Form CT-1040 Connecticut Resident Income Tax Return For DRS Use Only 2008 CT-1040

		Complete return in blue or black ink only. Taxpayers must	Taxpayers must sign declaration on reverse side.												
For t	ne ye	ear January 1 - December 31, 2008, or other taxable year beginning:, 20	nning:, 2008 and ending:,,												
1	Fil	Filing jointly Filing jointly for													
		Enter spouse's name here and SSN below.													
→	. 🗆	rr Social Security Number Spouse Social Security Number Check if deceased			_	eased			0.46		(0.1)				
le, here	You	ır first name MI Last name (If two last names, insert a	space	betwee	n name	s.)			Suff	ix (Jr./	/Sr.)				
name,	lf jo	int return, spouse's first name MI Last name (If two last names, insert a	space	betwee	n name	s.)			Suff	ix (Jr./	/Sr.)				
בות															
Print your	ົ	lling address (number and street, apartment number, suite number, PO Box)													
Prir	2 0:5	A town as part offer Mar.													
→"	City	v, town, or post office (If town is two words, leave a space between the words.) State ZIP code		- [
-															
	ou r	ck here if you do not want forms sent to next year. This does not relieve you of responsibility to file. Check here if you filed Form CT-2210 and checked any boxes on Part 1. Form CT		following and attach the form to											
2	1	Federal adjusted gross income from federal Form 1040, Line 37;						ars O	nly						
	1.	Form 1040A, Line 21; or Form 1040EZ, Line 4	1.].[00				
	2.	Additions to federal adjusted gross income from Schedule 1, Line 39	2.],_			,].[00				
	3.	Add Line 1 and Line 2.	3.		,			,].[00				
←	4.	Subtractions from federal adjusted gross income from Schedule 1, Line 50	4.					,].[00				
	5.	Connecticut adjusted gross income: Subtract Line 4 from Line 3.	5.].[00				
staple. forms.	6.	Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 15.	6.		, .].[00				
	7.	Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59	7.].[00				
1099	8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."	8.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,].[00				
3. Do 2 or	9.	Connecticut alternative minimum tax from Form CT-6251	9.		,].[00				
here d W-	10.	Add Line 8 and Line 9.	10.		, .			,].[00				
Clip check here. Do Jo not send W-2 or	11.	Credit for property taxes paid on your primary residence, motor vehicle, or both Complete and attach <i>Schedule 3</i> on Page 4 or your credit will be disallowed.	11.].[00				
Cip P o	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 Schedule 4, Line 69: If no tax is due, enter "0."	15.],			,].[00				
	16.	Add Line 14 and Line 15.	16.		٦.].[00				

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	17 F	nter	amo	unt f	rom	l ine	 16							17.		T	Ť	T	ī	т	Ħ	0
	17. Enter amount from Line 16.									Co	olumr	<u>ا, ا</u>										
		Column A Column B Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099 Connecticut wages, tips, etc.									Co	nnec			_	withhe	eld					
-2 and 1099	18a.									•			. 00	18a.								. 0
formation nly enter	18b.		-	-						•			. 00	18b.								0
ormation m your W-2	18c.	H		-F					П	•			. 00	18c.					1,	П	Ħ.	0
d 1099 forms	;	H	٣.	_					H	_				18d.							<u> </u>	. 0
Connecticut ome tax	18d.	Ш		L					Н	_				-						Щ	<u> </u>	٠
s withheld.	18e.									•			- 00	18e.					,			. 0
	18f.									•			. 00	18f.								. 0
	18g.		-	-					П	•			. 00	18g.								0
	18h.	Ent	er ar	noui	nt fro	m Su	ıppler	mente	al Sch	nedule	e CT-104	loW.	H, Line 3.	18h.							П	0
	Conn	ectic	ut in	com	e tax	c with	held:	: Add	amou	ınts in	Column (C ar	d enter here.	18.					,			0
		-				-			•	our withholding will be disallowed. yments applied from a prior year 19.											0	
				•	•			•	. ,		• •		. ,	20.						П		0
•	Payments made with Form CT-1040 EXT (Request for extension of time to file) Total payments: Add Lines 18, 19, and 20. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.								anne to me,	21.],	П		. (
1									Line O4									. (
•													Line 21.	22.					」, 	╁	Η.	. [
23. Amou			-					-					1: 70	23.							-	. (
24. Total										trom	Schedul	e 5,	Line 70	24.					,			
25. Refur For fa										g Line	s 25a, 2	5b,	and 25c.	25.								. 0
a. Type: Che Savi		25b.		uting nber							25c. Ac	cou										
26. Tax d	ue: If	ue: If Line 17 is more than Line 21, subtract Line 21 from Line 17.									17.	26.		7,],[. 0		
27. If late:	27. If late: Enter penalty. Multiply Line 26 by 10% (.10).																	П		0		
28. If late	Enter interest. Multiply Line 26 by number of months or fraction of a month									27. 28.		77				П	T.	0				
	then by 1% (.01). est on underpayment of estimated tax from Form (orm C	m CT-2210:											. 0	
See in	nstruct	ions	, Pag	je 17	7.									29.	╬	,			,		<u> </u>	
30. Total														30.								
schedules understan	and st d the p impriso er is ba	atemonalty onme	ents) y for v ent for	and, willfu not r	to the lly del more t	e best liverin than fi	of my g a fal ve yea	know lse ret ars, or	rledge turn or both.	and b docu The d	elief, it is ment to D eclaration	true, RS i of a ledg	Iding any accom complete, and on s a fine of not me paid preparer ot e. Date	orrect. I ore than		Daytin	ne telep	phone	numbe	er		_
Spories, e	signature (if joint return)								•	Daytime telephone number												
⊕ Spouses	Spouse's signature (if joint return) Date																•					
Spouse's s Paid prepa	arer's sig	nature)							D	ate		Telephone number		_	Prepa	rer's S	SN or I	PTIN		1	1
w ———	ne, addr	ess, ar	nd ZIP	code						•		•	()			FEIN						
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Form CT-1040 - Pa	age 3 of 4 Yo Security	our Soc y Numb	_		[-	- 🔲			
	Schedule 1 - Modifications to Federal Adjusted Gross Inco									
See instructions, Page 19. 31. Interest on state and local government obligations	s other than Connecticut	31.],				. 00		
32. Mutual fund exempt-interest dividends from non-ogovernment obligations	Connecticut state or municipal	32.		7				00		
33. Reserved for future use		<u>4/33/</u>	/////	_, 	 ////		/////	-		
34. Taxable amount of lump-sum distributions from quadjusted gross income	ualified plans not included in federal	34.],[_				. 00		
35. Beneficiary's share of Connecticut fiduciary adjus	35.],],		. 00			
36. Loss on sale of Connecticut state and local gover	36. •/ <i>37//</i>	/////],[/////],[]		. 00			
38. Other - specify •		38.],],		. 00		
39. Total additions: Add Lines 31 through 38. Enter	here and on Line 2.	39.],],		. 00		
40. Interest on U.S. government obligations		40.], 🔃		,		. 00		
41. Exempt dividends from certain qualifying mutual fund	41.						. 00			
42. Social Security benefit adjustment: See Social Secu	. 42.		Ī,],		. 00			
43. Refunds of state and local income taxes	43.						. 00			
44. Tier 1 and Tier 2 railroad retirement benefits and	44.],[_],		. 00			
45. Special depreciation allowance for qualified propert	45.],[],		. 00			
46. Beneficiary's share of Connecticut fiduciary adjus	46.		,		, .		. 00			
47. Gain on sale of Connecticut state and local gover	rnment bonds	47.],		, .		. 00		
48. Connecticut Higher Education Trust (CHET) contr	ributions	48.],],		. 00		
Enter CHET account number: (can be up to 14 digits)						 		00		
49. Other - specify: Do not include out of state income	e. •	49.				,		. 00		
50. Total subtractions: Add Lines 40 through 49. Er	nter here and on Line 4.	50.						. 00		
Schedule 2 - Credit for Income Taxes F You must attach a copy of your return filed with the		vill be	disallo	wed.				00		
 Modified Connecticut adjusted gross income See instructions, Page 25. 	Column A	51.			Colu	mn B	 }]. [
52. Enter qualifying jurisdiction's name and two-letter code: See instructions, Page 25.	NameC	Code		•	Name			Code		
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 24.		00],],		_ 00		
54. Divide Line 53 by Line 51. May not exceed 1.0000) 54.].						
55. Income tax liability: Subtract Line 11 from Line 6.	55	. 00						. 00		
56. Multiply Line 54 by Line 55.	56	. 00						. 00		
57. Income tax paid to a qualifying jurisdiction See instructions, Page 25.	57	00],				. 00		
58. Enter the lesser of Line 56 or Line 57.	58	. 00				,		. 00		
59. Total credit: Add Line 58, all columns. Ent	ter here and on Line 7. 59.		,		. 00					
Complete applicable schedule	es on Page 4 and send all four p	ages	of th	ne re	turn t	o DR	S.			

	Form CT-1	040 - Page 4 of 4			Your Security N	Social	• 🗆		.					
Scheo Qualifying Pro	dule 3 - Property Ta	x Credit See instruct	tions, Page	26. Auto 1			(joint i	returns or	Auto		w(er) (only)		
Name of Connect	· · —	•			(joint returns or qualifying widow(er) only)									
Description of Professional Street address. If motor vehicle, en	e, enter													
make, and model. Date(s) Paid	•	/ / 0000			/ 000		<u>•</u>			/ 0	000			
Date(3) I alu	•	/ / 2008		_ /	/ 200	_	•		/_	_	800			
	• '	/ / 2008 •		_ /	/ 200	5	•		/_	_ / 2	800			
Amo	ount Paid 60.	, 00	61.	, .		. 00	62.				Щ	. 00		
63. Total propert	ty tax paid: Add Lines 60,	61, and 62.					63.		<u> </u>			. 00		
64. Maximum pro	operty tax credit allowed						64.	•		5	00	. 00		
65. Enter the less	ser of Line 63 or Line 64.						65.	•				. 00		
	simal amount for your filing exactly as it appears on Pa					8.	66.	•]		
67. Multiply Line 6	65 by Line 66.						67.	•			П	00		
68. Subtract Line	67 from Line 65. Enter her lule 3 to your return or your						68.					. 00		
	Individual Use Tax			1			,							
Complete this w	orksheet to calculate you Column B	Column C		ibility ar mn D	Colum			r return olumn		Col	umn	G		
Date of purchase	Description of goods or services	Retailer or service provider	Purchase CT tax due			due	Ta:	x, if any paid to nother isdiction	,	Balance due (Column E minus Column F but not less than zero)				
• • • • • • Total of individ	dual purchases under \$300	not listed above												
	•		<u> </u>									00		
	use tax: Add all amounts Contributions to D			Line 15	•	•	69.		,			. 00		
70a. AIDS Resea	arch	70a.				00								
70b. Organ Trans		70b.		,		00								
_			,		00									
70c. Endangered		70c.				: 								
70d. Breast Canc		70d.		,		. 00								
70e. Safety Net S		70e.				. 00								
70f. Military Fam	ily Relief Fund	70f.		,		. 00								
70. Total Contrib	outions: Add Lines 70a thro	ugh 70f. Enter amount he	ere and on l	ine 24.		• 70.				,		. 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