

Schedule CT-1040AW

Part-Year Resident Income Allocation

2016

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial	Last name	Your Social Security Number ____-____-____
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number ____-____-____

Part 1 – Adjusted Gross Income		Federal Income as Modified <small>See instructions.</small>	Connecticut Resident Period		Connecticut Nonresident Period			
		Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>			
1. Wages, salaries, tips, etc.	1							
2. Taxable interest.....	2							
3. Ordinary dividends.....	3							
4. Alimony received	4							
5. Business income or (loss).....	5							
6. Capital gain or (loss).....	6							
7. Other gains or (losses)	7							
8. Taxable amount of IRA distributions	8							
9. Taxable amount of pensions and annuities.....	9							
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	10							
11. Farm income or (loss).....	11							
12. Unemployment compensation	12							
13. Taxable amount of social security benefits	13							
14. Other income: See instructions.	14							
15. Add Lines 1 through 14.	15	00	00	00	00	00	00	00

Part 2 – Adjustments to Income		Federal Income as Modified <small>See instructions.</small>	Connecticut Resident Period		Connecticut Nonresident Period			
		Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>			
16. Educator expenses	16							
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	17							
18. Health savings account deduction	18							
19. Moving expenses.....	19							
20. Deductible part of self-employment tax	20							
21. Self-employed SEP, SIMPLE, and qualified plans..	21							
22. Self-employed health insurance deduction.....	22							
23. Penalty on early withdrawal of savings.....	23							
24. Alimony paid	24							
25. IRA deduction	25							
26. Student loan interest deduction	26							
27. Tuition and fees	27							
28. <i>Reserved for future use</i>	28							
29. Total adjustments: Add Lines 16 through 27.	29							
30. Subtract Line 29 from Line 15.	30	00	00	00	00	00	00	00

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.
Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

Part 3 – Part-Year Resident Information

Moved Into Connecticut

- Date **you** moved into Connecticut ____/____/____ and state of **prior** residence: _____
- Date **your spouse** moved into Connecticut ____/____/____ and state of **prior** residence: _____

Moved Out of Connecticut

- Date **you** moved out of Connecticut ____/____/____ and state of **new** residence: _____
- Date **your spouse** moved out of Connecticut ____/____/____ and state of **new** residence: _____

Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period? Yes No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period? Yes No