



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



\subset		File and pay Form CT-1040NR	/PY electronical	l y using mycon	neCT at po	rtal.ct.gov/DRS-mycc	onneCT.	File and pay you Reve	
F	For J	anuary 1 - December 31, 2024	, or other tax ye	ear beginning	-	- 2024	and ending	9 –	-
1	Filii	ng Status - Check only one b	ox.		M M -	DD-YYYY		M M - D D	- Y Y Y Y
		Single	Head of hous	sehold	М	arried filing separately	•		
		Married filing jointly	Qualifying su	rviving spouse				r spouse's name h	ere and SSN below.
→	Your	r Social Security Number		Check if		Spouse's Social Sec	urity Number		Check if
ng êre.	Vou			deceased MI La		two last names, insert			deceased
n he	roui				IST HAILE (II	two last flames, insert	a space betwee	en names.)	Suffix (Jr./Sr.)
tov.	lf joi	nt return, spouse's first name		MI La	st name (If	two last names, insert	a space betwee	en names.)	Suffix (Jr./Sr.)
city or town here					,			,	
Print your SSN, name, mailing address, and city or town here	Mail	ing address (number and street)				Mailing address 2 (a	partment numb	oer, PO Box)	
and									
yuu ss,	City,	town, or post office (If town is two	words, leave a sp	ace between the	e words.)	State	ZIP code	С	ountry code
endress,									
_	Ente	er city or town of residence if differe	nt from above.			ZIP code			2024 Resident Status Part-Year
→								Nonreside	
Chec appr			le 19 Status Re	lease		CT-2210 , Underpayn states, checking any			y Individuals, Trusts
	o ide	entify Form CT-1040 CF	RC, Claim of Rig	ht Credit					
attac com	hing	ja Form CT-8379 M	onobligated Sp	ouse Claim		al Form 1310, State eased Taxpayer	ment of Pers	on Claiming Refu	nd Due
_ `								Whole Dollar	s Only
2	1.	Federal adjusted gross inco or federal Form 1040-SR, L	me from feder ine 11	al Form 1040), Line 11		1.		.00
	2.	Additions to federal adjusted	d aross incom	e from Scheo	<i>lule 1</i> . Lin	e 40	2.		.00
F	3.	Add Line 1 and Line 2.	5		,		3.		.00
K -1.	о. 4.	Subtractions from federal ad	tiusted aross i	ncome from	Schedule	1 Line 52	4.		.00
CT K-1									.00
lles	5.	Connecticut adjusted gros					5.		
chedules.	6.	Income from Connecticut so					6.		.00
	7. 8.	Enter the greater of Line 5 Income tax on the amount of					7.		.00
or	0.	See instructions.					8.		.00
660	9.	Divide Line 6 by Line 5. If Li	ne 6 is equal t	o or greater t	han Line	5, enter 1.0000.	9.		
r 2 ÷	10.	Multiply Line 9 by Line 8.					10.		.00
1-2 0		Credit for income taxes paid	to qualifying	urisdictions o	during res	ident portion	11		.00
N SI	40	of taxable year — part-year				,	11.		
end Forms W-2 or 1099, or S		Subtract Line 11 from Line 1		•		enter U.	12.		.00
Do not send Forms W-2 or 1099,		Connecticut alternative mini	mum tax from	Form CT-62	51		13.		.00
ser	14.	Add Line 12 and Line 13.					14.		.00
not	15.	Total allowable credits from	Schedule CT-	IT Credit, Pa	rt 1, Line	10	15.		.00
	16.	Connecticut income tax:	Subtract Line 1	5 from Line 14	1. If less th	an zero, enter "0."	16.		.00
F	17.	Individual use tax from Sche	edule 3, Line 6	2: If no tax is	due, ente	er "0."	17.		.00
	18.	Add Line 16 and Line 17.					18.		.00

18. Add Line 16 and Line 17.

Due date: April 15, 2025 - Attach a copy of all applicable schedules and forms to this return. Do not use staples.

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). Form CT-1040NR/PY Page 2 of 4 (Rev. 12/24) NRPY 1224W 02 9999



Your Social Security Number

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	19.	Ent	er am	ount fr	om Lii	ne 18.								19.				.00
3		Сс pa	olumn	A - Emp	loyer's f	ederal II	D No. fror		f W-2, or	Column	thholding will B - Connecticu es, tips, etc.	ut Sc		e (ncome tax wit Schedule CT K-	
	ns W-2 Inform		20a.							•		•		20a.				.00
Only inform	enter nation f	rom	20b.							•		•		20b.				.00
	Forms I 099, a		20c.							•		•		20c.				.00
Sche	dules C	CT K-1	20d.							•		•		20d.				.00
	ne tax v		20e.							•		٠		20e.				.00
			20f.	Additio	nal CT	withhol	ding from	n Supplei	mental S	chedule C	CT-1040WH			20f.				.00
	20.						vithheld: 20a, 20b		d, 20e, a	and 20f, er	nter here.			20.				.00
	21.	All 2	2024 e	stimate	d tax p	ayments	s and an	y overpay	/ments a	applied fro	m a prior yea	r		21.				.00
	22.	Pay	ments	made	with Fo	rm CT-1	1040 EXT	Г (reques	t for exte	ension of t	time to file)			22.				.00
	22a.	Clai	m of ri	ight cree	dit: Fro	m Form	CT-1040) CRC, L	ine 6.					22a.				.00
	22b.	Pas	s-Thro	ough En	tity Tax	Credit:	From Sc	hedule C	T-PE, Lir	ne 1. Sche	dule must be	attach	ned.	22b.				.00
	22c.	Hist	oric H	ome Re	habilita	ation Cr	edit							22c.				.00
4	23.	Tota	al pay	ments a	and re	fundabl	e credit	s: Add Li	nes 20, 2	21, 22, 22	a, 22b, and 2	2c.		23.				.00
-	24.	Ove	erpaym	nent: If L	ine 23	is more	e than Lir	ne 19, sul	btract Lir	ne 19 from	Line 23.			24.				.00
	25.	Amo	ount of	f Line 24	4 overp	ayment	t you war	nt applie	d to you	r 2025 es	timated tax			25.				.00
	26.					oayment T, Line 4		nt applied	l as a Cŀ	HET contri	bution			26.				.00
										chedule 4				26a.				.00
	27.									direct de ailable to	posit, first-time filer	rs.		27.				.00
	27a.	Che	cking		Sav	/ings		27c. A	ccount nu	umber								
	27b.	Rou	iting nu	Imber						27d	. Will this refu	und go	to a	bank a	account outs	ide the U.S.	?	Yes
-					•					•	essing may be	e dela	yed.	28.				.00
5								, subiraci 10% (.10		from Line	; 19.			20.				.00
	29.	II Ia		ei pena	iity. ivit	парту сп	le 20 Dy	10 % (.10)).					29.				.00
	30.			er inter by 1% (Itiply Li	ne 28 by	number	of month	is or fracti	on of a month	٦		30.				.00
	31.			n under ctions.	payme	nt of est	imated ta	ax from F	orm CT-	2210:				31.				.00
	32.				e: Add	Lines 2	8 throug	h 31.						32.				.00
6	and deliv	payn ering	nent of g a fals	f any us se returi	e tax d n or do	ue, and, cument	to the be to DRS is	est of my a fine of	knowled not more	lge and be e than \$5,0	irn and all ac lief, it is true,)00, or imprise which the pre	, comp onmei	olete, nt for	and c not m	orrect. I un ore than fiv	derstand the	penalty for	willfully
Si	ign		/our sig				-			•	Date (MMDD	•		-	-	cell telephone -	number -	
H	ere	5	Spouse	's signati	ure (if jo	int return	ı)				Date (MMDD	YYYY)		Daytim	e telephone r	umber	
	ep a	•	Daid nr	on or or 'o	aignatu					•	Date (MMDD	YYYY)		Teleph	- one number		
this	oy of return			eparer's	signatu	e				•	-	_	,		•	-	-	
	your ords.	•	Type or print paid preparer's name					Firm's Federal Employer Identification Number (FEIN) Check if self-employe					eck if -employed					
		ł	Firm's r	name, ad	dress, a	and ZIP c	ode								Paid prepare		. ,	
		٠																
				-	-	- Comple	te the follo	owing to a			act another per	son ab	out th	nis retu		entification pu	mber (DINI)	
		•	Designe	ee's nam	C				•	elephone nu				•		entification nu		
														_				

Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS. Visit us at **portal.ct.gov/DRS** for more information.





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Schedule 1 - Modifications to Federal Adjusted Gross Income

See	instructions.	Enter all items as positive numbers	5.
	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.	50% 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 2024 or an excess carried forward from a prior year. See instructions.	50.	.00
50a.	25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	.00
50b.	Pension or annuity income. See instructions.	50b.	.00
50c.	Ordinary and necessary business expenses for taxpayers licensed under chapter 420f or 420h that are not claimed for federal income tax purposes	50c.	.00
50d.	Achieving Better Life Experience (ABLE)	50d.	.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 ta	xable	year		53.			.0	0	
	See instructions.	•	Cc Name	olum	in A	Code	● Nam	Colu	nn B	Code
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 Schedule 2 Worksheet.	55.				.0	0			.00
56.	Divide Line 55 by Line 53. May not exceed 1.0000.	56.	_ •			_	_	•		
57.	Apportioned income tax: See instructions	57.				.0	0			.00
58.	Multiply Line 56 by Line 57.	58.				.0	0			.00
59.	Allowable income tax paid to a qualifying jurisdiction. See instructions	59.				.0	0			.00
60.	Enter the lesser of Line 58 or Line 59	60.				.0	0			.00
61.	Total credit: Add Line 60, all columns. Enter here and on Line 11			(51.			.00)	

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





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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 \$5,000 fine, imprisonment for as much as 5 years, or b

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 "2024 Form CT-1040NR/PY" on your check.

