

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

For DRS  
Use Only

-  -  **20**

**2009**  
**CT-1040NR/PY**

**Complete return in blue or black ink only.**

**Taxpayers must sign declaration on reverse side.**

For the year January 1 - December 31, 2009, or other taxable year beginning: \_\_\_\_\_, **2009** and ending: \_\_\_\_\_, \_\_\_\_\_.

**1 Filing Status**

Single    
  Filing jointly for federal and Connecticut  
 Filing jointly for Connecticut only    
  Filing separately for federal and Connecticut  
 Filing separately for Connecticut only

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

**Print your name, address, and SSN here.**

Your first name:  MI:  Last name:  Suffix (Jr./Sr.):   
 If joint return, spouse's first name:  MI:  Last name:  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:  -

2009 resident status  
 Nonresident  
 Part-year resident

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.

**2**

1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4

2. Additions to federal adjusted gross income from *Schedule 1*, Line 41

3. Add Line 1 and Line 2.

4. Subtractions from federal adjusted gross income from *Schedule 1*, Line 52

**5. Connecticut adjusted gross income:** Subtract Line 4 from Line 3.

6. Income from Connecticut sources from *Schedule CT-SI*, Line 30

7. **Enter the greater of Line 5 or Line 6.** If zero or less, go to Line 12 and enter "0."

8. Income tax on the amount on Line 7 from tax tables or Tax Calculation Schedule: See instructions, Page 15.

9. Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000.

10. Multiply Line 9 by Line 8.

11. Credit for income taxes paid to qualifying jurisdictions during resident portion of taxable year — **part-year residents only** (from *Schedule 2*, Line 61)

12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter "0."

13. Connecticut alternative minimum tax from Form CT-6251

14. Add Line 12 and Line 13.

**15. Adjusted net Connecticut minimum tax credit** from Form CT-8801

16. **Connecticut income tax:** Subtract Line 15 from Line 14. If less than zero, enter "0."

17. Individual use tax from *Schedule 3*, Line 62: If no tax is due, enter "0."

18. Add Line 16 and Line 17.

<b>Whole Dollars Only</b>	
1.	00
2.	00
3.	00
4.	00
5.	00
6.	00
7.	00
8.	00
9.	
10.	00
11.	00
12.	00
13.	00
14.	00
15.	00
16.	00
17.	00
18.	00

**Clip check here. Do not staple. Do not send W-2 or 1099 forms.**

19. Enter amount from Line 18. 19.  . 00

	Column A Employer's federal ID No. from Box b of W-2 or payer's federal ID No. from Schedule CT K-1 or 1099	Column B Connecticut wages, tips, etc.		Schedule CT K-1	Column C Connecticut income tax withheld Check box at left if from Schedule CT K-1.
<b>3</b> W-2 and 1099 Information Only enter information from your W-2, Schedule CT K-1, and 1099 forms if Connecticut income tax was withheld.	20a. <input type="text"/>	● <input type="text"/> . 00	● <input type="checkbox"/>	20a. <input type="text"/> . 00	
	20b. <input type="text"/>	● <input type="text"/> . 00	● <input type="checkbox"/>	20b. <input type="text"/> . 00	
	20c. <input type="text"/>	● <input type="text"/> . 00	● <input type="checkbox"/>	20c. <input type="text"/> . 00	
	20d. <input type="text"/>	● <input type="text"/> . 00	● <input type="checkbox"/>	20d. <input type="text"/> . 00	
	20e. <input type="text"/>	● <input type="text"/> . 00	● <input type="checkbox"/>	20e. <input type="text"/> . 00	
	20f. <input type="text"/>	● <input type="text"/> . 00	● <input type="checkbox"/>	20f. <input type="text"/> . 00	
	20g. <input type="text"/>	● <input type="text"/> . 00	● <input type="checkbox"/>	20g. <input type="text"/> . 00	
20h. Enter amount from <i>Supplemental Schedule CT-1040WH</i> , Line 3.				20h. <input type="text"/> . 00	

- 20. **Total Connecticut income tax withheld:** Add amounts in Column C and enter here. You must complete Columns A, B, and C or your withholding will be disallowed. 20.  . 00
- 21. All 2009 estimated tax payments and any overpayments applied from a prior year 21.  . 00
- 22. Payments made with **Form CT-1040 EXT** (Request for extension of time to file) 22.  . 00
- 23. **Total payments:** Add Lines 20, 21, and 22. 23.  . 00

- 4** 24. Overpayment: If Line 23 is more than Line 19, subtract Line 19 from Line 23. 24.  . 00
25. Amount of Line 24 you want **applied to your 2010 estimated tax** 25.  . 00
26. Total contributions of refund to designated charities from *Schedule 4*, Line 63 26.  . 00
27. **Refund:** Subtract Lines 25 and 26 from Line 24. For faster refund, use *Direct Deposit* by completing Lines 27a, 27b, and 27c. 27.  . 00
- 27a. Checking  Savings  27b. Routing number  27c. Account number
- 27d. Will this refund go to a bank account outside the U.S.?  Yes

- 5** 28. **Tax due:** If Line 19 is more than Line 23, subtract Line 23 from Line 19. 28.  . 00
29. If late: Enter penalty. Multiply Line 28 by 10% (.10). 29.  . 00
30. If late: Enter interest. Multiply Line 28 by number of months or fraction of a month late, then by 1% (.01). 30.  . 00
31. Interest on underpayment of estimated tax: See instructions, Page 18. 31.  . 00
32. **Total amount due:** Add Lines 28 through 31. 32.  . 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.

<b>Sign Here.</b> 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
● _____		● _____	● ( ) _____
Firm's name, address, and ZIP code			FEIN
● _____			● _____

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

Designee's name  Telephone number  Personal identification number (PIN)

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

Enter all items as positive numbers.

See Instructions, Page 19.
33. Interest on state and local government obligations other than Connecticut .00
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations .00
35. Cancellation of debt income: See instructions. .00
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income .00
37. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero. .00
38. Loss on sale of Connecticut state and local government bonds .00
39. Domestic production activity deduction from federal form 1040, Line 35 .00
40. Other - specify
41. Total additions: Add Lines 33 through 40. Enter here and on Line 2. .00
42. Interest on U.S. government obligations .00
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations .00
44. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 21. .00
45. Refunds of state and local income taxes .00
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities .00
47. 50% of military retirement pay .00
48. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero. .00
49. Gain on sale of Connecticut state and local government bonds .00
50. Connecticut Higher Education Trust (CHET) contributions
Enter CHET account number: (can be up to 14 digits)
51. Other - specify: Do not include out of state income. .00
52. Total subtractions: Add Lines 42 through 51. Enter here and on Line 4. .00

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions - Part-Year Residents Only**

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

53. Connecticut adjusted gross income during residency portion of taxable year. See instructions, Page 24. .00
54. Enter qualifying jurisdiction's name and two-letter code. See instructions, Page 25.
Column A: Name Code
Column B: Name Code
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return: Complete Schedule 2 Worksheet, Page 25. .00 .00
56. Divide Line 55 by Line 53. May not exceed 1.0000. . . .
57. Apportioned income tax: See instructions, Page 26. .00 .00
58. Multiply Line 56 by Line 57. .00 .00
59. Income tax paid to a qualifying jurisdiction See instructions, Page 26. .00 .00
60. Enter the lesser of Line 58 or Line 59. .00 .00
61. Total credit: Add Line 60, all columns. Enter here and on Line 11. .00

**Schedule 3 - Individual Use Tax - Do you owe use tax?** See instructions, Page 36.

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 individual purchases under \$300 not listed above					

62. Individual use tax: Add all amounts for Column G. Enter here and on Line 17. • 62. , ,  . 00

**Schedule 4 - Contributions to Designated Charities**

- 63a. AIDS Research 63a. , ,  . 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, enter amount here and on Line 26. 63. , ,  . 00

Use envelope provided, with correct mailing label, or mail to:	
<b>For refunds and all other tax forms without payment:</b> Department of Revenue Services PO Box 2968 Hartford CT 06104-2968	<b>For all tax forms with payment:</b> 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 "2009 Form CT-1040NR/PY" on your check.

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