



Form CT-1041 **can be filed electronically.** Visit **myconneCT** at **portal.ct.gov/DRS-myconneCT** to file your return electronically.

For calendar year 2025, or other tax year beginning - 2 0 2 5 and ending - -

Name of trust or estate			Federal Employer Identification Number (FEIN)		
Name and title of fiduciary					
Address of fiduciary		Number and street	PO Box	For estates only: Decedent's Social Security Number (SSN)	
City, town, or post office		State	ZIP code		

**Check applicable boxes:**

<input type="checkbox"/> Final return <input type="checkbox"/> You meet the Form CT-1041 Quick-File Requirements. <i>See Form CT-1041 Quick-File Requirements.</i>	<input type="checkbox"/> Amended return: (Attach Explanation). <input type="checkbox"/> Check here if you checked any of the boxes on Form CT-2210, Part 1.
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Date trust was created or, for an estate, date of decedent's death:   -  -  -  -  -  -    
MM - DD - YYYY

If estate was closed or trust terminated, enter date:   -  -  -  -  -  -    
MM - DD - YYYY

**Check applicable box:**

<input type="checkbox"/> Resident Estate	<input type="checkbox"/> Nonresident estate	<input type="checkbox"/> Full-year resident trust	<input type="checkbox"/> Part-year resident trust	<input type="checkbox"/> Nonresident trust
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**Check applicable box:**

<input type="checkbox"/> Decedent's estate	<input type="checkbox"/> Bankruptcy estate	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Entity is an ESBT
<input type="checkbox"/> Complex trust	<input type="checkbox"/> Pooled income fund	<input type="checkbox"/> Grantor type trust filing federal Form 1041: Complete Question A below.	

**Indicate if:**

<input type="checkbox"/> Trust was created by the will of a decedent	<input type="checkbox"/> Inter vivos trust: Complete Question A below.
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**Resident estates or full year resident trusts, except for those that meet the Quick-File Requirements, must attach Schedule CT-1041C and, if applicable, Schedule CT-1041FA.**

## Questions

A. Inter vivos trust information:

Grantor name	Grantor SSN	
<input type="text"/>	<input type="text"/>	
Grantor address	City	State ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

B. Date on which part-year resident trusts, identified above, became irrevocable:

-  (MM-DD-YYYY)

C. Does the trust or estate have an interest in real property or tangible personal property located in Connecticut? ☐ Yes ☐ No

## Connecticut Income Tax Calculation

Full-Year Resident Only	1.	Connecticut taxable income from Schedule CT-1041C, Line 14, or to Quick-File, see federal Form 1041, Line 23.	1. ►		.00
	2.	Connecticut income tax: Multiply Line 1 by 6.99% (.0699).	2. ►		.00
	Nonresident Part-Year	3.	Allocated Connecticut income tax from Schedule CT-1041FA, Part 1, Line 12, for nonresident estates, nonresident trusts, or part-year resident trusts only.	3. ►	
4.		Credit for income tax paid to qualifying jurisdictions by resident estates, resident trusts, or part-year resident trusts only from Part 1, <i>Schedule B</i> , Line 8.	4. ►		.00
Computation of Tax	5.	Subtract Line 4 from Line 2 or Line 3. See instructions.	5. ►		.00
	6.	Connecticut alternative minimum tax from Form CT-1041 Schedule I, Part 1, Line 23.	6. ►		.00
	7.	Add Line 5 and Line 6.	7. ►		.00
	8.	Total allowable credits from Schedule CT-IT Credit, Part 1, Line 10.	8. ►		.00
	9.	<b>Connecticut income tax:</b> Subtract Line 8 from Line 7.	9. ►		.00



Federal Employer Identification Number (FEIN)

**Withholding Schedule: You must complete Columns A, B, and C or your withholding will be disallowed.**

	Column A - Payer's FEIN from Form 1099, Form W-2G, or Schedule CT K-1)	Column B - Distributions, Reportable Winnings, Income, etc.	Schedule CT K-1	Column C - Connecticut Income Tax Withheld
Only enter information from your Forms 1099, W-2G, and Schedules CT K-1 if Connecticut income tax was withheld.	10a. ▶		▶	10a. ▶ .00
	10b. ▶		▶	10b. ▶ .00
	10c. ▶		▶	10c. ▶ .00
	10d. ▶		▶	10d. ▶ .00
	10e. ▶		▶	10e. ▶ .00
	10f. Additional CT withholding from Supplemental Schedule CT-1041WH			10f. ▶ .00
Payments	10. Total Connecticut income tax withheld: Add amounts in Column C, Line 10a through Line 10f.			10. ▶ .00
	11. All 2025 estimated tax payments and any overpayment applied from a prior year.			11. ▶ .00
	12. Payments made with extension request (on Form CT-1041 EXT).			12. ▶ .00
	12a. PE Tax Credit from Schedule CT-1041FA, Part 2, Column 4, Line E.			12a. ▶ .00
	13. Total payments and refundable credits: Add Lines 10, 11, 12 and 12a.			13. ▶ .00
	14. If Line 13 is greater than Line 9, enter amount overpaid. Subtract Line 9 from Line 13.			14. ▶ .00
	15. Amount of Line 14 you want to be applied to the 2026 estimated tax.			15. ▶ .00
	16. <b>Balance of overpayment:</b> Subtract Line 15 from Line 14.			16. ▶ .00
	17. <i>Reserved for future use.</i>			17. ▶
	18. Amount to be refunded: Enter the amount from Line 16.			18. ▶ .00
Refund or Amount Due	<b>For faster refund, use Direct Deposit by completing Lines 18a, 18b, and 18c.</b>			
	18a. Acct. type: ▶ Ck. ▶ Sv.	18b. ▶	Routing number	18c. ▶ Account number
	18d. Refund going to a bank account outside the U.S.			18d. ▶
	19. If Line 9 is greater than Line 13, enter the amount of tax due. Subtract Line 13 from Line 9.			19. ▶ .00
	20. If late, enter penalty. See instructions.			20. ▶ .00
	21. If late, enter interest. See instructions.			21. ▶ .00
	22. Interest on underpayments of estimated tax from Form CT-2210.			22. ▶ .00
	23. <b>Amount due:</b> Add Lines 19 through 22.			23. ▶ .00

**Amended return:** Attach a statement explaining the reason for filing an amended return.

**Declaration:** I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here  Keep a copy of this return for your records.	Signature of fiduciary or officer representing fiduciary	Date	Telephone number
	Email address of fiduciary or officer representing fiduciary		
	Paid preparer's signature	Date	Preparer's SSN or PTIN
Firm's name, address, and ZIP code			Firm's FEIN
			Telephone number



Federal Employer Identification Number (FEIN)

**Part 1, Schedule A - Connecticut Fiduciary Adjustments:** See instructions.

**Additions**

- |  |      |  |     |
|--|------|--|-----|
| 1. Interest on state and local government obligations other than Connecticut   | 1. ▶ |  | .00 |
| 2. Mutual fund exempt-interest dividends from state or municipal government obligations other than Connecticut                                   | 2. ▶ |  | .00 |
| 3. Loss on sale of Connecticut state and local government bonds: Enter as a positive number.   | 3. ▶ |  | .00 |
| 4. Connecticut income tax payments deducted in determining federal taxable income prior to deductions relating to distributions to beneficiaries | 4. ▶ |  | .00 |
| 5. Other (Specify)   | 5. ▶ |  | .00 |
| 6. <b>Total additions:</b> Add Lines 1 through 5.  | 6. ▶ |  | .00 |

**Subtractions**

- |   |        |  |     |
|---|--------|--|-----|
| 7. Interest on U.S. government obligations  | 7. ▶   |  | .00 |
| 8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations   | 8. ▶   |  | .00 |
| 9. Gain on sale of Connecticut state and local government bonds   | 9. ▶   |  | .00 |
| 10. Refunds of Connecticut income tax   | 10. ▶  |  | .00 |
| 10a. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes                      | 10a. ▶ |  | .00 |
| 11. Other (Specify)   | 11. ▶  |  | .00 |
| 12. <b>Total subtractions:</b> Add Lines 7 through 11.  | 12. ▶  |  | .00 |
| 13. <b>Connecticut fiduciary adjustment:</b> Subtract Line 12 from Line 6. This amount may be positive or negative. Enter on Schedule CT-1041B, Part 1, Line f, Column 5. | 13. ▶  |  | .00 |

**Part 1, Schedule B - Credit for Income Taxes Paid to Qualifying Jurisdictions (Resident estates and full or part-year resident trusts only)**

- |   |      |      |      |
|---|------|------|------|
| 1. Connecticut taxable income   | 1. ▶ |      | .00  |
| <b>Column A</b>   |      |      |      |
| 1a. Enter qualifying jurisdiction's name and two-letter code. See instructions.                                     | Name | Code | Name |
|   |      |      |      |
| 2. Non-Connecticut income included on Line 1 above and reported on the qualifying jurisdiction's income tax return. | 2. ▶ |      | .00  |
| 3. Divide Line 2 by Line 1 (may not exceed 1.0000).   | 3. ▶ |      | .00  |
| 4. Connecticut tax liability  | 4. ▶ |      | .00  |
| 5. Multiply Line 3 by Line 4.   | 5. ▶ |      | .00  |
| 6. Income tax paid to a qualifying jurisdiction (See instructions.)   | 6. ▶ |      | .00  |
| 7. Enter the lesser of Line 5 or Line 6.  | 7. ▶ |      | .00  |
| 8. <b>Total Credit:</b> Add the amount on Line 7 for each column.   | 8. ▶ |      | .00  |

Completed CT-1041 schedules **must** be attached to the back of Form CT-1041 if applicable. Do not use staples.

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Schedule CT-1041B</li><li>• Schedule CT-1041C</li><li>• Schedule CT-1041FA</li><li>• Schedule CT-1041 ESBT</li><li>• Schedule CT-IT Credit</li><li>• Schedule CT-PE</li></ul> | <ul style="list-style-type: none"><li>• Supplemental Schedule CT-1041WH</li><li>• Form CT-1041 Schedule I</li><li>• Worksheet B, Worksheet for Schedule CT-IT Credit</li><li>• Complete copy federal 1041 return</li><li>• Copies of all income tax returns filed with qualifying jurisdictions or the credit for income taxes paid to a qualifying jurisdiction will be disallowed</li></ul> |
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Visit the Department of Revenue Services (DRS) **myconnect** website at [portal.ct.gov/DRS-myconnect](http://portal.ct.gov/DRS-myconnect) to electronically file your return and to make a payment.



Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write the FEIN of the trust or estate and "2025 Form CT-1041" on the front of the check. DRS may submit your check to your bank electronically.

**Due date for calendar year filers:** April 15, 2026

Mail paper return to:  
**Department of Revenue Services**  
State of Connecticut, PO Box 2934  
Hartford CT 06104-2934

**Taxpayers must sign declaration.**

**For a faster refund choose direct deposit (Lines 18a - 18c).**

Visit us at [portal.ct.gov/DRS](http://portal.ct.gov/DRS) for more information.