Form CT-1040EZ Connecticut Resident EZ Income Tax Return

FOR DRS USE ONLY 2004 1040EZ

20

2004 and ending:

For the year January 1 - December 31, 2004, or other taxable year beginning:

| Your Social Security Number Spouse's Social Security Number | Filing Status Single | Married filing jointly or Qualified widow(er) with dependent child | Head of household (with qualifying person) |
|---|-------------------------|---|---|
| Your First Name | | MI Last Name | Suffix |
| <u>H</u> | | | |
| 🖬 🧧 Spouse's First Name | | MI Last Name | Suffix |
| LAB | | | |
| Home Address (number and stree | et) | | |
| | | | |
| Apartment Number, PO Box, Suite Nur | nber | | |
| | | | |
| City, Town, or Post Office | | State ZIP Code | |
| | | | |

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.

Whole Dollars Only Clip check or money order here (Do not staple) 🕈 1. Federal adjusted gross income (from federal Form 1040, Line 36; Form 1040A, Line 21; Form 1040EZ, Line 4; or 0 0 federal Telefile, Line I) 1. Do Not Attach W-2, W-2G, or 1099 Forms. 2. Refunds of state and local income taxes (From federal Form 1040, Line 10. See instructions, Page 8.) 2. 3. Connecticut Adjusted Gross Income 0 (Subtract Line 2 from Line 1.) 3. 4. Income Tax: From Tax Tables or Tax Calculation 0 Schedule (See instructions, Page 8) 4 5. Credit for property taxes paid on your primary residence and/or motor vehicle (From Schedule 1EZ, Line 27, on 0 Page 3. See instructions, Page 8.) 5. 6. Connecticut income tax (Subtract Line 5 from Line 4. If less than zero, enter "0.") 6. 7. Individual Use Tax (From Schedule 2EZ, Line 28, on Page 3. U See instructions, Page 8.) If no tax is due, enter "0." 7. 0 8. Total Tax (Add Line 6 and Line 7.) 8. 4 To Complete Your Return, Continue on Page 2 Use envelope provided, with correct mailing label, or mail to: Make your check or money order payable to: "Commissioner of Revenue Services" For refunds and all other tax forms without payment: For all tax forms with payment:

To ensure proper posting, write your SSN(s) and "2004 Form CT-1040EZ" on your check or money order.

For **refunds and all other tax forms without payment** Department of Revenue Services PO Box 150420 Hartford CT 06115-0420

Department of Revenue Services PO Box 150440 Hartford CT 06115-0440

Taxpayers must sign declaration on reverse - Due date: April 15, 2005 - Attach a copy of all applicable schedules and forms to this return.

WEBFILE OR E-FILE YOUR RETURN FOR FASTER REFUND, see Page 3.

| | | | | Fo | orm CT- | 1040EZ · | Page 2 | | | ur Socia Numbe | | | | | | | |
|---|---|---|---|--|--------------------------------------|--|---------------------------------------|---------------------|----------------|-------------------|----------------------------------|-------------------|---------|-------|--------|----------|---|
| 9. | Total | Tax (Ent | or omount fr | iom Lino (| e on fra | opt of this | roturn | | | | | | | | (|) | 0 |
| 9. | Total | | er amount fr | om Line (| 5, 01110 | | | | | | , | 6 | OLUN | | - ` | | |
| | I | - | dentification N | umber | C | Connecticu | | | Etc. | | Conn | ecticut | | - | x Witl | hhel | d |
| /-2, W-2G, nd 1099 | 10a. | - | | | | • | | | 00 | 10a. | | | | | . 0 | |) |
| entification | 10b. | | | | | • | | | 00 | 10b. | | | | | . 0 | |) |
| formation | 10c. | | | | | • | | | 00 | 10c. | | | | | . 0 | |) |
| only enter | 10d. | <u> </u> | | | | • | | _ | 00 | 10d. | | | | | . 0 | |) |
| ur W-2, W-2G, | 10e. | H | | | | • | | | 00 | 10e. | | | | | 0 | | |
| nd 1099 forms Connecticut | 100. | ┝┼╋ | | | | - | | | $\overline{0}$ | 100. | | | | | . 0 | | - |
| come tax was | - | | | | | | | | | - | | | | | | | |
| thheld.) | 10g. | | | | | • | | | 00 | 10g. | | | | | . 0 | | |
| | 10h. | Enter add | ditional CT w | ithholding | from Sc | hedule C | T-1040V | VH, Lii | ne 3 | 10h. | | | | | . 0 | |) |
|). Total Conne Column C ai | | | Tax Withh | eld (Add i | the amo | ounts in | | 10. | | | | | | | . (|) | 0 |
| . All 2004 esti | mated | l tax payn | nents and a | ny overpa | yments | applied | from | | | | | | | | | | |
| a prior year | | | | | | | | 11. | | | | | | | . (| J | 0 |
| 2. Payments m of Time to F | | | | | | | sion | 12. | | | | | | | . (|) | 0 |
| 3. Total Payme | ents (/ | Add Lines | s 10, 11, and | d 12.) | | | | 13. | | | | | | | . (|) | 0 |
| . Overpayme | nt (If L | _ine 13 is | more than | Line 9, | | | | | | | | | | | | | |
| subtract Line | | | | , | | | | 14. | | | | | | | - (|) | 0 |
| 5. Amount of L ontributions 16a. AIDS Resea 16c. Endangered | arch I Specie | s/Wildlife | , | . (| 0 0 | 16b. | x Organ Tra Breast Ca | | | | , | | | 0 | |) | 0 |
| 16e. Safety Net S Total Contri (add amount | butio | ns of Ref | und to Desig | | | | | 16. | | | | | | | |) | 0 |
| 7. Refund (Sub choose Direct | otract | Lines 15 | and 16 from | | | | nd, | 10. | | | , | İ | | | . (|) | 0 |
| 17a. Type of | Accou | int: | Checking | | | Savings | | | | | | | | | | | |
| 17b. | Pr | outing Number | | 17c. | | | | Accourt | nt Numbe | r. | | | | | | | |
| . Total Amour subtract Line | nt Due | e (If Line | | nan Line ' | 13, | | | | it indinise | | | T | | | |) | 0 |
| declare under per hedules and state rrect. I understand an \$5,000, or imp eparer other than th | nalty of ments) d the pe prisonm | law that I and, to the enalty for wi ent for not | have examine best of my kr llfully deliverir more than fiv | nowledge ar ng a false re re years, or | nd belief, eturn to D both. Th | it is true, o RS is a fin ne declara | complete, le of not r tion of a | and nore paid | | | Daytim | ne Telepł | hone N | lumbe | | - | |
| Your Signature | ture (if joi | if joint return) | | | | | • Date | • | | | () Daytime Telephone Number | | | | | | |
| Spouse's Signat | Signatur | 9 | | | Da | ate | Telepho | one Nur | nber | | Prepar |) er's SSN | l or PT | IN | | | |
| Firm's Name, Ac | ddress, a | nd ZIP Code | | | I | | ` | , | | | FEIN | - | | | | Ì | Ť |
| | | | - Complete | the follow | | Telephone | | | RS to a | contact | | r pers onal Id | | | | | |
| Eorm CT | -1040F7 | (Rev. 12/04 |) | | | • | | | | | | | | | | | |

Complete applicable Schedules on Page 3.



| Schedule | E 1EZ - PROPERTY TAX CRE | DIT WORKSHEET | | | | | | |
|---|--------------------------|-------------------|-----------|--------------------------------------|--|--|--|--|
| Qualifying Property | Primary Residence | Auto 1 | Auto 2 (I | Auto 2 (Married Filing Jointly Only) | | | | |
| 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 11) | • / / 2004 | • / / 2004 | • | _ / / 2004 | | | | |
| (See instructions, Fage 11) | • / / 2004 | • / / 2004 | • _ | _ / / 2004 | | | | |
| Amount Paid | 19. , 0 0 | 20. 0 | 21. | _ 0 0 | | | | |
| 22. Total Property Tax Pai | 22. | .00 | | | | | | |
| 23. Maximum property tax | • | 23. 350.00 | | | | | | |
| 24. Enter the lesser of Lin | ٠ | 24. 0 | | | | | | |
| 25. Enter the decimal amo the inside back cover of | | 25. | | | | | | |
| 26. Multiply Line 24 by Lin | • | 26. 0 | | | | | | |
| 27. Subtract Line 26 from | | 27. 0 | | | | | | |

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) |
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| • | | | | | | | |
| • | | | | | | | |
| • | Total of indivi | dual purchases under \$300 | | | | | |
| 28 | 3. Individual CT-1040E2 | Use Tax (Add all amoun Z, Line 7. | | .00 | | | |