

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



#### Form CT-1040NR/PY Connecticut Nonresident and Part-Year 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).

	For J	anuary 1 - December 31, 2019, c	or other tax	year b	eginnir	ng	2	2019	and endi	ng –	-		
1	Fili	ng Status - Check only one box	ζ.			MM	- <u>D</u> D - `	YYYY		M M -	D D - 1	YYYY	
-		Single	Head of ho	useholo	d		Married filing	g separately	•				
		Married filing jointly	Qualifying v	vidow(e	er)				En	ter spouse's na	me here a	and SSN be	ow.
→	You	r Social Security Number			Check	cif	Spouse's	s Social Se	curity Number			Check if	
ng ere.	Vou			MI	decea	sed	/If two loot po		- 			deceased	
naili n h∈	fou	i liist hame		MI		Last hame	(II two last lia	anies, insen	t a space betw	een names.)		Suffix (Jr./S	)
Print your SSN, name, mailing address, and city or town here	lf joi	int return, spouse's first name		MI		Last name	(If two last na	ames, inser	t a space betw	een names.)		Suffix (Jr./S	r.)
, nai ty o													
ır SSN, n and city	Mail	ling address (number and street)					Mai	ling addres	s 2 (apartmen	t number, PO Bo	x)		
our ( , an	0.1								710		2010	Decident St	-tu
Print you address,	City	, town, or post office (If town is two wo	rds, leave a s	space r	between	the words.)	Stat	e	ZIP coo	16		Resident St	alus
Priu add	Ente	er city or town of residence if different	from above.				ZIP	code					
→											Part-Yea	r Resident	
		e appropriate box to identify	Form C	Г-1040	CRC.	Claim of R	Right Credit	For	m CT-8379.	Nonobligated	Spouse	Claim	
пуо	u are	e attaching a completed:	Form C	Т-2210	), Unde		•			iduals, Trusts,			
			CHECKIN	j aliy i		III Fall I.				Whole Do	ollars O	nly	
2	1.	Federal adjusted gross incom or federal Form 1040-SR, Line		eral F	orm 10	040, Line 8	8b		1.			-	.00
	2.	Additions to federal adjusted g	gross incor	ne fro	m Sch	nedule 1, L	_ine 40		2.				.00
€_	3.	Add Line 1 and Line 2.							3.				.00
г К-,	4.	Subtractions from federal adju	isted gross	incor	me froi	m Schedu	ile 1, Line	52	4.				.00
e staples. Schedules CT K-1	5.	Connecticut adjusted gross	income:	Subtra	act Lin	e 4 from L	ine 3.		5.				.00
not use staples. 199, or Schedule	6.	Income from Connecticut sou	rces from S	Sched	lule CT	Γ-SI, Line	30		6.				.00
e sta Sche	7.	Enter the greater of Line 5 of				-			7.				.00
or	8.	Income tax on the amount on See instructions.	Line / from	n tax 1	tables	or lax Ca	liculation S	chedule:	8.				.00
_ 0	9.	Divide Line 6 by Line 5. If Line	e 6 is equa	l to or	greate	er than Lir	ne 5, enter	1.0000.	9.				
e. D	10.	Multiply Line 9 by Line 8.							10.				.00
Clip check here. Do Do not send Forms W-2 or 1	11.	Credit for income taxes paid to of taxable year — part-year n						rtion	11.				.00
chec Form	12.	Subtract Line 11 from Line 10	. If Line 11	is gre	ater th	nan Line 1	0, enter "0	"	12.				.00
	13.	Connecticut alternative minim	um tax fror	n For	m CT-(	6251			13.				.00
ot se	14.	Add Line 12 and Line 13.							14.				.00
o nc	15.	Total allowable credits from Se	chedule C	Г-IT C	redit, F	Part I, Line	e 11		15.				.00
←	16.	Connecticut income tax: Su	btract Line	15 fro	m Line	14. If less	than zero,	enter "0."	16.				.00
	17.	Individual use tax from Sched	ule 3, Line	62: If	no tax	( is due, e	nter "0."		17.				.00
	18.	Add Line 16 and Line 17.							18.				.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.





Your Social Security Number

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_	19.	Ent	er amo	ount from Line 18.				19.	.00
3		Co pa	olumn A	edule: You must complete Col - Employer's federal ID No. from deral ID No. from Form 1099 of	n Box b of W-2, or	, ,		ile C	Column C - Connecticut income tax withheld Check box at left if from Schedule CT K-1.
109			n 20a.		•		•	20a.	.00
	y enter rmation	from	20b.		•	•	•	20b.	.00
	r Forms 1099, a		20c.		•	•	•	20c.	.00
	edules onnecti		<sup>1</sup> 20d.		•	•	•	20d.	.00
	me tax held.	was	20e.		•		•	20e.	.00
			20f. A	Additional CT withholding from	n Supplemental So	chedule CT-1040WH	,	20f.	.00
	20.			ecticut income tax withheld ts in Column C, Lines 20a, 20b		nd 20f, and enter here	9.	20.	.00
	21.	All	2019 es	timated tax payments and an	y overpayments ap	oplied from a prior ye	ear	21.	.00
	22.	Pay	/ments i	made with Form CT-1040 EX	T (request for exte	nsion of time to file)		22.	.00
	22a	. Cla	im of rig	ht credit: From Form CT-104	0 CRC, Line 6.			22a.	.00
	22b	. Pas	s-Throu	igh Entity Tax Credit: From Sc	hedule CT-PE, Line	e 1. Schedule must b	e attached.	22b.	.00
	23.	Tot	al payn	nents and refundable credit	<b>s:</b> Add Lines 20, 2	1, 22, 22a, and 22b.		23.	.00
4	24.	Ove	erpayme	ent: If Line 23 is more than Lir	ne 19, subtract Line	e 19 from Line 23.		24.	.00
	25.	Am	ount of	Line 24 overpayment you wa	nt <b>applied to your</b>	2020 estimated ta	ĸ	25.	.00
	26.			Line 24 overpayment you was Jule CT-CHET, Line 4.	nt applied as a CH	ET contribution		26.	.00
				butions of refund to designate				26a.	.00
		con	nplete L	ubtract Lines 25, 26, and 26a ines 27a, 27b, and 27c. Direc	t deposit is not ava	ailable to first-time fi	ers.	27.	.00
	27a	. Che	ecking	Savings	27c. Account nu				
			not ele	nber ct direct deposit, a refund che	ck will be issued a		0		ccount outside the U.S.? Yes
5	28.	Тах	due: If	Line 19 is more than Line 23	, subtract Line 23	from Line 19.		28.	.00
		lf la	te: Ente	r penalty. Multiply Line 28 by r interest. Multiply Line 28 by y 1% (.01).	( )	s or fraction of a mo	nth	29. 30.	.00
	31.			underpayment of estimated to	ax from Form CT-2	2210:		31.	.00
	22		e instruc		b 21			32.	.00
				unt due: Add Lines 28 throug					
6	and deli	l payı iverin	nent of a g a false	any use tax due, and, to the b	est of my knowled s a fine of not more	ge and belief, it is tru than \$5,000, or impi	ie, complete isonment fo	, and co r not m	edules and statements, including reporting orrect. I understand the penalty for willfully ore than five years, or both. The declaration owledge.
			Your sign			Date (MMD		ing an	Home/cell telephone number
	ign Iere	•	Spouse's	signature (if joint return)		Date (MMD			Daytime telephone number
		•	spoudood			• -	_		•
со	eep a py of return		∕our ema	il address					
	your ords.	1	Paid prep	arer's signature		Date (MMD	DYYYY) -		Telephone number
100		•	Type or p	rint paid preparer's name		Firm's Fede	ral Employer I	dentifica	tion Number (FEIN) Check if
		•	Firm's name, address, and ZIP code    self-employed						
			Third Pa	rty Designee - Complete the follo	owing to authorize DF	RS to contact another p	erson about t	nis returr	n.
		•	Designee	e's name	Tel	ephone number -		•	Personal identification number (PIN)

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





### 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.	.00
34.	Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	.00
35.	Taxable amount of lump-sum distributions from qualified plans not included in federal		
	adjusted gross income	35.	.00
36.	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	36.	.00
37.	Loss on sale of Connecticut state and local government bonds	37.	.00
38.	Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	.00
38a.	80% of Section 179 federal deduction. See instructions.	38a.	.00
39.	Other - specify ●	39.	.00
40.	Total additions: Add Lines 33 through 39. Enter here and on Line 2.	40.	.00
41.	Interest on U.S. government obligations	41.	.00
42.	Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	.00
43.	Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet instructions.	43.	.00
44.	Refunds of state and local income taxes	44.	.00
45.	Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	.00
46.	Military retirement pay	46.	.00
47.	25% of income received from the Connecticut teacher's retirement system	47.	.00
48.	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.	48.	.00
	Gain on sale of Connecticut state and local government bonds	49.	.00
50.	Connecticut Higher Education Trust (CHET) contributions made in 2019 or an excess carried forward from a prior year. See instructions.	50.	.00
	Enter CHET account number:		
	Do not add spaces or dashes.		
50a.	25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years.	50a.	.00
50b.	14% of pension or annuity income. See instructions.	50b.	.00
51.	Other - specify: Do not include out of state income.●	51.	.00
52.	Total subtractions: Add Lines 41 through 51. Enter here and on Line 4.	52.	.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 See instructions. 55. Non-Connecticut income included on Line 53 and reported on a qualifying .00 .00 jurisdiction's income tax return: Complete Schedule 2 Worksheet. ..... 55. 56. 56. Divide Line 55 by Line 53. May not exceed 1.0000. .00 .00 .00 .00 58. Multiply Line 56 by Line 57. ..... 58. .00 .00 59. Allowable income tax paid to a qualifying jurisdiction. See instructions. .. 59. .00 .00 60. Enter the lesser of Line 58 or Line 59. ..... 60. .00 

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





Your Social Security Number •

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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 <sup>\$5,000 fine, imprisonment for as much as 5 years, or both.</sup> 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 Connecticut Individual Use Tax Worksheet, Section A, Column 7	62a.	.00
62b. Total use tax due at 6.35%: From Connecticut Individual Use Tax Worksheet, Section B, Column 7	62b.	.00
62c. Total use tax due at 7.75%: From Connecticut Individual Use Tax Worksheet, Section C, Column 7	62c.	.00
62d. Total use tax due at 2.99%: From Connecticut Individual Use Tax Worksheet, Section D, Column 7	62d.	.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. •	.00

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

63a. AIDS Research	63a.	.00
63b. Organ Transplant	63b.	.00
63c. Endangered Species/Wildlife	63c.	.00
63d. Breast Cancer Research	63d.	.00
63e. Safety Net Services	63e.	.00
63f. Military Relief	63f.	.00
63g. CHET Baby Scholars	63g.	.00
63h. Mental Health Community Investment Account	63h.	.00
63. Total Contributions: Add Lines 63a through 63h. Enter amount here and on Line 26a.	63.	.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:	For refunds and all other tax forms without payment:				
Department of Revenue Services	Department of Revenue Services				
PO Box 2977	PO Box 2976				
Hartford CT 06104-2977	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.