Line 18)	▶ 27	7					
EC.		28. If la	ate: Enter Penalty (Multiply Line 27 by 10% (.10))	▶ 28	3					
Ϋ́ς		29. If la	ate: Enter Interest (Multiply Line 27 by number of months late or fraction thereof, then by 1% (.01))	▶ 29	Э					
CLI		30. Int	erest on underpayment of estimated tax (From Form CT-2210. See instructions, Page 16.)	▶ 30	D					
Ĺ			nount you owe with this return (Add Lines 27 through 30)							
-		Ch	eck if paying by credit card 🗍 (See instructions, Page 16) AMOUNT YOU OWE	► 3 <sup>-</sup>	'					
			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)			
	32. Interest on state and local government obligations other than Connecticut	▶ 32		
	33. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	▶ 33		
Additions to Federal	34. Special depreciation allowance for qualified property	▶ 34		
Adjusted	35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	▶ 35		
Gross Income	36. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	► 36		
(See instructions, Page 18)	37. Loss on sale of Connecticut state and local government bonds	▶ 37		
Faye To)	38. Other - specify	▶ 38		
	39. TOTAL ADDITIONS (Add Lines 32 through 38) Enter here and on Line 2.	▶ 39		
	40. Interest on United States government obligations	▶ 40		
	41. Exempt dividends from certain qualifying mutual funds derived from United States government obligations	▶ 41		
Subtractions	42. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page 19)	▶ 42		
From Federal	43. Refunds of state and local income taxes	▶ 43		
Adjusted	44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	▶ 44		
Gross Income (See instructions,	45. Do not use. Line reserved for future use	▶ 45		
Page 19)	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. TOTAL SUBTRACTIONS (Add Lines 40 through 48) Enter here and on Line 4.	▶ 49		
Schedule 2	Credit for Income Taxes Paid to Qualifying Jurisdictions (for Part-Year Residents Only)			
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Important:	50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) ►       50         FOR EACH COLUMN, ENTER THE FOLLOWING:         Name	Code	Name	<b>B</b> Code
	50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) ▶ 50         FOR EACH COLUMN, ENTER THE FOLLOWING:         S1. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 23)			
Important: You must attach a copy of your return	50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) ▶ 50         FOR EACH COLUMN, ENTER THE FOLLOWING:         COLUMN A         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		Name	
Important: You must attach a copy of your return filed with the	50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) ▶ 50         FOR EACH COLUMN, ENTER THE FOLLOWING:         COLUMN A         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)         52		Name	
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Important: You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit	50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) ▶ 50         FOR EACH COLUMN, ENTER THE FOLLOWING:         COLUMN A         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)       ▶		Name	
Important: You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be	50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) ▶ 50         FOR EACH COLUMN, ENTER THE FOLLOWING:         COLUMN A         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)       51         53. Divide Line 52 by Line 50 (may not exceed 1.0000)       53         54. Apportioned income tax (See instructions, Page 23)       54         55. Multiply Line 53 by Line 54       55		Name	
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## 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 <b>I</b>	refunds and all other tax forms without payme	nt:	For all tax forms with payment:					
POE	artment of Revenue Services Box 2968	Department of Revenue Services PO Box 2969 Hartford CT 06104-2969						
Hart	ford CT 06104-2968							
	Do you authorize DRS to contact another person about this return? (See Page 17) Tys. Complete the following. No							
Third Party Designee	Designee's Name	Telephone Nu ( )	mber Personal Number	I Identification (PIN)				
	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.							
<b>Sign Here</b> Keep a copy	Your Signature	Date	Daytime Telephone Number					
for your records.	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				