



Your Social Security Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

9. Total Tax (Enter amount from Line 8, on front of this return.) 9. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00

Table with 3 columns: COLUMN A Employer Identification Number, COLUMN B Connecticut Wages, Tips, Etc., and COLUMN C Connecticut Income Tax Withheld. Rows 10a-10h.

10. Total Connecticut Income Tax Withheld (Add the amounts in Column C and enter here.) 10. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
11. All 2004 estimated tax payments and any overpayments applied from a prior year 11. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
12. Payments made with Form CT-1040 EXT, Application for Extension of Time to File Connecticut Income Tax Return for Individuals 12. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
13. Total Payments (Add Lines 10, 11, and 12.) 13. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
14. Overpayment (If Line 13 is more than Line 9, subtract Line 9 from Line 13.) 14. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
15. Amount of Line 14 you want applied to your 2005 estimated tax Contributions 15. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00

16a. AIDS Research [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
16b. Organ Transplant [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
16c. Endangered Species/Wildlife [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
16d. Breast Cancer Research [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
16e. Safety Net Services [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
16. Total Contributions of Refund to Designated Charities (add amounts from Lines 16a -16e) 16. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00

17. Refund (Subtract Lines 15 and 16 from Line 14) For faster refund, choose Direct Deposit and complete Lines 17a, 17b, and 17c. 17. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00
17a. Type of Account: [ ] Checking [ ] Savings
17b. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Routing Number
17c. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Account Number

18. Total Amount Due (If Line 9 is more than Line 13, subtract Line 13 from Line 9) 18. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 00

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 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 Here (vertical text)
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 ( ) ( ) Preparer's SSN or PTIN [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Firm's Name, Address, and ZIP Code [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] FEIN [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.
Designee's Name [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Telephone Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Personal Identification Number (PIN) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Schedule 1EZ - PROPERTY TAX CREDIT WORKSHEET**

Qualifying Property	Primary Residence	Auto 1	Auto 2 (Married Filing Jointly Only)
<b>Name of Connecticut Tax Town or District</b>	• _____	• _____	• _____
<b>Description of Property</b> If primary residence, enter street address. If motor vehicle, enter year, make, and model.	• _____ • _____	• _____ • _____	• _____ • _____
<b>List or Bill Number</b> (if available)	• _____	• _____	• _____
<b>Date(s) Paid</b> (See instructions, Page 11)	•     __ __ / __ __ / <b>2004</b>	•     __ __ / __ __ / <b>2004</b>	•     __ __ / __ __ / <b>2004</b>
	•     __ __ / __ __ / <b>2004</b>	•     __ __ / __ __ / <b>2004</b>	•     __ __ / __ __ / <b>2004</b>
<b>Amount Paid</b>	19. <span style="border: 1px solid black; padding: 2px;">    ,    .    0    0</span>	20. <span style="border: 1px solid black; padding: 2px;">    ,    .    0    0</span>	21. <span style="border: 1px solid black; padding: 2px;">    ,    .    0    0</span>
<b>22. Total Property Tax Paid</b> (Add Lines 19, 20, and 21.)			22. <span style="border: 1px solid black; padding: 2px;">    ,    .    0    0</span>
<b>23. Maximum property tax credit allowed</b>			• 23. <span style="border: 1px solid black; padding: 2px;">    <b>3 5 0 . 0 0</b></span>
<b>24. Enter the lesser of Line 22 or Line 23.</b>			• 24. <span style="border: 1px solid black; padding: 2px;">    .    0    0</span>
<b>25. Enter the decimal amount</b> for your filing status and Connecticut AGI from the Property Tax Credit Table located on the inside back cover of this booklet. (If zero, enter amount from Line 24 on Line 27.)			• 25. <span style="border: 1px solid black; padding: 2px;">    .    </span>
<b>26. Multiply Line 24 by Line 25</b>			• 26. <span style="border: 1px solid black; padding: 2px;">    .    0    0</span>
<b>27. Subtract Line 26 from Line 24.</b> Enter here and on Line 5.			27. <span style="border: 1px solid black; padding: 2px;">    .    0    0</span>

**Schedule 2EZ - INDIVIDUAL USE TAX WORKSHEET**

Complete this worksheet to calculate your Connecticut Individual Use Tax liability.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G
DATE OF PURCHASE	DESCRIPTION OF GOODS OR SERVICES	RETAILER OR SERVICE PROVIDER	PURCHASE PRICE	CT TAX DUE (.06 X Column D)	TAX, IF ANY, PAID TO ANOTHER JURISDICTION	BALANCE DUE (Column E minus Column F, but not less than zero)
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
• <b>Total of individual purchases under \$300 not listed above</b>						

**28. Individual Use Tax** (Add all amounts for Column G) Enter here and on **Form CT-1040EZ, Line 7.** • 28.     ,    .    0    0