



Your Social Security Number •

19. Enter amount from Line 18. 19. .00

3 Withholding Schedule: You must complete Columns A, B, and C or your withholding will be disallowed.

Forms W-2 and 1099 Information	Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099 or Schedule CT K-1	Column B - Connecticut wages, tips, etc.	Schedule CT K-1	Column C - Connecticut income tax withheld Check box at left if from Schedule CT K-1.
20a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	20a. <input type="text"/> .00
20b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	20b. <input type="text"/> .00
20c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	20c. <input type="text"/> .00
20d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	20d. <input type="text"/> .00
20e.	<input type="text"/>	<input type="text"/>	<input type="text"/>	20e. <input type="text"/> .00
20f.	Additional CT withholding from <i>Supplemental Schedule CT-1040WH</i>			20f. <input type="text"/> .00
20. Total Connecticut income tax withheld: Add amounts in Column C, Lines 20a, 20b, 20c, 20d, 20e, and 20f, and enter here.				20. <input type="text"/> .00
21. All 2019 estimated tax payments and any overpayments applied from a prior year				21. <input type="text"/> .00
22. Payments made with Form CT-1040 EXT (<i>request for extension of time to file</i>)				22. <input type="text"/> .00
22a. Claim of right credit: From Form CT-1040 CRC, Line 6.				22a. <input type="text"/> .00
22b. Pass-Through Entity Tax Credit: From Schedule CT-PE, Line 1. Schedule must be attached.				22b. <input type="text"/> .00
23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a, and 22b.				23. <input type="text"/> .00
24. Overpayment: If Line 23 is more than Line 19, subtract Line 19 from Line 23.				24. <input type="text"/> .00
25. Amount of Line 24 overpayment you want applied to your 2020 estimated tax				25. <input type="text"/> .00
26. Amount of Line 24 overpayment you want applied as a CHET contribution from Schedule CT-CHET, Line 4.				26. <input type="text"/> .00
26a. Total contributions of refund to designated charities from <i>Schedule 4</i> , Line 63				26a. <input type="text"/> .00
27. Refund: Subtract Lines 25, 26, and 26a from Line 24. For direct deposit, complete Lines 27a, 27b, and 27c. Direct deposit is not available to first-time filers.				27. <input type="text"/> .00

27a. Checking Savings 27c. Account number

27b. Routing number 27d. Will this refund go to a bank account outside the U.S.? Yes

If you do not elect direct deposit, a refund check will be issued and processing may be delayed.

5 28. Tax due: If Line 19 is more than Line 23, subtract Line 23 from Line 19.				28. <input type="text"/> .00
29. If late: Enter penalty. Multiply Line 28 by 10% (.10).				29. <input type="text"/> .00
30. If late: Enter interest. Multiply Line 28 by number of months or fraction of a month late, then by 1% (.01).				30. <input type="text"/> .00
31. Interest on underpayment of estimated tax from Form CT-2210: See instructions.				31. <input type="text"/> .00
32. Total amount due: Add Lines 28 through 31.				32. <input type="text"/> .00

6 Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, 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 (MMDDYYYY)	Home/cell telephone number
	Spouse's signature (if joint return)	Date (MMDDYYYY)	Daytime telephone number
Keep a copy of this return for your records.	Your email address		
	Paid preparer's signature	Date (MMDDYYYY)	Telephone number
	Type or print paid preparer's name	Firm's Federal Employer Identification Number (FEIN)	Check if self-employed <input type="checkbox"/>
	Firm's name, address, and ZIP code		Paid preparer's PTIN

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)



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Schedule 1 - Modifications to Federal Adjusted Gross Income

See instructions.

Enter all items as positive numbers.

33. Interest on state and local government obligations other than Connecticut	33.	<input type="text"/>	.00
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	<input type="text"/>	.00
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	<input type="text"/>	.00
36. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	36.	<input type="text"/>	.00
37. Loss on sale of Connecticut state and local government bonds	37.	<input type="text"/>	.00
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	<input type="text"/>	.00
38a. 80% of Section 179 federal deduction. See instructions.	38a.	<input type="text"/>	.00
39. Other - specify • <input type="text"/>	39.	<input type="text"/>	.00
40. Total additions: Add Lines 33 through 39. Enter here and on Line 2.	40.	<input type="text"/>	.00
41. Interest on U.S. government obligations	41.	<input type="text"/>	.00
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	<input type="text"/>	.00
43. Social Security benefit adjustment: See <i>Social Security Benefit Adjustment Worksheet</i> instructions.	43.	<input type="text"/>	.00
44. Refunds of state and local income taxes	44.	<input type="text"/>	.00
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	<input type="text"/>	.00
46. Military retirement pay	46.	<input type="text"/>	.00
47. 25% of income received from the Connecticut teacher's retirement system	47.	<input type="text"/>	.00
48. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.	48.	<input type="text"/>	.00
49. Gain on sale of Connecticut state and local government bonds	49.	<input type="text"/>	.00
50. Connecticut Higher Education Trust (CHET) contributions made in 2019 or an excess carried forward from a prior year. See instructions. Enter CHET account number: <input type="text"/> Do not add spaces or dashes.	50.	<input type="text"/>	.00
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years.	50a.	<input type="text"/>	.00
50b. 14% of pension or annuity income. See instructions.	50b.	<input type="text"/>	.00
51. Other - specify: Do not include out of state income. • <input type="text"/>	51.	<input type="text"/>	.00
52. Total subtractions: Add Lines 41 through 51. Enter here and on Line 4.	52.	<input type="text"/>	.00

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions - Part-Year Residents Only

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

53. Connecticut adjusted gross income during the residency portion of the taxable year. 53. .00
See instructions.

	Column A		Column B	
	• Name	Code	• Name	Code
54. Enter qualifying jurisdiction's name and two-letter code. See instructions.	54.	<input type="text"/>	<input type="text"/>	<input type="text"/>
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet</i>	55.	<input type="text"/> .00	<input type="text"/>	.00
56. Divide Line 55 by Line 53. May not exceed 1.0000.	56.	<input type="text"/>	<input type="text"/>	
57. Apportioned income tax: See instructions.	57.	<input type="text"/> .00	<input type="text"/>	.00
58. Multiply Line 56 by Line 57.	58.	<input type="text"/> .00	<input type="text"/>	.00
59. Allowable income tax paid to a qualifying jurisdiction. See instructions. ...	59.	<input type="text"/> .00	<input type="text"/>	.00
60. Enter the lesser of Line 58 or Line 59.	60.	<input type="text"/> .00	<input type="text"/>	.00
61. Total credit: Add Line 60, all columns. Enter here and on Line 11.	61.	<input type="text"/>	<input type="text"/>	.00



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Failure to report and pay use tax is subject to as much as a \$5,000 fine, imprisonment for as much as 5 years, or both.

Schedule 3 - Individual Use Tax

Do you owe use tax for online or other purchases where you paid no sales tax? See instructions. Complete the *Connecticut Individual Use Tax Worksheet* to calculate your use tax liability.

62a. Total use tax due at 1%: From <i>Connecticut Individual Use Tax Worksheet, Section A, Column 7</i>	62a.	<input type="text"/>	.00
62b. Total use tax due at 6.35%: From <i>Connecticut Individual Use Tax Worksheet, Section B, Column 7</i>	62b.	<input type="text"/>	.00
62c. Total use tax due at 7.75%: From <i>Connecticut Individual Use Tax Worksheet, Section C, Column 7</i>	62c.	<input type="text"/>	.00
62d. Total use tax due at 2.99%: From <i>Connecticut Individual Use Tax Worksheet, Section D, Column 7</i>	62d.	<input type="text"/>	.00
62. Individual use tax: Add Lines 62a through 62d. If no use tax is due, you must enter "0." Enter here and on Line 17.	62.	<input type="text"/>	.00

Schedule 4 - Contributions to Designated Charities - For more information, see instructions.

63a. AIDS Research	63a.	<input type="text"/>	.00
63b. Organ Transplant	63b.	<input type="text"/>	.00
63c. Endangered Species/Wildlife	63c.	<input type="text"/>	.00
63d. Breast Cancer Research	63d.	<input type="text"/>	.00
63e. Safety Net Services	63e.	<input type="text"/>	.00
63f. Military Relief	63f.	<input type="text"/>	.00
63g. CHET Baby Scholars	63g.	<input type="text"/>	.00
63h. Mental Health Community Investment Account	63h.	<input type="text"/>	.00
63. Total Contributions: Add Lines 63a through 63h. Enter amount here and on Line 26a.	63.	<input type="text"/>	.00

Complete and send all four pages of the return to DRS.

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

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

For refunds and all other tax forms without payment:
Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976

Make your check payable to: **Commissioner of Revenue Services**

To ensure proper posting, write your SSN(s) (optional) and "2019 Form CT-1040NR/PY" on your check.