

Form CT-1040
Connecticut Resident Income Tax Return

FOR DRS
USE ONLY

20

2006
CT-1040

Complete return in blue or black ink only.

Taxpayers must sign declaration on reverse side.

For the year January 1 - December 31, 2006, or other taxable year beginning: _____, 2006 and ending: _____.

1 Filing Status

Single
 Married filing jointly
 Civil union filing jointly
 Married filing separately
 Civil union filing separately
 Head of household
 Qualifying widow(er) with dependent child

(Enter spouse's name here and SSN below.)

Your Social Security Number Check if deceased

Spouse Social Security Number Check if deceased

Your First Name MI Last Name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

If Joint Return, Spouse's First Name MI Last Name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

Mailing Address (number and street, apartment number, suite number, PO Box)

City, Town, or Post Office (If town is two words, leave a space between the words.) State ZIP Code

Check here if you do not want forms sent to you next year. (This **does not** relieve you of your responsibility to file.)
 Check here if you filed **Form CT-2210** and checked any boxes on Part 1.
 Form CT-8379
 Form CT-1040CRC
 Check here if you are filing the following and attach the form to the front of the return.

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Clip check or money order here. (Do not staple.) Do not send W-2, W-2G, or 1099 forms.

	Whole Dollars Only			
1. Federal adjusted gross income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.			.00
2. Additions to federal adjusted gross income (From <i>Schedule 1</i> , Line 39)	2.			.00
3. Add Line 1 and Line 2.	3.			.00
4. Subtractions from federal adjusted gross income (From <i>Schedule 1</i> , Line 50)	4.			.00
5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3.)	5.			.00
6. Income Tax (From Tax Tables or Tax Calculation Schedule. See instructions, Page 14.)	6.			.00
7. Credit for income taxes paid to qualifying jurisdictions (From <i>Schedule 2</i> , Line 59)	7.			.00
8. Subtract Line 7 from Line 6. (If Line 7 is greater than Line 6, enter "0.")	8.			.00
9. Connecticut Alternative Minimum Tax (From Form CT-6251)	9.			.00
10. Add Line 8 and Line 9.	10.			.00
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (From <i>Schedule 3</i> , Line 68)	11.			.00
12. Subtract Line 11 from Line 10. (If less than zero, enter "0.")	12.			.00
13. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)	13.			.00
14. Connecticut Income Tax (Subtract Line 13 from Line 12. If less than zero, enter "0.")	14.			.00
15. Individual Use Tax (From <i>Schedule 4</i> , Line 69. If no tax is due, enter "0.")	15.			.00
16. Add Line 14 and Line 15.	16.			.00

Due date: April 15, 2007 - Attach a copy of all applicable schedules and forms to this return.

For a faster refund, see Page 3 of the booklet for electronic filing options.

Schedule 1 - Modifications to Federal Adjusted Gross Income (Enter all items as positive numbers.)

(See Instructions, Page 18.)

31. Interest on state and local government obligations other than Connecticut	31.	<input type="text"/>	.00
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	<input type="text"/>	.00
33. <i>Allocated for future use</i>	33.	<input type="text"/>	.00
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	<input type="text"/>	.00
35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero.)	35.	<input type="text"/>	.00
36. Loss on sale of Connecticut state and local government bonds	36.	<input type="text"/>	.00
37. <i>Allocated for future use</i>	37.	<input type="text"/>	.00
38. Other - specify <input style="width: 50px;" type="text"/>	38.	<input type="text"/>	.00
39. Total Additions (Add Lines 31 through 38.) Enter here and on Line 2.	39.	<input type="text"/>	.00
40. Interest on U.S. government obligations	40.	<input type="text"/>	.00
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.	<input type="text"/>	.00
42. Social Security benefit adjustment (See <i>Social Security Benefit Adjustment Worksheet</i> , Page 20.)	42.	<input type="text"/>	.00
43. Refunds of state and local income taxes	43.	<input type="text"/>	.00
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	<input type="text"/>	.00
45. Special depreciation allowance for qualified property placed in service during preceding year(s)	45.	<input type="text"/>	.00
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero.)	46.	<input type="text"/>	.00
47. Gain on sale of Connecticut state and local government bonds	47.	<input type="text"/>	.00
48. Connecticut Higher Education Trust (CHET) contributions Enter CHET account number: <input type="text"/> - <input type="text"/> (can be up to 14 digits)	48.	<input type="text"/>	.00
49. Other - specify (Do not include out of state income.) <input style="width: 50px;" type="text"/>	49.	<input type="text"/>	.00
50. Total Subtractions (Add Lines 40 through 49.) Enter here and on Line 4.	50.	<input type="text"/>	.00

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

(You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.)

51. Modified Connecticut adjusted gross income (See instructions, Page 24.)	51.	<input type="text"/>	.00
		Column A	Column B
		• Name	• Name
		Code	Code
52. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 24.)	52.	<input style="width: 150px;" type="text"/>	<input style="width: 20px;" type="text"/>
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (Complete <i>Schedule 2 Worksheet</i> , Page 23.)	53.	<input type="text"/>	.00
54. Divide Line 53 by Line 51. (May not exceed 1.0000)	54.	<input type="text"/>	.00
55. Income tax liability (Subtract Line 11 from Line 6.)	55.	<input type="text"/>	.00
56. Multiply Line 54 by Line 55.	56.	<input type="text"/>	.00
57. Income tax paid to a qualifying jurisdiction (See instructions, Page 25.)	57.	<input type="text"/>	.00
58. Enter the lesser of Line 56 or Line 57.	58.	<input type="text"/>	.00
59. Total Credit (Add Line 58, all columns.) Enter here and on Line 7.	59.	<input type="text"/>	.00

Schedule 3 - Property Tax Credit Worksheet (See instructions, Page 25.)

Qualifying Property	Primary Residence	Auto 1	Auto 2 (Joint returns or Qualifying Widow(er) 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.	• _____ • _____	• _____ • _____	• _____ • _____
Date(s) Paid	• ____ / ____ / 2006 • ____ / ____ / 2006	• ____ / ____ / 2006 • ____ / ____ / 2006	• ____ / ____ / 2006 • ____ / ____ / 2006
Amount Paid	60. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	61. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	62. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
63. Total Property Tax Paid (Add Lines 60, 61, and 62.)			63. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
64. Maximum Property Tax Credit Allowed			64. • 500 . 00
65. Enter the lesser of Line 63 or Line 64.			65. • <input type="text"/> . 00
66. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table exactly as it appears on Page 27. (If zero, enter the amount from Line 65 on Line 68.)			66. • <input type="text"/> . <input type="text"/>
67. Multiply Line 65 by Line 66.			67. • <input type="text"/> . 00
68. Subtract Line 67 from Line 65. Enter here and on Line 11.			68. <input type="text"/> . 00

Schedule 4 - 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 individual purchases under \$300 not listed above						

69. Individual Use Tax (Add all amounts for Column G.) Enter here and on Line 15. • 69. , , . **00**

Schedule 5 - Contribution Worksheet

70a. AIDS Research	70a.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00	
70b. Organ Transplant	70b.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00	
70c. Endangered Species/Wildlife	70c.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00	
70d. Breast Cancer Research	70d.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00	
70e. Safety Net Services	70e.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00	
70f. Military Family Relief Fund	70f.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00	
70. Total Contributions (Add Lines 70a through 70f; enter amount here and on Line 24.)	• 70.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00	

Use envelope provided, with correct mailing label, or mail to:	
For refunds and all other tax forms without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	For all tax forms with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977

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-1040" on your check or money order.