Form CT-1040 Connecticut Resident Income Tax Return

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For the ye	ar	Jan	uary 1 - December 3	1, 2002, or other taxable	/ear 🕨 beginning	, 200	2, 🕨 er	nding		,			
Label	Γ.	Y	our First Name and Mid	dle Initial	Last Name		Yo	ur Soc	ial Security	Number			
Use the	Ā		•						!	.			
DRS label located on	BE								Spouse's Social Security Number				
cover.			•										
Otherwise,	I	Н	ome Address (number a	and street), Apartment Numb	er, PO Box				· <u> </u>	<u></u> _	k		
print or type. (See	HE		•						t enter your		ve.		
instructions,	, R		ity, Town, or Post Offic	e	State	ZIP Code	DR	S USE C	NLY				
Page 14)	E		<u> </u>						-	- 20			
NT			WEBFIL	E OR E-FILE Y	OUR RETUR	N FOR FAS	TER	REF	UND, s	ee Pag	e 4.		
		Ņ		ou do not want forms sen									
www.drs.	.sta	te.c		red to file Form CT-2210 a		0			•	,			
Filing		NC		iling status must be the s									
Status		•											
Check onl	v			n ininthe ne	► 0.	Married filing SEF name here:	PANAIEL	r. Enter	spouse's 55	in above and			
one box.	y			idow(er) with dependent (child D.	Head of househo	ld (with a	ualifvind	person)				
		1	, ,	oss Income (From federal		,			, poiocii,				
6				4; or federal Telefile Tax F		JIII 1040A, LIIIe 21	,	▶ 1					
ч—		2.	Additions to Federal	Adjusted Gross Income (F	From Schedule 1, Line 3	37)		▶ 2					
မ္မိ Income	•		Add Line 1 and Line	-	,	,		▶ 3					
т Т				deral Adjusted Gross Inco	me (From Schedule 1.	l ine 47)		• 4					
60				-				► 5					
Ž ———			-	sted Gross Income (S									
TA				ax Tables or Tax Calculati	,			▶ 6					
		7.	Credit for income tax	es paid to qualifying juris	dictions (From Schedule	<i>e 2</i> , Line 56)		▶ 7					
<u>e</u>		8.	Subtract Line 7 from	Line 6. (If Line 7 is greated	er than Line 6, enter "0.	")		▶ 8					
Ϋ́, Υ		9.	Connecticut Alternati	ve Minimum Tax (From F	orm CT-6251)			▶ 9					
GS	-	10.	Add Line 8 and Line	9				▶ 10					
7-X		11.		es paid on your primary re			nplete						
_ູ ຈິ Tax				. Enter the amount from		ns, Page 15.)		▶ 11					
STAPLE W-25, W-2GS, AND CERTAIN 10995 HER X x				h Line 10 (If less than zero				▶ 12					
ЪС С	-	13.	Adjusted Net Connec	cticut Minimum Tax Credit	(From Form CT-8801)			▶ 13					
TA	-	14.	Connecticut Inco	me Tax (Subtract Line 13	3 from Line 12. If less th	nan zero, enter "0.")		▶ 14					
_	-	15.	Individual Use Ta	x (Complete the Individua	al Use Tax Worksheet, H	Page 29.)		▶ 15					
	-	16.	Total Tax (Add Line	e 14 and Line 15)				▶ 16					
Payment	ts	17.	Connecticut tax withh	neld (Attach all W-2s and	I certain 1099s. See in	structions, Page 15	.)	▶ 17					
Failure to		18.	All 2002 estimated ta	ax payments and any over	rpayments applied from	a prior year		▶ 18					
	3			Form CT-1040 EXT (Rec				▶ 19					
will result in the disallowance			2	Add Lines 17, 18, and 19)		· · · · · /		▶ 20					
of withholdin	ıg.		•	, , ,									
ĝ			•	than Line 16, enter amo	• •	Line 16 from Line 2	20)	▶ 21					
Refund				ou want applied to your 2				▶ 22					
Refund			,	u want to contribute to char	,	,					00		
ш , , , , , , , , , , , , , , , , , , ,	2			u want refunded to you . (bose Direct Deposit and c			REFUND	▶ 24					
E NEW .*					_	, and 240.							
	× ¹	24a.	Type of Account:	► Checking ►	Savings			- I I					
Dires Depos		24b	.▶	24c.►									
Dires Depos			Routing Nur	mber	Account	Number		-					
		25.	If Line 16 is greater	than Line 20, enter the am	ount of tax you owe . (S	ubtract Line 20 from	Line 16)	▶ 25					
រដ្ឋ Amoun	Amount You Owe 26. If Late: Enter Penalty (Multiply Line 25 by 10% (.10)) 27. If Late: Enter Interest (Multiply Line 25 by number of months late or fraction thereof, then by 1% (.01)) 28. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, Page 17.)						▶ 26						
Amount Self You Ow Coll S							▶ 27						
<u> </u>							▶ 28						
ច	29. Amount you owe with this return (Add Lines 25 through 28)												
•	29. Amount you owe with this feturn (Add Lines 25 through 28) Check if paying by credit card ☐ (See instructions, Page 17) AMOUNT YOU OWE ►					▶ 29							
Make your cl	hec	< or	money order payable to:	Use envelop	e provided, with correct	mailing label, or ma	il to:						
•			Revenue Services"	For refunds and all other ta	x forms without payment	For all tax forms	with pav	ment:					
			osting, write your	Department of Revenue		Department of F							
	SSN(s) and "2002 Form CT-1040" on your PO Box 2976 PO Box 2977												
check or mo	one	/ or	der.	Hartford CT 06104-2976		Hartford CT 061	04-2977						

Taxpayers must sign declaration on reverse — Due date: April 15, 2003 — Attach a copy of all applicable schedules and forms to this return.

Schedule 1	Modific	ations To Federal	Adjusted Gross Income (<i>en</i>	ter all amou	ints	as	positive	numbers)					
	30. Intere	est on state and local	government obligations other that	an Connecticut						▶ 30			
A -1-1:4:	31. Mutu	al fund exempt-interes	st dividends from non-Connecticu	it state or mui	nicip	al go	vernment	obligations		▶ 31			
Additions to Federal	32. Spec	ial depreciation allow	ance for qualified property			I							
Adjusted	33. Taxa	ble amount of lump-su	um distributions from qualified pla	ans not include	ed in	fede	eral adjust	ed gross in	come 🕽	▶ 33			
Gross Income <i>(See</i>	34. Bene	ficiary's share of Conr	necticut fiduciary adjustment (Ente	er only if great	er th	ian z	ero)			▶ 34			
instructions,	35. Loss	on sale of Connecticu	it state and local government bon	ds						▶ 35			
Page 18)		r - specify	Ū.							▶ 36			
			ines 30 through 36) Enter here an	nd on Line 2.						▶ 37			
		est on U.S. governme								▶ 38			
		6	rtain qualifying mutual funds deriv	ved from U.S.	aov	ernm	ent obliga	tions		39			
		•		Benefit Adjustment Worksheet, Page 20)						40			
Subtractions						011101	icei, i age	20)		41			
from Federal Adjusted	41. Refunds of state and local income taxes42. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities												
Gross		ot use. Line reserved								► 42 ► 43			
Income (See instructions,			necticut fiduciary adjustment (Ente	er only if less t	han	zero	`			44		///////////////////////////////////////	
Page 19)			it state and local government bor		nan	2010	,			45			
			lude out-of-state income)	103						46			
			Add Lines 38 through 46) Enter he	ro and on Ling	. 1					47			
0.1.1.1.0		(Paid to Qualifying Jurisdiction		; 4.					47			
Schedule 2	48. MOD	IFIED CONNECTICUT	ADJUSTED GROSS INCOME (S	See instructions	s, Pa	ige 2	4) 🕨	48					
Important:						Ĩ		OLUMN A			COLU	MN B	
You must			ER THE FOLLOWING:			_	Name		Code	Nam			Code
attach a copy of your	49. Enter	qualifying jurisdiction's	name and two-letter code (See ins	structions, Page	24)	49		►					
return filed			cluded on Line 48 and reported			- 0							
with the qualifying	-		turn (Complete Schedule 2 Works	sneet, Page 23		50							L
jurisdiction(s)			(May not exceed 1.0000)			51		•			. •		
or your credit			ct Line 11 from Line 6)			52							
will be disallowed.		ply Line 51 by Line 52				53				<u> </u>			
uisalloweu.			fying jurisdiction (See instructions	s, Page 25)		54				<u> </u>			
		the lesser of Line 53				55							
	156. TOTA												
Cabadala 2		,	55, all columns) Enter here and c						▶ 56				
Schedule 3		or Property Taxes	Paid on Your Primary Resi					1					
	Credit f	or Property Taxes COLUMN A	Paid on Your Primary Resid	dence and/o	С	OLL	JMN C	COLU	MN D		COLI	UMN E	
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