Department of Revenue Services State of Connecticut

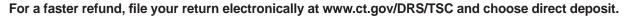
(Rev. 12/16) 1040 1216W 01 9999



Form CT-1040 Connecticut Resident Income Tax Return

	10	040 1216W 01 9999	国 32 公	For DRS			01	10-10			
Taxpayers must sign declaration on reverse side.		ust sign declaration on reverse side	ı.	Use Only	M M - D D - Y Y Y	Com	nplete return in blu	eturn in blue or black ink only.			
_		ry 1 - December 31, 2016, or	·	r Beginning	M M - D D - Y Y Y	and Ending	_ M M - D D	- - Y Y Y Y			
1	r IIIII	ng Status - Check only one Single	Head of household		Married filing separa	ately •					
		Married filing jointly	Qualifying widow(er) with	n dependent chil			se's name here a	and SSN below.			
→	Your	r Social Security Number		Check if	Spouse's Social Secu	rity Number		Check if			
g e				deceased				deceased			
aillir he	Your	r first name	MI	Last nam	ne (If two last names, insert a	space between name	÷S.)	Suffix (Jr./Sr.)			
ame, mailing or town here	If ioi	int return, spouse's first name	MI	Last nam	ne (If two last names, insert a	snace hetween name	25)	Suffix (Jr./Sr.)			
nam , or t	11 101	introtum, spouse s mst name	IVII	Lastrian	ic (ii two last hames, insert a	space between name	,3.)	Cullix (GI./GI.)			
Print your SSN, name, mailing address, and city or town here	Mail	Mailing address (number and street, apartment number, suite number, PO Box)									
youi ss, a	City,	, town, or post office (If town is tw	o words, leave a space be	tween the words	s.) State	ZIP code					
Print you address,											
	Ente	er city or town of residence if diffe	rent from above.		ZIP code						
→											
Chec	k th	e appropriate box to identif	y if you: Filed	Form CT-104	OCRC (Attach to the back	of the return.)	Filed I	Form CT-AIT			
		Filed Form CT-2210 and c	hecked any boxes on F	Part 1.	Filed Form CT-8379 (Attach to the front of	of the return.)				
_				4040 11	07	Who	le Dollars O	nly			
2	1.	Federal adjusted gross inc Form 1040A, Line 21; or F		rm 1040, Line	e 37;	1.		.00			
	2.	Additions to federal adjust	ed aross income fron	n Schedule 1	. Line 38	2.		.00			
←		Add Line 1 and Line 2.	3		,	3.		.00			
			adjusted gross incom	o from Soho	dula 1 Lina FO			.00			
	4.	Subtractions from federal				4.					
ole. ms.	5.	Connecticut adjusted gr	oss income: Subtrac	ct Line 4 from	Line 3.	5.		.00			
staple.	6.	Income tax from tax tables	s or Tax Calculation S	schedule: See	e instructions, Page 18.	6.		.00			
Do not or 1099	7.	Credit for income taxes pa	id to qualifying jurisdic	7.		.00					
٥ م	8.	Subtract Line 7 from Line	6. If Line 7 is greater	than Line 6,	enter "0."	8.		.00			
here. I W-2	9.	Connecticut alternative mi	nimum tax from Form	n CT-6251		9.		.00			
ck	10.	Add Line 8 and Line 9.			10.		.00				
Clip check here.	11.	Credit for property taxes p Complete and attach School				11.		.00			
<u>5</u> 8	12.	Subtract Line 11 from Line	e 10. If less than zero	, enter "0."		12.		.00			
	13.	Total allowable credits from	m Schedule CT-IT Cr	edit, Part I, Li	ne 11	13.		.00			
_	14.	Connecticut income tax:	Subtract Line 13 from	Line 12. If less	s than zero, enter "0."	14.		.00			
•	15.	Individual use tax from Sc	hedule 4, Line 69: If r	no tax is due,	enter "0."	15.		.00			
	16.	Add Line 14 and Line 15.				16.		.00			

Due date: April 15, 2017 - Attach a copy of all applicable schedules and forms to this return.



Form CT-1040 Page 2 of 4 (Rev. 12/16) 1040 1216W 02 9999



Your Social Security Number •

		1040	121000 02 9	999	ا ما اعدادها							
	17.	En	ter amount f	rom Line 16.						17.		.00
3			Column A of W-2, or	- Employer's fed payer's federal	eral ID No. from Bo ID No. from Form 1	099	Conne	Column cticut wage	B - es, tips, etc.		Connecticut income ta	
	and 10		18a			•				18a.		.00
Only	enter		18b.			•				18b.		.00
from	mation your V 1099 fo	V-2	18c.			•				18c.		.00
if Co	nnection ne tax	cut	18d.			•				18d.		.00
	withhe		18e.			•				18e.		.00
					ing from Suppleme					18f.		.00
	18.				held: Add amounts in A, B, and C or your				ed.	18.		.00
	19.	All :	2016 estimate	ed tax payments	and any overpaym	nents ap	plied fro	m a prior ye	ear	19.		.00
	20.	Pay	ments made	with Form CT-1	040 EXT (Request	for exte	nsion of	time to file)	20.		.00
					credit: From Sched			e 16.		20a.		.00
	20D.		0	the back of this	CT-1040CRC, Line return.	o. Attac	cn Form			20b.		.00
	21.	Tot	al payments	: Add Lines 18,	19, 20, 20a, and 20	b.				21.		.00
4	22.	Ove	erpayment: If	Line 21 is more	than Line 17, subtr	act Line	17 from	Line 21.		22.		.00
~	23.	Am	ount of Line 2	22 overpayment	you want applied	to your	2017 es	timated ta	ĸ	23.		.00
	24.		ET contribution he back of this		e CT-CHET, Line 4	. Attach	Schedul	e CT-CHE	Γ	24.		.00
	24a				esignated charities f	rom Sch	nedule 5	Line 70		24a.		.00
		Ref	iund: Subtrac	ct Lines 23, 24, a	and 24a from Line 2 5c. Direct deposit is	22. For c	direct de	oosit,	ers.	25.		.00
	25a.	Che	ecking	Savings	25c. Acc	ount nun	nber					
			uting number	act denosit a ref	fund check will be is				-		count outside the U.S.?	Yes
5	26.				Line 21, subtract L		•	0 ,	be delayed	26.		.00
_	27.	If la	ite: Enter pen	alty. Multiply Lin	e 26 by 10% (.10).					27.		.00
	28.		ite: Enter inte , then by 1%		ne 26 by number of	months	or fraction	on of a mor	nth	28.		.00
	20				mated tax from For	m CT-2	210.			29.		.00
	23.		e instructions		mateu tax mom r oi	111 01-2	210.			29.		
				ue: Add Lines 20	J					30.		.00
6	repo pen	ortin alty	g and payme	ent of any use to delivering a fals	ax due, and, to the se return or docum	e best of nent to [f my kno DRS is a	owledge and fine of no	nd belief, it t more thai	is true, d n \$5,000,	g schedules and stater complete, and correct. or imprisonment for no f which the preparer has	I understand the of more than five
s	ign		Your signatur	e				Date (MM	DDYYYY)		Home/cell telephone	number
	ere		Your email ac	ddress								
	ep a							D : (1414	DD\0000		5	
this	py of return		Spouse's sigi	nature (if joint re	turn)			Date (MM	(איייטט		Daytime telephone n	umber
	your ords.		Paid prepare	r's signature				Date (MM	DDYYYY)		Telephone number	
		•	Preparer's SSN or PTIN Firm's Federal Employ						yer Identification Number (FEIN)			
			Firm's name,	address, and ZI	P code							
		•	Third Party I	Designee - Com	plete the following	to autho	rize DR	S to contac	t another n	erson abo	out this return	
			Designee's nar	•	ploto the following		phone nu		canother p		Personal identification number	er (PIN)
	_	•				•				•		

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



Schedule 1 - Modifications to Federal Adjusted Gross Income Enter all items as positive numbers. See instructions, Page 23. 31. .00 31. Interest on state and local government obligations other than Connecticut 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal .00 32. government obligations 33. Taxable amount of lump-sum distributions from qualified plans not included in federal .00 adjusted gross income 33. .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. .00 36. Domestic production activity deduction from federal Form 1040, Line 35 36. .00 37. 37. Other - specify • .00 38. Total additions: Add Lines 31 through 37. Enter here and on Line 2. 38. 39. .00 39. Interest on U.S. government obligations 40. .00 40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations .00 41. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 25. 41. 42. Refunds of state and local income taxes 42. .00 .00 43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 43. .00 44. Military retirement pay 44. .00 45. 25% of income received from the Connecticut teacher's retirement system 45. .00 46. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero. 46. .00 47. 47. Gain on sale of Connecticut state and local government bonds .00 48. Connecticut Higher Education Trust (CHET) contributions 48. Enter CHET account number: Do not add spaces or dashes. .00 49. Other - specify: Do not include out of state income. • 49. .00 50. Total subtractions: Add Lines 39 through 49. Enter here and on Line 4. 50.

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. See instructions, Page 27.

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



Your Social Security Number •

Schedule 3 - Property Tax Credit See instructions, Page 30.

		, 0					
Qualifying Property	Name of Connecticut Tax Town or District	Description of Pro If primary residence, enter s motor vehicle, enter year, m	street address. If	Date(s) Paid (MMDDYYYY)		Amount Paid	
60. Primary Residence	•	•			60.		.00
61. Auto 1	•	•	•		61.		.00
62. Auto 2 - Married filing jointly or qualifying wido		•			62.		.00
63. Total property tax	paid: Add Lines 60), 61, and 62.			63.		.00
64. Maximum property	tax credit allowe	ed.			64.	200	.00
65. Enter the lesser of L	ine 63 or Line 64.				65. •		.00
	•	ng status and Connecticut AC o, enter the amount from Li		ax Credit Table	66.		
67. Multiply Line 65 by L	_ine 66.				67. •		.00
68. Subtract Line 67 from your credit will be dis		nere and on Line 11. Attach	Schedule 3 to your re	turn or	68.		.00
		Failure to report and pay	use tax is subject to	as much as a			

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, Page 33.

Complete the Connecticut Individual Use Tax Worksheet on Page 32 to calculate your use tax liability.

001 T to 1 to 1 to 1 0 000 T to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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
69. Individual use tax: Add Lines 69a through 69c. If no use tax is due, you must enter "0." Enter here and on Line 15.	00

Schedule 5 - Contributions to Designated Charities - See more information on Page 6.

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. CHET Baby Scholar	70g.	.00
70. Total Contributions: Add Lines 70a through 70g. 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 "2016 Form CT-1040" on your check.		