$\qquad$ 2011 and ending: $\qquad$ ,

$\square$ Single $\square$| Filing jointly |
| :--- |
| for federal and |
| Connecticut | | Ciling jointly for |
| :--- |
| Connecticut |
| only |


| Filing separately for | Filing separately for |
| :--- | :--- |
| federal and Connecticut | Connecticut only |$\square$ Head ofQualifying widow(er)with dependent child

Use Only
$\qquad$ . $\cdot$
19.


Column C
Connecticut income tax withheld Check box at left if from Schedule CT K-1.

20h. Additional CT withholding from Supplemental Schedule CT-1040WH. 20h.

## Column B

Connecticut wages, tips, etc. payer's federal ID No. from Schedule CT K-1 or 1099


## Schedule 1 - Modifications to Federal Adjusted Gross Income

 See Instructions, Page 19.33. Interest on state and local government obligations other than Connecticut
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations

Enter all items as positive numbers.
33. $\square$ 00 adjusted gross income
37. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.
38. Loss on sale of Connecticut state and local government bonds
39. Domestic production activity deduction from federal form 1040, Line 35
40. Other - specify

42. Interest on U.S. government obligations
42.
43. 00
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations
44. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 23.
45. Refunds of state and local income taxes
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities
47. $50 \%$ of military retirement pay
48. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.
49. Gain on sale of Connecticut state and local government bonds
50. Connecticut Higher Education Trust (CHET) contributions

Enter CHET account number: Do not add spaces or dashes.
51. Other - specify: Do not include out of state income.

Total subtractions: Add Lines 42 through 51. Enter here and on Line 4.
44.
45.
46.
46.
47.

50. $\qquad$ 00
51.

52. 00

## Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions - Part-Year Residents Only

 You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.53. Connecticut adjusted gross income during residency portion of taxable year. See instructions, Page 27.

Column A
54. Enter qualifying jurisdiction's name and two-letter code. See instructions, Page 28.
54.
53.


00
$\square$
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return: Complete Schedule 2 Worksheet, Page 26.
56. Divide Line 55 by Line 53. May not exceed 1.0000.
57. Apportioned income tax: See instructions, Page 28.
58. Multiply Line 56 by Line 57 .
55.


00
59. Income tax paid to a qualifying jurisdiction See instructions, Page 28.
60. Enter the lesser of Line 58 or Line 59.


00
00
00
00
59.

00 | $\square$ | $\square$ |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  | $\square$ |  |  |  |  |  |  |00

60. 



Complete applicable schedules on Pages 3 and 4 and attach the schedules to your return.

Schedule 3 - Individual Use Tax - Do you owe use tax? See instructions, Page 38. Complete the Connecticut Individual Use Tax Worksheet on Page 39 to calculate your use tax liability.
62a. Total use tax due at 1\%: From Connecticut Individual Use Tax Worksheet, Section A, Column 7. 62a. $\square \square \square . \square \mid \square$
62b. Total use tax due at 6.35\%: From Connecticut Individual Use Tax Worksheet, Section B, Column 762 b . $\quad$. $\quad$. 00

62d. Total use tax due at 6\%: From Connecticut Individual Use Tax Worksheet, Section D, Column 7
62d. $\qquad$ 00
62. Individual use tax: Add Lines 62a through 62d. If no use tax is due, enter "0." Enter here and on Line 17.00

## Schedule 4 - Contributions to Designated Charities

63a. AIDS Research
63b. Organ Transplant
63c. Endangered Species/Wildlife
63d. Breast Cancer Research
63e. Safety Net Services
63f. Military Family Relief Fund
63. Total contributions: Add Lines 63a through 63f, enter amount here and on Line 26.
00000000

- 62. 

$\square$

- 62. 

23. 

If any amounts are entered on Page 3 or 4, attach sheets to Pages 1 and 2, and send all four pages of the return to DRS.

| Use the correct mailing address for returns requesting a refund or with a payment. |  |
| :---: | :---: |
| For refunds and all other tax forms without payment: | For all tax forms with payment: |
| Department of Revenue Services | Department of Revenue Services |
| PO Box 2968 | PO Box 2969 |
| Hartford CT 06104-2968 | Hartford CT 06104-2969 |

Make your check payable to Commissioner of Revenue Services
To ensure proper posting, write your SSN(s) (optional) and "2011 Form CT-1040NR/PY" on your check.

