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

For DRS Use Only CT-1040NR/PY

		Complete return in blue or black ink only.  Taxpayers must	sign declaration on reverse side.					
For	the	year January 1 - December 31, 2008, or other taxable year beginning:, 20	<b>08</b> and e	nding:				
1		Filing Status Single Single Filing jointly for federal and Connecticut only Filing separately for federal and Connecticut for federal and Connecticut only Filing separately for federal and Connecticut  Filing sepa		Head of household		ing widow(er) pendent child		
		Enter spouse's name here and SSN below.						
-		Your Social Security Number  Check if deceased  Check if deceased		Check if deceased				
ຜົ	her	Your first name MI Last name (If two last names, insert a s	space betw	een names.)		Suffix (Jr./Sr.		
am	SSN here	If joint return, spouse's first name MI Last name (If two last names, insert a s	space betw	een names.)		Suffix (Jr./Sr.		
Print your name,								
t yo	10	Mailing address (number and street, apartment number, suite number, PO Box)			2008 resid	dent status		
rin	address,				Nonre	esident		
	add	City, town, or post office (If town is two words, leave a space between the words.) State ZIP code			Part-y	year resident		
<b>-</b>	,							
	yo	eck here if you do not want forms sent to u next year. This does not relieve you of ur responsibility to file.  Check here if you filed Form CT-2210 and checked any boxes on Part 1.  Form CT		following		filing the he form to the		
2	1	Federal adjusted gross income from federal Form 1040, Line 37;		Whole D	Dollars O	nly		
	١.	Form 1040A, Line 21; or Form 1040EZ, Line 4	1.			. 00		
	2.	Additions to federal adjusted gross income from Schedule 1, Line 41	2.			. 00		
	3.	Add Line 1 and Line 2.	3.			. 00		
	4.	Subtractions from federal adjusted gross income from Schedule 1, Line 52	4.			00		
<b>←</b>	5.	Connecticut adjusted gross income: Subtract Line 4 from Line 3.	5.			00		
	6.	Income from Connecticut sources from Schedule CT-SI, Line 30	6.			00		
ple. ms.	7.	Enter the greater of Line 5 or Line 6. If zero or less, go to Line 12 and enter "0."	7.			00		
not staple. 099 forms	8.	Income tax on the amount on Line 7 from tax tables or Tax Calculation Schedule: See instructions, Page 16.	8.			00		
	9.	Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000.	9.					
e. De	10	). Multiply Line 9 by Line 8.	10.			. 00		
Clip check here. Do	11	. Credit for income taxes paid to qualifying jurisdictions during resident portion				00		
neck sen		of taxable year — part-year residents only (from Schedule 2, Line 61)	11			. 00		
ip cł not	12	2. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter "0."	12.			. 00		
ပြု ငြ	13	3. Connecticut alternative minimum tax from Form CT-6251	13.			. 00		
	14	Add Line 12 and Line 13.	14.			. 00		
<b>←</b>	15	5. Adjusted net Connecticut minimum tax credit from Form CT-8801	15.		<u>                                     </u>	. 00		
	16	6. Connecticut income tax: Subtract Line 15 from Line 14. If less than zero, enter "0."	16.	<u>,</u>		. 00		
	17	7. Individual use tax from Schedule 3, Line 62: If no tax is due, enter "0."	17.			. 00		
	18	3. Add Line 16 and Line 17.	18.	, .		. 00		

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	19.	Enter	amo	unt f	rom	Line	18.							19.							00
3		oloyer's fe		IID N		om Bo			99	Connection	olumn B cut wage etc.	s, tips,	Schedule CT K-1	9			cticut		n C e tax with Schedule		
W-2	20a.	1000101	]-[							•		. 00	•	20a.							00
and 1099 Information	20b.		ī-i							•		. 00	• 🗆	20b.							00
Only enter information	20c.		ī-i						ī	•		. 00	• 🗆	20c.				1 7		Π.	00
from your W-2, Schedule	20d.		1-1							•		. 00	•□	20d.						Π'	00
CT K-1, and 1099 forms if	20e.		1-1						1	•		. 00	• 🗆	20e.				7		Π.	00
Connecticut income tax	20f.		- 						]	•		. 00	• 🗆	20f.				, ,		٣.	00
was withheld.	20g.		╬							•		. 00		20g.							00
	_	Enter	amo	unt f	rom	Sunn	lemer	ntal Sc	hodi	ule CT-10	าสกเพษ		•	20g. 20h.							00
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										nts in Col r withhold				20.	_			,			00
21. All :	2008	estimat	ted t	ax pa	ayme	ents a	ind an	v over	rpayı	ments ap	oplied fro	om a pri	or year	21.							00
				•						t for exte	•	-	•	22.							00
23. <b>Tot</b> a								•	1				,	23.							00
4									euht	ract Line	10 from	line 2	3	24.							00
										estimate		i Line Z	J.	25.				7		Π.	00
			-				_			from Sc		4 line 6	33	26.						-	00
27. <b>Ref</b>							_			7 110111 00	rioddio	7, 21110	,								
For	faster	refund,	, use	Dire	ect D					Lines 27a				27.				, ,			00
27a. Type: C	hecking avings	g27b		uting nber						270	c. Accou										
<b>5</b> 28. <b>Tax</b>	due:	If Line	19 is	s mo	re th	an Li	ne 23,	, subtra	act L	_ine 23 fr	om Line	19.		28.							00
29. If la														29.							00
		ter inte by 1%			tiply	Line 2	28 by	numbe	er of	months	or fraction	on of a r	month	30.							00
		-	•		of es	timate	ed tax:	See in	nstru	ıctions, P	age 19.			31.						<b>.</b>	00
32. <b>Tot</b> a		-	-							,				32.							00
Declara schedule understa \$5,000,	tion: I es and and the or imp ayer is	declare stateme penalt	e unde ents) y for ent for	er pe and, willfu	nalty to th lly de nore	of law e best eliverin than fi	that I I of my g a fall ve yea	have ex knowle se retui	edge rn or ooth.	ned this re and belief document The declar r has any l	, it is true t to DRS ration of a	, comple is a fine a paid pre	te, and c	panying correct. I		Daytime	e teleph	none nui	mber		
ıds. ●											•				•	(	)				
Spouse	's signa	ture if join	nt retur	'n								Date				Daytime	e teleph	none nui	mber		
Sponse  Sponge Paid pre	eparer's	signature	<del></del>							Date	•	Telephone	e number		•	( Prepare	) er's SSI	N or PTI	N		
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		Party Dee's nan		gnee	- Co	omple	te the	follow	ving	to author Tele	ize DRS phone nu		tact ano	ther pe	rsor				n. ation num	ber (Pl	IN)
_		Comp	lete	арр	lica	ble s	ched	ules o	n P	ages 3 a	nd 4 ar	nd attac	ch the s	schedu	iles	to yo	ur re	turn.			

	FORM C1-1040NR/P1 - P	age	3 01 4	,				Se		/ Num		•					- 🔲		
	Schedule 1 - Modifications to	Fec	deral	Adj	usto	ed (	Gros	ss In	ncor	me	Ente	er all	item	s as	posi	tive	numbe	ers.	
33	See Instructions, Page 20.  Interest on state and local government obligations	other	than (	Conn	ecticu	ı ıt				33.									00
	. Mutual fund exempt-interest dividends from non-Connecticut state or municipal							00.			, 			,					
	government obligations							34.			, 🔲			,			00		
	Reserved for tuture use						////	////		35/									
	Taxable amount of lump-sum distributions from qua adjusted gross income	alified	i plans	not i	nclud	ni bet	ı fede	eral		36.			,			,		<u> </u>	00
37.	Beneficiary's share of Connecticut fiduciary adjustr	ment:	Enter	only	if gre	ater	than :	zero.		37.									00
	Loss on sale of Connecticut state and local govern				///,	///,	////	////	///	38. <b>/ / 3</b> 9/			, 	///	////	, '///	/////	]. '///	00
		1///	/////	////	'///	////	////	////	///			//// 	//// 		//// 	//// 		7//	00
	Other - specify •								_	40.	H		, 📙			,		╡.	00
41.	Total additions: Add Lines 33 through 40. Enter h	nere a	and on	Line	2.					<u>4</u> 1.	<u> </u>							┽.	00
42.	Interest on U.S. government obligations									42.	L		, 📙			,		╡.	00
43.	Exempt dividends from certain qualifying mutual fund	is deri	ved fro	om U.	S. go	vernr	ment o	obliga	ations	43.									00
44.	Social Security benefit adjustment: See Social Security	rity Be	nefit A	djustr	ment	Work	<i>kshee</i>	t, Pag	je 22	. 44.									00
45.	5. Refunds of state and local income taxes							45.			,			,			00		
46.	6. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities							46.			,			,		].	00		
47.	7. Special depreciation allowance for qualified property placed in service during preceding year(s)						ar(s)	47.								].	00		
48.	18. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.							48.								╗.	00		
49.	Gain on sale of Connecticut state and local govern	ıment	bonds	3						49.								٦.	00
50.	Connecticut Higher Education Trust (CHET) contrib	butior	าร							50.								٦.	00
	Enter CHET account number: (can be up to 14 digits)											-	7			7			
51.	Other - specify: Do not include out of state income.	•								51.			,			,			00
52.	Total subtractions: Add Lines 42 through 51. Ente	er her	re and	on Li	ne 4.					52.								Ī.	00
	hedule 2 - Credit for Income Taxes Pa						ırisd	licti	ons	- Pa	art-	Yea	r Re	esic	den	ts C	Only		
	must attach a copy of your return filed with the																-		
53.	Connecticut adjusted gross income during residen	ісу ро	ortion c	of taxa	able y	year.				53.			, 🔲			,			00
	See instructions, Page 25.				Cc Na		nn A	<b>\</b>	С	ode				Co Na	lun me	nn E	3	Co	ode
54.	Enter qualifying jurisdiction's name and two-letter code. See instructions, Page 26.	54.		-							Г		•						
55.	Non-Connecticut income included on Line 53 and																		
	reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet</i> , Page 27.	55.		7	$\top$					00									00
56.	Divide Line 55 by Line 53. May not exceed 1.0000.			7				الساا											
	Apportioned income tax: See instructions, Page 27.			╬						00		H	Т						00
		58.		1' -					╡.	00								۲.	00
	Income tax paid to a qualifying jurisdiction	JU				JI			Ξ.			_	, —			,			
55.		59.					,			00									00
60.	Enter the lesser of Line 58 or Line 59.	60.					,			00			,			,			00
	61. Total credit: Add Line 60, all columns. Enter	here	and or	n Line	11.	61.		, .			, _			].[	00				
L	Complete applicable schedu	lles	on P	age	4 aı	nd a	attac	ch th	ne s	che	dul	e to	yoı	ur r	etu	rn.			

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Your Social	1 6			
Security Number •				

## Schedule 3 - Individual Use Tax

Complete this schedule to calculate your Connecticut individual use tax liability and attach it to your return.

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 (Column E minus Column F but not less than zero)
Total of individ	dual purchases under \$300	not listed above				
2. Individual (	use tax: Add all amounts	for Column G. Enter here	e and on Line 17		62.	_ 00

## **Schedule 4 - Contributions to Designated Charities**

63a. AIDS Research	63a. <u></u>	. 00
63b. Organ Transplant	63b	. 00
63c. Endangered Species/Wildlife	63c,	. 00
63d. Breast Cancer Research	63d	. 00
63e. Safety Net Services	63e	. 00
63f. Military Family Relief Fund	63f	. 00
63. Total contributions: Add Lines 63a through 63f, en	nter amount here and on Line 26.	• 63

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						

Make your check payable to: Commissioner of Revenue Services

To ensure proper posting, write your SSN(s) (optional) and "2008 Form CT-1040NR/PY" on your check.

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