

17. Enter amount from Line 16. 17. , , , , , . **00**

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W-2 and 1099 Information
Only enter information from your W-2 and 1099 forms if Connecticut income tax was withheld.

	Column A Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099	Column B Connecticut wages, tips, etc.	Column C Connecticut income tax withheld
18a.	<input type="text"/> - <input type="text"/>	• <input type="text"/> . 00	18a. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
18b.	<input type="text"/> - <input type="text"/>	• <input type="text"/> . 00	18b. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
18c.	<input type="text"/> - <input type="text"/>	• <input type="text"/> . 00	18c. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
18d.	<input type="text"/> - <input type="text"/>	• <input type="text"/> . 00	18d. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
18e.	<input type="text"/> - <input type="text"/>	• <input type="text"/> . 00	18e. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
18f.	<input type="text"/> - <input type="text"/>	• <input type="text"/> . 00	18f. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
18g.	<input type="text"/> - <input type="text"/>	• <input type="text"/> . 00	18g. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
18h.	18h. Additional CT withholding from <i>Supplemental Schedule CT-1040WH</i>		18h. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
18.	18. 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.		18. <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00

19. All 2011 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**

20a. Connecticut earned income tax credit: From Schedule CT-EITC, Line 16. 20a. , , . **00**

21. **Total payments:** Add Lines 18, 19, 20, and 20a. 21. , , , . **00**

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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 2012 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. If you don't elect direct deposit, the refund may be issued by debit card or check. 25. , , , . **00**

25a. Checking Savings 25b. Routing number 25c. Account number

25d. Will this refund go to a bank account outside the U.S.? Yes

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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 21. 29. , , , . **00**

30. **Total amount due:** Add Lines 26 through 29. 30. , , , . **00**

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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

Your signature	Date	Daytime telephone number
• <input type="text"/>	• <input type="text"/>	• (<input type="text"/>) <input type="text"/>
Spouse's signature (if joint return)	Date	Daytime telephone number
• <input type="text"/>	• <input type="text"/>	• (<input type="text"/>) <input type="text"/>
Paid preparer's signature	Date	Telephone number
• <input type="text"/>	• <input type="text"/>	• (<input type="text"/>) <input type="text"/>
Firm's name, address, and ZIP code	Preparer's SSN or PTIN	
• <input type="text"/>	• <input type="text"/>	
	FEIN	
	- <input type="text"/>	

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 22.

Table with 2 columns: Description and Amount. Rows 31-50 include items like interest on state obligations, mutual fund dividends, taxable amount of lump-sum distributions, 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 2 main columns: Column A and Column B. Each column has sub-columns for Name and Code. Rows 51-59 include modified Connecticut adjusted gross income, jurisdiction details, and total credit calculation.

Schedule 3 - Property Tax Credit See instructions, Page 29.

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	• __ / __ / 2011 • __ / __ / 2011	• __ / __ / 2011 • __ / __ / 2011	• __ / __ / 2011 • __ / __ / 2011
Amount Paid	60. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	61. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	62. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
63. Total property tax paid: Add Lines 60, 61, and 62.			63. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
64. Maximum property tax credit allowed			64. • 300 . 00
65. Enter the lesser of Line 63 or Line 64.			65. • <input type="text"/> . 00
66. Enter the decimal amount for your filing status and Connecticut AGI from the <i>Property Tax Credit Table</i> exactly as it appears on Page 30. If zero, enter the amount from Line 65 on Line 68.			66. • <input type="text"/> . <input type="text"/>
67. Multiply Line 65 by Line 66.			67. • <input type="text"/> . 00
68. Subtract Line 67 from Line 65. Enter here and on Line 11. Attach <i>Schedule 3</i> to your return or your credit will be disallowed.			68. <input type="text"/> . 00

Schedule 4 - Individual Use Tax - Do you owe use tax? See instructions, Page 31.

Complete the *Connecticut Individual Use Tax Worksheet* on Page 32 to calculate your use tax liability.

69a. Total use tax due at 1%: From <i>Connecticut Individual Use Tax Worksheet, Section A</i> , Column 7.	69a. <input type="text"/> , <input type="text"/> . 00
69b. Total use tax due at 6.35%: From <i>Connecticut Individual Use Tax Worksheet, Section B</i> , Column 7	69b. <input type="text"/> , <input type="text"/> . 00
69c. Total use tax due at 7%: From <i>Connecticut Individual Use Tax Worksheet, Section C</i> , Column 7	69c. <input type="text"/> , <input type="text"/> . 00
69d. Total use tax due at 6%: From <i>Connecticut Individual Use Tax Worksheet, Section D</i> , Column 7	69d. <input type="text"/> , <input type="text"/> . 00
69. Individual use tax: Add Lines 69a through 69d. If no use tax is due, enter "0." Enter here and on Line 15.	• 69. <input type="text"/> , <input type="text"/> . 00

Schedule 5 - Contributions to Designated Charities

70a. AIDS Research	70a. <input type="text"/> , <input type="text"/> . 00
70b. Organ Transplant	70b. <input type="text"/> , <input type="text"/> . 00
70c. Endangered Species/Wildlife	70c. <input type="text"/> , <input type="text"/> . 00
70d. Breast Cancer Research	70d. <input type="text"/> , <input type="text"/> . 00
70e. Safety Net Services	70e. <input type="text"/> , <input type="text"/> . 00
70f. Military Family Relief Fund	70f. <input type="text"/> , <input type="text"/> . 00
70. Total Contributions: Add Lines 70a through 70f. Enter amount here and on Line 24.	70. <input type="text"/> , <input type="text"/> . 00

If any amounts are entered on Page 3 or 4, attach sheets to Pages 1 and 2, and send all four pages of the return to DRS.

Use the correct mailing address for returns requesting a refund or with a payment.	
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