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

For DRS Use Only - - 20 CT-1040NR/PY

		Complete return in blue or black ink only. Taxpayers must	ust sign declaration on reverse side.						
For t	he	year January 1 - December 31, 2010, or other taxable year beginning:, 2	, 2010 and ending:						
1	F	Filing Status - Check only one box. Single Filing jointly Filing jointly for federal and Connecticut Connecticut only Filing separately for federal and Connecticut Connecticut only			Head of household		lifying widow(er) dependent child		
		Connecticut only Enter spouse's name here and SSN below.							
→	.[Your Social Security Number Check if deceased Your first name MI Last name (If two last names, insert a	space b	etween	Check if deceased		Suffix (Jr./Sr		
<u>.</u> و ب		our mot right	орасо Б		TidiTioo.)		Cumx (or./ or.		
name,		joint return, spouse's first name MI Last name (If two last names, insert a	space b	etween	names.)		Suffix (Jr./Sr		
Print your name,		Asiling address (supply and street appropriate purply purply PO Day)							
י ב	ñ	Mailing address (number and street, apartment number, suite number, PO Box)					esident status		
구 글 글	auui es						onresident		
700	מב ב	City, town, or post office (If town is two words, leave a space between the words.) State ZIP code				Pa	art-year resident		
→									
	yοι	ceck here if you do not want forms sent to unext 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-2210 and checked any boxes on Part 1.		CRC	forms an	,	are filing these ne form(s) to rn.		
2	,			V		Dollars			
_	1.	Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4	1.				. 00		
	2.	Additions to federal adjusted gross income from Schedule 1, Line 41	2.],	J., .	. 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		
ms.	7.	Enter the greater of Line 5 or Line 6. If zero or less, go to Line 12 and enter "0.	" 7.				. 00		
099 forms	8.	Income tax on the amount on Line 7 from tax tables or Tax Calculation Schedule: See instructions, Page 15.	8.				. 00		
$\overline{}$	9.	Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000.	9.						
-2 or	10	. Multiply Line 9 by Line 8.	10.				. 00		
Do not send W-2	11	. Credit for income taxes paid to qualifying jurisdictions during resident portion of taxable year — part-year residents only (from Schedule 2, Line 61)	11.		,		. 00		
ot s	12	. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter "0."	12.],	,	. 00		
D0 D	13	. Connecticut alternative minimum tax from Form CT-6251	13.],		. 00		
	14	. Add Line 12 and Line 13.	14.],		. 00		
•	15	. Total allowable credits from Schedule CT-IT Credit, Part I, Line 11	15.		,		. 00		
	16	Connecticut income tax: Subtract Line 15 from Line 14. If less than zero, enter "0."	16.		,		. 00		
	17	. Individual use tax from Schedule 3, Line 62: If no tax is due, enter "0."	17.				. 00		
	18	Add Line 16 and Line 17.	18.				00		

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19.	Ente	er am	ount fr	om	Line	e 18										19.],[7		╗.	00
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	You	must	comp	olet	e Co	olun	nns	А, В	, and	I C or	your	withholdin	g will l	oe disal	lowed.	20. —		,			,			00
21.	All 2	2010	estima	ted	tax	pay	men	ts ar	nd an	y over	payn	nents appl	ied fro	m a pri	or year	21.							〗.	00
22.	Payr	ments	made	e wi	th F	orm	СТ-	1040	EX	T (Req	quest	for extens	sion of	time to	file)	22.		,],].	00
23.	Tota	ıl pay	ments	s: A	dd L	ines	3 20,	21,	and 2	22.						23.					٦,Γ		٦.	00
1 24.	Ove	rpayn	nent: If	f Lir	ne 2	3 is	more	e tha	n Lin	e 19, s	subtr	act Line 1	9 from	Line 23	3.	_ 24.							Ī.	00
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27d	Savir Will t .	•	fund g		umb o a b		acco	unt d	outsic	de the l	U.S.?		numbe es	er										
5 28.	Тах	due:	If Line	: 19	is n	nore	thar	ı Lin	e 23,	subtra	act Li	ine 23 fror	n Line	19.		 28.		,			, _			00
29.	If lat	e: En	ter per	nalt	y. M	ultip	ly Li	ne 2	8 by	10% (.	.10).					29.							〗.	00
30.			ter inte			lultip	ly Li	ne 2	8 by	numbe	er of i	months or	fraction	on of a r	month	30.					7.		٦.	00
31.			•	,	•	nt of	estin	nated	d tax:	See in	struc	ctions, Pag	ne 18.			31.					Ĭ		٦ _.	00
			ount d									,	,		_	32.		="			ĭF		Ħ̈	00
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Sc	hedule 1 - Modifications to Federal A	Adjus	sted (Gross	s Inc	om			.,			items a	as po	sitive	numbe	ers.	_
See	Instructions, Page 19.	-							0.0					7			00
	Interest on state and local government obligations								33	3.				,			OU
34.	Mutual fund exempt-interest dividends from non-Ogovernment obligations	Connec	cticut st	ate or	muni	cipal			34	l],[00
35.	Cancellation of debt income: See instructions.								35	i.	П,			7,		٦.	00
36.	Taxable amount of lump-sum distributions from quadjusted gross income	ualified	l plans	not inc	lude	l in fe	deral		36	S],[_			00
37.	Beneficiary's share of Connecticut fiduciary adjus-	tment:	Enter	only if	great	er tha	n zero		37								00
38.	Loss on sale of Connecticut state and local gover	nment	bonds						38	3.							00
39.	Domestic production activity deduction from feder	al form	า 1040,	Line 3	35				39).],[_			00
40.	Other - specify •								40).],[_			00
41.	Total additions: Add Lines 33 through 40. Enter	here a	and on	Line 2.					41],		<u> </u>	00
42.	Interest on U.S. government obligations								42	2.							00
43.	Exempt dividends from certain qualifying mutual fun-	ds deri	ved fro	m U.S.	gove	rnme	nt oblig	ation	ns 43	3.							00
44.	Social Security benefit adjustment: See Social Secu	ırity Be	nefit Ad	djustme	ent W	orksh	eet, Pa	ige 2	1. 44	١.], [00
45.	Refunds of state and local income taxes								45	5.],[_			00
46.	Tier 1 and Tier 2 railroad retirement benefits and s	supple	mental	annuit	ties				46	S.],						00
47.	50% of military retirement pay								47	7.],			00
48.	Beneficiary's share of Connecticut fiduciary adjus-	tment:	Enter	only if I	less t	nan z	ero.		48	3.],			00
49.	Gain on sale of Connecticut state and local gover	nment	bonds						49).							00
50.	Connecticut Higher Education Trust (CHET) contr Enter CHET account number: (can be up to 14 digits)	ibution	ns						50).],[_		<u> </u>	00
51.	Other - specify: Do not include out of state income	. •						-	51								00
52.	Total subtractions: Add Lines 42 through 51. En	ter her	e and	on Line	e 4.				52	2.							00
	hedule 2 - Credit for Income Taxes P must attach a copy of your return filed with the												ide	nts (Only		
53.	Connecticut adjusted gross income during reside	ncy po	rtion of	taxab	le ye	ar.			5	3.							00
	See instructions, Page 24.				Colu	ımn	Α	(Code				olu Jame	mn E	3	Co	ode
54.	Enter qualifying jurisdiction's name and two-letter code. See instructions, Page 25.	54.				-											
55.	Non-Connecticut income included on Line 53 and	I															
	reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet</i> , Page 25.	55.							. 00								00
56.	Divide Line 55 by Line 53. May not exceed 1.0000.	56.									<u></u> .						
57.	Apportioned income tax: See instructions, Page 26.	57.							. 00								00
58.	Multiply Line 56 by Line 57.	58.		,					. 00								00
59.	Income tax paid to a qualifying jurisdiction See instructions, Page 26.	59.				٦٢			00					7			00
60	Enter the lesser of Line 58 or Line 59.	60.							00							۲.	00
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	Total credit: Add Line 60, all columns. Enter he	re and	On Line	⇒ II.				61.								VV	

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

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Your Social			1		
Security Number					

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

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, en	ter 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 "2010 Form CT-1040NR/PY" on your check.

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