







**Schedule 3 - Property Tax Credit** See instructions, Page 25.

Qualifying Property	Primary Residence	Auto 1	Auto 2 (joint returns or qualifying widow(er) only)
Name of Connecticut Tax Town or District			
Description of Property If primary residence, enter street address. If motor vehicle, enter year, make, and model.			
Date(s) Paid	• ___ / ___ / 2009 • ___ / ___ / 2009	• ___ / ___ / 2009 • ___ / ___ / 2009	• ___ / ___ / 2009 • ___ / ___ / 2009
Amount Paid	60. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	61. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	62. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
63. Total property tax paid: Add Lines 60, 61, and 62.			63. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
64. Maximum property tax credit allowed			64. • 500 . 00
65. Enter the lesser of Line 63 or Line 64.			65. • <input type="text"/> . 00
66. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table exactly as it appears on Page 27. If zero, enter the amount from Line 65 on Line 68.			66. • <input type="text"/> . <input type="text"/>
67. Multiply Line 65 by Line 66.			67. • <input type="text"/> . 00
68. Subtract Line 67 from Line 65. Enter here and on Line 11. Attach Schedule 3 to your return or your credit will be disallowed.			68. <input type="text"/> . 00

**Schedule 4 - Individual Use Tax - Do you owe use tax?** See instructions, Page 28.

Complete this worksheet to calculate your Connecticut individual use tax liability and attach Page 4 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 individual purchases under \$300 not listed above						

69. Individual use tax: Add all amounts for Column G. Enter here and on Line 15. • 69.  ,  ,  . 00

**Schedule 5 - Contributions to Designated Charities**

70a. AIDS Research	70a.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70b. Organ Transplant	70b.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70c. Endangered Species/Wildlife	70c.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70d. Breast Cancer Research	70d.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70e. Safety Net Services	70e.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70f. Military Family Relief Fund	70f.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70. Total Contributions: Add Lines 70a through 70f. Enter amount here and on Line 24.	70.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00

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

<p><b>For refunds and all other tax forms without payment:</b>                  Department of Revenue Services                  PO Box 2976                  Hartford CT 06104-2976</p>	<p><b>For all tax forms with payment:</b>                  Department of Revenue Services                  PO Box 2977                  Hartford CT 06104-2977</p>
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Make your check payable to: **Commissioner of Revenue Services**  
 To ensure proper posting, write your SSN(s) (optional) and "2009 Form CT-1040" on your check.