Department of Revenue Services State of Connecticut

(Rev. 12/24)

Schedule CT-1040AW
Part-Year Resident Income Allocation



2024

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only.

Please note that each form is year specific. To prevent any delay i	n proc	essing your return, th	ne corr	ect year's form mu s	st be su	bmitted to the Depar	tment	of Revenue Services	(DRS)
Your first name and middle initial		st name	Your Social Sec	Your Social Security Number					
If joint return, spouse's first name and middle initial	Last name				Spouse's Social Security Number				
Part 1 – Adjusted Gross Income	Federal Income as Modified See instructions. Column A Income from federal return		Connecticut Resident Period Column B Income from Column A for this period		Connecticut Nonresident Period				
					Column C Income from Column A for this period		Column D Income from Column C from Connecticut sources		
Wages, salaries, tips, etc	1.								
2. Taxable interest	2.								
3. Ordinary dividends	3.								
4. Alimony received	4.								
5. Business income or (loss)	5.								
6. Capital gain or (loss)	6.								
7. Other gains or (losses)	7.								
8. Taxable amount of IRA distributions	8.								
9. Taxable amounts of pension and annuities	9.								
10. Rental real estate, royalties, partnerships,									
S corporations, trusts, etc	10.								
11. Farm income or (loss)	11.								
12. Unemployment compensation	12.								
13. Taxable amount of social security benefits	13.								
14. Other income: See instructions.	14.						┿		
15. Add Lines 1 through 14.	15.		00	 	00	 	00	 	00
Part 2 – Adjustments to Income		<u> </u>	T					_	
16. Educator expenses	16.				_		-		
17. Certain business expenses of reservists, performing	l								
artists, and fee-basis government officials	17.						_		
18. Health savings account deduction	18.			-			+	1	
19. Moving expenses for members of the armed forces	1								
20. Deductible part of self-employment tax	20.								
21. Self-employed SEP, SIMPLE, and qualified plans	21.						-		
Self-employed health insurance deduction	23.						+		
, ,	24.								
24. Alimony paid							+		
26. Student loan interest deduction									
27. Archer MSA deduction									
28. Other adjustments									
29. Total adjustments: Add Lines 16 through 28									
30. Subtract Line 29 from Line 15▶			00	>	00	>	00	>	00
Line 30, Column A		st equal the amo	ount	on Form CT-104	0NR/P	Y, Line 5.		•	
Add Columns B and D for each	ch lin	e and enter the t	otals	on Lines 1 thro	ough 3	0 on Schedule C	:T-SI.		
Part 3 – Part-Year Resident Information									
Moved Into Connecticut									
Date you moved into Connecticut /		/ and s	tate	of prior reside	nce:		7		
Date your spouse moved into Connecticut		/ /		and state of pr i		sidence:			
Moved Out of Connecticut				•					
Date you moved out of Connecticut		/	l etal	e of now rooid	anco:				
-									
2. Date your spouse moved out of Connecticut				and state of	new fe	esiderice: [
Income From Connecticut Sources During I									
1. Did you receive income from Connecticut sour									
2. Did your spouse receive income from Connec	cticut	sources during	his o	or her nonresid	ent pe	riod?		Yes 🛚	No