



Your Social Security Number

19. **Total Tax** (enter amount from Line 18, on front of this return) 19.  **.00**

	COLUMN A Employer Identification Number	COLUMN B Connecticut Wages, Tips, etc.	COLUMN C Connecticut Income Tax Withheld
<b>W-2, W-2G, and 1099 Identification Information</b> (only enter information from your W-2, W-2G, and 1099 forms if Connecticut income tax was withheld).			
20a.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
20b.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
20c.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
20d.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
20e.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
20f.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
20g.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
20h. Enter additional CT withholding from <i>Schedule CT-1040WH</i> , Line 3			<input type="text"/> <b>.00</b>

20. **Total Connecticut Income Tax Withheld** (add the amounts in Column C and enter here) 20.  **.00**

21. All 2004 estimated tax payments and any overpayments applied from a prior year 21.  **.00**

22. Payments made with Form CT-1040 EXT (Request for extension of time to file) 22.  **.00**

23. **Total Payments** (Add Lines 20, 21, and 22) 23.  **.00**

24. **Overpayment** (If Line 23 is more than Line 19, subtract Line 19 from Line 23.) 24.  **.00**

25. Amount of Line 24 you want **applied to your 2005 estimated tax** 25.  **.00**

**Contributions** 26a. AIDS Research  **.00** 26b. Organ Transplant  **.00**

26c. Endangered Species/Wildlife  **.00** 26d. Breast Cancer Research  **.00** 26e. Safety Net Services  **.00**

26. **Total Contributions** of Refund to Designated Charities (add amounts from Lines 26a - 26e) 26.  **.00**

27. **Refund** (Subtract Lines 25 and 26 from Line 24) For faster refund, choose Direct Deposit and complete Lines 27a, 27b, and 27c. 27.  **.00**

27a. Type of Account:  Checking  Savings 27b. Routing Number

27c. Account Number

28. **Tax Due** (If Line 19 is more than Line 23, subtract Line 23 from Line 19) 28.  **.00**

29. If Late: Enter Penalty (Multiply Line 28 by 10% (.10)) 29.  **.00**

30. If Late: Enter Interest (Multiply Line 28 by number of months late or fraction thereof, then by 1% (.01)) 30.  **.00**

31. Interest on underpayment of estimated tax (from Form CT-2210, see instructions, Page 16) 31.  **.00**

32. **Total Amount Due** (Add Lines 28 through 31) 32.  **.00**

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 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.

<b>Sign Here</b> Keep a copy for your records.	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 <input type="text"/>
			FEIN <input type="text"/>

**Third Party Designee** - Complete the following if you wish to authorize DRS to contact another person about this return.  
 Designee's Name  Telephone Number  Personal Identification Number (PIN)

**Complete applicable Schedules on Pages 3 and 4.**



