

Form CT-1040
Connecticut Resident Income Tax Return

For DRS
Use Only

20

2010
CT-1040

Complete return in blue or black ink only.

Taxpayers must sign declaration on reverse side.

For the year January 1 - December 31, 2010, or other taxable year beginning: _____, 2010 and ending: _____.

1 Filing Status - Check only one box.

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.

Print your name, address, and SSN here.

Your Social Security Number -- Check if deceased

Spouse Social Security Number -- Check if deceased

Your first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

If joint return, spouse's first name MI Last name (If two last names, insert a space between names.) 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 -

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 these forms and attach the form(s) to the front of the return.

		Whole Dollars Only								
2	1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4	1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	2. Additions to federal adjusted gross income from Schedule 1, Line 39	2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	3. Add Line 1 and Line 2.	3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	4. Subtractions from federal adjusted gross income from Schedule 1, Line 50	4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	5. Connecticut adjusted gross income: Subtract Line 4 from Line 3.	5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
Clip check here. Do not staple. Do not send W-2 or 1099 forms.	6. Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 15.	6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	7. Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59	7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	8. Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."	8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	9. Connecticut alternative minimum tax from Form CT-6251	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	10. Add Line 8 and Line 9.	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	11. Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach Schedule 3 on Page 4 or your credit will be disallowed.	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	12. Subtract Line 11 from Line 10. If less than zero, enter "0."	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	13. Total allowable credits from Schedule CT-IT Credit, Part I, Line 11	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	14. Connecticut income tax: Subtract Line 13 from Line 12. If less than zero, enter "0."	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	15. Individual use tax from Schedule 4, Line 69: If no tax is due, enter "0."	15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
	16. Add Line 14 and Line 15.	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

Your Social Security Number • [][] [][] - [][] - [][][][]

17. Enter amount from Line 16. 17. [][][][] [][][][] [][][][] [][][][] . 00

3 W-2 and 1099 Information Only enter information from your W-2 and 1099 forms if Connecticut income tax was withheld. Columns A, B, and C for withholding amounts.

19. All 2010 estimated tax payments and any overpayments applied from a prior year 19. [][][][] [][][][] [][][][] [][][][] . 00
20. Payments made with Form CT-1040 EXT (Request for extension of time to file) 20. [][][][] [][][][] [][][][] [][][][] . 00
21. Total payments: Add Lines 18, 19, and 20. 21. [][][][] [][][][] [][][][] [][][][] . 00

4 22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21. 22. [][][][] [][][][] [][][][] [][][][] . 00
23. Amount of Line 22 overpayment you want applied to your 2011 estimated tax 23. [][][][] [][][][] [][][][] [][][][] . 00
24. Total contributions of refund to designated charities from Schedule 5, Line 70 24. [][][][] [][][][] [][][][] [][][][] . 00
25. Refund: Subtract Lines 23 and 24 from Line 22. For faster refund, use Direct Deposit by completing Lines 25a, 25b, and 25c. 25. [][][][] [][][][] [][][][] [][][][] . 00

5 26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17. 26. [][][][] [][][][] [][][][] [][][][] . 00
27. If late: Enter penalty. Multiply Line 26 by 10% (.10). 27. [][][][] [][][][] [][][][] [][][][] . 00
28. If late: Enter interest. Multiply Line 26 by number of months or fraction of a month late, then by 1% (.01). 28. [][][][] [][][][] [][][][] [][][][] . 00
29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 17. 29. [][][][] [][][][] [][][][] [][][][] . 00
30. Total amount due: Add Lines 26 through 29. 30. [][][][] [][][][] [][][][] [][][][] . 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.

Sign Here 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 Preparer's SSN or PTIN 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

See instructions, Page 18.

Enter all items as positive numbers.

Table with 2 columns: Description and Amount. Rows include interest on state/local obligations, mutual fund dividends, cancellations, taxable amounts, beneficiary shares, loss on sale, domestic production activity deduction, other items, and total additions/subtractions.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

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

Table with 4 columns: Description, Column A Name, Column A Code, Column B Name, Column B Code, and Amount. Rows include modified Connecticut adjusted gross income, jurisdiction names and codes, non-Connecticut income, division, liability calculation, and total credit.

Schedule 3 - Property Tax Credit See instructions, Page 25.

Qualifying Property	Primary Residence	Auto 1	Auto 2 (joint returns or qualifying widow(er) only)
Name of Connecticut Tax Town or District			
Description of Property If primary residence, enter street address. If motor vehicle, enter year, make, and model.			
Date(s) Paid	• ___ / ___ / 2010 • ___ / ___ / 2010	• ___ / ___ / 2010 • ___ / ___ / 2010	• ___ / ___ / 2010 • ___ / ___ / 2010
Amount Paid	60. [] [] [] [] [] [] . 00	61. [] [] [] [] [] [] . 00	62. [] [] [] [] [] [] . 00
63. Total property tax paid: Add Lines 60, 61, and 62.			63. [] [] [] [] [] [] . 00
64. Maximum property tax credit allowed			64. • 500 . 00
65. Enter the lesser of Line 63 or Line 64.			65. • [] [] [] [] . 00
66. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table exactly as it appears on Page 27. If zero, enter the amount from Line 65 on Line 68.			66. • [] . [] []
67. Multiply Line 65 by Line 66.			67. • [] [] [] [] . 00
68. Subtract Line 67 from Line 65. Enter here and on Line 11. Attach Schedule 3 to your return or your credit will be disallowed.			68. [] [] [] [] . 00

Schedule 4 - Individual Use Tax - Do you owe use tax? See instructions, Page 28.

Complete this worksheet to calculate your Connecticut individual use tax liability and attach Page 4 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						

69. Individual use tax: Add all amounts for Column G. Enter here and on Line 15. • 69. [] [] [] [] [] [] . 00

Schedule 5 - Contributions to Designated Charities

70a. AIDS Research	70a.	[] [] [] [] [] [] . 00
70b. Organ Transplant	70b.	[] [] [] [] [] [] . 00
70c. Endangered Species/Wildlife	70c.	[] [] [] [] [] [] . 00
70d. Breast Cancer Research	70d.	[] [] [] [] [] [] . 00
70e. Safety Net Services	70e.	[] [] [] [] [] [] . 00
70f. Military Family Relief Fund	70f.	[] [] [] [] [] [] . 00
70. Total Contributions: Add Lines 70a through 70f. Enter amount here and on Line 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
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Make your check payable to **Commissioner of Revenue Services**
 To ensure proper posting, write your SSN(s) (optional) and "2010 Form CT-1040" on your check.