

Form CT-1040

Connecticut Resident Income Tax Return

2002 1040

For the year January 1 - December 31, 2002, or other taxable year ▶ beginning _____, 2002, ▶ ending _____.

Label Use the DRS label located on cover. Otherwise, print or type. (See instructions, Page 14)	L A B E L	Your First Name and Middle Initial _____ Last Name _____	▶	Your Social Security Number _____ _____	
		If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial _____ Last Name _____		Spouse's Social Security Number _____ _____	
		Home Address (number and street), Apartment Number, PO Box _____		IMPORTANT! You must enter your SSN(s) above.	
		City, Town, or Post Office _____ State _____ ZIP Code _____			
DRS USE ONLY				- 20	

WEBFILE OR E-FILE YOUR RETURN FOR FASTER REFUND, see Page 4.

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

www.dr.state.ct.us

Filing Status Check only one box.	NOTE: Generally, your filing status must be the same as your federal income tax filing status for this year (See instructions, Page 14).		
	▶ A. <input type="checkbox"/> Single	▶ C. <input type="checkbox"/> Married filing <i>SEPARATELY</i> . Enter spouse's SSN above and full name here: _____	
	▶ B. <input type="checkbox"/> Married filing jointly or Qualifying widow(er) with dependent child	▶ D. <input type="checkbox"/> Head of household (with qualifying person)	

Income	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)	▶	1		
	2. Additions to Federal Adjusted Gross Income (From <i>Schedule 1</i> , Line 37)	▶	2		
	3. Add Line 1 and Line 2	▶	3		
	4. Subtractions from Federal Adjusted Gross Income (From <i>Schedule 1</i> , Line 47)	▶	4		
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	▶	5		
Tax	6. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 15)	▶	6		
	7. Credit for income taxes paid to qualifying jurisdictions (From <i>Schedule 2</i> , Line 56)	▶	7		
	8. Subtract Line 7 from Line 6. (If Line 7 is greater than Line 6, enter "0.")	▶	8		
	9. Connecticut Alternative Minimum Tax (From Form CT-6251)	▶	9		
	10. Add Line 8 and Line 9	▶	10		
	11. Credit for property taxes paid on your primary residence and/or motor vehicle (You must complete <i>Schedule 3</i> , on back. Enter the amount from Line 64. See instructions, Page 15.)	▶	11		
	12. Subtract Line 11 from Line 10 (If less than zero, enter "0.")	▶	12		
	13. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)	▶	13		
	14. Connecticut Income Tax (Subtract Line 13 from Line 12. If less than zero, enter "0.")	▶	14		
	15. Individual Use Tax (Complete the <i>Individual Use Tax Worksheet</i> , Page 29.)	▶	15		
	16. Total Tax (Add Line 14 and Line 15)	▶	16		
Payments <small>Failure to attach W-2s will result in the disallowance of withholding.</small>	17. Connecticut tax withheld (Attach all W-2s and certain 1099s. See instructions, Page 15.)	▶	17		
	18. All 2002 estimated tax payments and any overpayments applied from a prior year	▶	18		
	19. Payments made with Form CT-1040 EXT (Request for extension of time to file)	▶	19		
	20. Total Payments (Add Lines 17, 18, and 19)	▶	20		
Refund	21. If Line 20 is greater than Line 16, enter amount overpaid. (Subtract Line 16 from Line 20)	▶	21		
	22. Amount of Line 21 you want applied to your 2003 estimated tax	▶	22		
	23. Amount of Line 21 you want contribute to charity (From <i>Schedule 4</i> , Line 65) Total Contributions	▶	23		00
	24. Amount of Line 21 you want refunded to you. (Subtract Lines 22 and 23 from Line 21) REFUND For faster refund, choose Direct Deposit and complete Lines 24a, 24b, and 24c.	▶	24		
24a. Type of Account: ▶ <input type="radio"/> Checking ▶ <input type="radio"/> Savings					
24b. <input style="width: 100px;" type="text"/>	24c. <input style="width: 100px;" type="text"/>				
Routing Number	Account Number				
Amount You Owe	25. If Line 16 is greater than Line 20, enter the amount of tax you owe. (Subtract Line 20 from Line 16)	▶	25		
	26. If Late: Enter Penalty (Multiply Line 25 by 10% (.10))	▶	26		
	27. If Late: Enter Interest (Multiply Line 25 by number of months late or fraction thereof, then by 1% (.01))	▶	27		
	28. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, Page 17.)	▶	28		
	29. Amount you owe with this return (Add Lines 25 through 28) Check if paying by credit card <input type="checkbox"/> (See instructions, Page 17) AMOUNT YOU OWE	▶	29		

Make your check or money order payable to: "Commissioner of Revenue Services" To ensure proper posting, write your SSN(s) and "2002 Form CT-1040" on your check or money order.	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 2976 Hartford CT 06104-2976	For all tax forms with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977
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STAPLE W-2s, W-2Gs, AND CERTAIN 1099s HERE

CLIP CHECK OR MONEY ORDER HERE (Do Not Staple)

**NEW
Direct
Deposit**

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

Additions to Federal Adjusted Gross Income (See instructions, Page 18)	30. Interest on state and local government obligations other than Connecticut	▶	30		
	31. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	▶	31		
	32. Special depreciation allowance for qualified property	▶	32		
	33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	▶	33		
	34. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	▶	34		
	35. Loss on sale of Connecticut state and local government bonds	▶	35		
	36. Other - specify _____	▶	36		
37. TOTAL ADDITIONS (Add Lines 30 through 36) Enter here and on Line 2.			▶	37	
Subtractions from Federal Adjusted Gross Income (See instructions, Page 19)	38. Interest on U.S. government obligations	▶	38		
	39. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	▶	39		
	40. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page 20)	▶	40		
	41. Refunds of state and local income taxes	▶	41		
	42. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	▶	42		
	43. Do not use. Line reserved for future use	▶	43		
	44. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)	▶	44		
	45. Gain on sale of Connecticut state and local government bonds	▶	45		
	46. Other - specify (Do not include out-of-state income) _____	▶	46		
	47. TOTAL SUBTRACTIONS (Add Lines 38 through 46) Enter here and on Line 4.			▶	47

Schedule 2 Credit for Income Taxes Paid to Qualifying Jurisdictions

48. **MODIFIED CONNECTICUT ADJUSTED GROSS INCOME** (See instructions, Page 24) ▶ 48

Important: You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.

FOR EACH COLUMN, ENTER THE FOLLOWING:

	COLUMN A		COLUMN B	
	Name	Code	Name	Code
49. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 24)	▶		▶	
50. Non-Connecticut income included on Line 48 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 23)	▶		▶	
51. Divide Line 50 by Line 48 (May not exceed 1.0000)	▶		▶	
52. Income tax liability (Subtract Line 11 from Line 6)	▶		▶	
53. Multiply Line 51 by Line 52	▶		▶	
54. Income tax paid to a qualifying jurisdiction (See instructions, Page 25)	▶		▶	
55. Enter the lesser of Line 53 or Line 54	▶		▶	
56. TOTAL CREDIT (Add Line 55, all columns) Enter here and on Line 7.			▶	56

Schedule 3 Credit for Property Taxes Paid on Your Primary Residence and/or Motor Vehicle

QUALIFYING PROPERTY	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	
	Name of Connecticut Tax Town or District	Description of Property If primary residence, enter street address If motor vehicle, enter year, make, and model	List or Bill Number (If available)	Date(s) Paid (See instructions, Page 26)	Amount Paid	
PRIMARY RESIDENCE					57	▶
AUTO 1					58	▶
MARRIED FILING JOINTLY ONLY - AUTO 2					59	▶
Property Tax Credit Calculation	60. TOTAL PROPERTY TAX PAID (Add all amounts for Column E)				60	▶
	61. MAXIMUM PROPERTY TAX CREDIT ALLOWED				61	500 00
	62. Enter the Lesser of Line 60 or Line 61. (If \$100 or less, enter amount on Line 64. If greater than \$100, go to Line 63.)				62	
	63. Limitation - Enter the result from the <i>Property Tax Credit Limitation Worksheet</i> (See Page 27)				63	
	64. Subtract Line 63 from Line 62. Enter here and on Line 11.				64	▶

Schedule 4 Contributions of Refund to Designated Charities (See instructions, Page 28)

AIDS Research	▶	___ \$2	▶	___ \$5	▶	___ \$15	▶	other	___ .00	Breast Cancer Research	▶	___ \$2	▶	___ \$5	▶	___ \$15	▶	other	___ .00	
Organ Transplant	▶	___ \$2	▶	___ \$5	▶	___ \$15	▶	other	___ .00	Safety Net Services	▶	___ \$2	▶	___ \$5	▶	___ \$15	▶	other	___ .00	
Endangered Species/Wildlife	▶	___ \$2	▶	___ \$5	▶	___ \$15	▶	other	___ .00											
65. TOTAL CONTRIBUTIONS. Enter here and on Line 23.										65										00

Third Party Designee Do you authorize DRS to contact another person about this return? (See Page 17) Yes. Complete the following. No

Designee's Name _____ Telephone Number () _____ Personal Identification Number (PIN) [] [] [] [] [] [] [] [] [] []

Sign Here Keep a copy for your records.

Your Signature	Date	Daytime Telephone Number ()
Spouse's Signature (if joint return)	Date	Daytime Telephone Number ()
Paid Preparer's Signature	Date	Telephone Number ()
Firm's Name, Address, and ZIP Code		FEIN