Form CT-1040 Connecticut Resident Income Tax Return

For DRS Use Only 20

2014 CT-1040

		Complete return in blue or black ink only. Taxpayers me	iust s	ign (decla	ratio	n on	rever	se s	ide.					
For t	ne ye	ar January 1 - December 31, 2014, or other taxable year beginning:	_ , 201	2014 and ending: ,											
1	Filin	ng Status - Check only one box. Married filing separately						_							
		Single Married filing jointly		Head of household Qualifying widow(er) with dependent child											
		Enter spouse's name here and SSN below.													
	You	r Social Security Number Spouse's Social Security Numb	oer				heck if								
→	Ш	Check if deceased													
iling	You	r first name MI Last name (If two last names, inse	ert a s	pace b		Suffix (Jr./Sr.)									
Print your SSN, name, mailing address, and city or town here	If io	int return, spouse's first name MI Last name (If two last names, inse	nsert a snace hetween names \								Suffix (Jr./Sr.)				
	Ĺ										(0.0.01.)				
I, na	Mai	Mailing address (number and street, apartment number, suite number, PO Box)													
and city			₩												
our S. al		t, town, or post office (If town is two words, leave a space between the words.) State ZIP cod	de												
Print you	City	, town, or post office (if town is two words, reave a space between the words.) State	ue		-										
Pri	Ente	er city or town of residence if different from above.													
→															
		* ···· * · · · · · · · · · · · · · · ·	Check Attach		,		_	orm C	T-104	10CRC					
2						Wł	nole	Dollar	rs Oı	nly					
_	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 39		2.							. 00				
←	3.	Add Line 1 and Line 2.		3.							00				
	4.	Subtractions from federal adjusted gross income from <i>Schedule 1</i> , Line 50		4.] [00				
		•		-											
ns.	5.	Connecticut adjusted gross income: Subtract Line 4 from Line 3.		5.		,					. 00				
Do not staple. or 1099 forms.	6.	Income tax from tax tables or Tax Calculation Schedule: See instructions, Page	18.	6.				<u></u>			. 00				
not s 1099	7.	Credit for income taxes paid to qualifying jurisdictions from <i>Schedule 2</i> , Line 59		7.		,		<u></u>			. 00				
	8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."		8.							. 00				
W-2	9.	Connecticut alternative minimum tax from Form CT-6251		9.],					. 00				
eck been	10.	Add Line 8 and Line 9.		10.		,					. 00				
Clip check here. Do not send W-2	11.	Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach <i>Schedule 3</i> on Page 4 or your credit will be disallowed.		11.							. 00				
<u></u> မ	12.	Subtract Line 11 from Line 10. If less than zero, enter "0."	12.		1.					. 00					
	13.	Total allowable credits from Schedule CT-IT Credit, Part I, Line 11		13.							00				
4	14.	Connecticut income tax: Subtract Line 13 from Line 12. If less than zero, enter "0."	,	14.							. 00				
•	15.	Individual use tax from Schedule 4, Line 69: If no tax is due, enter "0."		15.							00				
	16.	Add Line 14 and Line 15.		16.							. 00				

Due date: April 15, 2015 - Attach a copy of all applicable schedules and forms to this return.

	2014 Form CT-1040 - Page 2 of 4 You							our Social Security	Social Security Number												
17. Ent	er amou	nt from	Lin	e 16								- 17.					,,].	00
3	Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099 wages, tips, etc.										_	Colu	mn C		nnec		inco	ome ta	_	_	
N-2 and 1099 nformation	18a.								•_		.00	18a.					,				00
Only enter	18b.]-[•_		.00	18b.		,[,[_				00
information from your	18c.]-[•		.00	18c.									00
W-2 and 1099 forms if	18d.		7-1						•		.00	18d.		TÍ			٦Í			٦.	00
Connecticut income tax	18e.		ī-i						•		.00	18e.								Ŧ.	00
was withheld.												18f.		7,			7,			=	00
18. Tota	al Connecticut income tax withheld: Add amounts in Column C and enter here. u must complete Columns A, B, and C or your withholding will be disallowed.															,_ 			=	00	
_												-					,L 			=	00
	19. All 2014 estimated tax payments and any overpayments app															,L 			=		
							,				n of time to file)	20.					,L 			=	00
										CT-EITC . Attach Fo		20a.					<u> </u>			╡.	00
	·1040CF							-,				20b.		_			4				00
21. Tot	al payn	ents:	Add	Line	s 18,	19, 2	0, 20a	a, and	l 20b.			21.								<u></u> .	00
4 22. Ove	22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.],[00				
		ount of Line 22 overpayment you want applied to your 2015 estimated tax ET contribution from Schedule CT-CHET, Line 4. Attach Schedule CT-CHET be back of this return.										23.								٦.	00
												24.								٦.	00
	a. Total contributions of refund to designated charities from <i>Schedule 5</i> , Line 70										<i>le 5</i> Line 70	24a.								=	00
25. Ref	25. Refund: Subtract Lines 23, 24, and 24a from Line complete Lines 25a, 25b, and 25c. Direct deposit is						ne 22.	For direct	25.		=;;			٦ŀ			=	00			
					nu 25	C. DII	ect de	posit	15 1101			25.		, L			L				UU
25a. Che Savi		25b. R n	outir umb							25c. Acc nur	count nber										
25d. Will		•								Yes											
					'						debit card, a refund	_		e issu	ed an	d pro	cessi	ing n	nay be		yed 00
										e 21 from	Line 17.	26.		<u></u> ,_			,L			=	
	 If late: Enter penalty. Multiply Line 26 by 10% (.1 If late: Enter interest. Multiply Line 26 by number 							onths or fr	27.								╡.	00			
late	, then b	y 1% (.	01).						a 2								,_			╡.	00
	erest on e instruc				of est	imate	d tax	from	Form	CT-2210:	29.									00	
30. Tot					nes 2	6 thro	ugh 2	29.				30.									00
statements delivering a fal The declaratio	s) and, to se return n of a paid	he best or docun	of my nent t	knov to DRS	vledge S is a fii	and be	elief, it i ot more	is true, than \$	comple 5,000,	ete, and corr or imprisonn	ding any accompany ect. I understand the nent for not more than hich the preparer has	penalty five ye	for wars, o	illfully r both lge.	/	elepho	one nu	umbe	r		
Your emai	l address										•							\perp			
or your	oignoturo (ficint rot	urn)								Doto			Dougli	ma tali	20000	0 01100				
Spouse's	's signature (if joint return) Date												Daytime telephone number • ()								
Paid prepa	parer's signature Date Telephone number ● ()									Telephone number • ()			Prepa	arer's S	SSN o	r PTIN	1				
Firm's nar	's name, address, and ZIP code													FEIN				_			
Your email Your email Your email Your email Firm's nar Third Pa Designee'		gnee - (Com	plete	the fol	lowing	j to au	thorize		to contact	another person abo	ut this			lentific	ation	numb	oer (F	PIN)		
•	•								•		•										

2014 Form C1-1040 - Pag	e 3 01 4	Security Nu									
Schedule 1 - Modifications to Federal	Adjusted Gross Inco	me Ente	r all item	s as positiv	ve numbers.						
See instructions, Page 23.	-		31.				$\overline{\Box}$				
31. Interest on state and local government obligations32. Mutual fund exempt-interest dividends from non-C							H				
government obligations			32. [/ %]///				 //o(o/				
34. Taxable amount of lump-sum distributions from qua		//////////////////////////////////////	/ <i>PP</i> ////	////////	/////////	7/////	<i>/ / / / / /</i>				
adjusted gross income		34.				. 00					
35. Beneficiary's share of Connecticut fiduciary adjustr	35.				. 00						
36. Loss on sale of Connecticut state and local govern		36.				. 00					
37. Domestic production activity deduction from federal	l Form 1040, Line 35		37.				. 00				
38. Other - specify •			38.				. 00				
39. Total additions: Add Lines 31 through 38. Enter h	nere and on Line 2.		39.				. 00				
40. Interest on U.S. government obligations			40.				. 00				
41. Exempt dividends from certain qualifying mutual funds	derived from U.S. government o	bligations	41.				. 00				
42. Social Security benefit adjustment: See Social Securi	ty Benefit Adjustment Workshee	et, Page 25.	42.				. 00				
43. Refunds of state and local income taxes			43.				. 00				
44. Tier 1 and Tier 2 railroad retirement benefits and so		44.				. 00					
45. 50% of military retirement pay		45.				. 00					
46. Beneficiary's share of Connecticut fiduciary adjustr	ero.	46.				. 00					
47. Gain on sale of Connecticut state and local govern	ment bonds		47.				. 00				
48. Connecticut Higher Education Trust (CHET) contril Enter CHET account number: Do not add spaces or dashes.		48.				. 00					
49. Other - specify: Do not include out of state income	•		49.				. 00				
50. Total subtractions: Add Lines 40 through 49. Ent	er here and on Line 4.		50.	,			. 00				
Schedule 2 - Credit for Income Taxes P You must attach a copy of your return filed with the 51. Modified Connecticut adjusted gross income. See	qualifying jurisdiction(s) or y		be disall	owed.	, ,		. 00				
	Colu			Column B							
52. Enter qualifying jurisdiction's name and two-letter code. See instructions, Page 29.	● Name 52.	Cod	e	• N	ame		Code				
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return. Complete <i>Schedule 2 Worksheet</i> , Page 29.	53.		00				. 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.			00				00				
See instructions, Page 30.	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 her	e and on Line 7.	59.			_ ,	. 00					

	2014 Form CT-1040	0 - Page 4 of 4				You Security	r Socia Numbe			- 🔲] - [\perp								
Schedule 3 -	Property Tax Credit	See instructions, F	age 30							Auto	. 2									
Qualifying Prop		(joint re	eturns or			w(er)	only)	1												
Name of Connect Tax Town or Distr			•					•												
Description of Pro																				
street address.																				
If motor vehicle, en year, make, and me						•														
Date(s) Paid	• /_	/ 2014	•		_ /	_ / 20	14	•		_ /	_ /	201	14							
	•/_	/ 2014	•		_ /	_ / 20	14	•		_ /	_ /	20 1	14							
Amou	unt Paid 60.	. 00	61.		, _		. 00	62.						00						
63. Total propert	y tax paid: Add Lines 60, 61,	and 62.						63.					٦.	00						
64. Maximum pro	operty tax credit allowed							64.	•		3	0	0							
65. Enter the less	er of Line 63 or Line 64.					•		65.	_				٦.	00						
	imal amount for your filing st exactly as it appears on Page						68.	66.	•	ľ	7.									
67. Multiply Line 6	65 by Line 66.							67.	•	Ī			٦.	00						
	67 from Line 65. Enter here a ule 3 to your return or your cre		red.			ı		68.	•	Ī			Ť.	00						
69a. Total use ta: 69b. Total use ta: 69c. Total use ta:	nnecticut Individual Use Tax W x due at 1%: From Connectic x due at 6.35%: From Connectic x due at 7%: From Connectic use tax: Add Lines 69a thro n Line 15.	ut Individual Use Ta cticut Individual Use ut Individual Use Ta	ax Work Tax Wo ax Work	sheet, S orksheet, sheet, S	Section , Sectic Section	A, Colur on B, Col C, Colur	nn 7. umn 7 mn 7	69a. 69b. 69c.] .] .	00 00 00 00						
Schedule 5 -	Contributions to Des	ignated Chari	ities -	See mo	ore info	rmation	on Pa	age 6.												
70a. AIDS Resea	rch	70a.],].[00												
70b. Organ Trans	plant	70b.	. 🔲 🗀					00	_											
70c. Endangered	Species/Wildlife	70c.						00												
70d. Breast Canc	er Research	70d.						00												
70e. Safety Net S	Services	70e.		,				00												
70f. Military Relie						00														
70g. CHET Baby	Scholar						00													
70. Total Contrib	outions: Add Lines 70a through	70g. Enter amoun	it here a	nd on L	ine 24a	a.	70.],		, .			00						
	Co	emplete and send a	II four n	anas of	the reti	urn to DE	99													
Use	the correct mailing address for						T	/lake you	r check pa	ayable to	0:	1								
	II tax forms with payment:							ommissioner of Revenue Services												
Dep PO	Department of Revenue Services Department of Revenue Services										To ensure proper posting, write your SSN(s) (optional) and "2014 Form CT-1040" on your check.									