Form CT-1040EZ For DRS 20 **Use Only Connecticut Resident EZ Income Tax Return** Taxpayers must sign declaration on reverse side. Complete return in blue or black ink only. For the year January 1 - December 31, 2008, or other taxable year beginning: , 2008 and ending: Filing Status Filing separately for Filing separately for Filing jointly Filing jointly for Head of Qualifying widow(er) federal and Connecticut Single Connecticut only for federal and household with dependent child Connecticut Connecticut only Enter spouse's name here and SSN below. Your Social Security Number Spouse Social Security Number Check if Check if deceased SSN here. Your first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.) Print your name, If joint return, spouse's first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.) and 3 Mailing address (number and street, apartment number, suite number, PO Box) address, City, town, or post office (If town is two words, leave a space between the words.) ZIP code Check here if you are filing Form CT-8379 Check here if you do not want forms sent to you next year. Form CT-8379 and attach the form to the front of the return. This does not relieve you of your responsibility to file. Whole Dollars Only 2 1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4 2. Refunds of state and local income taxes from federal Form 1040, Line 10: See instructions, Page 10. 3. Connecticut adjusted gross income: Clip check here. Do not staple. Do not send W-2 or 1099 forms. Subtract Line 2 from Line 1. 4. Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 10. 5. Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach Schedule 1EZ, on Page 3 or your credit will be disallowed. 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: See instructions, Page 11. Complete and attach Schedule 2EZ. If no tax is due, enter "0."

To complete your return, continue on Page 2, Form CT-1040EZ.

8. Add Line 6 and Line 7.

Make your check payable to:

Commissioner of Revenue Services
To ensure proper posting, write your SSN(s) (optional) and
"2008 Form CT-1040EZ" on your check.

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 150420
Hartford CT 06115-0440

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

For all tax forms with payment:
Department of Revenue Services
PO Box 150440
Hartford CT 06115-0440

the taxpayer is based on all information of which the preparer has any knowledge.

Your signature

Date

Daytime telephone number

()

Spouse's signature (if joint return)

Paid preparer's signature

Date

Telephone number

()

Firm's name, address, and ZIP code

Federal Employer Identification Number

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Keep a copy for your records

Sign Here.

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Schedule 1EZ - Property Tax Credit See i Qualifying Property Primary Residence				instructions, Page 13.						Auto 2 (joint returns or qualifying widow(er) only)						
Name of Connecticut Tax Town or District			•		Auto			•	retui	ris or quar	ilyilig v	vidow(i	er) orny)			
Description of Prop If primary residence, street address. If motor vehicle, ente make, and model.	, enter	•		•					•							
Date(s) Paid	•	/ / 2008	•		_ /	_ / 2	800	•		/_		/ 20	08			
	•	/ / 2008	•	/_		_ / 2	800	•	•/_			/ 2008				
Amou	ınt Paid 19.	00	20.				_ 00	21.						00		
22. Total property to	ax paid: Add Lines 19, 2	0, and 21.			7.			22.					_ [0	00		
23. Maximum property tax credit allowed										• 23.		50)0 . ()0		
24. Enter the lesse	r of Line 22 or Line 23.									• 24.			_ [0	00		
	mal amount for your filin					rty Tax	Credit Ta	ble			\equiv	$\overline{}$				
	nstruction booklet. If zero	o, enter the amount from	1 Line 2	24 on L	ine 27.					• 25.	Н					
26. Multiply Line 24	4 by Line 25.									• 26.	Н			00		
27. Subtract Line 26	from Line 24. Enter here ar	nd on Line 5. Attach <i>Sche</i> d	dule 1E2	Zto you	r return o	or your	credit will b	e disallo	owec	l. 27.				00		
	Z - Individual Use rksheet to calculate you		al use	tax lial	bilitv an	nd atta	ch Page 3	3 to voi	ur re	eturn.						
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 individu	ıal purchases under \$30	0 not listed above														
28. Individual us	se tax: Add all amounts	s for Column G. Enter h	nere ar	nd on L	_ine 7.			28.					_ [0	00		
Schedule 3EZ	Z - Contributions t	o Designated Cha	arities	S												
29a. AIDS Resear	rch	29a.					00)								
29b. Organ Transplant		29b.					00)								
29c. Endangered Species/Wildlife		29c.					00)								
29d. Breast Cancer Research 29d						00)									
29e. Safety Net Services 29e		29e.					00)								
29f. Military Family Relief Fund 29f		29f.		i,Ti			. 00)								
29. Total contribu	here ar	nd on L	ine 16.		• 29.							00				