		Form CT-1040 Connecticut Resident Income Tax Return	For DRS Use Only - 20 20 CT-1040	
		Complete return in blue or black ink only.	Taxpayers must sign declaration on reverse side.	
For	he y	rear January 1 - December 31, 2012, or other taxable year beginn	ng:, 2012 and ending:,,	•
1	Fi	iling Status - Check only one box. Single Filing jointly for federal and Connecticut only	onnecticut Connecticut only Head of Qualifying widow(er) with dependent child	
<b>→</b>	Yc		e's name here and SSN below.	
-	. [	Check if deceased	Check if deceased	
ame, mailing	Yo	our first name MI Last	ame (If two last names, insert a space between names.) Suffix (Jr./Sr.	.)
Print your SSN, name, mailing				
me,	5 If ]	joint return, spouse's first name MI Last	ame (If two last names, insert a space between names.) Suffix (Jr./Sr.	.)
SN, na		ailing address (number and street, apartment number, suite number, PO Bo	x)	-
SSN	5			
our SS	6 <sup>,</sup> 0			
nt yo	<b>C</b> i	ty, town, or post office (If town is two words, leave a space between the wo	ds.) State ZIP code	
Print y		nter city or town of residence if different from above.		
→				
			these forms. Attach the form(s) to the front of the return.	-
	cheo	cked any boxes on Part 1. Form CT-8379	Form CT-1040CRC	_
2	1.		Line 37;	
		Form 1040A, Line 21; or Form 1040EZ, Line 4		
	2.	Additions to federal adjusted gross income from Schedu	e 1, Line 39 2,, 00	
	3.	Add Line 1 and Line 2.	3	)
	4.	Subtractions from federal adjusted gross income from So	hedule 1. Line 50 4. 00	)
←	_			1
	5.	Connecticut adjusted gross income: Subtract Line 4 f	om Line 3. 5	'
ale.	6.	Income tax from tax tables or Tax Calculation Schedule: S	ee instructions, Page 18. 6. , , , , , , , , 00	)
Stap	7.	Credit for income taxes paid to qualifying jurisdictions from	Schedule 2, Line 59 7. , , , , , , , 00	)
0 not	8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line	6, enter "0." 8. , , , , , , , 00	)
ο Γο Ο	9.	Connecticut alternative minimum tax from Form CT-6251	9. , , , , , , , , , , 00	)
her.	10	. Add Line 8 and Line 9.	10,,00	)
Clip check here. Do not staple. Do not send W-2 or 1099 forms	11	. Credit for property taxes paid on your primary residence, Complete and attach <i>Schedule 3</i> on Page 4 or your cred		)
	12	2. Subtract Line 11 from Line 10. If less than zero, enter "0.	12,,, 00	)
	13	. Total allowable credits from Schedule CT-IT Credit, Part	, Line 11 13,,, 00	)
÷	14	. Connecticut income tax: Subtract Line 13 from Line 12. If	ess than zero, enter "0." 14. , , , , , 00	)
	15	5. Individual use tax from Schedule 4, Line 69: If no tax is c	ue, enter "0." 15. , , , , , 00	)
_	16	. Add Line 14 and Line 15.	16, 00	)

Due date: April 15, 2013 - Attach a copy of all applicable schedules and forms to this return.

For a faster refund, file your return electronically at www.ct.gov/DRS and choose direct deposit.

17.       Enter amount from Line 16.       17.         Column B or payer's federal DNo. tom Fox bold Vi-2.       Connecticut Wages, lips, etc.       Connecticut moments and with or payer's federal DNo. tom Fox bold Vi-2.         2 and 1099 ormation 180.       18a.       0       00       18a.         2 and 1099 ormation 180.       0.00       18a.       0.00       18a.         11 009 forms 180.       0.00       18b.       0.00       18b.       0.00         11 009 forms 180.       18a.       0.00       18b.       0.00       18b.         11 009 forms 180.       18a.       0.00       18b.       0.00       18b.         181.       18a.       0.00       18b.       0.00       18b.       0.00       18b.         183.       18b.       0.00       18b.       0.00       18b.       0.00       18b.         19.       All 2012 estimated tax payments and any overpayments applied from a prior year       19.       0.00 <td< th=""><th></th></td<>	
Employer's lederal ID No. from Box b of W.2. ropayer's lederal ID No. from Box b of W.2. ropayer's lederal ID No. from Box b of W.2. rotation of the second seco	
and USP because of the second	ıeld
matter       18b.       •       .00       18b.       .00         matter       18c.       •       .00       18c.       .00         1099 forms       18d.       •       .00       18d.       .00         1099 forms       18d.       •       .00       18d.       .00       18d.         18b.       Additional CT withholding from Supplemental Schedule CT-1040WH       18h.       .000       18d.       .000       18d.         18b.       Additional CT withholding from Supplemental Schedule CT-1040WH       18h.       .000       18d.       .000       18d.         19.       All 2012 estimated tax payments and any overpayments applied from a prior year       19.       .000       .000       18d.         20.       Payments made with Form CT-1040 EXT (Request for extension of time to file)       20a.       .000 <th></th>	
nation 18c.   009 Jorw W-2   1099 Jorms   18d.   19.    19.    19.    10.   10.   10.    11.    11.    12.   12.    13.    13.    14.    15.   16.   17.   17.   16.   17.    17.   17.   18.   19.    19.    10.   11.    11.    12.   12. <td><math>\overline{\square}</math></td>	$\overline{\square}$
1009 forms       18d.       •       .00       18d.         netxix       18e.       .00       18e.       .00       18e.         181.       .00       18f.       .00       18f.       .00       18f.         183.       .00       18f.       .00       18f.       .00       18f.         184.       .00       18f.       .00       18f.       .00       18f.         185.       Additional CT withholding from Supplemental Schedule CT.1040WH       18h.       .00       18f.         185.       Additional CT withholding from Supplemental Schedule CT.1040WH       18h.       .00       .00         186.       .00       18f.       .00       .00       18f.       .00       .00         187.       .01       .	ī
ne tax       18e.	П
withheld.       18f.       0       0       18f.         18g.       0       0       18g.       0       0         18h. Additional CT withholding from Supplemental Schedule CT-1040WH       18h.       18h.         18. Additional CT withholding from Supplemental Schedule CT-1040WH       18h.         18. Additional CT withholding will be disallowed.       18.         18. Additional CT withholding from Supplemental Schedule CT-1040WH       18h.         18. Additional CT withholding from Supplemental Schedule CT-1040WH       18h.         18. All 2012 estimated tax payments and any overpayments applied from a prior year       19.         20. Payments made with Form CT-1040 EXT (Request for extension of time to file)       20a.         20. Connecticut earned income tax credit: From Schedule CT-EITC, Line 16.       20a.         21. Total payments: Add Lines 18, 19, 20, and 20a.       21.         22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.       22.         23. Amount of Line 22 overpayment you want applied to your 2013 estimated tax       23.         24. Total contributions of refund to designated charities from Schedule 5, Line 70       24.         25. Recking 25b. Routing Lines 25a, 25b, and 25c. If you do not elect direct deposit, in most cases, the refund will be issued by debit card.       25.         26. Tax due: If Line 17 is more than Line 21, subtract Line 21 f	П
18g.	П
18h. Additional CT withholding from Supplemental Schedule CT-1040WH       18h.         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.         19. All 2012 estimated tax payments and any overpayments applied from a prior year       19.         20. Payments made with Form CT-1040 EXT (Request for extension of time to file)       20.         20a. Connecticut earned income tax credit: From Schedule CT-EITC, Line 16.       20a.         21. Total payments: Add Lines 18, 19, 20, and 20a.       21.         22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.       22.         23. Amount of Line 22 overpayment you want applied to your 2013 estimated tax       23.         24. Total contributions of refund to designated charities from Schedule 5, Line 70       24.         25. Refund: Subtract Lines 25a, 25b, and 25c. If you do not elect direct deposit, in most cases, the refund will be issued by debit card.       25.         26. Will this refund go to a bank account outside the U.S.?       Yes         26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17.       26.         27. If late: Enter penalty. Multiply Line 26 by 10% (.10).       27.         28. Checking 28b rough 28b.       30.         29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 21.       30.         30.	П
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19. All 2012 estimated tax payments and any overpayments applied from a prior year       19.       10.       20. <t< td=""><td></td></t<>	
20. Payments made with Form CT-1040 EXT (Request for extension of time to file)       20.       20.         20. Connecticut earned income tax credit: From Schedule CT-EITC, Line 16.       20a.         21. Total payments: Add Lines 18, 19, 20, and 20a.       21.         22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.       22.         23. Amount of Line 22 overpayment you want applied to your 2013 estimated tax       23.         24. Total contributions of refund to designated charities from Schedule 5, Line 70       24.         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 do not elect direct deposit, in most cases, the refund will be issued by debit card.       25.         26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17.       26.         27. If late: Enter penalty. Multiply Line 26 by 10% (.10).       27.         28. If late: Enter interest. Multiply Line 26 by number of months or fraction of a month late, then by 1% (.01).       29.         29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 21.       30.         30. Total amount due: Add Lines 26 through 29.       30.         Declaration: I declare under penalty of law that 1 have examined this return (including any accompayment has any knowledge.       anytime telephone number         Vour englature       Date       Oate       anytime telephone number </td <td></td>	
20a. Connecticut earned income tax credit: From Schedule CT-EITC, Line 16.       20a.         21. Total payments: Add Lines 18, 19, 20, and 20a.       21.         22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.       22.         23. Amount of Line 22 overpayment you want applied to your 2013 estimated tax       23.         24. Total contributions of refund to designated charities from Schedule 5, Line 70       24.         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 do not elect direct deposit, in most cases, the refund will be issued by debit card.       25.         25a. Checking 25b. Routing	
21. Total payments: Add Lines 18, 19, 20, and 20a.       21. 21. 21. 21. 21. 21. 21. 21. 22. 21. 21	
21. Total payments: Add Lines 18, 19, 20, and 20a.       21.       21.       21.       21.       21.       21.       21.       22.       21.       22.       22.       22.       22.       22.       22.       23.       24.       23.       23.       24.       23.       23.       24.       24.       23.       24.       24.       24.       23.       24.       24.       24.       24.       24.       24.       24.       24.       24.       25.       24.       25.       24.       25.       24.       25.       27.       27.       27.       27.       27.       27.       27.       27.	$\square$
<ul> <li>22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.</li> <li>23. Amount of Line 22 overpayment you want applied to your 2013 estimated tax</li> <li>24. Total contributions of refund to designated charities from <i>Schedule</i> 5, Line 70</li> <li>25. Refund: Subtract Lines 23 and 24 from Line 22. For faster refund, use direct deposit, in most cases, the refund will be issued by debit card.</li> <li>25. Checking 25b. Routing</li></ul>	ī
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24. Total contributions of refund to designated charities from Schedule 5, Line 70       24.       , , , , , , , , , , , , , , , , , , ,	
25. Refund: Subtract Lines 23 and 24 from Line 22. For faster refund, use direct deposit, in most cases, the refund will be issued by debit card. 25a. Checking 25b. Routing	
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25a. Checking       25b. Routing number       25c. Account number         25d. Will this refund go to a bank account outside the U.S.?       Yes         26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17.       26.         27. If late: Enter penalty. Multiply Line 26 by 10% (.10).       27.         28. If late: Enter interest. Multiply Line 26 by number of months or fraction of a month late, then by 1% (.01).       27.         29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 21.       29.         30. Total amount due: Add Lines 26 through 29.       30.         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 infing a false return or document to DRS is a fine of no thore than 5,000, or imprisonment for not more than five years, or both. leclaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.         Your email address       Date       Date       Daytime telephone number • ( )         Your email address       Date       Date       Preparer's SSN or PTIN	
25d. Will this refund go to a bank account outside the U.S.?       Yes         26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17.       26.       , <td>'n</td>	'n
26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17.       26.       ,	
<ul> <li>28. If late: Enter interest. Multiply Line 26 by number of months or fraction of a month late, then by 1% (.01).</li> <li>29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 21.</li> <li>30. Total amount due: Add Lines 26 through 29.</li> <li>30. Total amount due: Add Lines 26 through 29.</li> <li>30. a, a,</li></ul>	
Iate, then by 1% (.01).       28.       ,<	iΠ
29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 21.       29. , , , , , , , , , , , , , , , , , , ,	ī
See instructions, Page 21.       30.       <	
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 aring 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.         Your signature       Date         Your email address       Date         Spouse's signature (if joint return)       Date         Paid preparer's signature       Preparer's SSN or PTIN	
statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully tring 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.         leclaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.         Your signature       Date         •       •         Your email address       Date         Spouse's signature (if joint return)       Date         •       •         Paid preparer's signature       Date         •       •         •       •         •       •	
Your signature     Date     Daytime telephone number       Your email address     •     •       Your email address     •     •       Spouse's signature (if joint return)     •     •       •     •     •       •     •     •       •     •     •       •     •     •       •     •     •       •     •     •	
Your email address         Your email address         Spouse's signature (if joint return)         •         •         Paid preparer's signature         •	
Spouse's signature (if joint return)     Date     Daytime telephone number       •     •     •     •       Paid preparer's signature     Date     Telephone number       •     •     •     •	
●     ●     ●     ●       Paid preparer's signature     Date     Telephone number     Preparer's SSN or PTIN       ●     ●     ●     ●	
• • • (`)	
Third Party Designee - Complete the following to authorize DRS to contact another person about this return.	

omplete applicable schedules on Pag es 3 and 4 and send all four page es of the return to DRS.

	our Social / Number		- [	-			
Schedule 1 - Modifications to Federal Adjusted Gross Income	Enter	all items a	is posi	itive nu	imbers.		
See instructions, Page 22. 31. Interest on state and local government obligations other than Connecticut	31.			,		. 0	0
<ol> <li>Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations</li> </ol>	32.	,		,		. 0	0
*\$2,656\$r46\$r\$r\$r\$r\$r\$r\$r\$r\$r\$r\$r\$r\$r\$r\$r\$r\$r\$	\$\$	//////	////	/////	/////	///	//
<ol> <li>Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income</li> </ol>	34.	,		,		. 0	0
35. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	35.					. 0	0
36. Loss on sale of Connecticut state and local government bonds	36.					. 0	0
37. Domestic production activity deduction from federal Form 1040, Line 35	37.					•	0
38. Other - specify •	38.					. 0	0
39. Total additions: Add Lines 31 through 38. Enter here and on Line 2.	39.					. 0	0
40. Interest on U.S. government obligations	40.					. 0	0
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.					. 0	00
42. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 24.	42.					. 0	00
43. Refunds of state and local income taxes	43.					. 0	0
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.					. 0	0
45. 50% of military retirement pay	45.					. 0	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.	46.					. 0	0
47. Gain on sale of Connecticut state and local government bonds	47.					. 0	0
48. Connecticut Higher Education Trust (CHET) contributions	48.	,		,		. 0	00
Enter CHET account number: Do not add spaces or dashes.						0	0
49. Other - specify: Do not include out of state income. •	49.					•	-
50. <b>Total subtractions:</b> Add Lines 40 through 49. Enter here and on Line 4.	50.					. 0	0
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 w		owed.					
						Û	0

51. Modified Connecticut adjusted gross income		_		51.	
See instructions, Page 28.		Column A			Column B
52. Enter qualifying jurisdiction's name and two-letter		<ul> <li>Name</li> </ul>	Coo	de	Name Code
code: See instructions, Page 28.	52.				
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax					
return: Complete Schedule 2 Worksheet, Page 28.	53.			00	,,
54. Divide Line 53 by Line 51. May not exceed 1.0000	54.				
55. Income tax liability: Subtract Line 11 from Line 6.	55.			00	,, 00
56. Multiply Line 54 by Line 55.	56.	,,,,		00	. 00
57. Income tax paid to a qualifying jurisdiction	1				
See instructions, Page 29.	57.			00	,,,,, 00
58. Enter the lesser of Line 56 or Line 57.	58.	, , , , , , , , , , , , , , , , , , , ,		00	, , , 00
59. Total credit: Add Line 58, all columns. Enter he	ere and	on Line 7.	59.		, 00
Complete applicable schedule	s on	Page 4 and send all four	r pa	ges	of the return to DRS.

2012 Form	CT-1040 -	Page 4 of 4
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Your Social

Security	Number	
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Schedule 3 - Prope Qualifying Property	rty Tax Credit See instructions, F Primary Residence	Page 29.	Auto 1		(joint retu	Au Irns or qualify	i <b>to 2</b> ving wide	ow(er) or	ıly)
Name of Connecticut Tax Town or District	•	•			•			. ,	
<b>Description of Property</b> If primary residence, enter street address.									
If motor vehicle, enter year, make, and model.	•	•			•				
Date(s) Paid	• / / 2012	•	/	/ 2012	•	/		2012	2
	• / / 2012	•	_/	/ <b>2012</b>	•	/_	/	2012	2
Amount Paid	<b>00</b>	61.		00	62.				00
	id: Add Lines 60, 61, and 62.			JLJLJ • [	63.				. 00
64. Maximum property ta					64.	•	3	00	. 00
65. Enter the lesser of Line				-	65.	•			00
	ount for your filing status and Connection	cut AGI from the	o Prone	rty Tax	00.				. 00
	s it appears on Page 30. If zero, enter th				66.	•	□.		
67. Multiply Line 65 by Lin	e 66.				67.	•			. 00
	Line 65. Enter here and on Line 11. our return or your credit will be disallow	ved.			68.				. 00
Complete the Connecticut	dual Use Tax - Do you owe u	32 to calculate	your us	e tax liability.	69a.				00
	1%: From Connecticut Individual Use Ta						,		
69b. Iotal use tax due at	6.35%: From Connecticut Individual Use	e Tax Worksheet	, Sectioi	n B, Column 7	69b.		,		. 00
69c. Total use tax due at	7%: From Connecticut Individual Use Ta	ax Worksheet, S	Section (	C, Column 7	69c.		,		. 00
69. Individual use tax: Enter here and on L	Add Lines 69a through 69c. If no use ine 15.	e tax is due, er	iter "0."		• 69.		,		. 00
Schedule 5 - Contr	ibutions to Designated Char	ities - See m	ore info	rmation on Pag	ge 6.				
70a. AIDS Research	70a			0	0				
70b. Organ Transplant	70b			0	0				
70c. Endangered Species	/Wildlife 70c			0	0				
70d. Breast Cancer Resea	arch 70d			0	0				
70e. Safety Net Services	70e			0	0				
70f. Military Family Relief	Fund 70f			0	0				
70. Total Contributions: A	dd Lines 70a through 70f. Enter amount	t here and on L	ine 24.		D.				. 00
					·	7 I I			J • L

## 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:	For all tax forms with payment:						
Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	Department of Revenue Services PO Box 2977 Hartford CT 06104-2977						

Make your check payable to Commissioner of Revenue Services

To ensure proper posting, write your SSN(s) (optional) and "2012 Form CT-1040" on your check.