

Form CT-1040NR/PY
Connecticut Nonresident or Part-Year Resident Income Tax Return

Check here for 2003 resident status: Nonresident Part-Year Resident

For the year January 1 - December 31, 2003, or other taxable year beginning _____, 2003, ending _____.

Label Use the DRS label located on cover. Otherwise, print or type. (See instructions, Page 13)	L A B E L	Your First Name and Middle Initial ▶ _____ Last Name ▶ _____	Your Social Security Number ▶ _____ ▶ _____ ▶ _____
		If a <i>JOINT</i> Return, Spouse's First Name and Initial ▶ _____ Last Name ▶ _____	Spouse's Social Security Number ▶ _____ ▶ _____ ▶ _____
	H E R E	Home Address (number and street), Apartment Number, PO Box ▶ _____	IMPORTANT! You MUST enter your SSN(s) above.
		City, Town, or Post Office ▶ _____ State ▶ _____ ZIP Code ▶ _____	
		DRS USE ONLY - 20	

CONNECTICUT e-file **E-FILE YOUR RETURN FOR FASTER REFUND, see Page 4.**

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

If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here

Filing Status Check only one box.

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)

STAPLE W-2s, W-2Gs, AND CERTAIN 1099s HERE

 FAILURE TO ATTACH W-2s WILL RESULT IN THE DISALLOWANCE OF WITHHOLDING.

 CLIP CHECK OR MONEY ORDER HERE (Do Not Staple)

Income	1. Federal Adjusted Gross Income (From federal Form 1040, Line 34; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal TeleFile Tax Record, Line 1)	▶ 1	00	
	2. Additions to Federal Adjusted Gross Income (From <i>Schedule 1</i> , Line 39)	▶ 2	00	
	3. Add Line 1 and Line 2	▶ 3	00	
	4. Subtractions from Federal Adjusted Gross Income (From <i>Schedule 1</i> , Line 49)	▶ 4	00	
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	▶ 5	00	
Tax	6. Income from Connecticut sources (From <i>Schedule CT-SI</i> , Line 27)	▶ 6	00	
	7. Enter the greater of Line 5 or Line 6 (If zero or less, go to Line 12 and enter "0.")	▶ 7	00	
	8. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 14)	▶ 8	00	
	9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000)	▶ 9	.	
	10. Multiply Line 9 by Line 8	▶ 10	00	
	11. Credit for Income Taxes Paid to Qualifying Jurisdictions for Part-Year Residents Only (From <i>Schedule 2</i> , Line 58)	▶ 11	00	
	12. Subtract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter "0.")	▶ 12	00	
	13. Connecticut Alternative Minimum Tax (From Form CT-6251)	▶ 13	00	
	14. Add Line 12 and Line 13	▶ 14	00	
	15. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)	▶ 15	00	
	16. Connecticut Income Tax (Subtract Line 15 from Line 14. If less than zero, enter "0.")	▶ 16	00	
	17. Individual Use Tax (Complete the <i>Individual Use Tax Worksheet</i> . See instructions, Page 15.)	▶ 17	00	
	18. Total Tax (Add Line 16 and Line 17)	▶ 18	00	
Payments Failure to attach W-2s will result in the disallowance of withholding.	19. Connecticut tax withheld (From <i>Schedule CT-1040WH</i> , Line 3. See instructions, Page 15.)	▶ 19	00	
	20. All 2003 estimated tax payments and any overpayments applied from a prior year	▶ 20	00	
	21. Payments made with Form CT-1040 EXT (Request for extension of time to file)	▶ 21	00	
	22. Total Payments (Add Lines 19, 20, and 21)	▶ 22	00	
Refund	23. If Line 22 is greater than Line 18, enter amount overpaid. (Subtract Line 18 from Line 22)	▶ 23	00	
	24. Amount of Line 23 you want applied to your 2004 estimated tax	▶ 24	00	
	25. Amount of Line 23 you want to contribute to charity (From <i>Schedule 3</i> , Line 59) Total Contributions	▶ 25	00	
	26. Amount of Line 23 you want refunded to you. (Subtract Lines 24 and 25 from Line 23) REFUND	▶ 26	00	
	For faster refund, choose direct deposit and complete Lines 26a, 26b, and 26c.			
	26a. Type of Account: <input type="radio"/> Checking <input type="radio"/> Savings			
26b. <input type="text" value="Routing Number"/>	26c. <input type="text" value="Account Number"/>			
Amount You Owe	27. If Line 18 is greater than Line 22, enter the amount of tax you owe. (Subtract Line 22 from Line 18)	▶ 27	00	
	28. If late: Enter Penalty (Multiply Line 27 by 10% (.10))	▶ 28	00	
	29. If late: Enter Interest (Multiply Line 27 by number of months late or fraction thereof, then by 1% (.01))	▶ 29	00	
	30. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, Page 16.)	▶ 30	00	
	31. Amount you owe with this return (Add Lines 27 through 30) Check if paying by credit card <input type="checkbox"/> (See instructions, Page 16) AMOUNT YOU OWE	▶ 31	00	

To Direct Deposit your refund, you must complete Lines 26a, 26b, and 26c, at left.

Schedule 1 Modifications to Federal Adjusted Gross Income (enter all amounts as positive numbers)

Additions to Federal Adjusted Gross Income (See instructions, Page 18)	32. Interest on state and local government obligations other than Connecticut	▶	32		00
	33. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	▶	33		00
	34. Special depreciation allowance for qualified property placed in service during this year	▶	34		00
	35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	▶	35		00
	36. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	▶	36		00
	37. Loss on sale of Connecticut state and local government bonds	▶	37		00
	38. Other - specify _____	▶	38		00
	39. TOTAL ADDITIONS (Add Lines 32 through 38) Enter here and on Line 2.	▶	39		00
	Subtractions From Federal Adjusted Gross Income (See instructions, Page 19)	40. Interest on United States government obligations	▶	40	
41. Exempt dividends from certain qualifying mutual funds derived from United States government obligations		▶	41		00
42. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page 19)		▶	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. Special depreciation allowance for qualified property placed in service during the preceding year		▶	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. Other - specify (Do not include out-of-state income) _____		▶	48		00
49. TOTAL SUBTRACTIONS (Add Lines 40 through 48) Enter here and on Line 4.	▶	49		00	

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

50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) ▶ 50

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

FOR EACH COLUMN, ENTER THE FOLLOWING:

	COLUMN A		COLUMN B	
	Name	Code	Name	Code
51. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 23)	▶ 51			
52. Non-Connecticut income included on Line 50 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 22)	▶ 52	00	▶	00
53. Divide Line 52 by Line 50 (may not exceed 1.0000)	▶ 53	.	▶	.
54. Apportioned income tax (See instructions, Page 23)	▶ 54	00	▶	00
55. Multiply Line 53 by Line 54	▶ 55	00	▶	00
56. Income tax paid to a qualifying jurisdiction (See instructions, Page 23)	▶ 56	00	▶	00
57. Enter the lesser of Line 55 or Line 56	▶ 57	00	▶	00
58. TOTAL CREDIT (Add Line 57, all columns) Enter here and on Line 11.	▶ 58			00

Schedule 3 Contributions of Refund to Designated Charities (See instructions, Page 24)

AIDS Research ▶ <input type="text" value=""/> \$2 ▶ <input type="text" value=""/> \$5 ▶ <input type="text" value=""/> \$15 ▶ other <input type="text" value=""/> .00	Breast Cancer Research ▶ <input type="text" value=""/> \$2 ▶ <input type="text" value=""/> \$5 ▶ <input type="text" value=""/> \$15 ▶ other <input type="text" value=""/> .00
Organ Transplant ▶ <input type="text" value=""/> \$2 ▶ <input type="text" value=""/> \$5 ▶ <input type="text" value=""/> \$15 ▶ other <input type="text" value=""/> .00	Safety Net Services ▶ <input type="text" value=""/> \$2 ▶ <input type="text" value=""/> \$5 ▶ <input type="text" value=""/> \$15 ▶ other <input type="text" value=""/> .00
Endangered Species/Wildlife ▶ <input type="text" value=""/> \$2 ▶ <input type="text" value=""/> \$5 ▶ <input type="text" value=""/> \$15 ▶ other <input type="text" value=""/> .00	
59. TOTAL CONTRIBUTIONS. Enter here and on Line 25. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="00"/>	

Due Date: April 15, 2004

Make your check or money order payable to: "Commissioner of Revenue Services"
To ensure proper posting of your payment, write your Social Security Number(s) and "2003 Form CT-1040NR/PY" on your check or money order.

Attach a copy of all applicable schedules and forms to this return. 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 2968
Hartford CT 06104-2968

For all tax forms with payment:
Department of Revenue Services
PO Box 2969
Hartford CT 06104-2969

Third Party Designee	Do you authorize DRS to contact another person about this return? (See Page 17) <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
	Designee's Name	Telephone Number ()	Personal Identification Number (PIN) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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		FEIN

Schedule CT-1040WH
Connecticut Income Tax Withholding

2003

Complete and attach to Forms CT-1040EZ, CT-1040, CT-1040NRPY, or CT-1040X

Name	Your Social Security Number <div style="display: flex; justify-content: space-between;"> [] [] [] - [] [] - [] [] [] [] </div>
Spouse's Name (if joint return)	Spouse's Social Security Number <div style="display: flex; justify-content: space-between;"> [] [] [] - [] [] - [] [] [] [] </div>

1. Enter the total number of W-2, W-2G, and 1099 forms showing Connecticut income tax withholding.

2. W-2, W-2G, and 1099 Identification Information (only enter information from your W-2, W-2G, and 1099 forms if Connecticut income tax was withheld).

	Column A Employer Identification Number from your W-2, W-2G, or 1099 Forms									Column B Connecticut Income Tax Withheld
1st	[]	[]	-	[]	[]	[]	[]	[]	[]	.00
2nd	[]	[]	-	[]	[]	[]	[]	[]	[]	.00
3rd	[]	[]	-	[]	[]	[]	[]	[]	[]	.00
4th	[]	[]	-	[]	[]	[]	[]	[]	[]	.00
5th	[]	[]	-	[]	[]	[]	[]	[]	[]	.00
6th	[]	[]	-	[]	[]	[]	[]	[]	[]	.00
7th	[]	[]	-	[]	[]	[]	[]	[]	[]	.00

3. Total Connecticut Income Tax Withheld. (Add the amounts in Column B. Enter here and on Form CT-1040EZ, Line 9, Form CT-1040, Line 17, Form CT-1040NRPY, Line 19, or Form CT-1040X, Line 21.) .00

Instructions for Completing Schedule CT-1040WH

Section 1 — Number of W-2s, W-2Gs, and 1099s. Enter the total number of W-2s, W-2Gs, and 1099s you received for the 2003 taxable year that show **Connecticut** income tax withheld (if you are filing a joint return, include your spouse's W-2s, W-2Gs, and 1099s). Verify that **Box 15** of each W-2 is **Connecticut** income tax withheld. **Do not include W-2s, W-2Gs, or 1099s for other states or the IRS.** See sample W-2 at right.

Section 2 — W-2, W-2G, and 1099 Identification Information. Enter in Column A, the nine-digit Employer Identification Number of **each** federal Form W-2 (located in Box b of federal Form W-2). For each 1099, enter the payer's nine-digit Federal Identification Number. For unemployment compensation, this number is located directly below the address for the Department of Labor. If the number is unclear or missing, contact your employer or payer.

Connecticut Income Tax Withheld. Enter in Column B, the amount of Connecticut income tax withholding as shown on **each** federal Form W-2, W-2G, or 1099 (from Form W-2, **Box 17**; Form W-2G, **Box 14**; Form 1099-R, **Box 10**; Form 1099-MISC, **Box 16**; or Form UC-1099G, **Box 5**.)

Enter the number from Box b in Column A.

a Control number 2222		OMB No. 1545-0008	
b Employer identification number XX-XXXXXXX		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial		11 Nonqualified plans	
		13 <input type="checkbox"/> Health <input type="checkbox"/> Sick <input type="checkbox"/> Security	12a
		14 Other	12b
			12c
			12d
f Employee's address and ZIP code		17 State income tax XX.00	
15 State CT	Employer's state ID number	16 State wages, tips, etc.	18 Local wages, tips, etc.
		19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement		2003	
Copy 1 For State, City, or Local Tax Department		Department of the Treasury - Internal Revenue Service	

Box 15 - Must show CT to be claimed as Connecticut Withholding.
Enter the amount from Box 17 in Column B (in whole dollars).

Section 3 — Total Connecticut Income Tax Withheld. Add the amounts in Section 2, Column B and enter the total here.

Attach Schedule CT-1040WH to the back of Form CT-1040EZ, Form CT-1040, Form CT-1040NR/PY, or Form CT-1040X. If you have more than seven federal Forms W-2, W-2G, and 1099, you must create an identical schedule and attach it to the back of your Connecticut income tax return. Attach federal Forms W-2, W-2G, or 1099 to the **front** of your Connecticut income tax return.