Form CT-1040
Connecticut Resident Income Tax Return

For DRS Use Only ___ - ___ - 2 0 ___

2009 CT-1040

Complete return in blue or black ink only. | **Taxpayers must sign declaration on reverse side.**

For the year January 1 - December 31, 2009, or other taxable year beginning: _____ , 2009 and ending: _____, _____ .

1 Filing Status

☐ Single ☐ Filing jointly for federal and Connecticut ☐ Filing jointly for Connecticut only ☐ Filing separately for federal and Connecticut ☐ Filing separately for Connecticut only ☐ Head of household ☐ Qualifying widow(er) with dependent child

Enter spouse's name here and SSN below.

Print your name, address, and SSN here.

Your Social Security Number ___ - ___ - ___ ☐ Check if deceased

Spouse Social Security Number ___ - ___ - ___ ☐ Check if deceased

Your first name | MI | Last name (If two last names, insert a space between names.) | Suffix (Jr./Sr.)

If joint return, spouse's first name | MI | Last name (If two last names, insert a space between names.) | Suffix (Jr./Sr.)

Mailing address (number and street, apartment number, suite number, PO Box)

City, town, or post office (If town is two words, leave a space between the words) | State | ZIP code

☐ Check here if you do not want forms sent to you next year. This **does not** relieve you of your responsibility to file.

☐ Check here if you filed **Form CT-2210** and checked any boxes on Part 1.

☐ **Form CT-8379** ☐ **Form CT-1040CRC** Check here if you are filing the following and attach the form to the front of the return.

2

		Whole Dollars Only
1.	Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4	1. ___ , ___ , ___ . 00
2.	Additions to federal adjusted gross income from *Schedule 1*, Line 39	2. ___ , ___ , ___ . 00
3.	Add Line 1 and Line 2.	3. ___ , ___ , ___ . 00
4.	Subtractions from federal adjusted gross income from *Schedule 1*, Line 50	4. ___ , ___ , ___ . 00
5.	**Connecticut adjusted gross income:** Subtract Line 4 from Line 3.	5. ___ , ___ , ___ . 00
6.	Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 15.	6. ___ , ___ , ___ . 00
7.	Credit for income taxes paid to qualifying jurisdictions from *Schedule 2*, Line 59	7. ___ , ___ , ___ . 00
8.	Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."	8. ___ , ___ , ___ . 00
9.	Connecticut alternative minimum tax from Form CT-6251	9. ___ , ___ , ___ . 00
10.	Add Line 8 and Line 9.	10. ___ , ___ , ___ . 00
11.	Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach *Schedule 3* on Page 4 or your credit will be disallowed.	11. ___ . 00
12.	Subtract Line 11 from Line 10. If less than zero, enter "0."	12. ___ , ___ , ___ . 00
13.	Adjusted net Connecticut minimum tax credit from Form CT-8801	13. ___ , ___ , ___ . 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. ___ , ___ , ___ . 00
16.	Add Line 14 and Line 15.	16. ___ , ___ , ___ . 00

Clip check here. Do not staple. Do not send W-2 or 1099 forms.

Due date: April 15, 2010 - Attach a copy of all applicable schedules and forms to this return.

For a faster refund, see Page 2 of the booklet for electronic filing options.

Your Social Security Number ● ___ - __ - ____

17. Enter amount from Line 16. 17. .00

3

W-2 and 1099 Information Only enter information from your W-2 and 1099 forms if Connecticut income tax was withheld.

	Column A Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099	Column B Connecticut wages, tips, etc.	Column C Connecticut income tax withheld
18a.		● .00	18a. .00
18b.		● .00	18b. .00
18c.		● .00	18c. .00
18d.		● .00	18d. .00
18e.		● .00	18e. .00
18f.		● .00	18f. .00
18g.		● .00	18g. .00

18h. Enter amount from *Supplemental Schedule CT-1040WH*, Line 3. 18h. .00

18. **Total Connecticut income tax withheld:** Add amounts in Column C and enter here. You **must complete Columns A, B, and C** or your withholding will be disallowed. 18. .00

19. All 2009 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

21. **Total payments:** Add Lines 18, 19, and 20. 21. .00

4

22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21. 22. .00

23. Amount of Line 22 you want **applied to your 2010 estimated tax** **23.** .00

24. Total contributions of refund to designated charities from *Schedule 5*, Line 70 24. .00

25. **Refund:** Subtract Lines 23 and 24 from Line 22. For faster refund, use Direct Deposit by completing Lines 25a, 25b, and 25c. **25.** .00

25a. Checking ☐ Savings ☐ 25b. Routing number 25c. Account number

25d. Will this refund go to a bank account outside the U.S.? ☐ Yes

5

26. **Tax due:** If Line 17 is more than Line 21, subtract Line 21 from Line 17. 26. .00

27. If late: Enter penalty. Multiply Line 26 by 10% (.10). 27. .00

28. If late: Enter interest. Multiply Line 26 by number of months or fraction of a month late, then by 1% (.01). 28. .00

29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 17. 29. .00

30. **Total amount due:** Add Lines 26 through 29. **30.** .00

6

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 for your records.

Your signature	Date	Daytime telephone number
●	●	● ( )
Spouse's signature (if joint return)	Date	Daytime telephone number
●	●	● ( )
Paid preparer's signature ●	Date ●	Telephone number ● ( )	Preparer's SSN or PTIN
Firm's name, address, and ZIP code ●		FEIN

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

Designee's name	Telephone number	Personal identification number (PIN)
●	●	● ____ ____ ____ ____ ____

Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS.

Your Social Security Number ● ___ - __ - ____

Schedule 1 - Modifications to Federal Adjusted Gross Income

See instructions, Page 18.

Enter all items as positive numbers.

31. Interest on state and local government obligations other than Connecticut	31.	.00
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	.00
33. Cancellation of debt income: See instructions.	33.	.00
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	.00
35. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	35.	.00
36. Loss on sale of Connecticut state and local government bonds	36.	.00
37. Domestic production activity deduction from federal Form 1040, Line 35	37.	.00
38. Other - specify ● _____	38.	.00
39. **Total additions:** Add Lines 31 through 38. Enter here and on Line 2.	39.	.00
40. Interest on U.S. government obligations	40.	.00
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.	.00
42. Social Security benefit adjustment: See *Social Security Benefit Adjustment Worksheet*, Page 20.	42.	.00
43. Refunds of state and local income taxes	43.	.00
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	.00
45. 50% of military retirement pay	45.	.00
46. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.	46.	.00
47. Gain on sale of Connecticut state and local government bonds	47.	.00
48. Connecticut Higher Education Trust (CHET) contributions Enter CHET account number: (can be up to 14 digits) ____ - _____	48.	.00
49. Other - specify: Do not include out of state income. ● _____	49.	.00
50. **Total subtractions:** Add Lines 40 through 49. Enter here and on Line 4.	50.	.00

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

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

			Column A		Column B	
			● Name	Code	● Name	Code
51. Modified Connecticut adjusted gross income See instructions, Page 24.	51.					
52. Enter qualifying jurisdiction's name and two-letter code: See instructions, Page 24.	52.					
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return: Complete *Schedule 2 Worksheet*, Page 24.	53.		.00		.00	
54. Divide Line 53 by Line 51. May not exceed 1.0000	54.		.		.	
55. Income tax liability: Subtract Line 11 from Line 6.	55.		.00		.00	
56. Multiply Line 54 by Line 55.	56.		.00		.00	
57. Income tax paid to a qualifying jurisdiction See instructions, Page 25.	57.		.00		.00	
58. Enter the lesser of Line 56 or Line 57.	58.		.00		.00	
59. **Total credit:** Add Line 58, all columns. Enter here and on Line 7.	59.		.00			

Complete applicable schedules on Page 4 and send all four pages of the return to DRS.

Your Social Security Number • ___ - __ - ____

Schedule 3 - Property Tax Credit See instructions, Page 25.

Qualifying Property	Primary Residence	Auto 1	Auto 2 (joint returns or qualifying widow(er) only)
Name of Connecticut Tax Town or District	•	•	•
Description of Property If primary residence, enter street address. If motor vehicle, enter year, make, and model.	•	•	•
Date(s) Paid	• __ __ /__ __ / 2009 • __ __ /__ __ / 2009	• __ __ /__ __ / 2009 • __ __ /__ __ / 2009	• __ __ /__ __ / 2009 • __ __ /__ __ / 2009
Amount Paid	60. ___,___ . 00	61. ___,___ . 00	62. ___,___ . 00

63. **Total property tax paid:** Add Lines 60, 61, and 62. 63. ___,___ . 00

64. **Maximum property tax credit allowed** 64. • 500 . 00

65. Enter the lesser of Line 63 or Line 64. 65. • ___ . 00

66. Enter the **decimal amount** for your filing status and Connecticut AGI from the *Property Tax Credit Table* exactly as it appears on Page 27. If zero, enter the amount from Line 65 on Line 68. 66. • ___ . ___

67. Multiply Line 65 by Line 66. 67. • ___ . 00

68. Subtract Line 67 from Line 65. Enter here and on Line 11. Attach *Schedule 3* to your return or your credit will be disallowed. 68. ___ . 00

Schedule 4 - Individual Use Tax - Do you owe use tax? See instructions, Page 28.

Complete this worksheet to calculate your Connecticut individual use tax liability and attach Page 4 to your return.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Date of purchase	Description of goods or services	Retailer or service provider	Purchase price	CT tax due (.06 X Column D)	Tax, if any, paid to another jurisdiction	Balance due (Column E minus Column F but not less than zero)
•						
•						
•						
•						
•						
• Total of individual purchases under $300 not listed above						

69. **Individual use tax:** Add all amounts for Column G. Enter here and on Line 15. • 69. ___,___ . 00

Schedule 5 - Contributions to Designated Charities

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 Family Relief Fund 70f. ___,___,___ . 00

70. Total Contributions: Add Lines 70a through 70f. Enter amount here and on Line 24. 70. ___,___,___ . 00

Use envelope provided, with correct mailing label, or mail to:

For refunds and all other tax forms without payment:	**For all tax forms with payment**:
Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	Department of Revenue Services PO Box 2977 Hartford CT 06104-2977

Make your check payable to: **Commissioner of Revenue Services**

To ensure proper posting, write your SSN(s) (optional) and “2009 Form CT-1040” on your check.