Form CT-1040NR/PY

FOR DRS USE ONLY

Cor	nec	ticut Nonresident or Part-Y	ear Resident Income	Tax Return	USE ONLY			20		104	ONR/PY
		ar January 1 - December 31,	2004, or other taxable	year beginning	:	, 20	04 and	d ending:			
П		al Security Number	Filing Status Single	Married filin or Qualified widow(er) w dependent	vith	Married f Enter spo and full r	ouse's	SSN at I			sehold n qualifying
	Your	First Name		MI Last Nam		1			 _		Suffix
HEY.	Toul	I lot ruine		IVII Last Ivan							
	Spou	se's First Name		MI Last Nam	ne						Suffix
LAB											
ACE (Hom	e Address (number and stree	et)							here fo	or 2004
Apart	ment	Number, PO Box, Suite Nur	mber							onresid	
ÌТ									D/	art Voo	r Resident
City, 7	Town	or Post Office			State	ZIP Code		L		11-164	Resident
							-				
		heck here if you do not want hecking this box does not rel				k here if you a oxes on Part		t form.			
	1	Federal adjusted gross i	ncome (from federa	al Form 1040	l ine 36:			W	hole D	ollar	3 Only
		Form 1040A, Line 21; Form 1040A)	1.				_ 00
F	2.	Additions to federal adju	sted gross income	(from Schedul	le 1, Line 41)	2.				_ 00
(alc	3.	Add Line 1 and Line 2.					3.	,		,	.00
staple) rms.	4.	Subtractions from federa	al adjusted gross in	come (from So	chedule 1, Li	ne 52)	4.				_ 00
For	5.	Connecticut Adjusted	Gross Income (Sul	otract Line 4 fr	rom Line 3.)		5.				_ 00
660	6.	Income from Connecticu	it sources (from Sci	sources (from <i>Schedule CT-SI</i> , Line 29)							_00
or 1	7.	Enter the greater of Lir	ne 5 or Line 6 (If ze	e 5 or Line 6 (If zero or less, go to Line 12 and enter "0.") 7.							_ 00
2G, 1	8.	Income Tax (from Tax Tab	es or Tax Calculation Schedule, see instructions, Page 14) 8.							,	_ 00
, ¥	9.	Divide Line 6 by Line 5 (f Line 6 is equal to or greater than Line 5, enter 1.0000) 9.								
N-2		Multiply Line 9 by Line 8					10.				_00
Do Not Attach W-2, W-2G, c	11.	Credit for income taxes placed taxable year. (For Part-					11.				_00
Aff	12.	Subtract Line 11 from Lin	ne 10 (If Line 11 is greater than Line 10, enter "0.")								_ 00
Not	13.	Connecticut Alternative I	Minimum Tax (from Form CT-6251)								_ 00
	14.	Add Line 12 and Line 13	3. 14								_ 00
5	15.	Adjusted Net Connecticu	ut Minimum Tax Cre	edit (from Form	n CT-8801)		15.				_00
F	16.	Connecticut Income Ta	x (Subtract Line 15 f	rom Line 14. If	less than ze	ro, enter "0.")	16.				_ 00
	17.	Individual Use Tax (from	Schedule 3, Line 6	2. If no tax is	due, enter "	0.")	17.				_ 00

18. Total Tax (Add Line 16 and Line 17.)

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	19. T e	otal Tax	(enter	amou	nt fron	n Lin	e 18	B, on	front	of this	s retu	rn)		19.							00
	COLUMN A COLUMN B Employer Identification Number Connecticut Wages, Tips, etc.						COLUMN C Connecticut Income Tax Withheld					4									
	20a.	Lilipio	yer luerii	illicatioi	TNUTTID	EI	•	OHITE	cucui	vvayes	•	- 00	20a.		JUILLE	Clicut	IIICOIII	s lax v	VILITIER	00	
W-2, W-2G, and 1099						-	•														
Identification	20b. 1					-	•					<u>- 00</u>	20b.							.00	
Information (only enter	20c.					4	•					- 00	20c.							. 00	
information from your W-2	20d.						•					<u>. 00</u>	20d.							. 00	
W-2G, and	20e.	-					•					- 00	20e.							00	
1099 forms if Connecticut	20f.	_					•					- 00	20f.							00	
income tax	. 20g.	-					_					- 00	20g.							00	
was withheld)			1.154				•	- ·		T 404										00	
	20h.	Enter a	dditiona	I CT w	ithhold	ling fr	om S	Sche	edule C	T-104	OWH,	Line 3	3 20h.	ш						. 00	0.0
20. Total Co	nnectio	cut Inco	me Tax	Withh	neld (ad	dd the	e am	ount	ts in C	olumn	C and	l ente	r here)	20.							. 00
21. All 2004	estimat	ed tax pa	ayment	s and a	any ove	erpayı	ment	ts ap	plied f	rom a	prior y	ear/		21.							. 00
22. Payment	s made	with Fo	rm CT-	1040 E	XT (Re	eques	st for	exte	ension	of time	e to file	e)		22.							. 00
23. Total Pay	/ments	(Add Li	nes 20,	21, ar	nd 22)									23.							00
24. Overpay						10 sı	ıhtra	et Li	ine 10	from I	ine 2	3)		24.							.00
	,											0.,									00
25. Amount of	00-	24 you v . AIDS	want ap	pilea	o you	r 200		26b	a ted ta o. Orgai					25.	Н	,	_	,		_	• 00
Contribution 26c. Endangered	13	Research	1	,	26	3d. Bre	.00		Trans		<u> , , </u>	+	,	26e. S	.00						_
Species/Wild 26. Total Co	dlife	lana of	Defund		.00	Res	search	ı		,	,		.00		let Sei	rvices		,	<u></u>	₩	.00
(add amo	ounts fi	om Line	s 26a -	26e)	•									26.							. 00
27. Refund (Direct De									ter ref	und, c	hoose)		27.							. 00
27а. Тур	e of A	ccount:	Che	ecking	S	Savings	s 2	7b.	Routi	na Nu	mber					Т					ī
27c. Acc																					
					00						١٥)			00			1				00
28. Tax Due	•							ne 23	3 from	Line	19)			28.							
29. If Late: E 30. If Late: E		• .			•	,		nont	he late	or fra	ction t	haran	√f	29.							. 00
then by 1			vicitipiy	LINE Z	o by no	iiibci	1 01 1	HOHE	no iaic	or ma	Clion	110100	,, ,	30.							. 00
31. Interest o	n unde	rpaymen	t of esti	mated	tax (fro	m Fo	rm C	CT-22	210, se	ee inst	ruction	s, Pa	ge 16)	31.							. 00
32. Total Am	ount [Due (Add	d Lines	28 thro	ough 3	1)								32.							. 00
I declare under and, to the best a false return to declaration of a	of my kn DRS is	owledge a	and belief f not mo	f, it is tru re than	e, comp \$5,000	olete, a	and co	orrect onme	t. I unde nt for r	erstand not mor	the per e than	alty fo	r willfully ears, or	delive both.	ring The						
				. ,							Date		,			Daytime	e Teleph	one Nun	mber		
Sponse, Sponse	Signature	(if joint retu	ırn)								Date				1	(Daytime) e Teleph	one Nun	mber		
Spouse's Spo						•			ımhor		• (Daytime Telephone Number									
	eparer's Signature					Date	Telephone Number					Preparer's SSN or PTIN									
Firm's Nai	me, Addre	ess, and ZIF	Code												F	FEIN					TĪ
Th		ty Desi	gnee -	Compl	ete the	e follo	wing	g if y					RS to d	contac							
De:	signee's	Name							1elep	hone I	numbe	er				Perso •	nai ide	ntificat	ion Nu	mber	(LIN)
_ _	~ OT 10	40ND /D\ / 5	Deal: /D		omp	lete	арр	olica	able	Sche	dule	s on	Page	es 3	and	4.					
FOII	11 01-104	40NR/PY E	Dack (REV	. IZ/U4)																	

	Form CT-1040NR/PY - Page 3	Your : Security No			
	Schedule 1 - Modifications to Federal A	Adjusted Gross Income		(Enter all items as positive r	numbers.
33.	(See Instructions, Page 18) Interest on state and local government obligations other tha	ın Connecticut	33.		. 00
34.	Mutual fund exempt-interest dividends from non-Connecticut government obligations	ut state or municipal	34.		. 00
35.	Special depreciation allowance for qualified property placed i	n service prior to Sept. 11, 2004	35.		. 00
36.	Taxable amount of lump-sum distributions from qualified pla adjusted gross income	36.		. 00	
37.	Beneficiary's share of Connecticut fiduciary adjustment (En	37.		. 00	
38.	Loss on sale of Connecticut state and local government bor	nds	38.	, , , , , , , , , , , , , , , , , , , ,	. 00
39.	Allocated for future use	//////////////////////////////////////	39.		
40.	Other - specify •		40.		. 00
41.	Total Additions (Add Lines 33 through 40) Enter here and	on Line 2.	41.		. 00
42.	Interest on U.S. government obligations		42.	, , ,	. 00
43.	Exempt dividends from certain qualifying mutual funds derived f	rom U.S. government obligations	43.		. 00
44.	Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page	19)	44.		. 00
45.	Refunds of state and local income taxes		45.		. 00
46.	Tier 1 and Tier 2 railroad retirement benefits and supplement	ntal annuities	46.		. 00
47.	Special depreciation allowance for qualified property placed in se	ervice during the preceding year	47.	, , , , , , , , , , , , , , , , , , , ,	. 00
48.	Beneficiary's share of Connecticut fiduciary adjustment (En	ter only if less than zero)	48.	, , , , , , , , , , , , , , , , , , , ,	. 00
49.	Gain on sale of Connecticut state and local government bor	nds	49.	, , , , , , , , , , , , , , , , , , , ,	. 00
50.	Allocated for future use	•	50.		
51.	Other - specify (Do not include out of state income) •		51.		. 00
52.	Total Subtractions (Add Lines 42 through 51) Enter here	and on Line 4.	52.	,	. 00
	hedule 2 - Credit for Income Taxes Paid to Qua			ear Residents Only	
53.	Connecticut AGI during residency portion of taxable year (S	See instructions, Page 23)	53.		. 00
		COLUMN A	lo.	COLUMN B	Codo
	Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 23) 54. Non-Connecticut income included on Line 53 and	● Name Coo	ie	Name	Code
	reported on a qualifying jurisdiction's income tax return (Complete <i>Schedule 2 Worksheet</i> , Page 22) 55.		00		. 00
56.	Divide Line 55 by Line 53 (may not exceed 1.0000) 56.				
57.	Apportioned income tax (See instructions, Page 23) 57.		00	, , ,	. 00
58.	Multiply Line 56 by Line 57 58.		00	, , , , , , , , , , , , , , , , , , , ,	. 00
	Income tax paid to a qualifying jurisdiction (See instructions, Page 24) 59.		00		. 00
60	,		00		. 00
υU.	Enter the lesser of Line 58 or Line 59 60.		••		. 00
	61. Total Credit (Add Line 60, all columns) Enter here a	nd on Line 11. 61.		, 00	

Your Social Security Number	-	1	
Security Number			

Schedule 3 - 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)
•							
•							
•							
•							
•							
•							
•							
•							
•							
•							
•	Total of indiv	idual purchases under \$300	not listed above				
62		Use Tax (Add all amour	nts for Column G.) Enter	here and on	• 62.		00

Make your check or money order payable to:	Use envelope provided, with correct mailing label, or mail 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-1040NR/PY" on your check or money order.	Department of Revenue Services PO Box 2968 Hartford CT 06104-2968	Department of Revenue Services PO Box 2969 Hartford CT 06104-2969				