(Rev. 12/02)

## FORM CT-1041

**Connecticut Income Tax Return for Trusts and Estates** 

2002

CT-1041

For residents, nonresidents, and part-year residents

For calenda	, 2002, or other taxable year $\blacktriangleright$ beginning, 2002, and $\blacktriangleright$ ending	,					
	Name of Trust or Estate Federa	ral Employer Identification Number					
	▶           ▶	_ !					
	Name and Title of Fiduciary DRS U	USE ONLY					
Name		20					
and	Address of Fiduciary Number and Street PO Box Decede	lent's Social Security Number (For Estates Only					
Address		: :					
	City, Town, or Post Office State ZIP Code Check	k applicable box:					
		Final Return					
	Check here if you meet the Form CT-1041, Quick-File Requirements (See Quick-File Requirements)						
	Check here if you checked any of the boxes on Form CT-2210, Part I $\blacktriangleright$						
Resident	Date trust was created, or for an estate, date of decedent's death:						
Status	If estate was closed, or trust terminated, enter date:						
	Check applicable box: ► 🗋 Resident estate 🔹 ► 🗍 Full-year resident trust ► 🗍 Part-y	year resident trust					
		esident trust					
<b></b>	Check applicable box:  Check applicable box:	le trust   Complex trust					
Type of Entity	► Pooled income fund ► Grantor type trust filing federal Form 10	)41					
Enuty	If trust was created by the will of a decedent, also check here						
Entity Full-year Resident only Nonresiden Part-year Credit	1. Connecticut taxable income of fiduciary (from Form CT-1041, Schedule C, Line 14, or to						
Full-year Resident	Quick-File, see federal Form 1041, Line 22)	▶ 1					
only	2. Connecticut income tax: Multiply Line 1 by 4.5% (.045)	▶ 2					
Nonresiden	3. Allocated Connecticut income tax (from Schedule CT-1041FA, Part 1, Line 12)						
Part-year	(nonresident estates and trusts, and part-year resident trusts only)	▶ 3					
	4. Credit for income tax paid to qualifying jurisdictions by resident estates and trusts,						
Credit	and part-year resident trusts only (See instructions)						
	5. Subtract Line 4 from Line 2 or Line 3 (See instructions)	▶ 5					
	6. Connecticut Alternative Minimum Tax (from Form CT-1041, <i>Schedule I</i> , Part I, Line 25)	• 6					
	7. Add Line 5 and Line 6	▶ 7					
TOTAL TAX	8. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)	▶ 8					
	9. Connecticut income tax (Subtract Line 8 from Line 7)	▶ 9					
-	10. Connecticut income tax withheld (See instructions)	▶ 10					
Payments	11. All 2002 estimated tax payments and any overpayment applied from a prior year	▶ 11					
	12. Payments made with extension request (Form CT-1041 EXT)	▶ 12					
	13. Total payments (Add Lines 10, 11, and 12)	▶ 13					
	14. If Line 13 is greater than Line 9, enter amount overpaid (Subtract Line 9 from Line 13)	▶ 14					
	15. Amount of Line 14 you want to be <b>applied</b> to your 2003 estimated tax	▶ 15					
	16. Balance of overpayment (Subtract Line 15 from Line 14)	▶ 16					
	17. Amount of Line 16 you want to contribute to: (See instructions for details of funds)						
	AIDS Research       ▶ \$2       ▶ \$5       ▶ \$15       ▶ other00						
Refund,	Organ Transplant ►\$2 ►\$5 ►\$15 ► other00						
Amount	Endangered Species/Wildlife						
Due,	Breast Cancer Research \$2 \$\$5 \$\$15 \$other00 Safety Net Services \$2 \$\$5 \$\$15 \$other00						
or		▶ 17 00					
Contributio	18. Amount to be <b>refunded</b> to you (Subtract Line 17 from Line 16) <b>REFUND</b>						
	19. If Line 9 is greater than Line 13, enter the amount of tax you owe (Subtract Line 13 from Line 9)						
	20. If late: Enter penalty (See instructions)	► 20					
	21. If late: Enter interest (See instructions)	► 21					
	22. Interest on underpayments of estimated tax (from Form CT-2210)	► 22					
-							
		▶ 23					
	(FOR CALENDAR YEAR FILERS): April 15, 2003 Mail to: or money order payable to: COMMISSIONER OF REVENUE SERVICES. Department of Revenue Services.	ervices					
Mail in the	nvelope provided with this return or to the address shown at right. PO Box 2934						
It is not neo	essary to attach federal Form 1041 or federal Schedule K-1. Hartford CT 06104-2934						

Write the Federal Employer ID Number of the trust or estate and "2002 Form CT-1041" on the check or money order. TAXPAYERS MUST SIGN DECLARATION ON REVERSE

## SCHEDULE A - CONNECTICUT FIDUCIARY ADJUSTMENTS - (See instructions)

Additions							
1.	Interest on state and local government obligations other than Connecticut	►	1				
2.	Mutual fund exempt-interest dividends from state or municipal government obligations other than Connecticut		2				
З.	Loss on sale of Connecticut state and local government bonds (Enter as a positive number)	►	3				
4.	Connecticut income tax payments deducted in determining federal taxable income prior to deductions relating to distributions to beneficiaries		4				
5.	Other (Specify)		5				
6.	Total additions (Add Lines 1 through 5)	▶[	6				
Subtractions							
7.	Interest on U.S. government obligations	►	7				
8.	Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	▶[	8				
9.	Gain on sale of Connecticut state and local government bonds		9				
10.	Refunds of Connecticut income tax	►	10				
11.	Other (Specify)	►	11				
12.	Total subtractions (Add Lines 7 through 11)	►[	12				
13.	Connecticut fiduciary adjustment - (Subtract Line 12 from Line 6. This amount may be positive or negative.) Enter on Form CT-1041, <i>Schedule B</i> , Part 1, Line f, Column 5.		13				

## Resident estates or full year resident trusts (except for those that meet the Quick-File Requirements) must attach Form CT-1041, Schedule C and if applicable, Schedule CT-1041FA

## Questions

- A If the trust is an inter vivos trust, enter name, address, and Social Security Number of grantor:
- B. If you checked "Part-year resident trust" on the front of this return, enter the date on which the trust became irrevocable:\_\_\_\_\_\_

Completed CT-1041 Schedules, **must** be attached to the back of Form CT-1041 in the following order, unless the trust or estate meets the *Quick-File Requirements*. Also attach Form CT-8801, if applicable, and a copy of all income tax returns filed with qualifying jurisdictions, if applicable, or the credit will be disallowed.

- 1. Schedule B
- 2. Schedule C
- 3. Schedule CT-1041FA
- 4. Schedule I
- 5. Form CT-8801
- Credit for income taxes paid to qualifying jurisdictions Attach a copy of all income tax returns filed with qualifying jurisdictions or the credit will be disallowed.

**DECLARATION**: 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.

Sign	Signature of Fiduciary or Officer Representing Fiduciary	Date	Telephone Number
Here Keep a copy of this return for your records			( )
	Paid Preparer's Signature		Preparer's PTIN or SSN
	Firm's Name and Address		Federal Employer ID Number
		·	Telephone Number

Check this box if you used a paid preparer and do not want forms sent to you next year.