

Department of Revenue Services State of Connecticut (Rev. 12/25)



## Form CT-1040 Connecticut Resident Income Tax Return

**2025** CT-1040

25 1040

myconne CT 1040 1225W 01 9999 For January 1 - December 31, 2025, or other tax year beginning - 2025 and ending M M - D D - Y Y Y Y M M - D D - Y Y Filing Status - Check only one box. Single Head of household Married filing separately Married filing jointly Qualifying surviving spouse Enter spouse's name here and SSN below. Spouse's Social Security Number Your Social Security Number Check if Check if deceased deceased Print vour SSN, name, mailing here Your first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.) and city or town MI If joint return, spouse's first name Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.) Mailing address (number and street) Mailing address 2 (apartment number, PO Box) address. City, town, or post office (If town is two words, leave a space between the words.) State ZIP code Country code Enter city or town of residence if different from above. ZIP code Check the Form CT-2210, Underpayment of Estimated Income Tax by Individuals, Trusts, Form CT-19IT, Title 19 Status Release appropriate and Estates, checking any box from Part 1 box to identify Schedule CT-Dependent (Complete this schedule if you claimed dependents Form CT-1040 CRC, Claim of Right Credit if you are on your federal Form 1040.) attaching a Federal Form 1310, Statement of Person Claiming Refund Due a Deceased Taxpayer Form CT-8379, Nonobligated Spouse Claim completed: Do you need health coverage? If you are interested in learning more about the health coverage options available through Access Health CT check the following box: . Note: By checking this box, you authorize DRS to notify Access Health CT of your interest in the health coverage options that may be available. Please see the instructions for more information. Whole Dollars Only Federal adjusted gross income from federal Form 1040, Line 11a, 2 .00 or federal Form 1040-SR, Line 11a 1. 2. .00 Additions to federal adjusted gross income from Schedule 1, Line 38 .00 3. Add Line 1 and Line 2. Subtractions from federal adjusted gross income from Schedule 1, Line 50 4. .00 .00 Connecticut adjusted gross income: Subtract Line 4 from Line 3. 5.

not send Forms W-2 or 1099, or Schedules CT K-1 Clip check here. Do not use staples. .00 6. Income tax from tax tables or Tax Calculation Schedule: See instructions. .00 Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59 7. Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0." 8. .00 .00 Connecticut alternative minimum tax from Form CT-6251 9. .00 10. Add Line 8 and Line 9. 10. 11. Credit for property taxes paid on your primary residence, motor vehicle, or both: .00 Attach completed Schedule 3 on Page 4, Line 68 or your credit will be disallowed. 11. 12. .00 12. Subtract Line 11 from Line 10. If less than zero, enter "0." 13. Total allowable credits from Schedule CT-IT Credit, Part 1, Line 10 13. .00 O .00 14. Connecticut income tax: Subtract Line 13 from Line 12. If less than zero, enter "0." 14. .00 15. Individual use tax from Schedule 4, Line 69: If no tax is due, enter "0." 15. 16. Add Line 14 and Line 15. 16 .00

File and pay Form CT-1040 electronically using myconneCT at portal.ct.gov/DRS-myconneCT.





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17. Enter amount from Line 16. 17. .00 Withholding Schedule: You must complete Columns A, B, and C or your withholding will be disallowed. Column A - Employer's federal ID No. from Box b Column B -Column C -Forms W-2 of W-2, or payer's federal ID No. from Form 1099 Connecticut wages, tips, etc. Connecticut income tax withheld and 1099 Information 18a. 18a. .00 Only enter information from .00 18b. 18b. vour Forms W-2 and 1099 18c. .00 18c if Connecticut income tax .00 18d. 18d. was withheld .00 18e. 18e. .00 18f. Additional CT withholding from Supplemental Schedule CT-1040WH 18f. .00 Total Connecticut income tax withheld: 18. Add amounts in Column C, Lines 18a, 18b, 18c, 18d, 18e, and 18f, enter here. .00 19. All 2025 estimated tax payments and any overpayments applied from a prior year 19 .00 20. Payments made with Form CT-1040 EXT (request for extension of time to file) 20. .00 20a. Connecticut earned income tax credit: From Schedule CT-EITC, Line 16. 20a. .00 20b. 20b. Claim of right credit: From Form CT-1040 CRC, Line 6. 20c. Pass-Through Entity Tax Credit: From Schedule CT-PE, Line 1. Schedule must be attached. 20c. .00 .00 20d. Historic Home Rehabilitation Credit 20d. .00 Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b, 20c, and 20d. 21. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21. 22 .00 Amount of Line 22 overpayment you want applied to your 2026 estimated tax .00 23. Amount of Line 22 overpayment you want applied as a CHET contribution from Schedule CT-CHET, Line 4. 24 .00 24 24a. Total contributions of refund to designated charities from Schedule 5, Line 70 24a. .00 Refund: Subtract Lines 23, 24, and 24a from Line 22. For direct deposit, complete Lines 25a, 25b, and 25c. Direct deposit is not available to first-time filers. 25. .00 25a. Checking Savings 25c. Account number 25b. Routing number 25d. Will this refund go to a bank account outside the U.S.? Yes If you do not elect direct deposit, a refund check will be issued and processing may be delayed. 5 .00 Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17. 26. .00 If late: Enter penalty. Multiply Line 26 by 10% (.10). 27 If late: Enter interest. Multiply Line 26 by number of months or fraction of a month .00 late, then by 1% (.01). 28. Interest on underpayment of estimated tax from Form CT-2210: See instructions. .00 29. 00 Total amount due: Add Lines 26 through 29. 30. Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting 6 and payment of any use tax due, 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. Your signature Date (MMDDYYYY) Home/cell telephone number Sign Here Spouse's signature (if joint return) Date (MMDDYYYY) Daytime telephone number Keep a Date (MMDDYYYY) Telephone number copy of Paid preparer's signature this return for your Firm's Federal Employer Identification Number (FEIN) Type or print paid preparer's name records Check if self-employed Firm's name, address, and ZIP code Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Personal identification number (PIN) Designee's name Telephone number



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Schedule 1 - Modifications to Federal Adjusted Gross Income Enter all items as positive numbers. See instructions. .00 31. Interest on state and local government obligations other than Connecticut 31. 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal .00 32. government obligations Taxable amount of lump-sum distributions from qualified plans not included in federal .00 33. adjusted gross income .00 34. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero. 34. .00 35. Loss on sale of Connecticut state and local government bonds 35. Section 168(k) federal bonus depreciation deduction allowed for property placed in service 36. .00 during this year. 36a. 80% of Section 179 federal deduction. See instructions. 36a. .00 .00 37. Other - specify • 37. 38. .00 Total additions: Add Lines 31 through 37. Enter here and on Line 2. 39. .00 39. Interest on U.S. government obligations .00 Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 40. .00 41. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet instructions. 41. .00 Refunds of state and local income taxes 42. .00 Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 43. 43. .00 Military retirement pay 44. .00 50% of income received from the Connecticut Teachers' Retirement System 45. .00 46. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero. .00 47. Gain on sale of Connecticut state and local government bonds 47. Connecticut Higher Education Trust (CHET) contributions made in 2025 or .00 an excess carried forward from a prior year. See instructions 48. .00 48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years. 48a. .00 48b. Pension or annuity income. See instructions. 48b. 48c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purpose 48c. .00 48d. Achieving Better Life Experience (ABLE) 48d .00 .00 49. Other - specify: Do not include out of state income 49.

## Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

50. Total subtractions: Add Lines 39 through 49. Enter here and on Line 4.

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. See instructions.

50.

.00

51. Modified Connecticut adjusted gross income.		51.			.00	
	Name	Column A	Code	Name	Column B	Code
52. Enter qualifying jurisdiction's name and two-letter code.	2.					
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from Schedule 2 Worksheet 55	3.		.00			.00
54. Divide Line 53 by Line 51. May not exceed 1.0000	4.					
55. Income tax liability. Subtract Line 11 from Line 6	5.		.00			.00
56. Multiply Line 54 by Line 55.	6.		.00			.00
57. Income tax paid to a qualifying jurisdiction	7.		.00			.00
58. Enter the lesser of Line 56 or Line 57.	8.		.00			.00
59. <b>Total credit:</b> Add Line 58, all columns. Enter here and on Line 7		59.			.00	



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## Schedule 3 - Property Tax Credit - See instructions.

Qualifying Property	Name of Connecticut Tax Town or District	<b>Description of Property</b> If primary residence, enter street address. I motor vehicle, enter year, make, and model			Amount Paid	
60. Primary Residence	•	•	•	60.		.00
61. Auto 1	•	•	•	61.		.00
62. Auto 2 - Married filing jointly or qualifying surv		•	•	62.		.00
63. Total property tax	paid: Add Lines 6	0, 61, and 62.		63.		.00
64. Maximum property	tax credit allowe	ed.		64.	• 300	.00
65. Enter the lesser of L	ine 63 or Line 64.			65.	•	.00
66. Enter the <b>decimal a</b> If zero, enter the an	•	ng status and Connecticut AGI from the Pro on Line 68.	perty Tax Credit Table.	66.	• .	
67. Multiply Line 65 by	Line 66.			67.	•	.00
68. Subtract Line 67 fro your credit will be di		ere and on Line 11. Attach <i>Schedule 3</i> to y	our return or	68.		.00

## Schedule 4 - Individual Use Tax

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.

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. See instructions.		
69a. Total use tax due at 1%: From Connecticut Individual Use Tax Worksheet, Section A, Column 7	69a.	.00
69b. Total use tax due at 6.35%: From Connecticut Individual Use Tax Worksheet, Section B, Column 7	69b.	.00
69c. Total use tax due at 7.75%: From Connecticut Individual Use Tax Worksheet, Section C, Column 7	69c.	.00
69d. Total use tax due at 2.99%: From Connecticut Individual Use Tax Worksheet, Section D, Column 7	69d.	.00
<ul> <li>69. Individual use tax: Add Lines 69a through 69d. If no use tax is due, you must enter "0."         Enter here and on Line 15.     </li> <li>Schedule 5 - Contributions to Designated Charities - See instructions.</li> </ul>	69.	.00
70a. AIDS Research	70a.	.00
70b. Organ Transplant	70b.	.00
70c. Endangered Species/Wildlife	70c.	.00
70d. Breast Cancer Research	70d.	.00
70e. Safety Net Services	70e.	.00
70f. Military Relief	70f.	.00
70g. Connecticut Baby Bond Trust	70g.	.00
70h. Mental Health Community Investment Account	70h.	.00
70. Total Contributions: Add Lines 70a through 70h. Enter amount here and on Line 24a.	70.	.00

Complete and send all four pages of the return to DRS.

Use the correct mailing address for				
For all tax forms with payment:	For refunds and all other tax forms without payment:	Commissioner of Revenue Services		
Department of Revenue Services PO Box 2977 Hartford CT 06104-2977	Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	To ensure proper posting, write your SSN(s) (optional) and "2025 Form CT-1040" on your check.		