



9. Enter amount from Line 8. 9.  ,  . **00**

**3**

**W-2, W-2G, and 1099 Information**  
(Only enter information from your W-2, W-2G, and 1099 forms if Connecticut income tax was withheld.)

	Column A Employer's federal ID No. from Box b of W-2, or Payer's federal ID No. from W-2G, or 1099	Column B Connecticut Wages, Tips, etc.	Column C Connecticut Income Tax Withheld
10a.	<input type="text"/>	• <u>                    - 00</u>	10a. <input type="text"/> , <input type="text"/> . <b>00</b>
10b.	<input type="text"/>	• <u>                    - 00</u>	10b. <input type="text"/> , <input type="text"/> . <b>00</b>
10c.	<input type="text"/>	• <u>                    - 00</u>	10c. <input type="text"/> , <input type="text"/> . <b>00</b>
10d.	<input type="text"/>	• <u>                    - 00</u>	10d. <input type="text"/> , <input type="text"/> . <b>00</b>
10e.	<input type="text"/>	• <u>                    - 00</u>	10e. <input type="text"/> , <input type="text"/> . <b>00</b>
10f.	<input type="text"/>	• <u>                    - 00</u>	10f. <input type="text"/> , <input type="text"/> . <b>00</b>
10g.	<input type="text"/>	• <u>                    - 00</u>	10g. <input type="text"/> , <input type="text"/> . <b>00</b>
10h.	Enter amount from Supplemental Schedule CT-1040WH, Line 3.		10h. <input type="text"/> , <input type="text"/> . <b>00</b>

10. **Total Connecticut Income Tax Withheld** (Add amounts in Column C and enter here.) 10.  ,  . **00**  
**You must complete Columns A, B, and C or your withholding will be disallowed.**

11. All 2006 estimated tax payments and any overpayments applied from a prior year 11.  ,  . **00**

12. Payments made with **Form CT-1040 EXT** (Request for extension of time to file) 12.  ,  . **00**

13. **Total Payments** (Add Lines 10, 11, and 12.) 13.  ,  . **00**

**4**

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 2007 estimated tax** **15.**  ,  . **00**

16. Total Contributions of Refund to Designated Charities (From *Schedule 3EZ*, Line 29) 16.  ,  . **00**

17. **Refund** (Subtract Lines 15 and 16 from Line 14.) 17.  ,  . **00**  
 For faster refund, use Direct Deposit by completing Lines 17a, 17b, and 17c.

17a. Type: checking  17b. Routing   
 savings  Number  17c. Account   
 Number

**5**

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

**6**

**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 the penalty for willfully delivering a false return or document 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 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
•	•	• ( )	<input type="text"/>
Firm's Name, Address, and ZIP Code			FEIN
•			<input type="text"/>

**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** (See instructions, Page 11.)

Qualifying Property	Primary Residence	Auto 1	Auto 2 (Joint Returns or Qualifying Widow(er) 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>Date(s) Paid</b>	• ____ / ____ / <b>2006</b> • ____ / ____ / <b>2006</b>	• ____ / ____ / <b>2006</b> • ____ / ____ / <b>2006</b>	• ____ / ____ / <b>2006</b> • ____ / ____ / <b>2006</b>
<b>Amount Paid</b>	19. <input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	20. <input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	21. <input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>
22. Total Property Tax Paid (Add Lines 19, 20, and 21.)			22. <input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>
23. Maximum Property Tax Credit Allowed			• 23. <b>500. 00</b>
24. Enter the lesser of Line 22 or Line 23.			• 24. <input type="text"/> . <b>00</b>
25. Enter the <b>decimal amount</b> for your filing status and Connecticut AGI from the Property Tax Credit Table located in the instruction booklet. (If zero, enter the amount from Line 24 on Line 27.)			• 25. <input type="text"/> . <input type="text"/>
26. Multiply Line 24 by Line 25.			• 26. <input type="text"/> . <b>00</b>
27. Subtract Line 26 from Line 24. Enter here and on Line 5.			27. <input type="text"/> . <b>00</b>

**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 Line 7. • 28.  ,  ,  . **00**

**Schedule 3EZ - Contribution Worksheet**

29a. AIDS Research	29a.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29b. Organ Transplant	29b.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29c. Endangered Species/Wildlife	29c.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29d. Breast Cancer Research	29d.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29e. Safety Net Services	29e.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29f. Military Family Relief Fund	29f.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29. Total Contributions (Add Lines 29a through 29f; enter amount here and on Line 16.)	• 29.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	

Use envelope provided, with correct mailing label, or mail to:

<p><b>For refunds and all other tax forms without payment:</b>                      Department of Revenue Services                      PO Box 150420                      Hartford CT 06115-0420</p>	<p><b>For all tax forms with payment:</b>                      Department of Revenue Services                      PO Box 150440                      Hartford CT 06115-0440</p>
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Make your check or money order payable to: **Commissioner of Revenue Services**

To ensure proper posting, write your SSN(s) (optional) and "2006 Form CT-1040EZ" on your check or money order.