

Form CT-1040EZ

Connecticut Resident EZ Income Tax Return

2002 EZ

For the year January 1 - December 31, 2002, or other taxable year beginning _____, 2002, ending _____.

Label Use the DRS label located on cover. Otherwise, print or type. (See instructions, Page 7)	L A B E L H E R E	Your First Name and Middle Initial _____ Last Name _____	Your Social Security Number _____ _____ _____ Spouse's Social Security Number _____ _____ _____ IMPORTANT! You MUST enter your SSN(s) above. DRS USE ONLY _____ - 20
		If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial _____ Last Name _____	
		Home Address (number and street), Apartment Number, PO Box _____	
		City, Town, or Post Office _____ State _____ ZIP Code _____	

 www.drs.state.ct.us	WEBFILE OR E-FILE YOUR RETURN FOR FASTER REFUND, see Page 3.
	Check here if you do not want forms sent to you next year. Checking this box does not relieve you of your responsibility to file <input type="checkbox"/>

Who May File Form CT-1040EZ

You may file Form CT-1040EZ if you meet **ALL** of the following conditions: (See instructions, Page 6)

- A. You were a resident of Connecticut for the entire taxable year; **and**
- B. You did **not** report federally taxable Social Security benefits for the 2002 taxable year; **and**
- C. You had no modifications to federal adjusted gross income **or** your only modification is a federally taxable refund of state and local income tax; **and**
- D. You are not claiming credit for income taxes paid to a qualifying jurisdiction; **and**
- E. You do not have a federal alternative minimum tax liability and are not claiming an adjusted net Connecticut minimum tax credit.

Filing Status
Check only one box.

NOTE: Generally, your filing status **must** be the same as your federal income tax filing status for this year (See instructions, Page 8).

A. Single
 B. Married filing jointly or Qualifying widow(er) with dependent child
 C. Married filing *SEPARATELY*. Enter spouse's SSN above and full name here: _____
 D. Head of household (with qualifying person)

Income	1. Federal Adjusted Gross Income (From federal Form 1040, Line 35; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal TeleFile Tax Record, Line I) _____	1	
	2. Refunds of state and local income taxes (From federal Form 1040, Line 10. See instructions, Page 8.) _____	2	
	3. Connecticut Adjusted Gross Income (Subtract Line 2 from Line 1) _____	3	

Tax	4. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 8) _____	4	
	5. Credit for property taxes paid on your primary residence and/or motor vehicle. (You must complete <i>Schedule 1 EZ</i> , on reverse. Enter the amount from Line 25. See instructions, Page 8.) _____	5	
	6. Connecticut Income Tax (Subtract Line 5 from Line 4. If less than zero, enter "0.") _____	6	
	7. Individual Use Tax (From <i>Schedule 2 EZ</i> , Line 26) _____	7	
	8. Total Tax (Add Line 6 and Line 7) _____	8	

Payments Failure to attach W-2s will result in the disallowance of withholding.	9. Connecticut tax withheld (Attach all W-2s and certain 1099s. See instructions, Page 9.) _____	9	
	10. All 2002 estimated tax payments and any overpayments applied from a prior year _____	10	
	11. Payments made with Form CT-1040 EXT (Request for extension of time to file) _____	11	
	12. Total Payments (Add Lines 9, 10, and 11) _____	12	

Refund 	13. If Line 12 is greater than Line 8, enter amount overpaid. (Subtract Line 8 from Line 12) _____	13	
	14. Amount of Line 13 you want applied to your 2003 estimated tax _____	14	
	15. Amount of Line 13 you want to contribute to charity (From <i>Schedule 3 EZ</i> , Line 27) Total Contributions _____	15	00
	16. Amount of Line 13 you want refunded to you. (Subtract Lines 14 and 15 from Line 13) REFUND _____ For faster refund, choose direct deposit and complete Lines 16a, 16b, and 16c.	16	
	16a. Type of Account: <input type="radio"/> Checking <input type="radio"/> Savings		
	16b. _____ 16c. _____ Routing Number Account Number		

Amount You Owe	17. If Line 8 is greater than Line 12, enter the amount of tax you owe. (Subtract Line 12 from Line 8) _____ Check if paying by credit card <input type="checkbox"/> (See instructions, Page 9) AMOUNT YOU OWE _____	17	
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Make your check or money order payable to:
"Commissioner of Revenue Services"
To ensure proper posting, write your SSN(s) and "2002 Form CT-1040EZ" on your check or money order.

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

For **refunds and all other tax forms without payment:**
Department of Revenue Services
PO Box 150420
Hartford CT 06115-0420

For **all tax forms with payment:**
Department of Revenue Services
PO Box 150440
Hartford CT 06115-0440

SCHEDULE 1 EZ - CREDIT FOR PROPERTY TAXES PAID ON YOUR PRIMARY RESIDENCE AND/OR MOTOR VEHICLE

Failure to complete this schedule could result in the disallowance of this credit.

QUALIFYING PROPERTY	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	
	Name of Connecticut Tax Town or District	Description of Property If primary residence, enter street address If motor vehicle, enter year, make, and model	List or Bill Number (if available)	Date(s) Paid (See instructions, Page 11)	Amount Paid	
Primary Residence					18 ▶	
Auto 1					19 ▶	
Married Filing Jointly Only - Auto 2					20 ▶	
21. TOTAL PROPERTY TAX PAID (Add all amounts for Column E)					21 ▶	
22. MAXIMUM PROPERTY TAX CREDIT ALLOWED					22	500 00
23. Enter the Lesser of Line 21 or Line 22 (If \$100 or less, enter this amount on Line 25. If greater than \$100, go to Line 24.)					23	
24. Limitation - Enter the result from the <i>Property Tax Credit Limitation Worksheet</i> . (See note below)					24	
25. Subtract Line 24 from Line 23. Enter here and on Line 5.					25 ▶	

Note: Enter "0" on Line 24 and do not complete the *Property Tax Credit Limitation Worksheet* if your filing status is:

- Single** and your Connecticut AGI is \$54,500 or less;
- Married Filing Jointly** and your Connecticut AGI is \$100,500 or less;
- Married Filing Separately** and your Connecticut AGI is \$50,250 or less;
- Head of Household** and your Connecticut AGI is \$78,500 or less.

Otherwise, complete the *Property Tax Credit Limitation Worksheet* on the inside back cover of this booklet and enter the amount from the worksheet on Line 24. DRS will help you calculate your property tax credit by using the *Property Tax Credit Calculator* on the DRS Web site at: www.drs.state.ct.us

SCHEDULE 2 EZ - INDIVIDUAL USE TAX

Complete this schedule if you have a Connecticut individual use tax liability. You owe use tax if you purchased taxable goods or services during the taxable year and did not pay Connecticut sales tax on the purchases. Individual items with the purchase price of \$300 or more must be listed separately below. Although you do not need to list separately any individual item with a purchase price of less than \$300, such items are subject to tax and the total of the purchase prices of these items should be reported on Line A. Multiply the sales and use tax rate by the purchase price of the item and enter the result in Column E.

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 (Col. E - Col. F but not less than zero)
A. TOTAL OF INDIVIDUAL PURCHASES UNDER \$300 NOT LISTED ABOVE						A

26. **Individual Use Tax** (Add all amounts for Column G) Enter here and on Line 7.

See **Informational Publication 2002(21), Q & A on the Connecticut Individual Use Tax**, for more information.

SCHEDULE 3 EZ - CONTRIBUTIONS OF REFUND TO DESIGNATED CHARITIES (See instructions, Page 12)

AIDS Research ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00	Breast Cancer Research ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00
Organ Transplant ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00	Safety Net Services ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00
Endangered Species/Wildlife ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00	

27. **TOTAL CONTRIBUTIONS.** Enter here and on Line 15.

27 **00**

Third Party Designee

Do you authorize DRS to contact another person about this return? (See Page 10) **Yes.** Complete the following. **No**

Designee's Name _____ Telephone Number () _____ Personal Identification Number (PIN)

Sign Here
Keep a copy for your records.

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 that the penalty for willfully delivering a false return 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.

Your Signature _____	Date _____	Daytime Telephone Number () _____
Spouse's Signature (if joint return) _____	Date _____	Daytime Telephone Number () _____
Paid Preparer's Signature _____	Date _____	Telephone Number () _____
Firm's Name, Address, and ZIP Code _____		Preparer's SSN or PTIN _____
		FEIN _____