# Form CT-1040 - 2024

Connecticut Resident Income Tax Return (Rev. 12/24)

#### Page 1 of 4

Other taxable year, beginning: 01012024 12312024 and ending:

FJ N N N MFS HOH QSS Ν

490 - 54 - 9999

Α Ν Dec.

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**N** CT-8379 **N** CT-2210 **N** CT-19IT

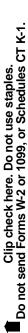
USA N CT-1040 CRC N Federal Y Schedule CT-Dependent

Form 1310

Access Health CT: Checking this box authorizes DRS to notify Access Health CT of your interest in the health coverage options that may be available.

|   |                | 79999 |
|---|----------------|-------|
| 1. Federal adjusted gross income (from federal Form 1040, Line 11 or federal Form 1040-SR, Line 11)           | 1.             | 19999 |
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 38)                                      | 2.             | 0     |
| 3. Add Line 1 and Line 2  | 3.             | 79999 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)                                 | 4.             | 0     |
| 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.  | 5.             | 79999 |
| 6. Income tax   | 6.             | 3239  |
| 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)                        | 7.             | 0     |
| 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.                           | 8.             | 3239  |
| 9. Connecticut alternative minimum tax (from Form CT-6251)  | 9.             | 0     |
| 10. Add Line 8 and Line 9.  | 10.            | 3239  |
| 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 6 | S8 <b>)</b> 1. | 0     |
| 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.                                       | 12.            | 3239  |
| 13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)                                     | 13.            | 0     |
| 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.               | 14.            | 3239  |
| 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.                          | 15.            | 0     |
| 16. Total tax: Add Line 14 and Line 15.   | 16.            | 3239  |







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17. Amount from Line 16

17. 3239

Self-employed

N

| Forms W-2, W-2G, and 1099 Information  |   |  |  |                 |
|--|---|--|--|-----------------|
| Col. A - Employer or Payer's Fed. ID #   | Col. B - CT Wages, T  | ïps, etc.  | Col. C - CT Income Ta                          | x Withheld      |
| 18a. <b>-</b>  | •   | 0  |  | 0               |
| 18b. =   | •   | Ö  |  | 0               |
| 18c. <b>-</b>  | •   | 0  |  | 0               |
| 18d. <b>-</b>  | •   | 0  |  | 0               |
| 18e. <b>-</b>  | •   | 0  |  | 0               |
| 18f. Additional Connecticut withholding (from Supp   | olemental Schedule CT-  | 1040WH. Line 3)                                    | 18f.   | 0               |
| 18. Total Connecticut income tax withheld: An  |   | ,,   | 18.  | 0               |
| 19. All 2024 estimated tax payments and any over   |   | a prior year                                       | 19.  | 0               |
| 20. Payments made with Form CT-1040 EXT  | . , .,  | ,  | 20.  | 0               |
| 20a. Earned income tax credit (from Schedule CT-   | EITC, Line 16).   |  | 20a.   | 0               |
| 20b. Claim of right credit (from Form CT-1040 CRC  | •   |  | 20b.   | 0               |
| 20c. Pass-through entity tax credit: (from Schedule  | •   | ule must be attache                                | d. 20c.  | 0               |
| 20d. Historic Home Rehabilitation Credit   | ,   |  | 20d.   | 0               |
| 21. Total payments and refundable credits: Ad  | ld Lines 18, 19, 20, 20a  | , 20b, 20c, and 20d.                               | . 21.  | 0               |
| 22. Overpayment: If Line 21 is more than Line 17,  | Line 17 subtracted from   | Line 21.   | 22.  | 0               |
| 23. Amount of Line 22 you want applied to your 2   | 025 estimated tax   |  | 23.  | 0               |
| 24. Amount of line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)  |   |  |  | 0               |
| 24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)  |   |  | 24a.   | 0               |
| 25. <b>Refund:</b> Lines 23, 24, and 24a subtracted from If you have not elected to direct deposit, a refund   |   | and processing ma                                  | 25.<br>y be delayed.                           | 0               |
| 25a. Acct. type Ck. Sv. 25b. Ro  | out.#   | 25c. Acct.   | #  |                 |
| 25d. Refund going to a bank account outside the U.S.   | 25d. <b>N</b>   |  |  |                 |
| 26. Tax due: If Line 17 is more than Line 21, Line   | 21 subtracted from Line   | · 17.  | 26.  | 3239            |
| 27. If late: Penalty entered. Line 26 multiplied by 10% (.10).   |   |  | 27.  | 0               |
| 28. If late: Interest entered.   |   |  |  | _               |
| Line 26 multiplied by number of months or frac   | tion of a month late, the   | n by 1% (.01).                                     | 28.  | 0               |
| 29. Interest on underpayment of estimated tax (from Form CT-2210)  |   |  | 29.  | 233             |
| 30. Total amount due: Add Lines 26 through 29.   |   |  | 30.  | <b>3472</b> .00 |
| Declaration: I declare under penalty of law that I have ex-<br>including reporting and payment of any use tax due, an<br>correct. I understand the penalty for willfully delivering<br>imprisonment for not more than five years, or both. The<br>information of which the preparer has any knowledge.<br>Your signature | d, to the best of my knowle<br>a false return or document<br>declaration of a paid prep | edge and belief, it is t<br>to DRS is a fine of no | rue, complete, and<br>ot more than \$5,000, or | one number      |
| •  |   | •  | Tiome/ceii telepiit                            | ATO TRAITIDO    |
| Spouse's signature (if joint return)   |   | Date<br>●  | Daytime telephon                               | e number        |
| Paid preparer's signature  | Date -  | Telephone number                                   | Paid Preparer's P                              |                 |
| •  | •   | • '  |  |                 |
| Paid preparer's name   |   |  | FEIN   |                 |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

SELF-PREPARED

| •               | •                | •                                    |
|-----------------|------------------|--------------------------------------|
| Designee's name | Telephone number | Personal identification number (PIN) |

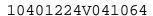
Firm's name, address, and ZIP code

10401224V031064



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| Schedule 1 - Modifications to Federal Adjusted Gross Income                            |                            |             | 0      |
|--|----------------------------|-------------|--------|
| 31. Interest on state and local government obligations other than Connection           |                            | 31.         | 0      |
| 32. Mutual fund exempt-interest dividends from non-Connecticut state or m              | nunicipal government       |             | 0      |
| obligations  | alad Safa Janata de Parata | 32.         | U      |
| 33. Taxable amount of lump-sum distributions from qualified plans not inclu            | ided in federal adjuste    |             | 0      |
| gross income   |                            | 33.         | 0      |
| 34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if           | greater than zero.         | 34.         | 0      |
| 35. Loss on sale of Connecticut state and local government bonds                       |                            | 35.         | 0      |
| 36. Section 168(k) federal bonus depreciation deduction allowed for property placed in | service during this year.  |             | 0      |
| 36a. 80% of Section 179 federal deduction.   |                            | 36a.        | U      |
| 37. Other - specify ●  |                            | 37.         | 0      |
| 38. <b>Total additions:</b> Add Lines 31 through 37.                                   |                            | 38.         | 0      |
| 39. Interest on U.S. government obligations  |                            | 39.         | 0      |
| 40. Exempt dividends from certain qualifying mutual funds derived from U.S             | S. government obligat      | ions 40.    | 0      |
| 41. Social Security benefit adjustment (from Social Security Benefit Adjustm           | nent Worksheet)            | 41.         | 0      |
| 42. Refunds of state and local income taxes  |                            | 42.         | 0      |
| 43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuitie           | es                         | 43.         | 0      |
| 44. Military retirement pay  |                            | 44.         | 0      |
| 45. 50% of income received from Connecticut Teachers' Retirement System                | m                          | 45.         | 0      |
| 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if           | less than zero.            | 46.         | 0      |
| 47. Gain on sale of Connecticut state and local government bonds                       |                            | 47.         | 0      |
| 48. CHET contributions made in 2024 or an excess carried forward from a                | prior year                 | 48.         | 0      |
| 48a. 25% of Section 168(k) federal bonus depreciation deduction added ba               | ack in preceding four      | years. 48a. | 0      |
| 48b. Pension or annuity income   |                            | 48b.        | 0      |
| 48c. Ordinary and necessary business expenses for taxpayers licensed un                | der Chapter 420f or 4      | 20h that    |        |
| are not claimed for federal income tax purposes  |                            | 48c.        | 0      |
| 48d. Achieving Better Life Experience (ABLE)   |                            | 48d.        | 0      |
| 49. Other - specify ●  |                            | 49.         | 0      |
| 50. <b>Total subtractions:</b> Add Lines 39 through 49.                                |                            | 50.         | 0      |
|  |                            |             |        |
| Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions                  |                            |             |        |
| 51. Modified Connecticut adjusted gross income   |                            | 51.         | 0      |
|  | 0-1.4                      |             | 0-1-0  |
|  | Col. A                     |             | Col. B |
| 52. Qualifying jurisdiction's name and two-letter code 52.                             |                            |             |        |
| 53. Non-Connecticut income included on Line 51 and reported on a                       |                            |             |        |
| qualifying jurisdiction's income tax return (from Schedule 2 worksheet)                | 53.                        | 0           | 0      |
| 54. Line 53 divided by Line 51   | 54. <b>0</b> .             | 0000        | 0.0000 |
| 55. Income tax liability: Line 11 subtracted from Line 6.                              | 55.                        | 0           | 0      |
| 56. Line 54 multiplied by Line 55  | 56.                        | 0           | 0      |
| 57. Income tax paid to a qualifying jurisdiction                                       | 57.                        | 0           | 0      |
| 58. Lesser of Line 56 or Line 57   | 58.                        | 0           | 0      |
| 59. Total credit: Add Line 58, all columns.  |                            | 59.         | 0      |





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#### Schedule 3 - Property Tax Credit

| Qualifying Property  Name of Connecticut Tax Town or District  Description of Property  Date(s) Paid                    | Primary Resider | nce | •        | Auto 1 |     | •        |   | Auto 2 |
|---|-----------------|-----|----------|--------|-----|----------|---|--------|
| Amount Paid   | •<br>60.        | 0   | •<br>61. |        | 0   | •<br>62. |   | 0      |
| 63. Total property tax paid: Add Lines 60,  | 61, and 62.     |     |          |        |     | 63.      |   | 0      |
| 64. Maximum property tax credit allowed   |                 |     |          |        |     | 64.      | • | 300    |
| 65. Lesser of Line 63 or Line 64.   |                 |     |          |        |     | 65.      | • | 0      |
| 66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.              |                 |     |          |        | 68. | 66.      | • | 0.45   |
| 67. Line 65 multiplied by Line 66.  |                 |     |          |        |     | 67.      | • | 0      |
| 68. Line 67 subtracted from Line 65.  |                 |     |          |        |     | 68.      |   | 0      |
| Schedule 4 - Individual Use Tax 69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) |                 |     |          |        | 6   | 9a.      |   | 0      |
| 69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)                              |                 |     |          |        | 6   | 9b.      |   | 0      |
| 69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)                              |                 |     |          |        | 6   | 9c.      |   | 0      |
| 69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)                              |                 |     |          | 6      | 9d. |          | 0 |        |
| 69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.   |                 |     | (        | 69. •  |     | 0        |   |        |
| Schedule 5 - Contributions to Designated Charities 70a. AR  |                 |     |          | 7      | 0a. |          | 0 |        |
| 70b. OT   |                 |     |          |        | 7   | 0b.      |   | 0      |
| 70c. ES/W   |                 |     |          |        | 7   | 0c.      |   | 0      |
| 70d. BCR  |                 |     |          |        | 7   | 0d.      |   | 0      |
| 70e. SNS  |                 |     |          | 7      | 0e. |          | 0 |        |
| 70f. MR   |                 |     |          | 7      | Of. |          | 0 |        |
| 70g. CBS  |                 |     |          | 7      | 0g. |          | 0 |        |
| 70h. MHCIA  |                 |     |          | 7      | 0h. |          | 0 |        |
| 70. Total Contributions: Add Lines 70a  | a through 70h.  |     |          |        | 7   | 70.      |   | 0      |