

Department of Revenue Services State of Connecticut (Rev. 12/19) 1040 1219W 01 9999



Form CT-1040 Connecticut Resident Income Tax Return



Taxpayers must sign declaration on reverse side. Complete return in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

	F	or January 1 - December 31, 2019	-		-2019	and	ending	-	-						
1		Filing Status - Check only one box.					M M -	DD	- YYYYY			M M - E	D - 1	YYYY	
		Single Head of		lead of household		Ma	Married filing separately			•					
		Married filing jointly	Qua	lifying wide	ow(er)						Enter s	pouse's nan	ne here a	and SSN be	elow.
→		Your Social Security Number					Spou	use's Social Sec	curity N	umber					
						Check if deceased			-		-			Check if decease	
ili i	here	Your first name			MI	Last	name (If t	wo las	t names, insert	a space	e between	names.)		Suffix (Jr./S	Sr.)
, name, mailing tv or town here	town														
ne,		If joint return, spouse's first name			MI	Last	name (If two last names, insert a space between names.)						Suffix (Jr./S		Sr.)
nai	y or														
Ž.		ailing address (number and street)						Mailing address 2			2 (apartment number, PO Box)				
ŝ	and														
_	ູ່ ຈິ	City, town, or post office (If town is two	words, le	ave a spa	ween the w	ords.)	:	State	Z	IP code					
	dre														
<u>ה</u>	ad	Enter city or town of residence if different from above.							ZIP code						
€	•														

Check the appropriate box to identify if you are attaching a completed:

Form CT-1040 CRC, Claim of Right Credit Form CT-8379, Nonobligated Spouse Claim Form CT-2210, Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates, checking any box from Part 1.

			Whole Dollars Only	
2	1.	Federal adjusted gross income from federal Form 1040, Line 8b or federal Form 1040-SR, Line 8b	1.	.00
-	2.	Additions to federal adjusted gross income from Schedule 1, Line 38	2.	.00
4	3.	Add Line 1 and Line 2.	3.	.00
	4.	Subtractions from federal adjusted gross income from Schedule 1, Line 50	4.	.00
ples. 99.	5.	Connecticut adjusted gross income: Subtract Line 4 from Line 3.	5.	.00
use staple -2 or 1099.	6.	Income tax from tax tables or Tax Calculation Schedule: See instructions.	6.	.00
check here. Do not use staples o not send Forms W-2 or 1099.	7.	Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59	7.	.00
o not ms W	8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."	8.	.00
check here. Do n not send Forms	9.	Connecticut alternative minimum tax from Form CT-6251	9.	.00
k hei send		Add Line 8 and Line 9.	10.	.00
shec	11.	Credit for property taxes paid on your primary residence, motor vehicle, or both: Attach completed <i>Schedule 3</i> on Page 4, Line 68 or your credit will be disallowed.	11.	.00
Clip o Do	12.	Subtract Line 11 from Line 10. If less than zero, enter "0."	12.	.00
0	13.	Total allowable credits from Schedule CT-IT Credit, Part I, Line 11	13.	.00
_	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, 2020 - Attach a copy of all applicable schedules and forms to this return. Do not use staples.

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

Firm's name, address, and ZIP code

Designee's name

Page 2 of 4 (Rev. 12/19)

Form CT-1040

Your Social Security Number •

		1040	1219W	02 9999			11.00										
	17.	Ente	er amo	ount from	Line 16.								17.				.00
3			Colu	iedule: You imn A - Er -2, or pay	nployer's fe	ederal ID	No. from	Box b	-	Col	ling will be d umn B - wages, tips,		d.	Co Connecticut i	olumn C - income tax	withheld	
	ns W-2 1099	2	18a.								0 1 1		8a.				.00
	rmatio enter	n	18b.									1	8b.				.00
infor	mation		18c.										8c.				.00
your Forms W-2 and 1099 if Connecticut income tax			18d.										8d.				.00
			18e.										8e.				.00
was	withhe	ld.		Additional		lding fror	- Supploy	montal Sc	bodulo (CT 104			18f.				.00
	18.		l Conr	necticut in ts in Colum	come tax	withheld	1:						18.				.00
	19.	All 2	All 2019 estimated tax payments and any overpayments applied f						pplied fro	om a p	rior year		19.				.00
	20.	Payr	nents	made with	Form CT	-1040 EX	T (reque:	st for exte	ension of	f time to	o file)		20.				.00
	20a.	Con	necticu	ut earned i	ncome tax	credit: F	-rom Sche	edule CT-	EITC, Li	ine 16.		2	0a.				.00
4	20b.	Clair	n of rig	ght credit:	From Forr	n CT-104	40 CRC, L	ine 6.				2	0b.				.00
	20c.	Pass	-Throu	ugh Entity	Tax Credit	:: From So	chedule C	T-PE, Lin	ne 1. Sch	nedule i	nust be atta	ached. 2	20c.				.00
	21.	Tota	l payn	nents and	l refundal	ole credif	ts: Add Li	nes 18, 1	9, 20, 20	0a, 20b	and 20c.		21.				.00
	22.	Ove	payme	ent: If Line	21 is moi	re than Li	ine 17, su	btract Lin	ie 17 fror	m Line	21.		22.				.00
	23.	3. Amount of Line 22 overpayment you want applied to your 2020 estimat								ed tax		23.				.00	
	24.	 Amount of Line 22 overpayment you want applied as a CHET con from Schedule CT-CHET, Line 4. 							IET cont	tributior	ı		24.				.00
			Total contributions of refund to designated charities from <i>Schedule 5</i> , Line 70 Refund: Subtract Lines 23, 24, and 24a from Line 22. For direct deposit,								2	4a.				.00	
	25.	complete Lines 25a, 25b, and 25c. Direct deposit is not available to first-time filers.										25.				.00	
	25a.	Cheo	king		Savings		25c. A	ccount nu	Imber								
		25b. Routing number If you do not elect direct deposit, a refund check will be issued and p								0		ank acc	ount outside the	e U.S.?	Yes	3	
5	26.	27. If late: Enter penalty. Multiply Line 26 by 10% (.10).								ne 17.			26.				.00
													27.				.00
	28.		f late: Enter interest. Multiply Line 26 by number of months or fraction of a r ate, then by 1% (.01).							a month		28.				.00	
	29.	 Interest on underpayment of estimated tax from Form CT-2210: See instructions. Total amount due: Add Lines 26 through 29. 											29.				.00
	30.										30.				.00		
6	and deliv	paym /ering paid	ent of a fals	any use ta e return or er other th	ix due, and documen	d, to the b it to DRS i	best of my is a fine of	/ knowled f not more	lge and b e than \$5	belief, it 5,000, o f which	t is true, con	nplete, a lent for n er has an	nd corr ot more	ules and stater ect. I understa than five year ledge. Home/cell tele	and the pena rs, or both.	alty for will The declara	Ifully
	ign ere	•		signature (if joint rotur	(n				• Data	(MMDDYYY)	- 		- Daytime telep	hone number	r	
		•	Jouse s	Signature		11)				• Date		_	•	- Daytime telepi	-		
cop	ep a by of return	Yo	our ema	ail address													
	your ords.	Pa	aid prep	oarer's sign	ature					• Date	(MMDDYYY)	Y) —		Telephone nur	nber -		
		•	/pe or p	orint paid pr	eparer's na	me				Firm's	Federal Emp	oloyer Ide	ntificatio	n Number (FEIN	I) Check if		

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self-employed

Paid preparer's PTIN

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Personal identification number (PIN)

-Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS.

Telephone number

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

•





Schedule 1 - Modifications to Federal Adjusted Gross Income

See	instructions.	Ent	er all items as positive numbers.
31.	Interest on state and local government obligations other than Connecticut	31.	.00
32.	Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	.00
33.	Taxable amount of lump-sum distributions from qualified plans not included in federal		
	adjusted gross income	33.	.00
34.	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	34.	.00
	Loss on sale of Connecticut state and local government bonds	35.	.00
36.	Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	36.	.00
36a.	80% of Section 179 federal deduction. See instructions.	36a.	.00
37.	Other - specify •	37.	.00
38.	Total additions: Add Lines 31 through 37. Enter here and on Line 2.	38.	.00
39.	Interest on U.S. government obligations	39.	.00
40.	Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	.00
41.	Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet instructions.	41.	.00
42.	Refunds of state and local income taxes	42.	.00
43.	Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	.00
44.	Military retirement pay	44.	.00
45.	25% of income received from the Connecticut teacher's retirement system	45.	.00
46.	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.	46.	.00
	Gain on sale of Connecticut state and local government bonds	47.	.00
48.	Connecticut Higher Education Trust (CHET) contributions made in 2019 or an excess carried forward from a prior year. See instructions.	48.	.00
	Enter CHET account number: Do not add spaces or dashes.		
182	25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years.	48a.	.00
		48b.	.00
	14% of pension or annuity income. See instructions.	40D. 49.	.00
	Other - specify: Do not include out of state income		
50.	Total subtractions: Add Lines 39 through 49. Enter here and on Line 4.	50.	.00

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. See instructions.

51. Modified Connecticut adjusted gross income.			.00	
	Column A Name	Code	Column B	Code
52. Enter qualifying jurisdiction's name and two-letter code				
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from <i>Schedule 2 Worksheet.</i>		.00		.00
54. Divide Line 53 by Line 51. May not exceed 1.0000	·	_		_
55. Income tax liability. Subtract Line 11 from Line 6		.00		.00
56. Multiply Line 54 by Line 55		.00		.00
57. Income tax paid to a qualifying jurisdiction		.00		.00
58. Enter the lesser of Line 56 or Line 57		.00		.00
59. Total credit: Add Line 58, all columns. Enter here and on Line 7	59.		.00	

Complete applicable schedules on Page 4 and send all four pages of the return to DRS.



Form CT-1040 Page 4 of 4 (Rev. 12/19) 1040 1219W 04 9999



Your Social Security Number •

Schedule 3 - Property Tax Credit - Complete this Schedule only if one or both of the boxes below are checked.

· ·	, ,	r older; or ur federal income tax returr	check here	check here			
Qualifying Property	Name of Connecticut Tax Town or District	Description of Pr If primary residence, enter motor vehicle, enter year, r	street address. If	Date(s) Paid (MMDDYYYY)		Amount Paid	
60. Primary Residence	•	•	-		60.		.00
					-		
61. Auto 1	•	•	•		61.		.00
62. Auto 2 - Married filing	•	•	•		62.		.00
jointly or qualifying wide			•		-		
63. Total property tax	paid: Add Lines 6	0, 61, and 62.			63.		.00
64. Maximum property	y tax credit allowe	ed.			64. •	200	.00
65. Enter the lesser of L	_ine 63 or Line 64.				65. [•]		.00
66. Enter the decimal a If zero, enter the an		ng status and Connecticut A on Line 68.	GI from the Property	y Tax Credit Table.	66. •	•	
67. Multiply Line 65 by	Line 66.				67.		.00
68. Subtract Line 67 fro your credit will be di		nere and on Line 11. Attach	Schedule 3 to your	return or	68.		.00
Schedule 4 - Indiv	ridual Uso Ta	Failure to report and pa \$5,000 fine, imprisonm					
Do you owe use tax	for online or otl	her purchases where y ax Worksheet to calculate y	ou paid no sales	tax? See instructions	3.		
69a. Total use tax due a	t 1%: From <i>Conne</i>	cticut Individual Use Tax Wo	orksheet, Section A,	Column 7	69a.		.00
69b. Total use tax due a	t 6.35%: From <i>Cor</i>	nnecticut Individual Use Tax \	Norksheet, Section B	3, Column 7	69b.		.00
69c. Total use tax due a	it 7.75%: From <i>Cor</i>	nnecticut Individual Use Tax	Worksheet, Section	C, Column 7	69c.		.00
69d. Total use tax due a	t 2.99%: From <i>Cor</i>	nnecticut Individual Use Tax	Worksheet, Section	D, Column 7	69d.		.00
Enter here and on	Line 15.	ough 69d. If no use tax is d	-		69.		.00
	ributions to [Designated Charities	3 - See instruction	S.			
70a. AIDS Research					70a.		.00
70b. Organ Transplant					70b.		.00
70c. Endangered Specie	s/Wildlife				70c.		.00
70d. Breast Cancer Rese	earch				70d.		.00
70e. Safety Net Services	;				70e.		.00
70f. Military Relief					70f.		.00
70g. CHET Baby Schola	rs				70g.		.00
70h. Mental Health Com	munity Investment	Account			70h.		.00
70. Total Contributions:	Add Lines 70a thr	ough 70h. Enter amount he	ere and on Line 24a		70.		.00
		Complete and send all fou	r pages of the retur	n to DRS.			

Use the correct mailing address for returns with a payment or requesting a refund.Make your check payable to:For all tax forms with payment:For refunds and all other tax forms without payment:Commissioner of Revenue ServicesDepartment of Revenue ServicesDepartment of Revenue ServicesTo ensure proper posting, write yourPO Box 2977PO Box 2976SSN(s) (optional) and "2019 FormHartford CT 06104-2977Hartford CT 06104-2976CT-1040" on your check.