Department of Revenue Services State of Connecticut (Rev. 09/24)

Schedule CT-1040 REC

2023

Real Estate Conveyance Tax Credit Schedule - Used for Purposes of Completing Form CT-1040

To prevent any delay in processing your return, see the instructions below for completing and sending this schedule with Form CT-1040 to the Department

| OI F | reveni | ue s | beivices (DRS). | | | | | | | | | |
|---|--|------------------------------------|--|---|--|--|---|-----------------------------------|--------------------------------------|------------------------------------|--|----------------|
| Tax | payer's | naı | me (if individual) | Middle initial | Last name | | | Soc | ial Security | Number (S | SSN) | |
| If joint return, spouse's first name | | | | Middle initial | Last name | | | Spo | use's SSN | | | |
| | | | | | | | | | - | _ | | |
| Mai | iling ad | dres | s (number and street) | | | | Mai | ing addr | ess 2 (apar | tment num | ber, PO Box) | |
| | | | | | | | | | | | | |
| Cit | y, town | , or | post office (If town is two words, le | eave a space betw | een the words.) | | Stat | е | | ZIP cod | le | |
| Cei 2.2 cre | rtain ta 5% pr dit aga | axpa esc ains | ormation ayers who paid the real estat ribed in Conn. Gen. Stat. § 1 t their income tax liability that yance tax paid at said rate. | 2-494(b)(2)(C) | may claim a tax | Resident taxpayers fil Income Tax Return, s Real Estate Conveya Connecticut income ta this credit are required | hould use ance Tax (x liability ir | this sch Credit t n taxable | nedule to hat may b e year 202 | calculate se claime 3. Taxpa | the amount ed against th yers who clai | oi ne im |
| 1. | | | of real estate: Enter the addre | ss of the proper | ty. | | | | | | | |
| | Street | an | d Number | | | | | | | | | |
| | City/T | ow | n | | | | | | State | Zip C | ode | |
| | | | | | | | | | | | | |
| 2. | | | e date of conveyance of prope ember 31, 2020, stop. You are | | | | | | | | | |
| | in tax | able | e year 2023. If the date entere | | | | | 2. | - | - | 2020 | |
| _ | | | below.) | | | | | ۷ | (MMD | DYYYY) | | |
| 3. | This of Tax R | ons etu | the portion of the consideration for the residential dwelling that exceeds \$2,500,000 by 1% (0.01). nsideration amount is reported on Line 16c of Form OP-236 , <i>Connecticut Real Estate Conveyance turn</i> , and corresponds to the conveyance of the property identified on Line 1 and the date of the ance thereof identified on Line 2 above. | | | | | | | | .00 | 0 |
| 4. | | | | % and enter the amount. (This is the maximum of amount of the credit eligible t | | | | | | | | |
| be claimed against the income tax in taxable year 2 | | | | | | | | 4. | | | .00 |) |
| | Enter the 2023 Connecticut income tax liability from Form CT-1040, Lin | | | | | | 5. | | | .00 |) | |
| 6. | here a Althou from I this lir to this | and ugh orr ne fo line | of credit eligible to be claimed in column D of Line 8 of Part Line 8 of Part 1 of Schedule Transpayers are here or taxable year 2023. Taxpaye e as they pertain to the Insural | come Tax Credit Summar te Reinvestment Fund Ta Estate Conveyance Tax C gard all other instructions | y. Note: x Credit redit on relative | 6 | | | 00 | | | |
| _ | claiming both credits, the taxpayer mus | | | | , | | | 6. | | | .00 | J |
| 1. | is elig | ible | of carryforward (Line 3 - Line 6 to be carried forward to taxa this line in column E of Line 8 | enter the carryforward | edit that amount | 7. | | | .00 | C | | |
| beli | ef, it is ' | true | I declare under penalty of law tha , complete, and correct. I underst an five years, or both. The decla | and the penalty for | or willfully delivering | a false return or document | to DRS is a | fine of no | ot more tha | n \$5,000, o | or imprisonme | nd nt |
| | | | Your signature | | | Date (MMDDYYYY) | | Home/c | ell telephon | e number | | |
| Sign | | • | | | | • | | | <u>-</u> | | | |
| ŀ | lere | | Spouse's signature (if joint return) | | | Date (MMDDYYYY) | | Daytime | e telephone - | number - | | |
| CC | eep a | • | Your email address | | | • | • | | | | | |
| | return r your | | Paid preparer's signature | | | Date (MMDDYYYY) | Telephone number | | | | | |
| red | cords. | • | To a consist a sid source of a con- | • | | | | | | | | |
| | | | Type or print paid preparer's nam | e | Firm's Federal Employer Identification Number (FEIN) Check if self-employed | | | | | | | |
| | | | Firm's name, address, and ZIP co | ode | | | Paid | prepare | r's PTIN | п-еттргоуе | u | |
| | | • | | | | | | | | | | |
| | | | Third Party Designee - Complete Designee's name | e the following to | authorize DRS to co Telephone | • | | sonal ide | entification n | umber (PI | N) | |