Form CT-1040NR/PY Connecticut Nonresident and Part-Year Resident Income Tax Return

For DRS Use Only CT-1040NR/PY

		Complete return in blue or black ink only. Taxpayers must	t sign declaration on reverse side.					
For	the	year January 1 - December 31, 2008, or other taxable year beginning:, 20	08 and e	nding:				
1		Filing Status Single Single Filing jointly for federal and Connecticut Connecticut Single Filing separately for federal and Connecticut Connecticut Filing separately for federal and Connecticut Filing separately for federal and Connecticut Filing separately f		Head of household		ing widow(er) pendent child		
		Enter spouse's name here and SSN below.						
-		Your Social Security Number Check if deceased Check if deceased		Check if deceased				
ຜົ	here	Your first name MI Last name (If two last names, insert a s	space betw	een names.)		Suffix (Jr./Sr.		
ame	SSN here	f joint return, spouse's first name MI Last name (If two last names, insert a s	space betw	een names.)		Suffix (Jr./Sr.		
Print your name,								
t yo	10	Mailing address (number and street, apartment number, suite number, PO Box)			2008 resid	dent status		
rin	address,				Nonre	esident		
	add	City, town, or post office (If town is two words, leave a space between the words.) State ZIP code			Part-	year resident		
-	,							
	yo	eck here if you do not want forms sent to u next year. This does not relieve you of ur responsibility to file. Check here if you filed Form CT-2210 and checked any boxes on Part 1. Form CT		following		filing the ne form to the		
2	1	Federal adjusted gross income from federal Form 1040, Line 37;		Whole [Dollars C	nly		
	١.	Form 1040A, Line 21; or Form 1040EZ, Line 4	1			. 00		
	2.	Additions to federal adjusted gross income from Schedule 1, Line 41	2.		,	. 00		
	3.	Add Line 1 and Line 2.	3.			. 00		
	4.	Subtractions from federal adjusted gross income from Schedule 1, Line 52	4.			00		
←	5.	Connecticut adjusted gross income: Subtract Line 4 from Line 3.	5.			00		
	6.	Income from Connecticut sources from Schedule CT-SI, Line 30	6.			00		
ple. ms.	7.	Enter the greater of Line 5 or Line 6. If zero or less, go to Line 12 and enter "0."	7.			00		
not staple. 099 forms	8.	Income tax on the amount on Line 7 from tax tables or Tax Calculation Schedule: See instructions, Page 16.	8.			00		
	9.	Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000.	9.	7				
e. De	10). Multiply Line 9 by Line 8.	10.			. 00		
Clip check here. Do	11	. Credit for income taxes paid to qualifying jurisdictions during resident portion				00		
sen		of taxable year — part-year residents only (from Schedule 2, Line 61)	11			. 00		
ip cł not	12	2. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter "0."	12.			. 00		
ပြု ငြ	13	3. Connecticut alternative minimum tax from Form CT-6251	13.			. 00		
	14	Add Line 12 and Line 13.	14.			. 00		
←	15	5. Adjusted net Connecticut minimum tax credit from Form CT-8801	15.			. 00		
	16	6. Connecticut income tax: Subtract Line 15 from Line 14. If less than zero, enter "0."	16.	,		. 00		
	17	7. Individual use tax from Schedule 3, Line 62: If no tax is due, enter "0."	17.			. 00		
	18	3. Add Line 16 and Line 17.	18.	,		. 00		

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	19.	Enter	am	noun	nt fro	m Li	ne 1	8.							19.							00
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W-2	20a.		<u></u>			00					•		. 00	• 🗆	20a.							. 00
and 1099 Information	20b.		Ī-	T							•		. 00	• 🗆	20b.						П	00
Only enter information	20c.		Ť-	F						i	•		. 00	• 🗆	20c.					,	П	00
from your W-2, Schedule	20d.		Ť-	H						1	•		. 00	• 🗆	20d.						Ħ	00
CT K-1, and 1099 forms if	20e.		1-	H						1	•		. 00	• 🗆	20e.						Ш	00
Connecticut income tax	20f.		╡_	H							•		. 00	• 🗆	20f.					,	$^{+}$	00
was withheld.			╣_	H							•		. 00		20g.						₩	00
	20g.	Entor	am	OUD	t fro	m Sı	ınnlı	mon	tal Sa	shod	ulo CT 1	04014/14	, Line 3.	•	20g. 20h.						₩	00
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21. All :	2008	estima	ted	tax	pay	men	ts an	ıd anı	v ovei	rpay	ments a	pplied fi	om a pri	or vear	21.		7.					. 00
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4										cubi	ract Lin	2 10 from	m Line 2	2	24.							00
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25. Amo				-				_					4, Line (3 3	26.							00
27. Ref							_				5 110111 0	cricadic	7, LIIIC (55	20.					,		
For	faster	refund	, us	se D	irect								and 27c		27.					,		. 00
27a. Type: C	hecking avings	27b		outii umb							27	c. Acco										
5 28. Tax	due:	If Line	19	is n	nore	thar	Lin	e 23,	subtr	act I	_ine 23 1	rom Lin	e 19.		28.							. 00
29. If la	te: En	ter per	nalt	y. M	ultip	ly Liı	ne 28	8 by 1	10% ((.10)	-				29.					, 🗌 🗀		. 00
		ter inte			lultip	ly Li	ne 28	B by r	numb	er of	months	or fract	ion of a	month	30.							. 00
31. Inter		-	•		nt of	estim	nated	l tax:	See ir	nstru	ictions. I	Page 19			31.							00
32. Tot a										.00	, .	ago .o			32.				П		П	00
Declara schedule understa \$5,000,	tion: I es and and the or imp	declare statem penalt	e un ent ty fo	der p s) ar or wil or no	pena nd, to Ifully ot mo	Ity of the to deliver	law to est of ering an fiv	hat I h of my I a fals e year	nave ex knowle se retu rs, or b	edge Irn or ooth.	and belie	ef, it is tru nt to DRS aration of	cluding ar e, comple is a fine a paid pre lge.	ete, and o	panying correct. I	 						
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Spouse	's signa	ture if joir	nt re	turn									Date			•	(Daytim) e telep	hone n	umber		
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Т	esigne •	Party E	me								Tel •	ephone r					Perso	onal id	dentific	ation nu	mber (PIN)

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	Schedule 1 - Modifications to	o Fe	der	al A	dju	sted	Gro	SS	Inco	me	e E	nter	all i	tems	s as	posi	tive r	numbe	ers.	
33	See Instructions, Page 20. Interest on state and local government obligations	e othe	r tha	n Cc	nnec	ticut				3	33.									00
	. Mutual fund exempt-interest dividends from non-Connecticut state or municipal								•	JO. [,				, L				
	government obligations	אווווטק)Ullu	Jl Sta	ile oi	Munc	ilpai			3	34.						,			00
	Reserved for tuture use///////////////////////////////////						////	////		//	35//		///	///,	///				///	
	Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income								3	36.						,		<u> </u>	00	
37.	Beneficiary's share of Connecticut fiduciary adjust	tment	: Ent	ter or	nly if (greate	r thar	n zer	0.	3	37.									00
	Loss on sale of Connecticut state and local govern				////.	////	111,	////	(///	//	38.	///		///	1//	11/1	,].	00
3,9/	Reserved for fluture use///////////////////////////////////	////	////	////	(///	////	////	////	////	/ /	39//	////	///.	///, 	/// 	'/// 	'/// 	///// 11111111111111111111111111111111	//// 	////
40.	Other - specify •									2	40.						,		╡.	00
41.	Total additions: Add Lines 33 through 40. Enter	here	and	on Li	ine 2.						41.								<u>ļ.</u>	00
42.	Interest on U.S. government obligations									2	12.		,				,			00
43.	Exempt dividends from certain qualifying mutual fund	ds de	rived	from	ı U.S.	gover	nmen	t obli	gation	s 4	13.						,		<u></u> .	00
44.	Social Security benefit adjustment: See Social Secu	ırity B	enefi	it Adjı	ustme	ent Wo	orkshe	et, P	age 2	2. 4	14.		<u> </u>				, _		ॏ.	00
45.	15. Refunds of state and local income taxes								2	1 5.						,			00	
46.	Tier 1 and Tier 2 railroad retirement benefits and s	supple	emer	ntal a	annuit	ies				2	46.						,].	00
47.	47. Special depreciation allowance for qualified property placed in service during preceding year(s)						2	1 7.						,].	00			
48.	Beneficiary's share of Connecticut fiduciary adjust	tment	t: Ent	ter or	nly if I	ess th	ıan ze	ero.		2	18.].	00
49.	Gain on sale of Connecticut state and local govern	nmen	ıt bor	nds						2	19.		,				, _].	00
	Connecticut Higher Education Trust (CHET) contr	ibutio	ns							Ę	50.						,].	00
	Enter CHET account number: (can be up to 14 digits)																			
51.	Other - specify: Do not include out of state income	. • <u>_</u>								5	51.									00
52.	Total subtractions: Add Lines 42 through 51. Ent	ter he	ere ai	nd or	n Line	÷ 4.				Ę	52.		,				,		<u> </u>	00
	hedule 2 - Credit for Income Taxes P														sic	len	ts C	nly		
You	must attach a copy of your return filed with the	qual	ifyin	g juri	isdicti	ion(s)	or yo	our c	redit	will	be o	disal	lowe	∍d.				1		
53.	Connecticut adjusted gross income during resider See instructions, Page 25.	ncy p	ortio	n of t						;	53.				Щ	Ш	, <u> </u>			00
54		_				Colu Name		Α	(Cod	е				Co Nar	lum me	ın E	3	C	ode
54.	Enter qualifying jurisdiction's name and two-letter code. See instructions, Page 26.	54.																		
55.	Non-Connecticut income included on Line 53 and	Ł																		
	reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet</i> , Page 27.	55.		П,			٦٣			. 0	00								٦.	00
56.	Divide Line 55 by Line 53. May not exceed 1.0000.	56.		Ī.						_			Ī.							
57.	Apportioned income tax: See instructions, Page 27.	57.],[. 0	00									00
58.	Multiply Line 56 by Line 57.	58.			, [],[. 0	00		,				,			00
59.	Income tax paid to a qualifying jurisdiction	50					76			0	00						Г			00
00	See instructions, Page 27.	59.		, 						. –	00		,						╡.	00
bU.	Enter the lesser of Line 58 or Line 59.	60.	الب	, !	ina 41	L				. [· 🍑 [卍] [7	00	,	الساا	•	00
	61. Total credit: Add Line 60, all columns. Ente Complete applicable schedu							ach.	the	sch	ned	ule	to	VOL	<u> </u>		rn			ı
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Your Social	1			
Security Number •				

Schedule 3 - Individual Use Tax

Complete this schedule to calculate your Connecticut individual use tax liability and attach it to your return.

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 individ	dual purchases under \$300	not listed above				
2. Individual (use tax: Add all amounts	for Column G. Enter here	e and on Line 17		62.	_ 00

Schedule 4 - Contributions to Designated Charities

63a. AIDS Research	63a. <u></u>	. 00
63b. Organ Transplant	63b	. 00
63c. Endangered Species/Wildlife	63c,	. 00
63d. Breast Cancer Research	63d	. 00
63e. Safety Net Services	63e	. 00
63f. Military Family Relief Fund	63f	. 00
63. Total contributions: Add Lines 63a through 63f, en	nter amount here and on Line 26.	• 63

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 2968 Hartford CT 06104-2968	For all tax forms with payment: Department of Revenue Services PO Box 2969 Hartford CT 06104-2969						

Make your check payable to: Commissioner of Revenue Services

To ensure proper posting, write your SSN(s) (optional) and "2008 Form CT-1040NR/PY" on your check.

Complete all applicable schedules on Pages 3 and 4 and attach the schedules to your return.