Department of Revenue Services State of Connecticut (Rev. 02/21) NRPY 1220W 01 9999

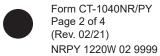


Form CT-1040NR/PY **Connecticut Nonresident and Part-Year Resident Income Tax Return**

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).

- 1	or J	anuary 1 - December 31, 2020, or other tax year beginning - 2 0 2 0	0	and ending	-	-	
1	Fili	ng Status - Check only one box.	Y		M M - D D	- <u>Y Y Y Y</u>	
_		Single Head of household Married filing separate	ely	•			
		Married filing jointly Qualifying widow(er)			spouse's name he	re and SSN be	low.
→	You	r Social Security Number Spouse's Social S Check if	Securit -	y Number		Check if	
ing ere.	You	deceased r first name	ert a s	nace hetweet		deceased Suffix (Jr./S	
nail m h	100	The fact fame (if the fact fame), inc	01140	pado botillooi	r namoo.,	Cumx (or./C	,
Print your SSN, name, mailing address, and city or town here	If joi	nt return, spouse's first name MI Last name (If two last names, ins	sert a s	pace betweer	n names.)	Suffix (Jr./S	Sr.)
r SSN, and cit	Mail	ing address (number and street) Mailing address	ess 2 (apartment nu	mber, PO Box)		
youi	City,	town, or post office (If town is two words, leave a space between the words.)	veen the words.) State ZIP co				tatus
Print you address,						Nonresident	
	Ente	er city or town of residence if different from above.					
→					Part-	Year Resident	
		e appropriate box to identify attaching a completed: Form CT-1040 CRC, Claim of Right Credit	orm C	CT-8379, No	nobligated Spou	se Claim	
		CT-2210, Underpayment of Estimated Income Tax by Individuals, and Estates, checking any box from Part 1.	rm 13 ² d Taxp	10, Stateme oaver	nt of Person Clai	ming Refund I	Due
2		Federal adjusted gross income from federal Form 1040, Line 11			Whole Dollars	Only	
	١.	or federal Form 1040-SR, Line 11		1.			.00
_	2.	Additions to federal adjusted gross income from Schedule 1, Line 40		2.			.00
-	3.	Add Line 1 and Line 2.	;	3.			.00
⊢ Ÿ	4.	Subtractions from federal adjusted gross income from <i>Schedule 1</i> , Line 52		4.			.00
S.	5.	Connecticut adjusted gross income: Subtract Line 4 from Line 3.		5.			.00
e staples. Schedules CT K-1	6.	Income from Connecticut sources from Schedule CT-SI, Line 30		6.			.00
sta	7.	Enter the greater of Line 5 or Line 6. If zero or less, go to Line 12 and enter "C	0."	7.			.00
not use 99, or S	8.	Income tax on the amount on Line 7 from tax tables or Tax Calculation Schedule See instructions.		8.			.00
$\overline{}$	9.	Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000		9.			
or 1	10	Multiply Line 9 by Line 8.		0.			.00
Clip check here. Do Do not send Forms W-2 or 10		Credit for income taxes paid to qualifying jurisdictions during resident portion of taxable year — part-year residents only (from Schedule 2, Line 61)		1.			.00
Shec	12.	Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter "0."	1:	2.			.00
dilip o	13.	Connecticut alternative minimum tax from Form CT-6251	1	3.			.00
C t ser	14.	Add Line 12 and Line 13.	1	4.			.00
ou c	15.	Total allowable credits from Schedule CT-IT Credit, Part I, Line 11	1:	5.			.00
*	16.	Connecticut income tax: Subtract Line 15 from Line 14. If less than zero, enter "C	0." 1	6.			.00
_		Individual use tax from <i>Schedule 3</i> , Line 62: If no tax is due, enter "0."		7.			.00
		Add Line 16 and Line 17.		8.			.00

Due date: April 15, 2021 - 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 •

	19.	Ent	er amount	from Line 18.					19.		.00	
3		C d	olumn A - En	nployer's federal ID N	ete Columns A, B, and on No. from Box b of W-2, on 1099 or Schedule CT K	or Column			ule C	column C - Connecticut income Check box at left if from Schedul		
1099			20a.			•		•	20a.		.00	
infor	enter mation		20b.			•		•	20b.		.00	
and	Forms 1099, a	nd	20c.			•		•	20c.		.00	
	edules (Innectic		20d.			•		•	20d.		.00	
inco withl	me tax v held.	was	20e.			•		•	20e.		.00	
			20f. Addit	ional CT withholdir	ng from <i>Supplemental</i>	Schedule (CT-1040WH		20f.		.00	
	20.			cut income tax wit Column C, Lines 20	hheld: a, 20b, 20c, 20d, 20e,	, and 20f, a	nd enter here.		20.		.00	
	21.	All 2	2020 estima	ted tax payments a	and any overpayments	applied fro	om a prior year		21.		.00	
	22.	Pay	ments made	e with Form CT-10	40 EXT (request for ex	xtension of	time to file)		22.		.00	
	22a.	Clai	m of right cr	redit: From Form C	T-1040 CRC, Line 6.				22a.		.00	
	22b.	Pas	s-Through E	Entity Tax Credit: Fr	om Schedule CT-PE, I	ine 1. Sch	edule must be at	tached.	22b.		.00	
	23.	Tota	al payments	s and refundable	credits: Add Lines 20	, 21, 22, 22	?a, and 22b.		23.		.00	
4	24.	Ove	erpayment: I	f Line 23 is more th	nan Line 19, subtract l	ine 19 fron	n Line 23.		24.		.00	
	25.	Am	ount of Line	24 overpayment y	ou want applied to y o	our 2021 es	stimated tax		25.		.00	
	26.			24 overpayment y CT-CHET, Line 4.	ou want applied as a (CHET contr	ibution		26.		.00	
					ignated charities from				26a.		.00	
		con	nplete Lines	27a, 27b, and 27c	d 26a from Line 24. F . Direct deposit is not	available to			27.		.00	
			cking	Savings	27c. Account							
			ıting number not elect dir	rect deposit, a refu	nd check will be issue			•		ccount outside the U.S.?	Yes	
5	28.	Тах	due: If Line	e 19 is more than L	ine 23, subtract Line 2	23 from Line	e 19.		28.		.00	
				nalty. Multiply Line	, ,				29.		.00	
	30.		ate: Enter interest. Multiply Line 28 by number of months or fraction of a month e, then by 1% (.01).						30.		.00	
	31.			,	ated tax from Form C	T-2210:			31.		.00	
	22		instructions		through 21				20		.00	
				due: Add Lines 28	ŭ				32.			
6	and deliv	payn /erin	nent of any i g a false reti	use tax due, and, to urn or document to	the best of my knowl	edge and b ore than \$5,	elief, it is true, c 000, or imprison	omplet ment fo	e, and co or not mo	edules and statements, inclu prrect. I understand the pena pre than five years, or both. T pwledge.	Ity for willfully	
)	our signature				Date (MMDDYY			Home/cell telephone number	er	
	ign lere	•	Spouse's signa	ature (if joint return)			Date (MMDDYY	YY)		Daytime telephone number		
Ke	ер а	•	_				•			•		
СО	py of)	our email add	dress								
for	return your	F	Paid preparer's signature				Date (MMDDYY	Date (MMDDYYYY)		Telephone number		
rec	ords.	•	•									
			Type or print paid preparer's name Firm's Federal Employer					Check if self-employed Paid preparer's PTIN				
		F	Firm's name, address, and ZIP code									
		•										
			-		the following to authorize		•	n about	this returr		DINI)	
		•	Designee's na	imė	•	Telephone n	umper -		•	Personal identification number (PIN)	

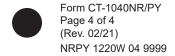


Your Social Security Number •

	hedule 1 - Modifications to Federal Adjusted Gross Income instructions.	Е	nter all items as positive numbers.
33.	Interest on state and local government obligations other than Connecticut		.00
	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 Teachers' 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 2020 or an excess carried forward from a prior year. See instructions. Enter CHET account number:	50.	.00
	Do not add spaces or dashes.		00
	25% of Section 168(k) federal bonus depreciation deduction added back in preceding three years.	50a.	.00
	28% of pension or annuity income. See instructions.	50b.	.00
	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 ta	xable	year	53.			.00		
	See instructions.	•	Colur Name		ode (● Name	Column E	Goo	le
54.	Enter qualifying jurisdiction's name and two-letter code	54.							
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.			.00				.00
56.	Divide Line 55 by Line 53. May not exceed 1.0000	56.	_ •						
57.	Apportioned income tax: See instructions.	57.			.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				.00
61.	Total credit: Add Line 60, all columns. Enter here and on Line 11			61.			.00		





Your Social Security Number •

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 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 PO Box 2977 Hartford CT 06104-2977	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 "2020 Form CT-1040NR/PY" on your check.