

Schedule 1 - Modifications to Federal Adjusted Gross Income

Enter all items as positive numbers.

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

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

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:	
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 "2010 Form CT-1040NR/PY" on your check.

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