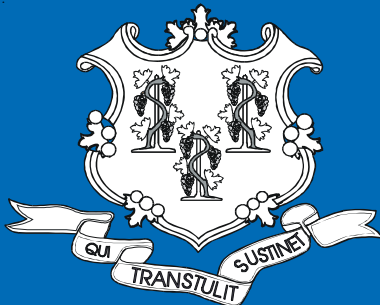


2009

Connecticut Package X

*This booklet
contains forms
and instructions
for the following
taxes:*

- Income
- Corporation
- Withholding
- Business Entity
- Trusts and Estates
- Partnership/
S Corporation
Composite
- Group Income
- Gift
- Sales and Use
- Miscellaneous



2009 Tax Forms and Instructions

Forms may also be downloaded from
our website at

www.ct.gov/DRS

Department of Revenue Services walk-in locations and telephone numbers are listed on the back cover.

Listing of Bookmarks 2009 CT Package X

Individual Income Tax

CT-1040
 CT-1040 Instructions
 CT-6251
 CT-1040 NR/PY
 CT-1040 NR/PY Instructions
 Schedule CT-SI
 Schedule CT-1040AW
 Schedule CT-1040BA
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 Tax Tables
 CT-1040 TCS
 CT-1040X (2005)
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Connecticut Income Tax For Trusts and Estates

CT-1041
 Schedule CT-1041B
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Partnership/S Corporation

Composite Income Tax

CT-1065/CT-1120SI
 CT-1065/CT-1120SI Instructions
 Supplement Attachment
 Schedule CT K-1
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 CT-1065/CT-1120SI EXT

Business Entity Tax

OP-424

Withholding Tax

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 CT-945 (DRS)
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 CT-W4
 CT-W4NA
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Estate and Gift Tax

CT-706/709
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Corporation Business Tax

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 LGL-003
 LGL-006
 CT-8822

**Form CT-1040
Connecticut Resident Income Tax Return**

For DRS
Use Only

20

**2009
CT-1040**

Complete return in blue or black ink only.

Taxpayers must sign declaration on reverse side.

For the year January 1 - December 31, 2009, or other taxable year beginning: _____, 2009 and ending: _____.

1 Filing Status
 Single Filing jointly for federal and Connecticut
 Filing jointly for Connecticut only Filing separately for federal and Connecticut
 Filing separately for Connecticut only Head of household Qualifying widow(er) with dependent child
 Enter spouse's name here and SSN below.

Print your name, address, and SSN here.
 Your Social Security Number: [] [] [] - [] [] - [] [] [] Check if deceased:
 Spouse Social Security Number: [] [] [] - [] [] - [] [] [] Check if deceased:
 Your first name: [] [] [] [] [] [] [] [] MI: [] Last name (If two last names, insert a space between names.): [] [] [] [] [] [] [] [] Suffix (Jr./Sr.): [] []
 If joint return, spouse's first name: [] [] [] [] [] [] [] [] MI: [] Last name (If two last names, insert a space between names.): [] [] [] [] [] [] [] [] Suffix (Jr./Sr.): [] []
 Mailing address (number and street, apartment number, suite number, PO Box): []
 City, town, or post office (If town is two words, leave a space between the words.): [] State: [] [] ZIP code: [] [] [] [] - [] [] []

Check here if you do not want forms sent to you next year. This **does not** relieve you of your responsibility to file. Check here if you filed **Form CT-2210** and checked any boxes on Part 1.
 Form CT-8379 **Form CT-1040CRC** Check here if you are filing the following and attach the form to the front of the return.

| | | Whole Dollars Only |
|--|---|--|
| 2 Clip check here. Do not staple. Do not send W-2 or 1099 forms. | 1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4 | 1. [] . 00 |
| | 2. Additions to federal adjusted gross income from Schedule 1, Line 39 | 2. [] . 00 |
| | 3. Add Line 1 and Line 2. | 3. [] . 00 |
| | 4. Subtractions from federal adjusted gross income from Schedule 1, Line 50 | 4. [] . 00 |
| | 5. Connecticut adjusted gross income: Subtract Line 4 from Line 3. | 5. [] . 00 |
| | 6. Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 15. | 6. [] . 00 |
| | 7. Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59 | 7. [] . 00 |
| | 8. Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0." | 8. [] . 00 |
| | 9. Connecticut alternative minimum tax from Form CT-6251 | 9. [] . 00 |
| | 10. Add Line 8 and Line 9. | 10. [] . 00 |
| | 11. Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach Schedule 3 on Page 4 or your credit will be disallowed. | 11. [] . 00 |
| | 12. Subtract Line 11 from Line 10. If less than zero, enter "0." | 12. [] . 00 |
| | 13. Adjusted net Connecticut minimum tax credit from Form CT-8801 | 13. [] . 00 |
| | 14. Connecticut income tax: Subtract Line 13 from Line 12. If less than zero, enter "0." | 14. [] . 00 |
| | 15. Individual use tax from Schedule 4, Line 69: If no tax is due, enter "0." | 15. [] . 00 |
| | 16. Add Line 14 and Line 15. | 16. [] . 00 |

Due date: April 15, 2010 - Attach a copy of all applicable schedules and forms to this return.

For a faster refund, see Page 2 of the booklet for electronic filing options.

Your Social Security Number ● --

17. Enter amount from Line 16. 17.00

| 3 | Column A | | Column B | Column C | |
|---|---|---|-------------------------------|---------------------------------|----------------------|
| | Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099 | | Connecticut wages, tips, etc. | Connecticut income tax withheld | |
| W-2 and 1099 Information Only enter information from your W-2 and 1099 forms if Connecticut income tax was withheld. | 18a. | <input type="text"/> | ● .00 | 18a. | <input type="text"/> |
| | 18b. | <input type="text"/> | ● .00 | 18b. | <input type="text"/> |
| | 18c. | <input type="text"/> | ● .00 | 18c. | <input type="text"/> |
| | 18d. | <input type="text"/> | ● .00 | 18d. | <input type="text"/> |
| | 18e. | <input type="text"/> | ● .00 | 18e. | <input type="text"/> |
| | 18f. | <input type="text"/> | ● .00 | 18f. | <input type="text"/> |
| | 18g. | <input type="text"/> | ● .00 | 18g. | <input type="text"/> |
| | | 18h. Enter amount from <i>Supplemental Schedule CT-1040WH</i> , Line 3. | | 18h. | <input type="text"/> |

18. Total Connecticut income tax withheld: Add amounts in Column C and enter here. You must complete Columns A, B, and C or your withholding will be disallowed. 18.00

19. All 2009 estimated tax payments and any overpayments applied from a prior year 19.00

20. Payments made with Form CT-1040 EXT (Request for extension of time to file) 20.00

21. Total payments: Add Lines 18, 19, and 20. 21.00

4 22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21. 22.00

23. Amount of Line 22 you want applied to your 2010 estimated tax 23.00

24. Total contributions of refund to designated charities from Schedule 5, Line 70 24.00

25. Refund: Subtract Lines 23 and 24 from Line 22. For faster refund, use Direct Deposit by completing Lines 25a, 25b, and 25c. 25.00

25a. Checking Savings 25b. Routing number 25c. Account number

25d. Will this refund go to a bank account outside the U.S.? Yes

5 26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17. 26.00

27. If late: Enter penalty. Multiply Line 26 by 10% (.10). 27.00

28. If late: Enter interest. Multiply Line 26 by number of months or fraction of a month late, then by 1% (.01). 28.00

29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 17. 29.00

30. Total amount due: Add Lines 26 through 29. 30.00

6 Declaration: 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 or document 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.

| | | | |
|---|--|--------|----------------------------|
| Sign Here <small>Keep a copy for your records.</small> | 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 |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.
 Designee's name ● Telephone number ● Personal identification number (PIN) ●

Schedule 1 - Modifications to Federal Adjusted Gross Income

Enter all items as positive numbers.

See instructions, Page 18.

31. Interest on state and local government obligations other than Connecticut 31. , , , . **00**

32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 32. , , , . **00**

33. Cancellation of debt income: See instructions. 33. , , , . **00**

34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income 34. , , , . **00**

35. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero. 35. , , , . **00**

36. Loss on sale of Connecticut state and local government bonds 36. , , , . **00**

37. Domestic production activity deduction from federal Form 1040, Line 35 37. , , , . **00**

38. Other - specify 38. , , , . **00**

39. Total additions: Add Lines 31 through 38. Enter here and on Line 2. 39. , , , . **00**

40. Interest on U.S. government obligations 40. , , , . **00**

41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 41. , , , . **00**

42. Social Security benefit adjustment: See *Social Security Benefit Adjustment Worksheet*, Page 20. 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. 50% of military retirement pay 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. Connecticut Higher Education Trust (CHET) contributions 48. , , , . **00**
 Enter CHET account number: - (can be up to 14 digits)

49. Other - specify: Do not include out of state income. 49. , , , . **00**

50. Total subtractions: Add Lines 40 through 49. Enter here and on Line 4. 50. , , , . **00**

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

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

51. Modified Connecticut adjusted gross income 51. , , , . **00**
 See instructions, Page 24.

| | Column A | | Column B |
|---|--|----------------------|--|
| | • Name | Code | • Name |
| | Code | | Code |
| 52. Enter qualifying jurisdiction's name and two-letter code: See instructions, Page 24. 52. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet</i> , Page 24. 53. | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 | | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 54. Divide Line 53 by Line 51. May not exceed 1.0000 54. | <input type="text"/> . <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . | | <input type="text"/> . <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . |
| 55. Income tax liability: Subtract Line 11 from Line 6. 55. | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 | | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 56. Multiply Line 54 by Line 55. 56. | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 | | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 57. Income tax paid to a qualifying jurisdiction See instructions, Page 25. 57. | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 | | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 58. Enter the lesser of Line 56 or Line 57. 58. | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 | | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 59. Total credit: Add Line 58, all columns. Enter here and on Line 7. 59. | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 | | <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |

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:

| | |
|--|---|
| For refunds and all other tax forms without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976 | For all tax forms with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977 |
|--|---|

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.

2009

FORM CT-1040

Connecticut Resident Income Tax

Return and Instructions

**CT-1040EZ/Telefile is discontinued.
All resident taxpayers now file Form CT-1040.**

This booklet contains:

- Form CT-1040
- Supplemental
Schedule
CT-1040WH
- Tax Tables
- Tax Calculation
Schedule
- Index
- Use Tax
Information
(Pages 4 and 28)

File Electronically

www.ct.gov/DRS



Taxpayer Service Center

Taxpayer Service Center (TSC) for Individuals

File Electronically ... it's *FAST* money!



Visit www.ct.gov/TSC to learn more about free filing options.

Contributions to Designated Charities

Below is a list of charities for which you may use your tax return to contribute all or a portion of your refund. Enter your total contributions on *Schedule 5, Line 70, of Form CT-1040, Connecticut Resident Income Tax Return. Your contribution is irrevocable.* To contribute directly, send your contribution to the address shown below.

| Aids Research Education Fund | Organ Transplant Fund | Endangered Species, Natural Area Preserves, and Watchable Wildlife Fund | Breast Cancer Research and Education Fund | Safety Net Services Fund | Military Family Relief Fund |
|--|--|--|---|---|---|
| Assists research, education, and community service programs related to Acquired Immune Deficiency Syndrome (AIDS). | Assists Connecticut residents in paying for the unmet medical and ancillary needs of organ transplant candidates and recipients. | Helps preserve, protect, and manage Connecticut's endangered plants and animals, wildlife and their habitats. | Assists research, education, and community service programs related to breast cancer. | Protects the children of families who are no longer eligible for public assistance benefits. | Makes grants to the immediate family members of service members domiciled in Connecticut for essential goods and services when military services creates family financial hardship. |
| Department of Public Health AIDS and Chronic Diseases Division MS #11APV PO Box 340308 Hartford CT 06134-0308 | Department of Social Services Accounts Receivable 25 Sigourney St Ste 1 Hartford CT 06106-5033 | Department of Environmental Protection-Bureau of Administration Financial Management 79 Elm Street Hartford CT 06106-1591 | Department of Public Health Comprehensive Cancer Section Breast and Cervical Cancer Early Detection Program MS #11 CCS PO Box 340308 Hartford CT 06134-0308 | Department of Social Services Accounts Receivable 25 Sigourney St Ste 1 Hartford CT 06106-5033 | Military Department, Military Family Relief Fund Fiscal Office 360 Broad St Hartford CT 06105-3795 |
| Make check payable to: Treasurer, State of Connecticut/AIDS Fund | Make check payable to: Commissioner of Social Services/Organ Transplant Fund | Make check payable to: DEP-Endangered Species/ Wildlife Fund | Make check payable to: Treasurer, State of Connecticut/Breast Cancer Fund | Make check payable to: Commissioner of Social Services/Safety Net Fund | Make check payable to: Treasurer, State of Connecticut/Military Family Relief Fund |

What's New

- **Form CT-1040EZ:** All resident taxpayers must use Form CT-1040 to file their Connecticut income tax return. **Form CT-1040EZ**, *Connecticut Resident EZ Income Tax Return*, has been eliminated.
- **Telefile:** Taxpayers can no longer file their Connecticut income tax return using the Telefile system. Taxpayers are encouraged to file electronically through the **Taxpayer Service Center (TSC)** at www.ct.gov/TSC.
- **Income Tax Rates:** New legislation increases Connecticut income taxes for those with Connecticut taxable incomes over \$1 million for joint filers, \$800,000 for head of household filers, and \$500,000 for single filers and married people filing separately. It adds a third, higher-income tax bracket and increases the marginal tax rate from 5.0% to 6.5% for income in that bracket. It also increases the flat income tax rate for trusts and estates from 5.0% to 6.5%.
- **Personal Exemption and Credits:** The annual increase to the personal exemption and credits used in calculating the tax for single filers has been delayed by three years. The personal exemptions and credits for the 2008 taxable year remain in effect for the 2009 taxable year. The scheduled increases will resume beginning with the 2012 taxable year.
- **Property Tax Credit Limitation:** The annual increase to the property tax credit limitation thresholds for single filers has been delayed three years. The property tax credit limitation amounts in effect for the 2008 taxable year remain in effect for the 2009 taxable year. The scheduled increases will resume beginning with the 2012 taxable year.
- **Military Spouses Residency Relief Act:** The Military Spouses Residency Relief Act provides that, effective for taxable years beginning on or after January 1, 2009, where a service member's spouse (spouse) is in Connecticut solely to be with the service member serving in compliance with military orders, income from services performed by the spouse in Connecticut shall not be deemed to be income derived from or connected with Connecticut sources unless the spouse's state of residence is Connecticut. If a spouse had income for services performed in Connecticut and had Connecticut income tax withheld from wages or made estimated payments for taxable year 2009, then he or she may file a 2009 Connecticut income tax return and request a refund.
- **Cancellation of Debt Income:** Section 1231 of the American Recovery and Reinvestment Act of 2009 allows a taxpayer, at the taxpayer's election, to defer the inclusion in federal gross income of cancellation of debt income realized in connection with a reacquisition of an applicable debt instrument after December 31, 2008, and before January 1, 2011. The cancellation of debt income, if the deferral election is made, must be included in federal gross income ratably over a period of five taxable years beginning in 2014.

For taxable years ending after December 31, 2008, in computing Connecticut adjusted gross income, a taxpayer making the federal deferral election must add back to his or her federal adjusted gross income the amount of cancellation of debt income deferred for federal income tax purposes.

This addition modification must be made on *Schedule I*, Line 33, of Form CT-1040 for taxable years beginning January 1, 2009.

Where a taxpayer makes the federal election to defer cancellation of debt income and reports the amount as an addition modification on his or her Connecticut income tax return, and where the taxpayer is required to include those amounts ratably over the five year period beginning in 2014, the taxpayer will be allowed, in computing his or her Connecticut adjusted gross income, to subtract the ratable amounts from his or her federal adjusted gross income.

This provision affects partnerships, limited liability companies treated as partnerships for federal income tax purposes, S corporations, and individuals conducting a trade or business.

For more information on Section 1231 of the American Recovery and Reinvestment Act of 2009, visit the Internal Revenue Services website at www.irs.gov.

- **Domestic Production Activity Deduction:** For taxable years beginning on or after January 1, 2009, an individual is required, in computing his or her Connecticut adjusted gross income, to add back the deduction allowable under I.R.C. §199, to the extent the amount is deductible in determining federal adjusted gross income.

This addition modification must be made on *Schedule I*, Line 37, of Form CT-1040 for taxable years beginning January 1, 2009.

- **50% of Military Retirement Pay:** The subtraction modification for 50% of military retirement pay must be entered on *Schedule I*, Line 45, of Form CT-1040 for taxable years beginning January 1, 2009. This modification was entered on Line 49 for taxable year 2008.
- **International ACH Transactions:** New federal banking rules require the Department of Revenue Services (DRS) to request information about foreign bank accounts when the taxpayer requests the direct deposit of a refund into a bank account. If the refund is to be deposited in a bank outside the United States, DRS will issue a paper check.
- **Use Tax:** Use tax is due when taxable purchases are made but Connecticut sales tax is not paid. Any individual or business purchasing taxable goods or services for use in Connecticut without paying Connecticut sales tax **must** pay use tax. See Pages 4 and 28 for more information on the use tax.
- **Green Initiative:** In our continuing efforts to cut costs and support green initiatives, **Form CT-1040 EXT**, *Application for Extension of Time to File Connecticut Income Tax Return for Individuals*, and **Form CT-1040ES**, *Estimated Connecticut Income Tax Payment Coupon for Individuals*, are no longer included in this booklet. These forms can be filed electronically through the **TSC** at www.ct.gov/TSC.
- **How to Get Help:** Walk-in assistance to complete your Connecticut income tax return is now available only at the DRS office at 25 Sigourney Street in Hartford or by telephone. See *Tax Assistance* on Page 5.

Questions and Answers About the Connecticut Individual Use Tax

For additional information, see **Informational Publication 2009(33)**, *Q&A on the Connecticut Individual Use Tax*.

1. What is the use tax?

When you make a retail purchase in this state, you usually pay sales tax to the seller who in turn pays the tax to DRS. If Connecticut sales tax is not paid to the retailer, the purchaser must pay the use tax directly to DRS.

2. On what kinds of goods or services must I pay use tax?

You must pay use tax on taxable tangible personal property, whether purchased or leased. Examples of taxable personal property include items of clothing costing \$50 or more, automobiles, appliances, furniture, jewelry, cameras, VCRs, computers, and prewritten computer software. Some taxable services include repair services to your television, motor vehicle, or computer; landscaping services for your home; reupholstering services for your household furniture; or charges for online access to computer services.

3. Are there exemptions from the use tax?

Yes. If you buy goods or services in Connecticut that are exempt from sales tax, they are exempt from the use tax even though you buy them for use in Connecticut. Some examples are items of clothing that cost less than \$50, charges to access the Internet through an Internet provider's server, and repair and maintenance services to vessels.

4. Do I owe Connecticut use tax on all my out-of-state purchases of taxable goods and services?

No. If all the items you purchased **and brought into** Connecticut at one time total \$25 or less, you do not have to pay Connecticut use tax. The \$25 exemption does **not** apply to items **shipped or mailed** to you.

Generally, individuals who purchased goods from mail order companies or over the Internet and had those goods shipped to Connecticut and individuals who purchased goods at out-of-state locations and brought those goods back into Connecticut are subject to the Connecticut use tax if they did not pay Connecticut sales tax.

5. What is the use tax rate?

In general, the use tax rate for taxable goods or services is 6%. However, computer and data processing services are taxed at 1%.

6. What if I buy taxable goods or services in another state and the vendor charges sales tax for the other state?

If the goods or services were purchased for use in Connecticut and the tax paid to the other state is less than the Connecticut tax, you must report and pay the use tax. Your use tax due is the difference between the Connecticut tax and the tax paid to the other state.

Example: You purchased a \$1,000 refrigerator in another state and paid a \$50 tax to that state. If you bought the refrigerator for use in Connecticut, you owe Connecticut use tax. The Connecticut tax of \$60 is reduced to \$10 after allowing \$50 credit for the tax paid to the other state. If no tax was paid to the other state, the Connecticut use tax is \$60.

7. When must individuals pay the use tax?

You must pay the individual use tax when you file an individual income tax return. **Forms CT-1040** or **CT-1040NR/PY** must be filed on or before April 15, 2010, or use the **Taxpayer Service Center (TSC)** to file your 2009 income tax return. If you are not required to file a Connecticut income tax return, you must pay the use tax on **Form OP-186**, *Connecticut Individual Use Tax Return*. You may file Form OP-186 for the entire year or you may file several returns throughout the year.

If you are engaged in a trade or business, you must register with DRS for business use tax and report purchases made in connection with your trade or business on **Form OS-114**, *Sales and Use Tax Return*.

8. What are the penalties and interest for not paying the use tax?

The penalty is 10% of the tax due. Interest is charged at the rate of 1% per month or fraction of a month from the due date of the tax return. There are also criminal sanctions for willful failure to file a tax return.

9. On what amount should the use tax be calculated?

Calculate the use tax by multiplying the total cost of the taxable goods or services purchased, including separately stated charges such as shipping and handling, by the tax rate (generally 6%).

Electronic Filing!



Free and secure!

General Information

Tax Assistance

DRS is ready to help you get answers to your Connecticut tax questions. Visit the DRS website at www.ct.gov/DRS or call 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere) during business hours, 8:30 a.m. to 4:30 p.m. For walk-in assistance, visit the DRS office at 25 Sigourney Street, Hartford. If you visit, be sure to bring:

- **Copy 2** of your federal Forms W-2 and any other forms showing Connecticut income tax withholding;
- Your Social Security Number (SSN) card, photo identification, and proof of qualifying property tax payments if you are claiming a property tax credit; **and**
- Your **completed** federal income tax return.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications anytime. Forms are also available at most public libraries, town halls, and post offices during the tax filing season.

Important Reminders

- Most taxpayers qualify to electronically file their Connecticut income tax return. See *May I File My Connecticut Income Tax Return Over the Internet* on Page 6.
- You **must** use blue or black ink only to complete your paper return.
- Remember to send all four pages of your return. If you do not provide DRS with all the completed pages of your return or do not provide all required information, the processing of your return will be delayed.
Make sure you enter your name, mailing address, your SSN or ITIN, the name and SSN or ITIN for your spouse (if filing a joint return) and attach all required schedules or forms.
- Be sure you have received all your federal W-2 and 1099 forms before filing your Connecticut income tax return. Generally, you receive the forms on or before January 31. If you receive an additional federal W-2 or 1099 form after filing your Connecticut income tax return, you may be required to file **Form CT-1040X, Amended Connecticut Income Tax Return for Individuals**. See *Amended Returns* on Page 29.
- Do not send W-2, 1099, or Schedule CT K-1 forms** with your Connecticut income tax return. To avoid significant delays in processing your return, be sure to complete Columns A, B, and C of Section 3 of your return. DRS will disallow your Connecticut withholding if you fail to complete all columns.
- Check the correct filing status on your return.
- Sign your return. If you and your spouse are filing jointly, both of you must sign.

- Have your paid preparer sign the return and enter the firm's Federal Employer Identification Number (FEIN) in the space provided.
- Except as otherwise noted, any reference in these instructions to a spouse also refers to a party to a civil union recognized under Connecticut law or a spouse in a marriage recognized under Public Act 2009-13.
- Any reference in these instructions to filing jointly includes filing jointly for federal and Connecticut **and** filing jointly for Connecticut only. Likewise, filing separately includes filing separately for federal and Connecticut **and** filing separately for Connecticut only.
- If you are an executor, administrator, or spouse filing a return for a deceased taxpayer, remember to check the box next to the deceased taxpayer's SSN.
- Remember to check the box on the first page of your return if you are filing **Form CT-1040CRC, Claim of Right Credit**.
- Check the box on the first page of your return if you are filing **Form CT-8379, Nonobligated Spouse Claim**.
- Round all figures to the nearest whole dollar. See *Rounding Off to Whole Dollars* on Page 13.
- Be sure both you and your spouse file your income tax returns at the same time if you filed joint estimated tax payments but elect or are required to file separate income tax returns. No refund will be processed until both Connecticut returns are received.
- Use the correct DRS mailing label on the envelope when filing your paper return. One label is for refunds and all other tax forms without payment. The other label is for all tax forms with payment.

Who Must File a Connecticut Resident Return

You must file a Connecticut resident income tax return if you were a resident for the entire year **and** any of the following is true for the 2009 taxable year:

- You had Connecticut income tax withheld;
- You made estimated tax payments to Connecticut or a payment with Form CT-1040 EXT;
- You meet the Gross Income Test; **or**
- You had a federal alternative minimum tax liability.

If none of the above apply, do not file a Connecticut resident income tax return.

Gross Income Test

You must file a Connecticut income tax return if your gross income for the 2009 taxable year exceeds:

- \$12,000 and you are filing separately;
- \$13,000 and you are filing single;
- \$19,000 and you are filing head of household; **or**
- \$24,000 and you are filing jointly or qualifying widow(er) with dependent child.

Gross income means all income you received in the form of money, goods, property, services not exempt from federal income tax, **and** any additions to income required to be reported on **Form CT-1040, Schedule 1**.

Gross income includes but is not limited to:

- Compensation for services, including wages, fees, commissions, taxable fringe benefits, and similar items;
- Gross income from a business;
- Capital gains;
- Interest and dividends;
- Gross rental income;
- Gambling winnings;
- Alimony;
- Taxable pensions and annuities;
- Prizes and awards;
- Your share of income from partnerships, S corporations, estates, or trusts;
- IRA distributions;
- Unemployment compensation;
- **Federally taxable** Social Security benefits; **and**
- **Federally taxable** disability benefits.

The following examples explain the gross income test for a Connecticut resident:

Example 1: Your only income is from a sole proprietorship and you file federal Form 1040 reporting the following on Schedule C:

| | |
|--------------|-------------------|
| Gross Income | \$100,000 |
| Expenses | (\$92,000) |
| Net Income | \$8,000 |

Because the **gross** income of \$100,000 exceeds the minimum requirement, you must file a Connecticut income tax return.

Example 2: You received \$8,000 in federally nontaxable Social Security benefits and \$11,000 in interest income. Since nontaxable Social Security benefits are not included in gross income, you do not have to file a Connecticut income tax return unless Connecticut tax was withheld or estimated tax payments were made.

Example 3: You file as single on a Connecticut income tax return and received \$12,625 in wage income and \$1,000 in federally-exempt interest from California state bonds. Your federal gross income with additions from Form CT-1040, *Schedule 1* (interest on state or local obligations other than Connecticut) is \$13,625. Therefore, you must file a Connecticut income tax return.

May I File My Connecticut Income Tax Return Over the Internet

Most Connecticut taxpayers may use the DRS **Taxpayer Service Center (TSC)** to file their Connecticut income tax return. For more information about the **TSC**, see Page 2. You may electronically file your Connecticut income tax return if all of the following are true:

- You filed a Connecticut income tax return in the last three years; or you have never filed a Connecticut income tax return, but you have a valid Connecticut driver's license or Connecticut nondriver ID;
- Your filing status is the same as the last return DRS has on file. If your filing status changed since your last filing, you may be able to file electronically through the **TSC**. If the filing status you want to use is not displayed in the drop-down menu, you cannot file electronically through the **TSC** this year, but you may be able to file electronically through e-file;
- You are not filing **Form CT-8379, Nonobligated Spouse Claim**, with your return;
- You are not filing **Form CT-1040CRC, Claim of Right Credit**; **and**
- You have no more than ten W-2 or 1099 forms that show Connecticut income tax withheld.

Relief From Joint Liability

In general, if you and your spouse file a joint income tax return, you are both responsible for paying the full amount of tax, interest, and penalties due on your joint return. However, in very limited, specific cases, relief may be granted if you believe all or any part of the amount due should be paid only by your spouse. You may request consideration by filing **Form CT-8857, Request for Innocent Spouse Relief (And Separation of Liability and Equitable Relief)**. See **Special Notice 99(15), Innocent Spouse Relief, Separation of Liability, and Equitable Relief**.

Title 19 Recipients

Title 19 recipients must file a Connecticut income tax return if the requirements for *Who Must File a Connecticut Resident Return* on Page 5 are met.

However, if you do not have funds to pay your Connecticut income tax, complete **Form CT-19IT, Title 19 Status Release**, and attach it to the **front** of your Connecticut income tax return if the following two conditions apply:

- You were a Title 19 recipient during 2009; **and**
- Medicaid assisted in the payment of your long-term care in a nursing or convalescent home during 2009.

Completing this form authorizes DRS to verify your Title 19 status for 2009 with the Department of Social Services.

Deceased Taxpayers

An executor, administrator, or surviving spouse must file a Connecticut income tax return, for that portion of the year before the taxpayer's death, for a taxpayer who died during the year if the requirements for *Who Must File a Connecticut Resident Return* are met. The executor, administrator, or surviving spouse must check the box next to the deceased taxpayer's SSN on the front page of the return. The person filing the return must sign for the deceased taxpayer on the signature line and indicate the date of death.

Generally, the Connecticut and federal filing status must be the same. A surviving spouse may file jointly for Connecticut if the surviving spouse filed a joint federal income tax return. A surviving civil union partner or spouse in a marriage recognized under Public Act 2009-13 may file jointly for Connecticut as a surviving spouse although this will not be their federal filing status. Write “filing as surviving spouse” in the deceased spouse’s signature line on the return. If both spouses died in 2009, their legal representative must file a final return.

Claiming a Refund for a Deceased Taxpayer

If you are a surviving spouse filing jointly with your deceased spouse, you may claim the refund on the jointly-filed return. If you are a court-appointed representative, file the return **and** attach a copy of the certificate that shows your appointment. All other filers requesting the deceased taxpayer’s refund must file the return and attach federal Form 1310, Statement of Person Claiming Refund Due a Deceased Taxpayer.

Income received by the estate of the decedent for the portion of the year after the decedent’s death, and for succeeding taxable years until the estate is closed, must be reported each year on **Form CT-1041**, *Connecticut Income Tax Return for Trusts and Estates*.

Special Information for Nonresident Aliens

A nonresident alien must file a Connecticut income tax return if he or she meets the requirements of *Who Must File a Connecticut Resident Return*. In determining whether the gross income test is met, the nonresident alien must take into account any income not subject to federal income tax under an income tax treaty between the United States and the country of which the nonresident alien is a citizen or resident. Income tax treaty provisions are disregarded for Connecticut income tax purposes. Any treaty income reported on federal Form 1040NR or Form 1040NR-EZ and not subject to federal income tax must be added to the nonresident alien’s federal adjusted gross income. See **Form CT-1040**, *Schedule 1*, Line 38, or **Form CT-1040NR/PY**, *Schedule 1*, Line 40.

If the nonresident alien does not have and is not eligible for a Social Security Number (SSN), he or she must obtain an Individual Taxpayer Identification Number (ITIN) from the IRS and enter it in the space provided for an SSN. DRS no longer processes income tax returns or Form CT-1040 EXT with “Applied For” or “NRA” entered in the SSN field. You must have applied for and been issued an ITIN before you file your income tax return. However, if you have not received your ITIN by April 15, file your return without the ITIN, pay the tax due, and attach a copy of the federal Form W-7. DRS will contact you upon receipt of your return and will hold your return until you receive your ITIN and you forward the information to us. If you fail to submit the information requested, the processing of your return will be delayed.

A married nonresident alien may not file a joint Connecticut income tax return unless the nonresident alien is married to a citizen or resident of the United States and they have made an election to file a joint federal income tax return and they

do, in fact, file a joint federal income tax return. Any married individual filing federal Form 1040NR or federal Form 1040NR-EZ is not eligible to file a joint federal income tax return or a joint Connecticut income tax return and must file a Connecticut income tax return as filing separately except as noted by the following.

A civil union partner or a spouse in a marriage recognized under Public Act 2009-13 who is a nonresident alien may file a joint Connecticut income tax return as long as his or her civil union partner or spouse is a citizen or resident of the United States. A civil union partner or spouse filing federal Form 1040NR or federal Form 1040NR-EZ is not eligible to file a joint Connecticut income tax return and must file a Connecticut income tax return as filing separately for Connecticut only.

Resident, Part-Year Resident, or Nonresident

The following terms are used in this section:

Domicile (permanent legal residence) is the place you intend to have as your permanent home. It is the place you intend to return to whenever you are away. You can have only one domicile although you may have more than one place to live. Your domicile does not change until you move to a new location and definitely intend to make your permanent home there. If you move to a new location but intend to stay there only for a limited time (no matter how long), your domicile does not change. This also applies if you are working in a foreign country.

Permanent place of abode is a residence (a building or structure where a person can live) that you permanently maintain, whether or not you own it, and generally includes a residence owned by or leased to your spouse. A place of abode is not permanent if it is maintained only during a temporary stay for the accomplishment of a particular purpose.

You are a **resident** for the 2009 taxable year if:

- Connecticut was your domicile (permanent legal residence) for the entire 2009 taxable year; **or**
- You maintained a permanent place of abode in Connecticut during the entire 2009 taxable year **and** spent a total of more than 183 days in Connecticut during the 2009 taxable year.

Nonresident aliens who meet either of these conditions are considered Connecticut residents even if federal Form 1040NR-EZ or federal Form 1040NR is filed for federal income tax purposes. See also *Spouses With Different Residency Status* on Page 14 and *Special Information for Nonresident Aliens* on this page.

If you are a resident and you meet the requirements for *Who Must File a Connecticut Resident Return* for the 2009 taxable year, you must file **Form CT-1040**.

You are a **part-year resident** for the 2009 taxable year if you changed your permanent legal residence by moving into or out of Connecticut during the 2009 taxable year. If you are a part-year resident, you may not elect to be treated as a resident individual.

If you are a part-year resident and you meet the requirements for *Who Must File Form CT-1040NR/PY* for the 2009 taxable year, you must file **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return.**

You are a **nonresident** for the 2009 taxable year if you are neither a resident nor a part-year resident for the 2009 taxable year.

If you are a nonresident and you meet the requirements for *Who Must File Form CT-1040NR/PY* for the 2009 taxable year, you must file Form CT-1040NR/PY.

Although you and your spouse file jointly for federal purposes, you may be required to file separate Connecticut returns. See *Spouses With Different Residency Status* on Page 14.

If you meet **all** of the conditions in Group A or Group B, you may be treated as a nonresident for 2009 even if your domicile was Connecticut.

Group A

1. You did not maintain a permanent place of abode in Connecticut for the entire 2009 taxable year;
2. You maintained a permanent place of abode outside of Connecticut for the entire 2009 taxable year; **and**
3. You spent not more than 30 days in the aggregate in Connecticut during the 2009 taxable year.

Group B

1. You were in a foreign country for at least 450 days during any period of 548 consecutive days;
2. During this period of 548 consecutive days, you did not spend more than 90 days in Connecticut and you did not maintain a permanent place of abode in Connecticut at which your spouse (unless legally separated) or minor children spent more than 90 days; **and**
3. During the nonresident portion of the taxable year in which the 548-day period begins, and during the nonresident portion of the taxable year in which the 548-day period ends, you were present in Connecticut for no more than the number of days that bears the same ratio to 90 as the number of days in the portion of the taxable year bears to 548. See the calculation below:

| |
|---|
| $\frac{\text{Number of days in the nonresident portion}}{548} \times 90 = \text{Maximum days allowed in Connecticut}$ |
|---|

See **Special Notice 2000(17), 2000 Legislation Affecting the Connecticut Income Tax.**

Military Personnel Filing Requirements

Military personnel and their spouses who claim Connecticut as a residence but are stationed elsewhere are subject to Connecticut income tax. If you enlisted in the service as a Connecticut resident and have not established a new domicile (permanent legal residence) elsewhere, you are required to file a resident income tax return unless you meet all of the conditions in Group A or Group B for being treated as a nonresident. See *Resident, Part-Year Resident, or Nonresident* on Page 7.

If your permanent home (domicile) was outside Connecticut when you entered the military, you do not become a Connecticut resident because you are stationed and live in Connecticut. As a nonresident, your military pay is not subject to Connecticut income tax. However, income you receive from Connecticut sources while you are a nonresident may be subject to Connecticut income tax. See the instructions for a Connecticut nonresident contained in the instruction booklet for Form CT-1040NR/PY.

Example: Jill is a resident of Florida. She enlisted in the Navy in Florida and was stationed in Groton, Connecticut. She earned \$38,000 in military pay.

If Jill had no other income . . .

Since Jill resided and enlisted in Florida, she is considered a resident of Florida and does not have to file a Connecticut return. Military personnel are residents of the state in which they resided when they enlisted.

If Jill had a part-time job in Connecticut . . .

Her Connecticut-sourced income from nonmilitary employment is taxable. Jill must file Form CT-1040NR/PY to report the income.

Spouses of military personnel, see *What's New on Page 3 and Informational Publication 2009(21), Connecticut Income Tax Information for Armed Forces Personnel and Veterans.*

Combat Zone

The income tax return of any individual in the U.S. Armed Forces serving in a combat zone or injured and hospitalized while serving in a combat zone is due 180 days after returning. There will be no penalty or interest charged. For any individual who dies while on active duty in a combat zone or as a result of injuries received in a combat zone, no income tax or return is due for the year of death or for any prior taxable year ending on or after the first day serving in a combat zone. If any tax was previously paid for those years, the tax will be refunded to the legal representative of the estate or to the surviving spouse upon the filing of a return on behalf of the decedent. In filing the return on behalf of the decedent, the legal representative or the surviving spouse should enter zero tax due and attach a statement to the return along with a copy of the death certificate.

Combat zone is an area designated by the President of the United States as a combat zone by executive order. A combat zone also includes an area designated by the federal government as a *qualified hazardous duty area*.

Members of the U.S. Armed Forces serving in military operations in the Kosovo, Afghanistan, or Arabian Peninsula regions are eligible for the 180-day extension allowed to individuals serving in a combat zone. Spouses of military personnel and civilians supporting the military in these regions who are away from their permanent duty stations, but are not within the designated combat zone, are also eligible for the extension. Individuals requesting an extension under combat zone provisions should print both the name of the

combat zone and the operation they served with at the top of their Connecticut tax return. This is the same combat zone or operation name provided on their federal income tax return. See **Informational Publication 2009(21)**, *Connecticut Income Tax Information for Armed Forces Personnel and Veterans*.

Connecticut Adjusted Gross Income

Connecticut adjusted gross income is your federal adjusted gross income as properly reported on federal Form 1040, Line 37; federal Form 1040A, Line 21; or federal Form 1040EZ, Line 4; and any Connecticut modifications required to be reported on Form CT-1040, *Schedule 1*.

Taxable Year and Method of Accounting

You must use the same taxable year for Connecticut income tax purposes you use for federal income tax purposes. Most individuals use the calendar year as their taxable year for federal income tax purposes. However, if the calendar year is not your taxable year for federal income tax purposes, references in this booklet to 2009 are references to your taxable year beginning during 2009.

You must use the same method of accounting for Connecticut income tax purposes you use for federal income tax purposes.

If your taxable year or method of accounting is changed for federal income tax purposes, the same change must be made for Connecticut income tax purposes.

When to File

Your Connecticut income tax return is due on or before April 15, 2010. If you are not a calendar year filer, your return is due on or before the fifteenth day of the fourth month following the close of your taxable year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Your return meets the timely filed and timely payment rules if the U.S. Postal Service cancellation date, or the date recorded or marked by a designated private delivery service (PDS) using a designated type of service, is on or before the due date. Not all services provided by these designated PDSs qualify. This list is subject to change. See **Policy Statement 2008(3)**, *Designated Private Delivery Services and Designated Types of Service*. The following are the designated PDSs and designated types of service at the time of publication:

Federal Express (FedEx)

- FedEx Priority Overnight
- FedEx Standard Overnight
- FedEx 2Day
- FedEx International Priority
- FedEx International First

United Parcel Service (UPS)

- UPS Next Day Air
- UPS Next Day Air Saver
- UPS 2nd Day Air
- UPS 2nd Day Air A.M.
- UPS Worldwide Express Plus
- UPS Worldwide Express

If Form CT-1040 is filed late or all the tax due is not paid with the return, see *Interest and Penalties* on Page 11 to determine if interest and penalty must be reported with the return.

Extension Requests

Extension of Time to File

To request an extension of time to file your return, you must file **Form CT-1040 EXT**, *Application for Extension of Time to File Connecticut Income Tax Return for Individuals*, and pay all the tax you expect to owe on or before the due date. Visit www.ct.gov/TSC to file your extension over the Internet.

You do not need to file Form CT-1040 EXT if you:

- Have requested an extension of time to file your 2009 federal income tax return and you expect to owe no additional Connecticut income tax for the 2009 taxable year after taking into account any Connecticut income tax withheld from your wages and any Connecticut income tax payments you have made; **or**
- If you pay your expected 2009 Connecticut income tax due using a credit card on or before April 15.

You must file Form CT-1040 EXT if you:

- Did not request an extension of time to file your federal income tax return, but you are requesting an extension of time to file your Connecticut income tax return; **or**
- You have requested an extension of time to file your federal income tax return but you expect to owe additional Connecticut income tax for 2009 and wish to submit a payment with Form CT-1040 EXT.

If you file an extension request with a payment after the due date, generally April 15, DRS will deny your extension request.

Form CT-1040 EXT extends only the time to file your return; it does not extend the time to pay your tax due. See *Interest and Penalties* on Page 11 if you do not pay all the tax due with your extension request.

U.S. Citizens Living Abroad

If you are a U.S. citizen or resident living outside the United States and Puerto Rico, or if you are in the armed forces of the United States serving outside the United States and Puerto Rico and are unable to file a Connecticut income tax return on time, you must file Form CT-1040 EXT. You must also pay the amount of tax due on or before the original due date of the return.

Include with Form CT-1040 EXT a statement that you are a U.S. citizen or resident living outside the United States and Puerto Rico, or in the armed forces of the United States serving outside the United States and Puerto Rico, and that you qualify for a federal automatic extension. If your application is approved, the due date is extended for six months. If you are still unable to file your return and you were granted an additional extension of time to file for federal purposes, you may file your Connecticut return using the federal extension due date. A copy of the federal Form 2350 approval notice must be attached to the front of your Connecticut return.

Extension of Time to Pay

You may be eligible for a six-month extension of time to pay the tax due if you can show that paying the tax by the due date will cause undue hardship. You may request an extension by filing **Form CT-1127, *Application for Extension of Time for Payment of Income Tax***, on or before the due date of the original return.

Attach Form CT-1127 to the front of Form CT-1040 or Form CT-1040 EXT and send it on or before the due date. As evidence of the need for extension, you **must** attach:

- An explanation of why you cannot borrow money to pay the tax due;
- A statement of your assets and liabilities; **and**
- An itemized list of your receipts and disbursements for the preceding three months.

If an extension of time to pay is granted and you pay all the tax due in full by the end of the extension period, a penalty will not be imposed. However, interest will accrue on any unpaid tax from the original due date. You should make payments as soon as possible to reduce the interest you would otherwise owe. To ensure proper posting of your payment, write “**2009 Form CT-1040**” and your SSN(s) (optional) on the front of your check. Mail payments to:

Department of Revenue Services
Accounts Receivable Unit
PO Box 5088
Hartford CT 06102-5088

Where to File

For **refunds and all other tax forms without payment** enclosed, use the mailing label with this address and mail your return to:

Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976

For **all tax forms with payment** enclosed, use the mailing label with this address and mail your return with payment to:

Department of Revenue Services
PO Box 2977
Hartford CT 06104-2977

Estimated Tax Payments

You must make estimated income tax payments if your Connecticut income tax (after tax credits) minus Connecticut tax withheld is \$1,000 or more and you expect your Connecticut income tax withheld to be less than your required annual payment for the 2010 taxable year.

Your required annual payment for the 2010 taxable year is the lesser of:

- **90%** of the income tax shown on your 2010 Connecticut income tax return; **or**
- **100%** of the income tax shown on your 2009 Connecticut income tax return, if you filed a 2009 Connecticut income tax return that covered a 12-month period.

You do **not** have to make estimated income tax payments if:

- You were a Connecticut resident during the 2009 taxable year, and you did not file a 2009 income tax return because you had no Connecticut income tax liability; **or**
- You were a nonresident or part-year resident with Connecticut-sourced income during the 2009 taxable year and you did not file a 2009 income tax return because you had no Connecticut income tax liability.

If you were a nonresident or part-year resident and you did **not** have Connecticut-sourced income during the 2009 taxable year, your required annual payment is 90% of the income tax shown on your 2010 Connecticut income tax return.

Annualized Income Installment Method

If your income varies throughout the year, you may be able to reduce or eliminate the amount of your estimated tax payment for one or more periods by using the annualized income installment method. See **Informational Publication 2008(27), *A Guide to Calculating Your Annualized Estimated Income Tax Installments and Worksheet CT-1040 AES***.

Filing Form CT-1040ES

You may file and pay your Connecticut estimated tax using the *TSC*. Visit our website at www.ct.gov/TSC for more information. You may also pay your 2010 estimated Connecticut income tax payments by credit card.

Use **Form CT-1040ES, *Estimated Connecticut Income Tax Payment Coupon for Individuals***, to make estimated Connecticut income tax payments for 2010 using a paper return. If you made estimated tax payments in 2009, you will automatically receive coupons for the 2010 taxable year in mid-January. They will be preprinted with your name, address, and SSN. To ensure your payments are properly credited, use the preprinted coupons.

If you did not make estimated tax payments in 2009, use Form CT-1040ES to make your first estimated income tax payment. Form CT-1040ES is available on the DRS website. If you file this form, additional preprinted coupons will be mailed to you.

To avoid making estimated tax payments, you may request your employer withhold additional amounts from your wages to cover the taxes on other income. You can make this change by giving your employer a revised **Form CT-W4, *Employee's Withholding Certificate***. For help in determining the correct amount of Connecticut withholding to be withheld from your wage income, see **Informational Publication 2010(7), *Is My Connecticut Withholding Correct?***

Special Rules for Farmers and Fishermen

If you are a farmer or fisherman (as defined in I.R.C. §6654(i)(2)) who is required to make estimated income tax payments, you must make only **one** payment. Your payment is due on or before January 15, 2011, for the 2010 taxable year. The required installment is the lesser of $66\frac{2}{3}\%$ of the income tax shown on your 2010 Connecticut income tax return or 100% of the income tax shown on your 2009 Connecticut income tax return.

A farmer or fisherman who files a 2010 Connecticut income tax return on or before March 1, 2011, and pays in full the amount computed on the return as payable on or before that date, will not be charged interest for underpayment of estimated tax.

Farmers or fishermen who use these special rules **must** complete and attach **Form CT-2210, Underpayment of Estimated Tax by Individuals, Trusts, and Estates**, to their Connecticut income tax return to avoid being billed for interest on the underpayment of estimated income tax. Be sure to check Box D of Form CT-2210, Part I, and the box for Form CT-2210 on the front of Form CT-1040. See **Informational Publication 2008(19), Farmer's Guide to Sales and Use Taxes, Motor Vehicle Fuels Tax, Estimated Income Tax, and Withholding Tax**, or **Informational Publication 2009(14), Fisherman's Guide to Sales and Use Taxes and Estimated Income Tax**.

Interest on Underpayment of Estimated Tax

You may be charged interest if you did not pay enough tax through withholding or estimated payments, or both, by any installment due date. This is true even if you are due a refund when you file your tax return. Interest is calculated separately for each installment. Therefore, you may owe interest for an earlier installment even if you paid enough tax later to make up the underpayment. Interest at 1% per month or fraction of a month will be added to the tax due until the **earlier** of April 15, 2010, or the date on which the underpayment is paid.

A taxpayer who files a 2009 Connecticut income tax return on or before January 31, 2010, and pays in full the amount computed on the return as payable on or before that date, will not be charged interest for failing to make the estimated payment due January 15, 2010.

A farmer or fisherman who is required to make estimated income tax payments will not be charged interest for failing to make the estimated payment due January 15, 2010, if he or she files a 2009 Connecticut income tax return on or before March 1, 2010, and pays in full the amount computed on the return as payable on or before that date.

Filing Form CT-2210

You may be charged interest if your 2009 Connecticut income tax (after tax credits) minus Connecticut tax withheld is \$1,000 or more. Use Form CT-2210 to calculate interest on the underpayment of estimated tax. Form CT-2210 and detailed instructions are available from DRS. However, this is a complex form and you may prefer to have DRS calculate the interest. If so, do not file Form CT-2210 and DRS will send you a bill.

Interest and Penalties

In general, interest and penalty apply to any portion of the tax not paid on or before the original due date of the return.

Interest

If you do not pay the tax when due, you will owe interest at 1% per month or fraction of a month until the tax is paid in full.

If you did not pay enough tax through withholding or estimated payments, or both, by any installment due date, you may be charged interest. This is true even if you are due a refund when you file your tax return. See *Interest on Underpayment of Estimated Tax* on this page.

Interest on underpayment or late payment of tax cannot be waived.

Penalty for Late Payment or Late Filing

The penalty for late payment or underpayment of income or use tax is 10% of the tax due. If a request for an extension of time to file has been granted, you can avoid a penalty for failure to pay the full amount due by the original due date if you:

- Pay at least 90% of the income tax shown to be due on the return on or before the original due date of the return; **and**
- Pay the balance due with the return on or before the extended due date. If you file your return electronically and pay your balance due by check, then your check must be postmarked on whichever is earlier: the date of acceptance of the electronic return or the extended due date.

If no tax is due, DRS may impose a \$50 penalty for the late filing of any return or report required by law to be filed.

2010 Estimated Tax Due Dates

Due dates of installments and the amount of required payments for 2010 calendar year taxpayers are:

| | |
|---------------------------|--|
| April 15, 2010 | 25% of your required annual payment |
| June 15, 2010 | 25% of your required annual payment (A total of 50% of your required annual payment should be paid by this date.) |
| September 15, 2010 | 25% of your required annual payment (A total of 75% of your required annual payment should be paid by this date.) |
| January 15, 2011 | 25% of your required annual payment (A total of 100% of your required annual payment should be paid by this date.) |

An estimate is considered timely filed if received on or before the due date, or if the date shown by the U.S. Postal Service cancellation mark is on or before the due date. Taxpayers who report on other than a calendar year basis should use their federal estimated tax installment due dates. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Penalty for Failure to File

If you do not file your return and DRS files a return for you, the penalty for failure to file is 10% of the balance due or \$50, whichever is greater. If you are required to file **Form CT-1040X**, *Amended Connecticut Income Tax Return for Individuals*, and fail to do so, a penalty may be imposed.

Waiver of Penalty

You may request a waiver of penalty after you have filed a return and paid the tax and interest due. Your penalty may be waived if the failure to file or pay tax on time was due to a reasonable cause and was not intentional or due to neglect. Interest **cannot** be waived.

To apply for a waiver of penalty online, visit the DRS website at www.ct.gov/TSC, log into your account, and select *Account Detail*.

If you submit your request in writing, you must include:

- A clear and complete written explanation;
- Your name and SSN;
- The taxable filing period;
- The name of the original form filed or billing notice received; **and**
- Documentation supporting your explanation.

Attach your request to the **front** of your tax return **or** mail it separately with a copy of your tax return to:

Department of Revenue Services
Penalty Waiver Unit
PO Box 5089
Hartford CT 06102-5089

Refund Information

DRS issues refund checks as quickly as possible. The fastest way to get your refund is to file your return electronically and elect direct deposit of your refund. However, for returns filed on paper, you must allow eight to ten weeks from the date you mailed the return before checking on the status of your refund. Your refund could be delayed if additional review is required.

You can check on the status of your refund on the *TSC* at www.ct.gov/myrefund or you may call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

Be ready to provide your SSN (and your spouse's if filing jointly) and the exact amount of the refund you requested. If DRS does not issue your refund on or before the ninetieth day after we receive your claim for refund, you may be entitled to interest on your overpayment. Interest is computed at the rate of $\frac{2}{3}\%$ for each month or fraction of a month between the ninetieth day following receipt of your properly completed claim for a refund or the due date of your return, whichever is later, and the date of notice that your refund is due.

Offset Against Debts

If you are due a refund, all or part of your overpayment may be used to pay outstanding debts or taxes. Your overpayment will be applied in the following order: penalty and interest you

owe, other taxes you owe DRS, debts to other Connecticut state agencies, federal taxes you owe the IRS, taxes you owe to other states, amounts designated by you to be applied to your 2010 estimated tax, and charitable contributions designated by you. Any remaining balance will be refunded to you. If your refund is reduced, you will receive an explanation for the reduction.

Nonobligated Spouse

When a joint return is filed and only one spouse owes past-due child support, a debt to any Connecticut state agency, or tax due to another state, the spouse who is not obligated may be eligible to claim a share of a joint income tax refund. A nonobligated spouse who received income in 2009 and who made Connecticut income tax payments (withholding or estimates) for the 2009 taxable year may be eligible to claim his or her share of any refund if:

- A joint Connecticut tax return was filed for 2009; **and**
- An overpayment of tax was made.

If you are a nonobligated spouse, you may claim your share of a joint refund by filing **Form CT-8379**, *Nonobligated Spouse Claim*.

When filing Form CT-8379, attach all W-2 and 1099 forms showing Connecticut income tax withheld. Remember to check the box on the front of your Connecticut income tax return and attach Form CT-8379 to the front of your return.

Do **not** use Form CT-8379 to claim your share of a Connecticut refund that was applied to federal taxes you owe to the IRS. Contact the IRS Office of the Local Taxpayer Advocate in Hartford, Connecticut, at 860-756-4555.

Payment Options

Pay Electronically



Visit the *TSC* at www.ct.gov/TSC and follow the prompts to make a direct payment or, visit <https://drsindtax.ct.gov> to make a direct payment if you do not want to login to the *TSC*. You can authorize DRS to transfer funds from your bank account (checking or savings) to a DRS account by entering your bank account number and your bank routing transit number. You can file your return any time before the due date and designate the amount of payment and date of transfer. Your bank account will be debited on the date you indicate. You must pay the balance due on or before the due date (April 15, 2010) to avoid penalty and interest.

Pay by Credit Card or Debit Card

If you filed a 2008 Connecticut income tax return, you may elect to pay your 2009 Connecticut income tax liability using a credit card (American Express®, Discover®, MasterCard®, VISA®) or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

- Visit www.officialpayments.com and select *State Payments*; or
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829). You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment is effective on the date you make the charge.

Pay by Mail

Make your check payable to: **Commissioner of Revenue Services**. To ensure proper posting of your payment, write “**2009 Form CT-1040**” and your SSN(s) (optional) on the front of your check. Be sure to sign your check and paper clip it to the front of your return. **Do not send cash**. DRS may submit your check to your bank electronically.

Failure to file or failure to pay the proper amount of tax when due **will result in penalty and interest charges**. It is to your advantage to file when your return is due whether or not you are able to make full payment.

Attach other required forms and schedules, including Supplemental Schedule CT-1040WH, to the back of your return or as directed on the form. You do **not** need to attach a copy of your previously-filed Form CT-1040 EXT.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

DRS does not round when issuing refunds.

Completing Form CT-1040

Before you begin, gather all your records, including all your federal W-2 and 1099 forms. Use this information to complete your federal income tax return. The information on your federal return is needed to complete your Connecticut return. Complete the return in blue or black ink only.

1 Taxpayer Information

Filing Status

Check the appropriate box to indicate your filing status. You may check only one box. Except as otherwise noted, any reference in these instructions to a spouse also refers to a party to a civil union recognized under Connecticut law (civil union partners).

Generally, your filing status for Connecticut income tax purposes must match your federal income tax filing status for the year except as otherwise noted.

Civil union partners or spouses in a marriage recognized under Public Act 2009-13 must use **filing jointly for Connecticut only** or **filing separately for Connecticut only**. They may not use single or, if applicable, head of household (although this will be their filing status for federal income tax purposes).

Filing Jointly for Federal and Connecticut: This is your Connecticut income tax filing status if your filing status for federal income tax purposes is married filing jointly except as noted below.

- If you are a **resident or nonresident** of Connecticut and your spouse is a **part-year resident** of Connecticut, filing separately for Connecticut only is your Connecticut income tax filing status.
- If you are **both part-year residents** of Connecticut but do not have the same period of residency, filing separately for Connecticut only is your Connecticut income tax filing status.

- If you are **both part-year residents** of Connecticut and have the same period of residency, filing jointly for federal and Connecticut is your Connecticut income tax filing status.
- If you are a **resident** of Connecticut and your spouse is a **nonresident** of Connecticut, filing separately for Connecticut only is your Connecticut income tax filing status unless you both elect to be treated as residents of Connecticut for the entire taxable year and to file a joint Connecticut income tax return. If an election is made, filing jointly for federal and Connecticut is your Connecticut income tax filing status.
- If you are **both nonresidents** of Connecticut and only one of you has income derived from or connected with sources within Connecticut, only that spouse is required to file a Connecticut income tax return and that spouse's Connecticut income tax filing status is filing separately for Connecticut only unless you both elect to file a joint Connecticut income tax return. If an election is made, filing jointly for federal and Connecticut is your Connecticut income tax filing status.

Filing Jointly for Connecticut Only: This is your Connecticut income tax filing status if you are parties to a civil union recognized under Connecticut law or if you are in a marriage recognized under Public Act 2009-13 and have elected to file a joint Connecticut income tax return except as noted below:

- If you are a **resident or nonresident** of Connecticut and your spouse is a **part-year resident** of Connecticut, filing separately for Connecticut only is your Connecticut income tax filing status.
- If you are **both part-year residents** of Connecticut but do not have the same period of residency, filing separately for Connecticut only is your Connecticut income tax filing status.

- If you are **both part-year residents** of Connecticut and have the same period of residency, you may choose filing jointly for Connecticut only or filing separately for Connecticut only as your Connecticut income tax filing status.
- If you are a **resident** of Connecticut and your spouse is a **nonresident** of Connecticut, filing separately for Connecticut only is your Connecticut income tax filing status unless you both elect to be treated as residents of Connecticut for the entire taxable year and to file a joint Connecticut income tax return. If an election is made, filing jointly for Connecticut only is your Connecticut income tax filing status.
- If you are **both nonresidents** of Connecticut and only one of you has income derived from or connected with sources within Connecticut, only that spouse is required to file a Connecticut income tax return and that spouse's Connecticut income tax filing status is filing separately for Connecticut only, unless you both elect to file a joint Connecticut income tax return. If an election is made, filing jointly for Connecticut only is your Connecticut income tax filing status.

Filing Separately for Federal and Connecticut: This is your Connecticut income tax filing status if your filing status for federal income tax purposes is married filing separately.

Filing Separately for Connecticut Only: This is your Connecticut income tax filing status if you are civil union partners or if you are spouses in a marriage recognized under Public Act 2009-13 and have not elected to file a joint Connecticut income tax return. This is also your Connecticut income tax filing status if the instructions above so indicate.

Qualifying Widow(er): If your filing status is qualifying widow(er) with dependent child on federal Form 1040 or 1040A, check the box on Form CT-1040 for "Qualifying widow(er) with dependent child." **Do not enter** your deceased spouse's name or SSN in the spaces provided for spouse's name and spouse's SSN.

Spouses With Different Residency Status

When one spouse is a **nonresident alien** and the other spouse is a **citizen** or **resident** of the United States, **each** spouse who is required to file a Connecticut income tax return **must** file as filing separately for Connecticut only unless:

- An election is made by the nonresident alien and his or her spouse to file a joint federal income tax return, and they do, in fact, file a joint federal income tax return. This requirement does not apply if you are civil union partners or spouses in a marriage recognized under Public Act 2009-13; **and**
- The spouses are otherwise required or permitted to file a joint Connecticut income tax return.

The election to file a joint return means the joint federal adjusted gross income **must** be used on Form CT-1040, Line 1. It also means the spouse who might not otherwise be required to file a Connecticut income tax return will now be jointly and severally liable for any tax liability associated with the filing of a joint Connecticut income tax return.

If you are filing a joint federal return with your spouse but are required to file a separate Connecticut return, each of you will have to recompute your federal adjusted gross income as if you were each filing as married filing separately for federal income tax purposes. Enter on Form CT-1040, Line 1, your income as recalculated. This provision does not apply if you are civil union partners or spouses in a marriage recognized under Public Act 2009-13.

Taxpayers Filing Jointly for Connecticut Only: Taxpayers filing jointly for Connecticut only must recalculate their federal adjusted gross income as if, for federal tax purposes, they were allowed and elected to file as married filing jointly.

Employer provided health insurance coverage for an employee's spouse in a marriage recognized under Public Act 2009-13 may be taxable income to the employee for federal income tax purposes. In this case, you must subtract the amount from your federal adjusted gross income and enter the result on Line 1 of your Connecticut income tax return.

Social Security Number, Name, and Address

You **must** write your Social Security Number (SSN), name, and address in the space provided. If you file a joint return, enter your SSN and your spouse's SSN in the order they appear on your federal return. If the taxpayer is deceased, see *Deceased Taxpayers* on Page 6.

If you are a nonresident alien and do not have an SSN, enter your Individual Taxpayer Identification Number (ITIN) in the space provided above your name. Nonresident aliens who have applied for an ITIN from the Internal Revenue Service by filing federal Form W-7, but have not received the ITIN, must wait for the ITIN to be issued before filing their Connecticut tax return. However, if you have not received your ITIN by April 15, file your return without the ITIN, pay the tax due, and attach a copy of the federal Form W-7. DRS will contact you upon receipt of your return. DRS will hold your return until you receive your ITIN and you forward the information to us. If you fail to submit the information requested, the processing of your return will be delayed.

2 Calculate Your Tax

Any reference in these instructions to filing jointly includes filing jointly for federal and Connecticut and filing jointly for Connecticut only. Likewise, filing separately includes filing separately for federal and Connecticut and filing separately for Connecticut only.

Line 1: Federal Adjusted Gross Income

Enter your federal adjusted gross income from your 2009 federal income tax return. This is the amount reported on federal Form 1040, Line 37; federal Form 1040A, Line 21; or federal Form 1040EZ, Line 4.

Nonresident aliens, see *Special Information for Nonresident Aliens* on Page 7. Civil union partners or spouses in a marriage recognized under Public Act 2009-13, see *Taxpayers Filing Jointly for Connecticut Only* on this page.

Line 2: Additions

Enter the amount from **Form CT-1040, Schedule 1**, Line 39. See *Additions to Federal Adjusted Gross Income* on Page 18.

Line 3

Add Line 1 and Line 2 and enter the total.

Line 4: Subtractions

Enter the amount from Form CT-1040, *Schedule 1*, Line 50. See *Subtractions From Federal Adjusted Gross Income* on Page 19.

Line 5: Connecticut Adjusted Gross Income

Subtract Line 4 from Line 3 and enter the result. This is your Connecticut adjusted gross income.

Line 6: Income Tax

For each filing status, if the amount on Line 5 is: \$12,000 or less for filing separately; \$13,000 or less for single; \$19,000 or less for head of household; or \$24,000 or less for filing jointly, or qualifying widow(er) with dependent child, enter "0" on Line 6. You do not owe any income tax. Otherwise, calculate your tax using one of the following methods.

Tax Tables: If your Connecticut adjusted gross income is less than or equal to \$102,000, you may use the *Tax Tables* on Page 30 to find your tax. Be sure to use the correct column in the *Tax Tables*. After you have found the correct tax, enter that amount on Line 6.

Tax Calculation Schedule: If your Connecticut adjusted gross income is more than \$102,000, you **must** use the *Tax Calculation Schedule* on Page 41 or visit www.ct.gov/DRS to use the Income Tax Calculator on the DRS website to figure your tax. You may also use the *Tax Calculation Schedule* if your Connecticut adjusted gross income is less than or equal to \$102,000.

Line 7: Credit for Income Taxes Paid to Qualifying Jurisdictions

If all or part of the income reported on this return is subject to income tax in a qualifying jurisdiction and you have filed a return and paid income taxes to that jurisdiction, complete Form CT-1040, *Schedule 2*, and enter the amount from Line 59 here. See *Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions* on Page 22.

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

Line 8

Subtract Line 7 from Line 6 and enter the result. If Line 7 is greater than Line 6, enter "0."

Line 9: Connecticut Alternative Minimum Tax

If you were required to pay the federal alternative minimum tax for 2009, you must file **Form CT-6251, Connecticut Alternative Minimum Tax Return - Individuals**. Enter the amount shown on Form CT-6251, Line 23.

Line 10

Add Line 8 and Line 9 and enter the total.

Line 11: Credit for Property Taxes Paid on Your Primary Residence, Motor Vehicle, or Both

If Line 10 is zero, skip Line 11 and Line 12 and go to Line 13. Otherwise, complete and attach *Schedule 3* on Page 4 of Form CT-1040 to be allowed this credit. Enter the amount from Line 68 on Line 11. Be certain to include all of the requested information or your credit may be denied. See *Schedule 3 - Property Tax Credit* on Page 25.

The credit is limited to the lesser of \$500 or the amount of qualifying property taxes paid. The maximum property tax credit allowed is **\$500** per return regardless of filing status. See *Property Tax Credit Table* on Page 27. This credit can be used to offset only your 2009 income tax. **You may not carry this credit forward and it is not refundable.**

Line 12

Subtract Line 11 from Line 10 and enter the result. If less than zero, enter "0."

Line 13: Adjusted Net Connecticut Minimum Tax Credit

Enter the amount from **Form CT-8801, Credit for Prior Year's Connecticut Minimum Tax for Individuals, Trusts, and Estates**, on Line 13. If you did not pay Connecticut alternative minimum tax in 1993 or after, or if you entered an amount on Form CT-1040, Line 9, enter "0."

Line 14: Connecticut Income Tax

Subtract Line 13 from Line 12 and enter the result. If less than zero, enter "0."

Line 15: Individual Use Tax

Complete and attach *Schedule 4* on Page 4 of Form CT-1040. Enter on Line 15 total use tax due as reported on *Schedule 4*, Line 69. You **must** enter "0" if no Connecticut use tax is due; otherwise you have not filed a use tax return. See Pages 4 and 28 for more information on the use tax.

Line 16 and Line 17

Add Line 14 and Line 15. Enter the total on Line 16 and Line 17.

3 Payments**Line 18: Connecticut Tax Withheld**

For each federal W-2 or 1099 form where Connecticut income tax was withheld, enter the following on Lines 18a through 18g.

Electronic Filing!



Free and secure!

Enter the number from Box b in Column A of Form CT-1040.

| | | |
|---|---|--------------------------------|
| 22222 | a Employee's social security number | OMB No. 1545-0008 |
| b Employee identification number (EIN) XX-XXXXXX | 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 Control number | 9 Advance EIC payment | 10 Dependent care benefits |
| e Employee's first name and initial Last name Suf. | 11 Nonqualified plans | 12a |
| | 13 <input type="checkbox"/> Disability benefits <input type="checkbox"/> Retirement plan <input type="checkbox"/> Preparer's use only | 12b |
| | 14 Other | 12c |
| | | 12d |
| f Employee's address and ZIP code | 15 State | 16 State wages, tips, etc. |
| | CT | XXX.00 |
| | 17 State income tax | 18 Local wages, tips, etc. |
| | | XXX.00 |
| | 19 Local income tax | 20 Locality name |
| | | |

Form **W-2 Wage and Tax Statement** 2009 Department of the Treasury - Internal Revenue Service
Copy 1 - For State, City, or Local Tax Department
Box 15 must show CT to be claimed as Connecticut withholding.
Enter the amount from Box 17 (in whole dollars) in Column C of Form CT-1040.

Column A: Enter the Employer Identification Number or Payer Identification Number.

Column B: Enter the amount of Connecticut wages, tips, etc.

Column C: Enter the amount of Connecticut income tax withheld.

You **must** complete all columns or your Connecticut withholding will be disallowed. Do **not** include tax withheld for other states or federal income tax withholding.

If you have **more than seven** federal W-2 or 1099 forms showing Connecticut income tax withheld, you must complete and attach **Supplemental Schedule CT-1040WH, Connecticut Income Tax Withholding**. Enter on Supplemental Schedule CT-1040WH only Connecticut income tax withholding amounts not previously reported on Form CT-1040. Enter the total from Supplemental Schedule CT-1040WH, Line 3, on the last line of Column C, Line 18h.

Add all entries in Column C (including the additional amount from Supplemental Schedule CT-1040WH) and enter the total Connecticut income tax withheld on Line 18.

Do not send copies of W-2 and 1099 forms. Keep these for your records. DRS may request them at a later date.

When filing **Form CT-8379, Nonobligated Spouse Claim**, attach all W-2 and 1099 forms showing Connecticut income tax withheld.

Line 19: All 2009 Estimated Tax Payments

Enter the total of all Connecticut estimated tax payments, advance tax payments, and any overpayments of Connecticut income tax applied from a prior year. Be sure to include any 2009 estimated payments made in 2010. **Do not** include any refunds received.

Line 20: Payments Made With Form CT-1040 EXT

If you filed **Form CT-1040 EXT, Application for Extension of Time to File**, enter the amount you paid with that form.

Line 21: Total Payments

Add Lines 18, 19, and 20 and enter the total. This represents the total of all Connecticut tax payments made.

4 Overpayment

Line 22: Overpayment

If Line 21 is greater than Line 17, subtract Line 17 from Line 21 and enter the result. This is your overpayment. To properly allocate your overpayment, go to Lines 23, 24, and 25. If Line 21 is less than Line 17, go to Line 26.

If you were required to make estimated income tax payments, but you did not pay enough tax through withholding, estimated tax, or both, by any installment due date, your refund may be reduced by the interest due on the underpayment of estimated tax. See **Form CT-2210, Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates**.

Line 23: Amount of Line 22 You Want Applied to Your 2010 Estimated Tax

Enter the amount of your 2009 overpayment you want applied to your 2010 estimated Connecticut income tax. It will be treated as estimated tax paid on April 15, 2010, if your return is filed on time or if you filed a timely request for extension and your return is filed within the extension period. Payments received after April 15, 2010, will be applied as of the date of receipt. **Your request to apply this amount to your 2010 estimated income tax is irrevocable.**

Line 24: Total Contributions to Designated Charities

You may make a contribution on this return only if you are entitled to a refund. Your contribution is limited to your refund amount. Complete and attach *Schedule 5* on Page 4 of Form CT-1040. Enter the total contributions as reported on *Schedule 5*, Line 70. **Your contribution is irrevocable.**

You may also make direct contributions by following the instructions on Page 2.

Line 25: Refund

Subtract the total of Line 23 and Line 24 from Line 22. Enter the result. This is the amount of your refund. Early filers receive their refunds faster. Be sure to affix the **refund label** to the envelope when mailing your return.

Get your refund faster by choosing **direct deposit**. Complete Lines 25a, 25b, and 25c to have your refund directly deposited into your checking or savings account.

| | | |
|-----------------------|----------------|---------|
| Name of Depositor | Date | No. 101 |
| Street Address | | |
| City, State, Zip Code | | |
| Pay to the Order of | \$ | |
| Name of your Bank | | |
| Street Address | | |
| City, State, Zip Code | | |
| 092125789 | 091 025 025413 | 0101 |
| Routing Number | Account Number | |

Enter your nine-digit bank routing number and your bank account number in Lines 25b and 25c. Your bank routing number is the first nine-digit number printed on your check or savings withdrawal slip. Your bank account number generally follows the bank routing number. Do not include the

check number as part of your account number. Bank account numbers can be up to 17 digits and must be numeric.

If any of the bank information you supply for direct deposit does not match, a paper check will automatically be issued to you. Some financial institutions do not allow a joint refund to be deposited into an individual account.

Additionally, new banking rules require DRS to request information about foreign bank accounts (Line 25d) when the taxpayer requests the direct deposit of a refund into a bank account. If the refund is to be deposited in a bank outside the United States, DRS will issue a paper check.

Your overpayment will be applied in the following order: penalty and interest you owe; other taxes you owe DRS; debts to other Connecticut state agencies; federal taxes you owe the IRS; taxes you owe to other states; amounts designated by you to be applied to your 2010 estimated tax; and charitable contributions designated by you. Any remaining balance will be refunded to you.

5 Amount You Owe

Line 26: Tax Due

If Line 17 is greater than Line 21, subtract Line 21 from Line 17 and enter the result. This is the amount of tax you owe. See *Estimated Tax Payments* on Page 10.

Line 27: Penalty for Late Payment or Late Filing

Late Payment Penalty: The penalty for late payment or underpayment of income or use tax is 10% of the amount due. See *Penalty for Late Payment or Late Filing* on Page 11.

Late Filing Penalty: In the event that no tax is due, DRS may impose a \$50 penalty for the late filing of any return or report required by law to be filed.

Line 28: Interest for Late Payment or Late Filing

If you fail to pay the tax when due, interest will be charged at 1% per month or fraction of a month from the due date until payment is made.

Line 29: Interest on Underpayment of Estimated Tax

If Line 14 minus Line 18 is \$1,000 or more, you may owe interest on estimated tax you either underpaid or paid late. **Form CT-2210, *Underpayment of Estimated Income Tax by Individuals, Trusts and Estates***, can help you determine whether you did underestimate and will help you calculate interest. However, this is a complex form and you may prefer to have DRS calculate the interest. If so, do **not** file Form CT-2210; leave this line blank and DRS will send you a bill. Interest on underpayment of estimated income tax stops accruing on the **earlier** of the day you pay your tax or April 15, 2010.

Line 30: Total Amount Due

Add Lines 26 through 29 and enter the total. This is the total amount you owe. Pay the amount in full with your return.

See *Payment Options* on Page 12.

6 Sign Your Return

After you complete Form CT-1040, sign your name and write the date you signed the return. Your spouse must also sign and enter the date if this is a joint return. The signature line is on Page 2 of Form CT-1040.

If you file a joint return, you **must** review the information with your spouse. When both you and your spouse sign the return, you become jointly and severally responsible for paying the full amount of tax, interest, and penalties due.

Paid Preparer Signature

Anyone you pay to prepare your return must sign and date it. Paid preparers must also enter their SSN or Preparer Tax Identification Number (PTIN), and their firm's Federal Employer Identification Number (FEIN) in the spaces provided.

Third Party Designee

To authorize DRS to contact your friend, family member, or any other person to discuss your 2009 tax return, enter the designee's name, telephone number, and any five numbers the designee chooses as his or her personal identification number (PIN). To authorize DRS to contact the paid preparer who signed your return, enter "Preparer" in the space for the designee's name. You do not have to provide the other information requested.

If you enter a designee's name, you and your spouse, if filing a joint return, are authorizing DRS to call the designee to answer any questions that may arise during the processing of your return. You are also authorizing the designee to:

- Give DRS any information missing from your return;
- Call DRS for information about the processing of your return or the status of your refund or payment; **and**
- Respond to certain DRS notices you have shared with the designee about math errors, offsets, and return preparation. The notices will not be sent to the designee.

Once DRS processes the return, the authorization ends. The authorization cannot be revoked. However, the authorization will automatically end no later than the due date (without regard to extensions) for filing your 2010 tax return. This is April 15, 2011, for most taxpayers.

Selecting a designee does not replace a power of attorney and will not authorize the designee to receive refund checks, bind you to anything (including additional tax liabilities), or represent you before DRS. To authorize another individual to represent you or act on your behalf, you must complete **LGL-001, *Power of Attorney***.

Order of Attachments

Paper clip your check in payment of the tax due to the front of the income tax form in the appropriate area marked "Clip check here." To ensure proper posting of your payment, write "**2009 Form CT-1040**" and your SSN(s) (optional) on the front of your check.

If you must file any of the following forms, attach the form(s) to the **front** of your income tax return in the following order:

- **Form CT-1040CRC**, *Claim of Right Credit*
- **Form CT-19IT**, *Title 19 Status Release*
- **Form CT-1127**, *Application for Extension of Time for Payment of Income Tax*
- **Form CT-8379**, *Nonobligated Spouse Claim*

Attach other required forms and schedules, including Supplemental Schedule CT-1040WH, to the **back** of your return or as directed on the form. You do **not** need to attach a copy of your previously-filed Form CT-1040EXT.

Filing Your Return

Keep a copy of this return and all attachments for your records. Attach to this return any required schedules and forms. Do **not** attach copies of your federal income tax return or federal schedules.

1. Remove both labels from the envelope flap along the perforation.
2. Choose the correct label for your return, moisten, and place it on the return envelope.
3. Affix the correct postage to the envelope.

Do not use these mailing labels to send other correspondence to DRS. Using these labels for other purposes will delay our response to you.

Recordkeeping

Make a copy of your tax return, worksheets that you used, and records of all items appearing on the return (such as W-2 and 1099 forms) until the statute of limitations expires for that return. Usually, this is three years from the date the return was due or filed, whichever is later. You may need this information to prepare future returns or to file amended returns.

Copies of Returns

You may request a copy of a previously-filed Connecticut income tax return from DRS by completing **LGL-002**, *Request for Disclosure of Tax Return or Tax Return Information*. You can usually expect to receive your copy in approximately three weeks.

Form CT-1040 Schedules

The following modifications to federal adjusted gross income are provided in Conn. Gen. Stat. §12-701(a)(20). Your federal adjusted gross income may not be further modified in determining your Connecticut adjusted gross income except as expressly provided by Conn. Gen. Stat. §12-701(a)(20).

Schedule 1 Modifications to Federal Adjusted Gross Income

Additions to Federal Adjusted Gross Income

Enter all amounts as positive numbers.

Line 31: Interest on State and Local Government Obligations Other Than Connecticut

Enter the total amount of interest income derived from state and municipal government obligations (other than obligations of the State of Connecticut or its municipalities) which is not taxed for federal income tax purposes. Do not enter interest income derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Line 32: Exempt-Interest Dividends From a Mutual Fund Derived From State or Municipal Government Obligations Other Than Connecticut

Enter the total amount of exempt-interest dividends received from a mutual fund that are derived from state and municipal government obligations other than obligations of the State of Connecticut or its municipalities. If the exempt-interest dividends are derived from obligations of Connecticut and other states, enter only the percentage derived from non-Connecticut obligations. Do not enter exempt-interest

dividends derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Example: A fund invests in obligations of many states including Connecticut. Assuming that 20% of the distribution is from Connecticut obligations, the remaining 80% would be added back on this line.

Line 33: Cancellation of Debt Income

Enter the amount of cancellation of debt income deferred for federal income tax purposes if an election was made to defer the inclusion in federal gross income of cancellation of debt income realized in connection with a reacquisition of an applicable debt instrument after December 31, 2008, and before January 1, 2011.

Line 34: Taxable Amount of Lump-Sum Distributions From Qualified Plans Not Included in Federal AGI

If you filed federal Form 4972, Tax on Lump-Sum Distributions, with your federal Form 1040 to compute the tax on any part of a distribution from a qualified plan, enter **that** part of the distribution on Line 34. Do not enter any part of the distribution reported on federal Form 1040, Line 16a; federal Form 1040A, Line 12a; or federal Form 1040, Schedule D.

Line 35: Beneficiary's Share of Connecticut Fiduciary Adjustment

If you have any income from an estate or trust, your share of any Connecticut modifications (that is, your share of the Connecticut fiduciary adjustment) that applies to the income will be shown on **Schedule CT-1041B**, Part 1, Column 5. Your share of these modifications should be provided to you by the fiduciary. If your share of these modifications is an amount greater than zero, enter the amount on Line 35. If the amount is less than zero, enter the amount on Line 46.

If you are a beneficiary of more than one trust or estate, enter the net amount of all modifications, if greater than zero, on Line 35 or, if less than zero, on Line 46.

Line 36: Loss on Sale of Connecticut State and Local Government Bonds

Enter the total losses from the sale or exchange of notes, bonds, or other obligations of the State of Connecticut or its municipalities used to determine gain (loss) for federal income tax purposes whether or not the entire loss is used in computing federal adjusted gross income.

Line 37: Domestic Production Activity Deduction

Enter the amount reported as a domestic production activity deduction on federal Form 1040, Line 35.

Line 38: Other

Use Line 38 to report any of the following modifications:

1. Add back any treaty income reported on federal Form 1040NR-EZ or Form 1040NR if a nonresident alien. Enter the words "treaty income" in the space provided.
2. Add back any loss or deduction of an enrolled member of the Mashantucket Pequot Tribe who resides in Indian country of such tribe or any loss or deduction of an enrolled member of the Mohegan Tribe who resides in Indian country of such tribe where the loss or deduction is derived from or connected with Indian country of the tribe. Enter the words "Mashantucket Pequot Tribe enrolled member" or "Mohegan Tribe enrolled member," as the case may be.
3. Add back any Connecticut income tax deducted on the federal income tax return to arrive at federal adjusted gross income. Do not add back any Connecticut income tax deducted on federal Form 1040, Schedule A.
4. Add back any expenses paid or incurred for the production (including management, conservation, and maintenance of property held for the production) or collection of income exempt from Connecticut income tax which were deducted on the federal return to arrive at federal adjusted gross income.
5. Add back any amortizable bond premium on bonds producing interest income exempt from Connecticut income tax which premiums were deducted on the federal return to arrive at federal adjusted gross income.

6. Add back any interest or dividend income on obligations or securities of any authority, commission, or instrumentality of the United States which federal law exempts from federal income tax but does not exempt from state income taxes.

7. Add back to the extent deductible in determining federal adjusted gross income, any interest expenses on indebtedness incurred or continued to purchase or carry obligations or securities (the income from which is exempt from Connecticut income tax).

8. Also use Line 38 to report any additions to federal adjusted gross income required for Connecticut income tax purposes which are not listed on Lines 31 through 36.

Line 39: Total Additions

Add Lines 31 through 38 and enter the total.

Subtractions From Federal Adjusted Gross Income

Enter all amounts as positive numbers.

Line 40: Interest on U.S. Government Obligations

Enter the total amount of interest income (to the extent includible in federal adjusted gross income) derived from U.S. government obligations, which federal law prohibits states from taxing (for example, U.S. government bonds such as Saving Bonds Series EE or Series HH and U.S. Treasury bills or notes).

For Series EE U.S. Savings Bonds, you are entitled to include on Line 40 **only** the amount of interest subject to federal income tax after exclusion of the amounts reported on federal Form 8815. In general, you will report the net taxable amount on federal Form 1040, Schedule B, or federal Form 1040A, Schedule 1.

Do not enter the amount of interest income derived from Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing interest income derived from these obligations and this interest income is taxable for Connecticut income tax purposes.

Do not enter the amount of interest paid to you on any federal income tax refund.

Line 41: Exempt Dividends From Certain Qualifying Mutual Funds Derived From U.S. Government Obligations

Enter the total amount of exempt dividends received from a qualifying mutual fund that are derived from U.S. government obligations. A mutual fund is a qualifying fund if, **at the close of each quarter** of its taxable year, at least 50% of the value of its assets consists of U.S. government obligations. The percentage of dividends that are exempt dividends should be reported to you by the mutual fund.

Do not enter the amount of dividend income derived from Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing income derived from these obligations, and this income is taxable for Connecticut income tax purposes.

Example: A qualifying mutual fund pays a dividend of \$100. Of the distribution, 55% is attributable to U.S. Treasury bills and 45% to other investments. The amount reported on Line 41 is \$55.

See **Policy Statement, 2005(2)**, *Connecticut Income Tax on Bonds or Obligations Issued by the United States Government, by State Governments, or Municipalities*.

Line 42: Social Security Benefit Adjustment

If you receive Social Security benefits subject to federal income tax, you may reduce or eliminate the amount of your benefits subject to Connecticut income tax. Parties to a civil union recognized under Connecticut law or spouses in a marriage recognized under Public Act 2009-13 must recompute their federal adjusted gross income as if their filing status for federal income tax purposes were married filing jointly or married filing separately.

Your Social Security benefits are fully exempt from Connecticut income tax if your required filing status is single or filing separately and the amount reported on Form CT-1040, Line 1, is **less than \$50,000**; or filing jointly, qualifying widow(er) with dependent child, or head of household and the amount reported on Form CT-1040, Line 1, is **less than \$60,000**. If this is the case, enter on Line 42 the amount of federally taxable Social Security benefits reported on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b.

Your Social Security benefits are partially exempt from Connecticut income tax if your federal adjusted gross income is above the threshold for your filing status. If you used the worksheets in the instructions to federal Form 1040 or federal Form 1040A to calculate the amount of taxable Social Security benefits, complete the *Social Security Benefit Adjustment Worksheet* below and enter the amount from Line F on Line 42. If you did not use these worksheets, but instead used worksheets in federal Publication 590 or federal Publication 915, see **Informational Publication 2009(22)**, *Connecticut Tax Tips for Senior Citizens*.

If you are using a worksheet not from a federal publication, such as one you printed from a tax preparation program on your computer or one given to you by your tax preparer, you should verify that the line references from these worksheets are the same as the equivalent federal publication to be certain you are using the proper amounts.

Social Security Benefit Adjustment Worksheet - Line 42

Enter the amount from **Form CT-1040**, Line 1.....

If your filing status is **single** or **filing separately**, is the amount on Line 1 \$50,000 or more?

- Yes: **Complete** this worksheet.
- No: **Do not complete** this worksheet. Enter the amount of federally taxable Social Security benefits you reported on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b, on Form CT-1040, Line 42.

If your filing status is **filing jointly**, **qualifying widow(er)**, or **head of household**, is the amount on Line 1 \$60,000 or more?

- Yes: **Complete** this worksheet.
- No: **Do not complete** this worksheet. Enter the amount of federally taxable Social Security benefits you reported on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b, on Form CT-1040, Line 42.

| | | |
|--|----|--|
| A. Enter the amount reported on your 2009 federal Social Security Benefits Worksheet, Line 1. If Line A is zero or less, stop here and enter "0" on Line 42. Otherwise, go to Line B. | A. | |
| B. Enter the amount reported on your 2009 federal Social Security Benefits Worksheet, Line 9. However, if filing separately and you lived with your spouse at any time during 2009, enter the amount reported on Line 7 of your federal Social Security Benefits Worksheet. If Line B is zero or less, stop here. Otherwise, go to Line C. | B. | |
| C. Enter the lesser of Line A or Line B. | C. | |
| D. Multiply Line C by 25% (.25). | D. | |
| E. Taxable amount of Social Security benefits reported on your 2009 federal Social Security Benefits Worksheet, Line 18. | E. | |
| F. Social Security Benefit Adjustment - Subtract Line D from Line E. Enter the amount here and on Form CT-1040, Line 42. If Line D is greater than or equal to Line E, enter "0." | F. | |

Line 43: Refunds of State and Local Income Taxes

Enter the amount of taxable refunds of state and local income taxes reported on your federal Form 1040, Line 10. If federal Form 1040, Line 10, is blank or if you filed federal Form 1040A or 1040EZ, enter "0."

Line 44: Tier 1 and Tier 2 Railroad Retirement Benefits and Supplemental Annuities

If you received Tier 1 or Tier 2, or both, railroad retirement benefits or supplemental annuities during 2009, you may deduct the amount included in your federal adjusted gross income but only to the extent the benefits were not already subtracted from federal adjusted gross income on Line 42 (Social Security Benefit Adjustment). Enter the balance not already subtracted on Line 42 of Tier 1 and Tier 2 railroad retirement benefits reported on federal Form 1040, Line 16b or Line 20b, or federal Form 1040A, Line 12b or Line 14b. Likewise, enter the amount of railroad unemployment benefits, including sickness benefits paid by the Railroad Retirement Board (RRB) in lieu of unemployment benefits, to the extent included in your federal adjusted gross income. However, do not enter sickness benefits paid by the RRB resulting from an on-the-job injury because these benefits are not included in your federal adjusted gross income.

Line 45: 50% of Military Retirement Pay

Subtract 50% of the income received as military retirement pay, to the extent included in federal adjusted gross income, if you are a retired member of the armed forces of the United States or the National Guard (retired military member) or if you are a beneficiary receiving survivor benefits under an option or election made by a deceased retired military member.

Payments received by a former spouse of a retired military member, under a final decree of divorce, dissolution, annulment, or legal separation or a court ordered, ratified, or approved property settlement incident to a decree dividing military retirement pay, do not qualify for the 50% retirement pay exclusion.

Line 46: Beneficiary's Share of Connecticut Fiduciary Adjustment

If you have any income from an estate or trust, your share of any Connecticut modifications (that is, your share of the Connecticut fiduciary adjustment) that applies to the income will be shown on Schedule CT-1041B, Part 1, Column 5. Your share of these modifications should be provided to you by the fiduciary. If your share of these modifications is an amount less than zero, enter the amount on Line 46. If the amount is greater than zero, enter the amount on Line 35.

If you are a beneficiary of more than one trust or estate, enter the net amount of all modifications if less than zero on Line 46.

Line 47: Gain on Sale of Connecticut State and Local Government Bonds

Enter the total of all gains from the sale or exchange of notes, bonds, or other obligations of the State of Connecticut or its municipalities used to determine gain (loss) for federal income tax purposes.

Line 48: Connecticut Higher Education Trust (CHET) Contributions

Enter your contributions to a CHET account(s). The modification cannot exceed the maximum allowable contribution. The maximum CHET contribution that may be subtracted is the lesser of (1) the amount of contributions to all CHET accounts during the taxable year; or (2)(A) \$5,000 for each individual taxpayer (including individuals whose filing status on their Connecticut income tax return is single, head of household, filing separately, or (B) \$10,000 for individuals whose filing status on their Connecticut income tax return is filing jointly or qualifying widow(er) with dependent child.

If your CHET contribution during the taxable year exceeds the maximum CHET contribution, the excess may be carried forward for the five succeeding taxable years provided the CHET contribution carried forward and subtracted from federal adjusted gross income of the succeeding taxable years does not exceed the maximum CHET contribution. CHET contributions made in the current taxable year are used before using any carryover from prior years.

Enter the CHET account number in the space provided. If you made contributions to more than one account, you enter only one account number.

See **Special Notice 2006(11)**, *2006 Legislative Changes Affecting the Income Tax*.

Line 49: Other

Use Line 49 to report any of the following modifications:

1. Subtract any income or gain of an enrolled member of the Mashantucket Pequot Tribe who resides in Indian country of such tribe or any income or gain of an enrolled member of the Mohegan Tribe who resides in Indian country of such tribe where the income or gain is derived from or connected with Indian country of the tribe. Enter the words "Mashantucket Pequot Tribe enrolled member" or "Mohegan Tribe enrolled member," as the case may be.
2. Subtract the amount of interest earned on funds deposited in a Connecticut individual development account to the extent included in federal adjusted gross income.
3. Subtract any interest paid on indebtedness incurred to acquire investments that provide income taxable in Connecticut but exempt for federal purposes, that is not deductible in determining federal adjusted gross income, and is attributable to a trade or business of that individual.
4. Subtract expenses paid or incurred for the production (including management, conservation, and maintenance of property held for production) or collection of income taxable in Connecticut but exempt from federal income tax, that are not deductible in determining federal adjusted gross income, and are attributable to a trade or business of that individual.
5. Subtract the amount of any distributions you received from the CHET fund as a designated beneficiary to the extent includable in your federal adjusted gross income.

Congress passed legislation excluding from federal gross income any distribution from a qualified state tuition program (such as CHET) to the extent the distribution is used to pay for qualified higher education expenses (Pub. L. No. 107-16, §402). To the extent any distribution from CHET is excluded from federal gross income, the amount should not be reported as a subtraction modification on Line 49.

6. Subtract any amortizable bond premium on bonds that provide interest income taxable in Connecticut but exempt from federal income tax, which premiums were not deductible in determining federal adjusted gross income and are attributable to a trade or business of that individual.
7. Subtract the amount of any interest income from notes, bonds, or other obligations of the State of Connecticut included in federal adjusted gross income. This modification includes any Build America Bond tax credit amount if the Build America Bond, as described in Section 1531 of the American Recovery and Reinvestment Act of 2009 was issued by the State of Connecticut or a Connecticut subdivision and only to the extent the credit amount is treated as interest includible in gross income for federal income tax purposes.
8. Subtract the amount of any interest, dividends, or capital gains earned on contributions to accounts established for a designated beneficiary under the Connecticut Homecare Option Program for the Elderly to the extent the interest, dividends, or capital gains are properly included in the gross income of the designated beneficiary for federal income tax purposes.

Do **not** use Line 49 to subtract income subject to tax in a qualifying jurisdiction (see *Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions*, below) or income of a nonresident spouse. See *Spouses With Different Residency Status* on Page 14.

Line 50: Total Subtractions

Add Lines 40 through 49 and enter the total.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

You **must** first complete Form CT-1040, *Schedule 3 - Credit for Property Taxes Paid on Your Primary Residence, Motor Vehicle, or Both*, before completing *Schedule 2*. See the instructions for *Schedule 3 - Property Tax Credit* on Page 25.

Am I Eligible for the Credit for Income Taxes Paid to Qualifying Jurisdictions

If you are a **resident** of Connecticut and if any part of your income was taxed by a **qualifying jurisdiction**, you may be able to claim a credit against your Connecticut income tax liability for qualifying income tax payments you have made.

Taxpayers seeking a credit for alternative minimum taxes paid to another jurisdiction must complete **Form CT-6251, Connecticut Alternative Minimum Tax Return - Individuals**, to calculate their alternative minimum tax credit.

Qualifying Jurisdiction

A qualifying jurisdiction includes another state of the United States, a local government within another state, or the District of Columbia. A qualifying jurisdiction does not include the State of Connecticut, the United States, or a foreign country or its provinces (for example, Canada and Canadian provinces).

Qualifying Income Tax Payments

Qualifying income tax payments are income taxes you actually paid on income:

- Derived from or connected with sources within the qualifying jurisdiction; **and**
- Subject to tax in the qualifying jurisdiction.

Income Derived From or Connected With Sources Within a Qualifying Jurisdiction

- Compensation received for personal services performed in a qualifying jurisdiction;
- Income from a business, trade, or profession carried on in a qualifying jurisdiction;
- Gambling winnings from a state-conducted lottery. See **Informational Publication 2005(16), Connecticut Income Tax Treatment of State Lottery Winnings Received by Residents and Nonresidents of Connecticut**; **or**
- Income from real or tangible personal property situated in a qualifying jurisdiction.

Income from intangibles, such as stocks and bonds, is not considered derived from or connected with sources within a qualifying jurisdiction **unless** the income is from property employed in a business, trade, or profession carried on in that jurisdiction.

What Payments Do Not Qualify

- Income tax payments made to a qualifying jurisdiction on income not derived from or connected with sources within the qualifying jurisdiction (such as wages not derived from or connected with sources within the qualifying jurisdiction);
- Income tax payments made to a qualifying jurisdiction on income not included in your Connecticut adjusted gross income;
- Income tax paid to a jurisdiction that is not a qualifying jurisdiction, including a foreign country or its provinces (for example, Canada and Canadian provinces);
- Alternative minimum tax paid to a qualifying jurisdiction;
- Income tax paid to a qualifying jurisdiction if you claimed credit on that jurisdiction's income tax return for income tax paid to Connecticut; **or**
- Penalties or interest on income taxes you paid to a qualifying jurisdiction.

Limitations to the Credit

The total credit is limited to whichever of the following amounts is least:

- The amount of income tax paid to the qualifying jurisdiction;
- The portion of Connecticut income tax due on the Connecticut adjusted gross income sourced in the qualifying jurisdiction; **or**

- The amount of your Connecticut income tax entered on Form CT-1040, Line 6.

How to Calculate the Credit

You **must** first complete your income tax return(s) for the qualifying jurisdiction(s). Then complete the Schedule 2 - Worksheet on Page 24 to determine the amount to enter on *Schedule 2*, Line 53.

The allowed credit must be separately computed for each qualifying jurisdiction. Use separate columns for each qualifying jurisdiction for which you are claiming a credit. **Attach a copy of all income tax returns filed with qualifying jurisdictions to your Connecticut income tax return or the credit will be disallowed.**

Schedule 2 provides two columns, A and B, to compute the credit for two jurisdictions. If you need more than two columns, create a worksheet identical to *Schedule 2* and attach it to the back of your Form CT-1040.

If you are claiming credit for income taxes paid to another state **and** to one of its political subdivisions, follow these rules to determine your credit.

- If the **same amount** of income is taxed by both the city and state (see example for Line 56 on Page 25):
 1. Use only **one** column on Form CT-1040, *Schedule 2*, to calculate your credit;
 2. Enter the same income taxed by both city and state in that column on *Schedule 2*; **and**
 3. Combine the amounts of tax paid to the city and the state and enter the total on Line 57 of that column.
- If the **amounts** of income taxed by both the city and state **are not the same**:
 1. Use **two** columns on Form CT-1040, *Schedule 2*;
 2. Include only the same income taxed by both jurisdictions in the first column; **and**
 3. Include the excess income taxed by only one of the jurisdictions in the next column.

Schedule 2 - Worksheet Instructions

Complete the Schedule 2 Worksheet to determine the portion of your Connecticut adjusted gross income derived from a qualifying jurisdiction. For each line in Column II, enter the items of income from Column I that meet **all** of the following conditions listed below.

- The income is derived from or connected with sources within a qualifying jurisdiction;
- The income is reported on an income tax return filed with that qualifying jurisdiction and subject to income tax in the jurisdiction; **and**
- You have paid income tax on the income to that qualifying jurisdiction.

If you paid income tax to more than one qualifying jurisdiction, you must complete a separate worksheet for each jurisdiction. Keep the worksheet with your 2009 tax records. Do not attach it to your tax return.

The federal income tax return line references are to the federal Form 1040. If you file a federal Form 1040A or federal Form 1040EZ, use the appropriate lines from those forms.

Column I

Enter on Lines 1 through 15 of the worksheet the amounts entered on Lines 7 through 21, respectively, of your federal income tax return.

Enter on Line 17 of the worksheet the amount entered on Line 36 of your federal income tax return.

Enter on Line 19 of the worksheet the **net** amount of your Connecticut modifications to federal adjusted gross income. Subtract Form CT-1040, *Schedule 1*, Line 50, from Line 39 to arrive at this amount.

Column II

For each line, enter that portion of the amount entered on the same line of Column I you reported on an income tax return filed with (and on which income tax was paid to) the qualifying jurisdiction. On Line 19, enter only the portion of Connecticut modifications **directly related** to income sourced in the qualifying jurisdiction. The fact that the qualifying jurisdiction may take into account your entire adjusted gross income (to compute the rate at which your income sourced in that jurisdiction will be taxed) does not mean you paid income tax to that jurisdiction on your entire adjusted gross income. Because you are a nonresident of the qualifying jurisdiction, you may be taxed by that jurisdiction only on your income sourced in that jurisdiction.

Example 1: Amy, a Connecticut resident whose filing status is single, earned wages of \$150,000 from a company located in the State of New York. Amy works inside and outside of New York and allocated her wage income based upon the days worked in New York. She determined \$100,000 to be her New York State allocated wage income and reported and paid this amount on her New York nonresident income tax return. On her federal Form 1040, Line 7, she entered \$150,000. When completing the Schedule 2 Worksheet, she enters \$150,000 in Column I, Line 1, and \$100,000 in Column II, Line 1. Amy also enters \$100,000 on Form CT-1040, *Schedule 2*, Line 53.

Example 2: Luke and Lee file a joint federal Form 1040 and a joint Form CT-1040. Lee's wages as an employee working in Rhode Island are \$20,000 and Luke's wages as an employee working in Connecticut are \$25,000. On their federal Form 1040, Line 7, they enter \$45,000. When completing the Schedule 2 Worksheet, Luke and Lee enter \$45,000 in Column I, Line 1, and \$20,000 in Column II, Line 1. Luke and Lee also enter \$20,000 on Form CT-1040, *Schedule 2*, Line 53.

Example 3: Linda is a sole proprietor of a business conducted at two locations: one in Connecticut and one in Massachusetts. On Linda's federal Form 1040, Line 12, she entered \$100,000. Of the \$150,000 of gross income reported on federal Form 1040, Schedule C, \$90,000 is derived from the Massachusetts location. Of the \$50,000 of expenses reported on Schedule C, \$35,000 is derived from the Massachusetts location.

Schedule 2 - Worksheet

| Complete this worksheet and enter the amount from Line 20, Column II, on Form CT-1040, Schedule 2, Line 53. Complete a separate worksheet for each qualifying jurisdiction if you paid income tax to more than one qualifying jurisdiction. | Column I | Column II Amount Taxable in Qualifying Jurisdiction |
|---|----------|--|
| 1. Wages, salaries, tips, etc. | 1. | |
| 2. Taxable interest | 2. | |
| 3. Ordinary dividends | 3. | |
| 4. Taxable refunds, credits, or offsets of state and local income taxes | 4. | |
| 5. Alimony received | 5. | |
| 6. Business income or (loss) | 6. | |
| 7. Capital gain or (loss) | 7. | |
| 8. Other gains or (losses) | 8. | |
| 9. Taxable amount of IRA distributions | 9. | |
| 10. Taxable amount of pensions and annuities | 10. | |
| 11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 11. | |
| 12. Farm income or (loss) | 12. | |
| 13. Unemployment compensation | 13. | |
| 14. Taxable amount of social security benefits | 14. | |
| 15. Other income (including lump-sum distributions) | 15. | |
| 16. Add Lines 1 through 15. | 16. | |
| 17. Total federal adjustments to income | 17. | |
| 18. Federal adjusted gross income: Subtract Line 17 from Line 16. | 18. | |
| 19. Connecticut modifications: See instructions. | 19. | |
| 20. Connecticut adjusted gross income: Add Line 18 and Line 19. Enter the amount from Column II on Form CT-1040, Schedule 2, Line 53. | 20. | |

When completing the Schedule 2 Worksheet, Linda enters \$100,000 in Column I, Line 6, and \$55,000 (\$90,000 - \$35,000) in Column II, Line 6. Linda also enters \$55,000 on Form CT-1040, Schedule 2, Line 53.

Schedule 2 – Line Instructions

Line 51: Modified Connecticut Adjusted Gross Income

Add to Connecticut adjusted gross income from Line 5 any **net** loss derived from or connected with sources in a qualifying jurisdiction(s) where you were subject to income taxation whether or not income tax was actually paid to the jurisdiction(s). The modified amount is entered on Line 51.

Example: Fred’s Connecticut adjusted gross income of \$60,000 includes income of \$15,000 from business activities conducted in Massachusetts and a net loss of \$20,000 from a business conducted in Rhode Island. He must add the \$20,000 net loss to the \$60,000 and enter the \$80,000 on Line 51.

Line 52: Taxing Jurisdiction(s)

If you claim credit for income taxes paid to a qualifying jurisdiction, enter the name and the two-letter code of each qualifying jurisdiction for which you are claiming credit. If you are claiming credit for income taxes paid to a political subdivision of another state, enter the name and two-letter code of the state.

Standard Two-Letter Codes

| | | | | | |
|---------------------------|----|---------------------|----|---------------------|----|
| Alabama..... | AL | Louisiana..... | LA | Ohio..... | OH |
| Arizona..... | AZ | Maine..... | ME | Oklahoma..... | OK |
| Arkansas..... | AR | Maryland..... | MD | Oregon..... | OR |
| California..... | CA | Massachusetts..... | MA | Pennsylvania..... | PA |
| Colorado..... | CO | Michigan..... | MI | Rhode Island..... | RI |
| Delaware..... | DE | Minnesota..... | MN | South Carolina..... | SC |
| District of Columbia..... | DC | Mississippi..... | MS | Tennessee..... | TN |
| Georgia..... | GA | Missouri..... | MO | Utah..... | UT |
| Hawaii..... | HI | Montana..... | MT | Vermont..... | VT |
| Idaho..... | ID | Nebraska..... | NE | Virginia..... | VA |
| Illinois..... | IL | New Jersey..... | NJ | West Virginia..... | WV |
| Indiana..... | IN | New Mexico..... | NM | Wisconsin..... | WI |
| Iowa..... | IA | New York..... | NY | | |
| Kansas..... | KS | North Carolina..... | NC | | |
| Kentucky..... | KY | North Dakota..... | ND | | |

Line 53: Non-Connecticut Income

Complete the Schedule 2 Worksheet on this page to determine the total non-Connecticut income included in your Connecticut adjusted gross income and reported on a qualifying jurisdiction’s income tax return. Enter the amount from Column II, Line 20, of the Worksheet.

Line 54

Divide the amount on Line 53 by the amount on Line 51. The result cannot exceed 1.0000. Round to four decimal places.

Line 55: Income Tax Liability

Subtract Line 11 from Line 6 and enter the result.

Line 56

Multiply the percentage arrived at on Line 54 by the amount reported on Line 55.

Example: Jen is a Connecticut resident who worked in City Y, a city in State X, during the taxable year. Jen's filing status is single and her Connecticut adjusted gross income is \$160,000. The amount entered on Jen's Form CT-1040, Line 55, is \$7,800. Both State X and City Y impose an income tax. Her Connecticut adjusted gross income derived from State X is \$80,000 as is her Connecticut adjusted gross income derived from City Y. Because the amounts of income taxed by both State X and City Y are the same, Jen uses one column on Form CT-1040, *Schedule 2*. Jen pays an income tax of \$6,000 to State X and an income tax of \$360 to City Y. Since Jen's Form CT-1040, Line 51, is \$160,000, her *Schedule 2* is completed as follows:

| | Column A | | Column B | |
|---------|---------------------|----|----------|----|
| Line 52 | State X, City Y | | | |
| Line 53 | 80,000 | 00 | | 00 |
| Line 54 | .5000 | | | |
| Line 55 | 7,800 | 00 | | 00 |
| Line 56 | 3,900 | 00 | | 00 |
| Line 57 | 6,360 | 00 | | 00 |
| Line 58 | 3,900 | 00 | | 00 |
| Line 59 | Total Credit | | 3,900 | 00 |

Line 57: Income Tax Paid to a Qualifying Jurisdiction

Enter the total amount of income tax paid to a qualifying jurisdiction.

Income tax paid means the lesser of your income tax liability to the qualifying jurisdiction or the income tax paid to that jurisdiction as reported on a return filed with that jurisdiction, but not penalty or interest. Do **not** report the amount of tax withheld for that jurisdiction directly from your W-2 or 1099 form. You **must** first complete a return for the qualifying jurisdiction to determine the amount of income tax paid.

Line 58

Enter the lesser of the amounts reported on Line 56 or Line 57.

Line 59: Total Credit for Income Taxes Paid to Qualifying Jurisdictions

Add the amounts from Line 58A, Line 58B, and Line 58 of any additional worksheets. The amount on Line 59 cannot exceed the amount on Line 56. Enter the total here and on Form CT-1040, Line 7.

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

Schedule 3 – Property Tax Credit

Connecticut residents **must** complete *Schedule 3* to determine the amount of credit (if any) that may be taken against a Connecticut income tax liability. The credit is for property taxes paid during 2009 to a Connecticut political subdivision on a primary residence, privately owned or leased motor vehicle, or both. You must attach Schedule 3 to Form CT-1040 or your credit will be disallowed. If you entered zero on Form CT-1040, Line 10, **do not** complete this schedule. See **Informational Publication 2009(24), Q&A: Income Tax Credit for Property Taxes Paid to a Connecticut Political Subdivision**.

Which Property Tax Bills Qualify

You may take credit against your 2009 Connecticut income tax liability for property tax payments you made on your primary residence, privately owned or leased motor vehicle, or both, to a Connecticut political subdivision. Generally, property tax bills due and paid during 2009 qualify for this credit. This includes any installment payments you made during 2009 that were due in 2009 and any installments you prepaid during 2009 due in 2010. Supplemental property tax bills that were due during 2009 or 2010 also qualify if paid during 2009. However, the late payment of any property tax bills or the payment of any interest, fees, or charges related to the property tax bill do not qualify for the credit.

Taxpayers who file a joint Connecticut income tax return may include property tax bills for which each spouse is individually or jointly liable.

You may take credit for a leased motor vehicle if you had a written lease agreement for a term of more than one year, and the property tax became due and was paid during 2009 (either by the leasing company or by you). Refer to your January 2010 billing statement from the leasing company to determine the amount of property taxes that may be eligible for the credit. Your statement will either indicate the amount of property taxes paid on your leased motor vehicle or provide you with a toll-free number you may call to obtain the necessary information. If you do not receive a billing statement in January 2010, contact your leasing company for the appropriate property tax information.

Example 1: Lisa received a property tax bill for a motor vehicle listed on her town's October 1, 2007, grand list. The bill was payable in two installments, July 1, 2008, and January 1, 2009. If Lisa paid the January 1, 2009, installment on January 1, 2009, she is eligible to claim it on her 2009 income tax return. If she prepaid it during 2008, she is not eligible to take credit for it on her 2009 return, but she may have been eligible to take credit for it on her 2008 return.

Example 2: Mary received a property tax bill for a motor vehicle listed on her town's October 1, 2008, grand list. The bill was payable in two installments, July 1, 2009, and January 1, 2010. Mary is eligible to take credit for both installments on her 2009 income tax return if she paid both installments during 2009. If Mary waited until January 1, 2010, to pay her second installment, she is not eligible to take credit on her 2009 return for this installment, but she may be eligible to take credit for it on her 2010 return.

Maximum Credit Allowed

The **maximum** credit allowed (on your primary residence, motor vehicle, or both) is **\$500** per return regardless of filing status.

This maximum property tax credit cannot exceed the amount of qualifying property taxes paid or the amount of tax entered on Form CT-1040, Line 10, and is phased out depending upon your Connecticut adjusted gross income. To be allowed this credit, you must complete *Schedule 3* in its entirety and attach it to your return.

Motor Vehicle Credit Restrictions

The number of motor vehicles eligible for this credit depends on your filing status as shown on the front of your Connecticut income tax return. Any individual whose filing status is single, filing separately, or head of household is limited to the property tax paid on **one** motor vehicle even if the individual sells a motor vehicle and purchases a replacement motor vehicle during the taxable year and only owns one motor vehicle at any time during the taxable year. Individuals whose filing status is filing jointly or qualifying widow(er) with dependent child are limited to the property taxes paid on **two** motor vehicles.

Schedule 3 – Line Instructions

Name of Connecticut Tax Town or District

Enter the Connecticut town or taxing district to which the qualifying property tax was paid.

Description of Property

Enter the description of the property. If a primary residence, enter the street address. If a motor vehicle, enter the year, make, and model.

Date(s) Paid

Enter the date(s) you paid qualifying property tax.

Line 60: Primary Residence

Enter the total amount of property tax paid on your primary residence.

Line 61: Auto 1

Enter the total amount of property tax paid on your motor vehicle.

Line 62: Filing Jointly or Qualifying Widow(er) Only - Auto 2

Enter the total amount of property tax paid on your second motor vehicle.

Line 63

Add Lines 60, 61, and 62 and enter the total.

Line 64

The maximum property tax credit allowed is **\$500**.

Line 65

Enter the lesser of Line 63 or Line 64.

Line 66

Enter “0” on Line 66 and enter amount from Line 65 on Line 68 if your:

| Filing status is: | Connecticut adjusted gross income is: |
|--|---------------------------------------|
| Single | \$ 56,500 or less |
| Filing jointly or qualifying widow(er) | \$100,500 or less |
| Filing separately | \$ 50,250 or less |
| Head of household | \$ 78,500 or less |

Otherwise, go to the *Property Tax Credit Table* on Page 27 or visit the DRS website at www.ct.gov/DRS to use the Property Tax Calculator. Enter the decimal amount from the *Property Tax Credit Table* on Form CT-1040, Line 66.

Line 67

Multiply Line 65 by Line 66.

Line 68

Subtract Line 67 from Line 65. Enter here and on the front of Form CT-1040, Line 11.

Property Tax Credit Table

Enter the amount from **Form CT-1040, Schedule 3 - Property Tax Credit**, Line 65, on Line 68 and Line 11, if your filing status is:

- Single** and your Connecticut AGI is **\$56,500 or less**
- Filing jointly** or **qualifying widow(er)** and your Connecticut AGI is..... **\$100,500 or less**
- Filing separately** and your Connecticut AGI is **\$50,250 or less**
- Head of household** and your Connecticut AGI is **\$78,500 or less**

Otherwise, enter the decimal amount from the Property Tax Credit Table below on Form CT-1040, Schedule 3, Line 66.

Use your filing status on the front of your tax return and your Connecticut AGI - Form CT-1040, Line 5.

| Single | | | Filing Jointly or Qualifying Widow(er) | | |
|---|-----------------------|----------------|--|-----------------------|----------------|
| If you are single and your Connecticut AGI is: | | | If you are filing jointly for federal and Connecticut, filing jointly for Connecticut only, or qualifying widow(er) and your Connecticut AGI is: | | |
| More Than | Less Than or Equal To | Decimal Amount | More Than | Less Than or Equal To | Decimal Amount |
| \$ 0 | \$56,500 | 0 | \$ 0 | \$100,500 | 0 |
| \$56,500 | \$66,500 | .10 | \$100,500 | \$110,500 | .10 |
| \$66,500 | \$76,500 | .20 | \$110,500 | \$120,500 | .20 |
| \$76,500 | \$86,500 | .30 | \$120,500 | \$130,500 | .30 |
| \$86,500 | \$96,500 | .40 | \$130,500 | \$140,500 | .40 |
| \$96,500 | \$106,500 | .50 | \$140,500 | \$150,500 | .50 |
| \$106,500 | \$116,500 | .60 | \$150,500 | \$160,500 | .60 |
| \$116,500 | \$126,500 | .70 | \$160,500 | \$170,500 | .70 |
| \$126,500 | \$136,500 | .80 | \$170,500 | \$180,500 | .80 |
| \$136,500 | \$146,500 | .90 | \$180,500 | \$190,500 | .90 |
| \$146,500 | and up | 1.00 | \$190,500 | and up | 1.00 |
| Filing Separately | | | Head of Household | | |
| If you are filing separately for federal and Connecticut or filing separately for Connecticut only and your Connecticut AGI is: | | | If you are head of household and your Connecticut AGI is: | | |
| More Than | Less Than or Equal To | Decimal Amount | More Than | Less Than or Equal To | Decimal Amount |
| \$ 0 | \$50,250 | 0 | \$ 0 | \$78,500 | 0 |
| \$50,250 | \$55,250 | .10 | \$78,500 | \$88,500 | .10 |
| \$55,250 | \$60,250 | .20 | \$88,500 | \$98,500 | .20 |
| \$60,250 | \$65,250 | .30 | \$98,500 | \$108,500 | .30 |
| \$65,250 | \$70,250 | .40 | \$108,500 | \$118,500 | .40 |
| \$70,250 | \$75,250 | .50 | \$118,500 | \$128,500 | .50 |
| \$75,250 | \$80,250 | .60 | \$128,500 | \$138,500 | .60 |
| \$80,250 | \$85,250 | .70 | \$138,500 | \$148,500 | .70 |
| \$85,250 | \$90,250 | .80 | \$148,500 | \$158,500 | .80 |
| \$90,250 | \$95,250 | .90 | \$158,500 | \$168,500 | .90 |
| \$95,250 | and up | 1.00 | \$168,500 | and up | 1.00 |

Schedule 4 – Individual Use Tax

In general, goods or services purchased out-of-state and subject to the Connecticut sales tax if those goods or services are purchased from a Connecticut retailer are subject to the Connecticut use tax. Generally, individuals who purchased goods from mail order companies or over the Internet and had those goods shipped to Connecticut and individuals who purchased goods at out-of-state locations and brought those goods back into Connecticut are subject to the Connecticut use tax if they did not pay Connecticut sales tax. Complete **Form CT-1040, Schedule 4 - Individual Use Tax**, to calculate your use tax liability.

List separately any individual item with a purchase price of **\$300 or more**. Although you do not need to list separately any individual item with a purchase price of **less than \$300**, the items are subject to tax and the total of the purchase price of these items should be reported. Multiply the sales and use tax rate of 6% by the purchase price of the item and enter the result. Enter the total tax for all taxable purchases on *Schedule 4*, Line 69, and Form CT-1040, Line 15.

See **Informational Publication 2009(33), Q&A on the Connecticut Individual Use Tax**.

If you require additional lines, you should create an identical schedule and attach it to the back of your Form CT-1040.

Enter only those purchases subject to use tax you have not previously reported on **Form OP-186, Connecticut Individual Use Tax Return**.

You must enter “0” on Form CT-1040, Line 15, if no Connecticut use tax is due. If you do not make an entry on Line 15, you will not have filed a use tax return.

Line 69

Complete *Schedule 4 - Individual Use Tax* and enter the total use tax due on Line 69 and on Form CT-1040, Line 15.

Use tax is due when taxable purchases are made but Connecticut sales tax is not paid. Any individual or business purchasing taxable goods or services for use in Connecticut without paying Connecticut sales tax must pay use tax. In general, the use tax rate for taxable goods or services is 6%. However, computer and data processing services are taxed at 1%.

The table below illustrates the use tax due for various levels of purchases subject to use tax.

| Sample Use Tax Table | | | | | | |
|------------------------------------|--|-------------|------------------------------------|----------|-------------|-----------|
| Total Purchases Subject to Use Tax | | Use Tax Due | Total Purchases Subject to Use Tax | | Use Tax Due | |
| \$ 25.00 | | \$ 1.50 | \$ 1,100.00 | \$ 66.00 | \$ 3,200.00 | \$ 192.00 |
| 50.00 | | 3.00 | 1,200.00 | 72.00 | 3,300.00 | 198.00 |
| 75.00 | | 4.50 | 1,300.00 | 78.00 | 3,400.00 | 204.00 |
| 100.00 | | 6.00 | 1,400.00 | 84.00 | 3,500.00 | 210.00 |
| 150.00 | | 9.00 | 1,500.00 | 90.00 | 3,600.00 | 216.00 |
| 200.00 | | 12.00 | 1,600.00 | 96.00 | 3,700.00 | 222.00 |
| 250.00 | | 15.00 | 1,700.00 | 102.00 | 3,800.00 | 228.00 |
| 300.00 | | 18.00 | 1,800.00 | 108.00 | 3,900.00 | 234.00 |
| 350.00 | | 21.00 | 1,900.00 | 114.00 | 4,000.00 | 240.00 |
| 400.00 | | 24.00 | 2,000.00 | 120.00 | 4,100.00 | 246.00 |
| 450.00 | | 27.00 | 2,100.00 | 126.00 | 4,200.00 | 252.00 |
| 500.00 | | 30.00 | 2,200.00 | 132.00 | 4,300.00 | 258.00 |
| 550.00 | | 33.00 | 2,300.00 | 138.00 | 4,400.00 | 264.00 |
| 600.00 | | 36.00 | 2,400.00 | 144.00 | 4,500.00 | 270.00 |
| 650.00 | | 39.00 | 2,500.00 | 150.00 | 4,600.00 | 276.00 |
| 700.00 | | 42.00 | 2,600.00 | 156.00 | 4,700.00 | 282.00 |
| 750.00 | | 45.00 | 2,700.00 | 162.00 | 4,800.00 | 288.00 |
| 800.00 | | 48.00 | 2,800.00 | 168.00 | 4,900.00 | 294.00 |
| 850.00 | | 51.00 | 2,900.00 | 174.00 | 5,000.00 | 300.00 |
| 900.00 | | 54.00 | 3,000.00 | 180.00 | | |
| 1,000.00 | | 60.00 | 3,100.00 | 186.00 | | |

Amended Returns

Purpose: Use a 2009 Form CT-1040X to amend a previously-filed 2009 Connecticut income tax return for individuals. If Form CT-1040X is filed to have an overpayment of Connecticut income tax refunded or credited, it must be filed before the Connecticut statute of limitations expires. Generally, the Connecticut statute of limitations for refunding or crediting any Connecticut income tax overpayment expires three years after the due date of the return, but if a timely request for an extension of time to file a return was filed, the statute of

limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If you were required to file an amended return, but failed to do so, a penalty may be imposed. Interest will also be assessed on any additional Connecticut income tax not paid on or before the due date. See *Interest and Penalties* on Page 11.

Visit the DRS **Taxpayer Service Center (TSC)** at www.ct.gov/TSC to file Form CT-1040X online.

You must file Form CT-1040X in the following circumstances:

| | |
|--|--|
| <p>1. The IRS or federal courts change or correct your federal income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. You filed a timely amended federal income tax return and the amendment results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your timely amended federal return. If you file Form CT-1040X no later than 90 days after the date of filing the timely amended federal income tax return, any Connecticut income tax overpayment resulting from filing the timely amended federal income tax return will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and the tax officials or courts of the qualifying jurisdiction made a change or correction to your income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination and you claimed credit for income tax paid to a qualifying jurisdiction on your original income tax return, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>4. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and you filed a timely amended income tax return with that qualifying jurisdiction and the amendment results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your amended return with the qualifying jurisdiction. If you file Form CT-1040X no later than 90 days after the final determination and you claimed credit for income tax paid to a qualifying jurisdiction on your original income tax return, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>5. If none of the above circumstances apply, but you made a mistake or omission on your Connecticut income tax return and the mistake or omission results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than three years after the due date of your return, or if you filed a timely request for an extension of time to file, three years after the date of filing the return or three years after the extended due date, whichever is earlier.</p> |

Do not file Form CT-1040X for any of the following reasons:

- To have an overpayment refunded instead of applied to next year’s estimated tax or to change your contributions to designated charities. The elections that you made on your original return **cannot** be changed by filing Form CT-1040X.
- To amend your Connecticut income tax return for an earlier year to claim a credit for income tax paid on income included in your Connecticut adjusted gross income for that year and repaid in a later taxable year. File **Form CT-1040CRC, Claim of Right Credit**, with your Connecticut income tax return for the later taxable year.

Financial Disability: If you are financially disabled, as defined in I.R.C. §6511(h)(2), the time for having an overpayment of Connecticut income tax refunded or credited to you is extended for as long as you are financially disabled. You are considered financially disabled if you are unable to manage your own affairs by reason of a medically determinable physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months. You are not considered financially disabled during any period that your spouse or any other person is authorized to act on your behalf in financial matters. See **Policy Statement 2001(14), Claims for Refund Made by Financially Disabled Individuals.**

Table A - Exemptions for 2009 Taxable Year

Use the filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule, Line 1*) to determine your exemption.

| Single | | | Filing Jointly/Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|-----------------|-------------------------------------|-----------------------|-----------------|-------------------|-----------------------|-----------------|-------------------|-----------------------|-----------------|
| Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$ 0 | \$26,000 | \$13,000 | \$ 0 | \$48,000 | \$24,000 | \$ 0 | \$24,000 | \$12,000 | \$ 0 | \$38,000 | \$19,000 |
| \$26,000 | \$27,000 | \$12,000 | \$48,000 | \$49,000 | \$23,000 | \$24,000 | \$25,000 | \$11,000 | \$38,000 | \$39,000 | \$18,000 |
| \$27,000 | \$28,000 | \$11,000 | \$49,000 | \$50,000 | \$22,000 | \$25,000 | \$26,000 | \$10,000 | \$39,000 | \$40,000 | \$17,000 |
| \$28,000 | \$29,000 | \$10,000 | \$50,000 | \$51,000 | \$21,000 | \$26,000 | \$27,000 | \$ 9,000 | \$40,000 | \$41,000 | \$16,000 |
| \$29,000 | \$30,000 | \$ 9,000 | \$51,000 | \$52,000 | \$20,000 | \$27,000 | \$28,000 | \$ 8,000 | \$41,000 | \$42,000 | \$15,000 |
| \$30,000 | \$31,000 | \$ 8,000 | \$52,000 | \$53,000 | \$19,000 | \$28,000 | \$29,000 | \$ 7,000 | \$42,000 | \$43,000 | \$14,000 |
| \$31,000 | \$32,000 | \$ 7,000 | \$53,000 | \$54,000 | \$18,000 | \$29,000 | \$30,000 | \$ 6,000 | \$43,000 | \$44,000 | \$13,000 |
| \$32,000 | \$33,000 | \$ 6,000 | \$54,000 | \$55,000 | \$17,000 | \$30,000 | \$31,000 | \$ 5,000 | \$44,000 | \$45,000 | \$12,000 |
| \$33,000 | \$34,000 | \$ 5,000 | \$55,000 | \$56,000 | \$16,000 | \$31,000 | \$32,000 | \$ 4,000 | \$45,000 | \$46,000 | \$11,000 |
| \$34,000 | \$35,000 | \$ 4,000 | \$56,000 | \$57,000 | \$15,000 | \$32,000 | \$33,000 | \$ 3,000 | \$46,000 | \$47,000 | \$10,000 |
| \$35,000 | \$36,000 | \$ 3,000 | \$57,000 | \$58,000 | \$14,000 | \$33,000 | \$34,000 | \$ 2,000 | \$47,000 | \$48,000 | \$ 9,000 |
| \$36,000 | \$37,000 | \$ 2,000 | \$58,000 | \$59,000 | \$13,000 | \$34,000 | \$35,000 | \$ 1,000 | \$48,000 | \$49,000 | \$ 8,000 |
| \$37,000 | \$38,000 | \$ 1,000 | \$59,000 | \$60,000 | \$12,000 | \$35,000 | and up | \$ 0 | \$49,000 | \$50,000 | \$ 7,000 |
| \$38,000 | and up | \$ 0 | \$60,000 | \$61,000 | \$11,000 | | | | \$50,000 | \$51,000 | \$ 6,000 |
| | | | \$61,000 | \$62,000 | \$10,000 | | | | \$51,000 | \$52,000 | \$ 5,000 |
| | | | \$62,000 | \$63,000 | \$ 9,000 | | | | \$52,000 | \$53,000 | \$ 4,000 |
| | | | \$63,000 | \$64,000 | \$ 8,000 | | | | \$53,000 | \$54,000 | \$ 3,000 |
| | | | \$64,000 | \$65,000 | \$ 7,000 | | | | \$54,000 | \$55,000 | \$ 2,000 |
| | | | \$65,000 | \$66,000 | \$ 6,000 | | | | \$55,000 | \$56,000 | \$ 1,000 |
| | | | \$66,000 | \$67,000 | \$ 5,000 | | | | \$56,000 | and up | \$ 0 |
| | | | \$67,000 | \$68,000 | \$ 4,000 | | | | | | |
| | | | \$68,000 | \$69,000 | \$ 3,000 | | | | | | |
| | | | \$69,000 | \$70,000 | \$ 2,000 | | | | | | |
| | | | \$70,000 | \$71,000 | \$ 1,000 | | | | | | |
| | | | \$71,000 | and up | \$ 0 | | | | | | |

Table B - Connecticut Income Tax for 2009 Taxable Year

Use the filing status shown on the front of your return.

| | |
|--|---|
| <p>Single or Filing Separately</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$10,000.....3%</p> <p>More than \$10,000, but less than or equal to \$500,000\$300 plus 5% of the excess over \$10,000</p> <p>More than \$500,000\$24,800 plus 6.5% of the excess over \$500,000</p> | <p>Examples: Line 3 is \$13,000; Line 4 is \$450.</p> <p>\$13,000 - \$10,000 = \$3,000 $3,000 \times .05 = 150$ $300 + 150 = 450$</p> <p>Line 3 is \$525,000; Line 4 is \$26,425.</p> <p>\$525,000 - \$500,000 = \$25,000 $25,000 \times .065 = 1,625$ $24,800 + 1,625 = 26,425$</p> |
| <p>Head of Household</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$16,000.....3%</p> <p>More than \$16,000, but less than or equal to \$800,000\$480 plus 5% of the excess over \$16,000</p> <p>More than \$800,000\$39,680 plus 6.5% of the excess over \$800,000</p> | <p>Examples: Line 3 is \$20,000; Line 4 is \$680.</p> <p>\$20,000 - \$16,000 = \$4,000 $4,000 \times .05 = 200$ $480 + 200 = 680$</p> <p>Line 3 is \$825,000; Line 4 is \$41,305.</p> <p>\$825,000 - \$800,000 = \$25,000 $25,000 \times .065 = 1,625$ $39,680 + 1,625 = 41,305$</p> |
| <p>Filing Jointly/Qualifying Widow(er)</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$20,000.....3%</p> <p>More than \$20,000, but less than or equal to \$1,000,000\$600 plus 5% of the excess over \$20,000</p> <p>More than \$1,000,000\$49,600 plus 6.5% of the excess over \$1,000,000</p> | <p>Examples: Line 3 is \$22,500; Line 4 is \$725.</p> <p>\$22,500 - \$20,000 = \$2,500 $2,500 \times .05 = 125$ $600 + 125 = 725$</p> <p>Line 3 is \$1,100,000; Line 4 is \$56,100.</p> <p>\$1,100,000 - \$1,000,000 = \$100,000 $100,000 \times .065 = 6,500$ $49,600 + 6,500 = 56,100$</p> |

Table C - Personal Tax Credits for 2009 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule, Line 1*) to determine your decimal amount.

| Single | | | Filing Jointly or Qualified Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|----------------|---------------------------------------|-----------------------|----------------|-------------------|-----------------------|----------------|-------------------|-----------------------|----------------|
| Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$13,000 | \$16,300 | .75 | \$24,000 | \$30,000 | .75 | \$12,000 | \$15,000 | .75 | \$19,000 | \$24,000 | .75 |
| \$16,300 | \$16,800 | .70 | \$30,000 | \$30,500 | .70 | \$15,000 | \$15,500 | .70 | \$24,000 | \$24,500 | .70 |
| \$16,800 | \$17,300 | .65 | \$30,500 | \$31,000 | .65 | \$15,500 | \$16,000 | .65 | \$24,500 | \$25,000 | .65 |
| \$17,300 | \$17,800 | .60 | \$31,000 | \$31,500 | .60 | \$16,000 | \$16,500 | .60 | \$25,000 | \$25,500 | .60 |
| \$17,800 | \$18,300 | .55 | \$31,500 | \$32,000 | .55 | \$16,500 | \$17,000 | .55 | \$25,500 | \$26,000 | .55 |
| \$18,300 | \$18,800 | .50 | \$32,000 | \$32,500 | .50 | \$17,000 | \$17,500 | .50 | \$26,000 | \$26,500 | .50 |
| \$18,800 | \$19,300 | .45 | \$32,500 | \$33,000 | .45 | \$17,500 | \$18,000 | .45 | \$26,500 | \$27,000 | .45 |
| \$19,300 | \$19,800 | .40 | \$33,000 | \$33,500 | .40 | \$18,000 | \$18,500 | .40 | \$27,000 | \$27,500 | .40 |
| \$19,800 | \$21,700 | .35 | \$33,500 | \$40,000 | .35 | \$18,500 | \$20,000 | .35 | \$27,500 | \$34,000 | .35 |
| \$21,700 | \$22,200 | .30 | \$40,000 | \$40,500 | .30 | \$20,000 | \$20,500 | .30 | \$34,000 | \$34,500 | .30 |
| \$22,200 | \$22,700 | .25 | \$40,500 | \$41,000 | .25 | \$20,500 | \$21,000 | .25 | \$34,500 | \$35,000 | .25 |
| \$22,700 | \$23,200 | .20 | \$41,000 | \$41,500 | .20 | \$21,000 | \$21,500 | .20 | \$35,000 | \$35,500 | .20 |
| \$23,200 | \$27,100 | .15 | \$41,500 | \$50,000 | .15 | \$21,500 | \$25,000 | .15 | \$35,500 | \$44,000 | .15 |
| \$27,100 | \$27,600 | .14 | \$50,000 | \$50,500 | .14 | \$25,000 | \$25,500 | .14 | \$44,000 | \$44,500 | .14 |
| \$27,600 | \$28,100 | .13 | \$50,500 | \$51,000 | .13 | \$25,500 | \$26,000 | .13 | \$44,500 | \$45,000 | .13 |
| \$28,100 | \$28,600 | .12 | \$51,000 | \$51,500 | .12 | \$26,000 | \$26,500 | .12 | \$45,000 | \$45,500 | .12 |
| \$28,600 | \$29,100 | .11 | \$51,500 | \$52,000 | .11 | \$26,500 | \$27,000 | .11 | \$45,500 | \$46,000 | .11 |
| \$29,100 | \$52,000 | .10 | \$52,000 | \$96,000 | .10 | \$27,000 | \$48,000 | .10 | \$46,000 | \$74,000 | .10 |
| \$52,000 | \$52,500 | .09 | \$96,000 | \$96,500 | .09 | \$48,000 | \$48,500 | .09 | \$74,000 | \$74,500 | .09 |
| \$52,500 | \$53,000 | .08 | \$96,500 | \$97,000 | .08 | \$48,500 | \$49,000 | .08 | \$74,500 | \$75,000 | .08 |
| \$53,000 | \$53,500 | .07 | \$97,000 | \$97,500 | .07 | \$49,000 | \$49,500 | .07 | \$75,000 | \$75,500 | .07 |
| \$53,500 | \$54,000 | .06 | \$97,500 | \$98,000 | .06 | \$49,500 | \$50,000 | .06 | \$75,500 | \$76,000 | .06 |
| \$54,000 | \$54,500 | .05 | \$98,000 | \$98,500 | .05 | \$50,000 | \$50,500 | .05 | \$76,000 | \$76,500 | .05 |
| \$54,500 | \$55,000 | .04 | \$98,500 | \$99,000 | .04 | \$50,500 | \$51,000 | .04 | \$76,500 | \$77,000 | .04 |
| \$55,000 | \$55,500 | .03 | \$99,000 | \$99,500 | .03 | \$51,000 | \$51,500 | .03 | \$77,000 | \$77,500 | .03 |
| \$55,500 | \$56,000 | .02 | \$99,500 | \$100,000 | .02 | \$51,500 | \$52,000 | .02 | \$77,500 | \$78,000 | .02 |
| \$56,000 | \$56,500 | .01 | \$100,000 | \$100,500 | .01 | \$52,000 | \$52,500 | .01 | \$78,000 | \$78,500 | .01 |
| \$56,500 | and up | .00 | \$100,500 | and up | .00 | \$52,500 | and up | .00 | \$78,500 | and up | .00 |

Tax Calculation Schedule

| | | | |
|---|---|---|----|
| 1. Enter Connecticut AGI from Form CT-1040 , Line 5. | 1 | | 00 |
| 2. Enter Personal Exemption from <i>Table A, Exemptions</i> . | 2 | | 00 |
| 3. Connecticut Taxable Income: Subtract Line 2 from Line 1. If less than zero, enter "0." | 3 | | 00 |
| 4. Connecticut Income Tax: See <i>Table B, Connecticut Income Tax</i> . | 4 | | 00 |
| 5. Enter Decimal Amount from <i>Table C, Personal Tax Credits</i> . If zero, enter "0." | 5 | . | |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6 | | 00 |
| 7. Income Tax : Subtract Line 6 from Line 4. Enter here and on Form CT-1040 , Line 6. | 7 | | 00 |

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DRS Is Going Green ... And So Can You

E-Filing Is Green Filing

Eliminate the use of paper and fuel used to transport returns through the mail. File and pay electronically instead. Visit www.ct.gov/TSC to create an account and eliminate the paper clutter in your life.

Connecticut tax filers can file most tax returns, extensions, and estimates using the **Taxpayer Service Center (TSC)** at www.ct.gov/TSC for free.

Greener Money With Direct Deposit

Stop those paper checks and driving to the bank to deposit your Connecticut income tax refund by choosing direct deposit! **A direct deposit refund when filing through TSC is the fastest way to get your tax refund into your account!**

Green Means Stop...Receiving Paper Returns

If you file a paper return using commercial software or a tax practitioner, check the box to stop receiving a paper return. Mark your electronic calendar to remind you to purchase new software or contact your preparer.

| | | | |
|---|---|---|----------|
| Internet | Tax Information The <i>TSC</i> includes a comprehensive <i>FAQ</i> database with more than 600 searchable answers. Search by category, tax type, keyword, or phrase. | Forms and Publications Connecticut forms and publications may be viewed, downloaded, or printed by visiting www.ct.gov/DRS the DRS website. | Internet |
| Phone | For telephone assistance, call our Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere). | 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) and select Option 2 ; or 860-297-4753 (from anywhere). | Phone |
| Email | Send routine tax questions to drs@po.state.ct.us (do not send account related inquiries). For account-related questions, including bill and refund inquiries, use the Secure Mailbox feature by logging into the DRS electronic <i>TSC</i> . | Email requests, including your name, address (street, city, state, and ZIP code), and the name or number of the tax product to ctforms.drs@po.state.ct.us | Email |
| Walk-In | Free personal taxpayer assistance and forms are available by visiting our Hartford office at 25 Sigourney Street, Hartford CT. Walk-in assistance is available Monday through Friday, 8:30 a.m. to 4:00 p.m. Directions to DRS Hartford office are available using our phone menu or visiting the DRS website. If you require special accommodations, please advise the DRS representative. | | Walk-In |
| Federal Tax Information For questions about federal taxes , visit www.irs.gov or call the Internal Revenue Service (IRS) at 1-800-829-1040. To order federal tax forms , call 1-800-829-3676. | | Statewide Services Visit the <i>ConneCT</i> website at www.ct.gov for information on statewide services and programs. | |

Connecticut Alternative Minimum Tax Return - Individuals

(Rev. 12/09)

You must attach this form to the back of **Form CT-1040** or **Form CT-1040NR/PY**. Complete in blue or black ink only.

| | | |
|---|-----------|---|
| Your first name and middle initial | Last name | Your Social Security Number ____-____-____ : : : : |
| If a joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number ____-____-____ : : : : |

Part I – Read the instructions before you complete this form.

| | | | |
|--|-----|---|----|
| 1. Federal alternative minimum taxable income: See instructions. ▶ | 1. | | 00 |
| 2. Additions to federal alternative minimum taxable income: See instructions. ▶ | 2. | | 00 |
| 3. Add Line 1 and Line 2. | 3. | | 00 |
| 4. Subtractions from federal alternative minimum taxable income: See instructions. ▶ | 4. | | 00 |
| 5. Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filing separately and Line 5 is more than \$216,900, see instructions. ▶ | 5. | | 00 |
| 6. Enter \$70,950 if filing jointly or qualifying widow(er); \$46,700 if single or head of household; or \$35,475 if filing separately. | 6. | | 00 |
| 7. Enter \$150,000 if filing jointly or qualifying widow(er); \$112,500 if single or head of household; or \$75,000 if filing separately. | 7. | | 00 |
| 8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. | 8. | | 00 |
| 9. Multiply Line 8 by 25% (.25). | 9. | | 00 |
| 10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." If you were under age 24 at the end of 2009, see instructions. ▶ | 10. | | 00 |
| 11. Subtract Line 10 from Line 5. If more than zero, go to Line 12. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22. | 11. | | 00 |
| 12. If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 32, here. If you entered an amount on Lines 2 or 4 above and : <ul style="list-style-type: none"> • You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount to enter. • You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 42 here. All others: If Line 11 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result. ▶ | 12. | | 00 |
| 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 33 ▶ | 13. | | 00 |
| 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. | 14. | | 00 |
| 15. Multiply Line 14 by 19% (.19). | 15. | | 00 |
| 16. Multiply Line 5 by 5.5% (.055). | 16. | | 00 |
| 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. | 17. | | 00 |
| 18. Apportionment factor: Residents , enter 1.0000; nonresidents and part-year residents , see instructions. ▶ | 18. | . | |
| 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. | 19. | | 00 |
| 20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10 ▶ | 20. | | 00 |
| 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." | 21. | | 00 |
| 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51 ▶ | 22. | | 00 |
| 23. Subtract Line 22 from Line 21. Enter the amount here and on Form CT-1040, Line 9, or Form CT-1040NR/PY, Line 13. ▶ | 23. | | 00 |

Part II

| | | | |
|--|-----|--|----|
| 24. Enter the amount from Line 11. If you are filing federal Form 2555 or Form 2555-EZ, enter the amount from Line 3 of the <i>Connecticut Foreign Earned Income Tax Worksheet</i> on Page 4. ▶ | 24. | | 00 |
| 25. Enter the amount from federal Form 6251, Line 38. See instructions. ▶ | 25. | | 00 |
| 26. Enter the amount from federal Form 6251, Line 39. See instructions. | 26. | | 00 |
| 27. Enter the amount from federal Form 6251, Line 40. See instructions. ▶ | 27. | | 00 |
| 28. Enter the smaller of Line 24 or Line 27. | 28. | | 00 |
| 29. Subtract Line 28 from Line 24. | 29. | | 00 |
| 30. If Line 29 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 29 by 26% (.26). Otherwise, multiply Line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result. | 30. | | 00 |
| 31. Enter: <ul style="list-style-type: none"> • \$67,900, if filing jointly or qualifying widow(er); • \$33,950, if single or filing separately; or • \$45,500, if head of household. | 31. | | 00 |
| 32. Enter the amount from federal Form 6251, Line 45. See instructions. ▶ | 32. | | 00 |
| 33. Subtract Line 32 from Line 31. If zero or less, enter "0." | 33. | | 00 |
| 34. Enter the smaller of Line 24 or Line 25. | 34. | | 00 |
| 35. Enter the smaller of Line 33 or Line 34. | 35. | | 00 |
| 36. Subtract Line 35 from Line 34. | 36. | | 00 |
| 37. Multiply Line 36 by 15% (.15). If Line 26 is zero or blank, skip Lines 38 and 39 and go to Line 40. Otherwise, go to Line 38. | 37. | | 00 |
| 38. Subtract Line 34 from Line 28. | 38. | | 00 |
| 39. Multiply Line 38 by 25% (.25). | 39. | | 00 |
| 40. Add Lines 30, 37 and 39. | 40. | | 00 |
| 41. If Line 24 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 24 by 26% (.26). Otherwise, multiply Line 24 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result. | 41. | | 00 |
| 42. Enter the smaller of Line 40 or Line 41 here and on Line 12. If you are filing federal Form 2555 or Form 2555-EZ, do not enter this amount on Line 12. Enter it on Line 4 of the <i>Connecticut Foreign Earned Income Worksheet</i> on Page 4 of the instructions. ▶ | 42. | | 00 |

General Instructions

Purpose

Taxpayers who are subject to and required to pay the federal alternative minimum tax are subject to the Connecticut alternative minimum tax. Use this form to calculate your Connecticut alternative minimum tax liability and attach it directly behind your Connecticut income tax return.

Taxpayers who do not have a federal alternative minimum tax liability are not required to complete this form.

Who Must File This Form

You are required to file **Form CT-6251, Connecticut Alternative Minimum Tax Return - Individuals**, if either of the following conditions is true for the 2009 taxable year:

- You were a Connecticut resident or part-year resident and had a federal alternative minimum tax liability; **or**
- You were a Connecticut nonresident with a federal alternative minimum tax liability **and** you had Connecticut-sourced income.

If you meet one of the requirements above, you must file Form CT-6251 even if your Connecticut alternative minimum tax is zero.

What Is the Connecticut Alternative Minimum Tax

The Connecticut alternative minimum tax is a tax imposed on certain individuals, trusts, and estates in addition to their regular income tax. The tax is computed on the lesser of 19% of the adjusted federal tentative minimum tax or 5.5% of the adjusted federal alternative minimum taxable income.

What Is the Adjusted Federal Tentative Minimum Tax

The adjusted federal tentative minimum tax is your federal tentative minimum tax with certain Connecticut modifications.

Part-Year Residents and Nonresidents

Connecticut part-year residents and nonresidents must first compute the Connecticut minimum tax as if they were Connecticut residents, then apportion their Connecticut minimum tax.

Credits

Connecticut residents and part-year residents are allowed a credit for minimum taxes paid to a qualifying jurisdiction on the income taxed by both Connecticut and that jurisdiction. The credit may not exceed the amount of tax otherwise due.

You may be able to claim a credit against your Connecticut income tax for Connecticut alternative minimum tax paid in a prior year. See the instructions to **Form CT-8801, Credit for Prior Year Connecticut Minimum Tax for Individuals, Trusts, and Estates**.

Filing Status

Your filing status on Form CT-6251 must match the Connecticut income tax filing status as reported on the front of your **Form CT-1040, Connecticut Resident Income Tax Return**, or **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**. Any reference in these instructions to a spouse also refers to a party to a civil union recognized under Connecticut law.

Any reference in these instructions to filing jointly includes filing jointly for federal and Connecticut and filing jointly for Connecticut only. Likewise, filing separately includes filing separately for federal and Connecticut and filing separately for Connecticut only.

Generally, your filing status for Connecticut income tax purposes must match your federal income tax filing status for the year. However, if you are a civil union partner or a spouse in a marriage recognized under Public Act 2009-13, your filing status for Connecticut income tax purposes will not match your federal income tax filing status for the year.

For more information, see *Spouses With Different Residency Status* in the instructions to Form CT-1040 or Form CT-1040NR/PY.

If you and your spouse are filing a joint federal income tax return and you file separate Connecticut income tax returns, either because you qualify **and** elect to do so or because you are required to do so, the federal rules for allocating income apply. You must recalculate your federal alternative minimum tax liability as if your filing status for federal income tax purposes was **single**. If upon your recalculation you would have had a federal alternative minimum tax liability, you are subject to Connecticut alternative minimum tax and you are required to calculate Form CT-6251 as a single individual.

Where the calculation of any individual federal items are subject to limitations (for example, alternative tax net operating loss deduction); the items may have to be recalculated if Connecticut modifications apply.

Line Instructions

Name and Social Security Number

Enter your name and Social Security Number (SSN) as it appears on your Connecticut income tax return in the space provided at the top of the form. If you are filing a joint return, also enter your spouse's name and SSN.

Part I

Line 1

Residents, part-year residents, and nonresidents should enter the amount from federal Form 6251, Line 29. Part-year residents must also include or exclude any tax preference items and adjustments attributable to a future year which accrued up to the time of a change in residence.

If your filing status is filing separately for Connecticut only, recalculate your federal 6251 using only your share of Lines 1 through 28 from federal Form 6251 and enter the result here. This amount may differ from the amount entered on federal Form 6251, Line 29.

Line 2

To compute the additions to federal alternative minimum taxable income, use the amount entered on Form CT-1040, *Schedule 1*, Line 39, or Form CT-1040NR/PY, *Schedule 1*, Line 41, **minus**:

- Any modification for a taxable lump-sum distribution from a qualified plan not included in federal adjusted gross income, as entered on Form CT-1040, *Schedule 1*, Line 34, or Form CT-1040NR/PY, *Schedule 1*, Line 36; **and**
- Any interest or dividend income on U.S. government obligations or securities exempt from federal income tax, but taxable for Connecticut income tax purposes, to the extent included on Form CT-1040, *Schedule 1*, Line 38, or Form CT-1040NR/PY, *Schedule 1*, Line 40.

Exclude from Line 2 the amount of federally tax-exempt interest or exempt-interest dividends under Internal Revenue Code (I.R.C.) §852(b)(5) from **non-Connecticut** private activity bonds issued after August 7, 1986, and included on federal Form 6251, Line 13. Enter the net amount on Line 2.

Line 4

To compute the subtractions from federal alternative minimum taxable income, use the total amount entered on Form CT-1040, *Schedule 1*, Line 50, or Form CT-1040NR/PY, *Schedule 1*, Line 52, **minus**:

- Any modification for refunds of state and local income taxes entered on Form CT-1040, *Schedule 1*, Line 43, or Form CT-1040NR/PY, *Schedule 1*, Line 45;
- Any modification for Tier 1 Railroad Retirement Benefits and Supplemental Annuities, as entered on Form CT-1040, *Schedule 1*, Line 44, or Form CT-1040NR/PY, *Schedule 1*, Line 46;
- Any modification for the amount of any distributions you received from the Connecticut Higher Education Trust (CHET) as a designated beneficiary to the extent included in your federal adjusted gross income, and to the extent included on Form CT-1040, *Schedule 1*, Line 49, or Form CT-1040NR/PY, *Schedule 1*, Line 51;
- Any modification for the amount of interest earned on contributions established for a designated beneficiary under the Connecticut Homecare Option Program for the Elderly to the extent the interest is includable in the federal adjusted gross income of the designated beneficiary and to the extent included on Form CT-1040 *Schedule 1*, Line 49, or Form CT-1040NR/PY, *Schedule 1*, Line 51; **and**
- Any modification for the amount of income received from the U.S. government as retirement pay for a retired member of the Armed Forces of the United States or the National Guard to the extent included on Form CT-1040, *Schedule 1*, Line 45, or Form CT-1040NR/PY, *Schedule 1*, Line 47.

Include on Line 4 the amount of federally tax-exempt interest or exempt-interest dividends under I.R.C. §852(b)(5) from **Connecticut** private activity bonds issued after August 7, 1986, and included on federal Form 6251, Line 13. Enter the net amount on Line 4.

Line 5

If your filing status is filing separately and Line 5 is more than \$216,900, you must include an additional amount on Line 5 calculated as follows. If Line 5 is \$358,800 or more, include an additional \$35,475 on Line 5. Otherwise, include 25% of the excess of the amount on Line 5 over \$216,900.

Example: If the amount on Line 5 is \$236,900, multiply the amount in excess of \$216,900 (\$20,000) by 25% (.25). The result is \$5,000. Add the \$5,000 to \$236,900 and enter \$241,900 on Line 5.

Line 10

If you were under age 24 at the end of 2009, follow the instructions to federal Form 6251, Line 30, to calculate the exemption amount.

Line 12

If Line 2 or Line 4 of Form CT-6251 is greater than zero and you claimed a foreign earned income exclusion, housing exclusion, or housing deduction on federal Form 2555 or federal Form 2555-EZ, you must complete the Connecticut Foreign Earned Income Tax Worksheet below.

Line 18

Residents: Must enter 1.0000.

Nonresidents and Part-Year Residents: To arrive at the apportionment factor, divide your total items of income, gain, loss, or deduction from **Connecticut sources** associated with your adjusted federal alternative minimum taxable income by your total adjusted federal alternative minimum taxable income from Form CT-6251, Line 5.

To determine the total items of income, gain, loss, or deduction from Connecticut sources, you must net out certain modifications that may have been included in the amount shown on Form CT-1040NR/PY, Line 6. Refer to the instructions for Lines 2 and 4.

You must further adjust the amount from Form CT-1040NR/PY, Line 6, for any items entered on federal Form 6251, Lines 9 through 12 and 14 through 28, connected with or derived from Connecticut sources.

Part II

If you completed Part III of federal Form 6251, complete Part II and enter the amount from Form CT-6251, Line 42, on Part I, Line 12. However, if Line 2 and Line 4 are zero, skip Part II of this form and enter the amount from federal Form 6251, Line 32, on Line 12.

Lines 25, 26, 27, and 32

When entering an amount on Lines 25, 26, 27, and 32, you must include the *Schedule 1* modification for the gain or loss on the sale of Connecticut state and local government bonds from Form CT-1040, Line 36 or Line 47, or Form CT-1040NR/PY, Line 38 or Line 49.

Connecticut Foreign Earned Income Tax Worksheet

| | |
|--|----------|
| 1. Enter the amount from Form CT-6251, Line 11..... | 1. _____ |
| 2. Enter the amount from your (and your spouse's if filing jointly) federal Form 2555, Lines 45 and 50, or federal Form 2555-EZ, Line 18..... | 2. _____ |
| 3. Add Line 1 and Line 2..... | 3. _____ |
| 4. Tax amount on Line 3. | |
| • If you completed Part III of federal Form 6251, you must complete Part II of Form CT-6251. Enter the amount from Line 3 of this worksheet on Part II, Line 24, of Form CT-6251. Complete the rest of Part II of Form CT-6251 and enter the amount from Line 42 here. | |
| • All others: If line 3 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 3 by 26% (.26). Otherwise, multiply Line 3 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately) from the result..... | 4. _____ |
| 5. Tax on amount on Line 2. If Line 2 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 2 by 26% (.26). Otherwise, multiply Line 2 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately) from the result..... | 5. _____ |
| 6. Subtract Line 5 from Line 4. Enter here and on Form CT-6251, Line 12. If zero or less, enter "0."..... | 6. _____ |

Schedule A

Credit for Alternative Minimum Tax Paid to Qualifying Jurisdictions Connecticut Residents and Part-Year Residents Only

Residents

Use *Schedule A* to claim a credit against the net Connecticut minimum tax liability for alternative minimum tax paid during the taxable year to a qualifying jurisdiction. Credit may be claimed only if the income on which taxes were paid was derived from or connected with sources within the qualifying jurisdiction.

Part-Year Residents

Use *Schedule A* to claim a credit against the net Connecticut minimum tax liability for alternative minimum tax paid to a qualifying jurisdiction on items of income, gain, loss, or deduction attributable to that jurisdiction during the period of Connecticut residency.

A **qualifying jurisdiction** includes another state of the United States, a local government within another state, or the District of Columbia. A qualifying jurisdiction does not include the State of Connecticut, the United States, or a foreign country or its provinces (for example, Canada and Canadian provinces).

No credit is allowed for **any** of the following:

- Alternative minimum tax paid to a qualifying jurisdiction on income not derived from or connected with sources within the qualifying jurisdiction;
- Alternative minimum tax paid to a jurisdiction that is not a qualifying jurisdiction;
- Alternative minimum tax paid to a qualifying jurisdiction, if you claimed credit for alternative minimum tax paid to Connecticut on that qualifying jurisdiction's alternative minimum tax return or income tax return; **or**
- Payments of alternative minimum tax made to a qualifying jurisdiction on income not subject to the Connecticut alternative minimum tax.

No credit is allowed for tax paid on dividends or interest income unless derived from property employed in a business or trade carried on in that jurisdiction. However, credit is allowed for tax paid on wages earned for services performed in a qualifying jurisdiction.

The allowed credit must be separately computed for each qualifying jurisdiction. Use separate columns for each qualifying jurisdiction for which you are claiming a credit. Attach a copy of all alternative minimum tax returns filed with qualifying jurisdictions directly following Form CT-6251.

Schedule A provides two columns, A and B, to compute the credit for two qualifying jurisdictions. If you need more than two columns, create a worksheet identical to *Schedule A* and attach it to the back of your Form CT-6251.

If you are claiming credit for alternative minimum tax paid to a qualifying jurisdiction **and** to one of its political subdivisions, follow these rules to determine your credit.

- A. If the **same amount** of adjusted alternative minimum taxable income is taxed by both the city and the state:
 1. Use only **one** column of *Schedule A* to calculate your credit;
 2. Enter the same amount of adjusted alternative minimum taxable income taxed by both city and state in that column on Form CT-6251, *Schedule A*; **and**
 3. Combine the amounts of alternative minimum tax paid to the city and the state and enter the total on Line 51 of that column.
- B. If the **amounts** of adjusted alternative minimum taxable income taxed by both the city and state **are not the same**:
 1. Use **two** columns on Form CT-6251, *Schedule A*;
 2. Include only the same amount of adjusted alternative minimum taxable income taxed by both jurisdictions in the first column; **and**
 3. Include the excess amount of adjusted alternative minimum taxable income taxed by only one of the jurisdictions in the next column.

Attach a copy of the alternative minimum tax return filed with each qualifying jurisdiction to the back of your Form CT-6251.

Form CT-6251 Schedule A

Schedule A - Credit for Alternative Minimum Tax Paid to Qualifying Jurisdictions

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

43. Modified adjusted federal alternative minimum taxable income: See instructions.

| | | |
|-----|--|----|
| 43. | | 00 |
|-----|--|----|

For each column, enter the following:

44. Enter qualifying jurisdiction's name and two-letter code.

45. Enter the non-Connecticut adjusted federal alternative minimum taxable income included on Line 43 which is subject to a qualifying jurisdiction's alternative minimum tax.

46. Divide Line 45 by Line 43. Round to four decimal places.

47. Enter the net Connecticut minimum tax (from Form CT-6251, Line 21). Part-Year Residents, see instructions below.

48. Multiply Line 46 by Line 47.

49. Alternative minimum tax paid to a qualifying jurisdiction: See instructions.

50. Enter the lesser of Line 48 or Line 49.

51. **Total credit:** Add Line 50, all columns. Enter amount here and on Line 22 on the front of this form.

| | Column A | | Column B | |
|-----|----------|------|----------|------|
| | Name | Code | Name | Code |
| 44. | | | | |
| 45. | | 00 | | 00 |
| 46. | . | | . | |
| 47. | | 00 | | 00 |
| 48. | | 00 | | 00 |
| 49. | | 00 | | 00 |
| 50. | | 00 | | 00 |
| 51. | | | | 00 |

If you claim credit for alternative minimum tax paid to another state of the United States, a political subdivision within another state, or the District of Columbia, enter the appropriate two-letter code. See the instruction booklet for Form CT-1040 or Form CT-1040NR/PY for a list of the standard two-letter code for each state.

Line Instructions

Line 43

Residents: Enter the amount of adjusted federal alternative minimum taxable income from Form CT-6251, Line 5. However, if a taxpayer's adjusted federal alternative minimum taxable income includes a net loss derived from or connected with sources in a qualifying jurisdiction(s), the taxpayer must add the net loss to the amount of adjusted federal alternative minimum taxable income from Line 5 and enter the result.

Part-Year Residents: Enter the portion of adjusted federal alternative minimum taxable income from Form CT-6251, Line 5, attributable to the residency portion of the taxable year. However, if a part-year resident's adjusted federal alternative minimum taxable income includes a net loss derived from or connected with sources in a qualifying jurisdiction(s), the taxpayer must add the net loss to the amount of adjusted federal alternative minimum taxable income from Line 5 attributable to the residency portion of the taxable year.

Line 44

Enter the name and the two-letter code of each qualifying jurisdiction to which you paid alternative minimum tax for which you are claiming credit.

Line 45

Enter the amount of the adjusted federal alternative minimum taxable income included on Line 43 subject to a qualifying jurisdiction's alternative minimum tax.

Line 46

Divide the amount on Line 45 by the amount on Line 43. The result may not exceed 1.0000. Round to four decimal places.

Line 47

Residents: Enter the amount from Form CT-6251, Line 21.

Part-Year Residents: Enter the portion of the 2009 net Connecticut minimum tax liability attributable to the residency portion of the taxable year.

Line 48

Multiply the percentage arrived at on Line 46 by the amount reported on Line 47.

Line 49

Residents: Enter the total amount of alternative minimum tax paid to a qualifying jurisdiction.

Part-Year Residents: Enter the amount of alternative minimum tax paid to a qualifying jurisdiction on items of income, gain, loss, or deduction derived from or connected with sources in that jurisdiction during the residency portion of the taxable year.

If the alternative minimum tax paid to that jurisdiction was also based on income earned during the nonresidency portion of your taxable year, you must prorate the amount of tax for which you are claiming credit. The proration is based upon the relationship that the income earned in that jurisdiction during your Connecticut residency bears to the total amount of income that you earned in that jurisdiction in the taxable year.

Alternative minimum tax paid means the lesser of your tax liability to the qualifying jurisdiction or the tax you paid to that jurisdiction as reported on a return filed with that jurisdiction, but not any penalty or interest.

Line 50

Enter the lesser of the amounts reported on Line 48 or Line 49.

Line 51

Add the amounts from Lines 50A, 50B, and 50 of any additional worksheets. The amount on Line 51 cannot exceed the total of Line 48. Enter the total on Line 51 and on Line 22.

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

For DRS Use Only

2 0

2009
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, 2009, or other taxable year beginning: _____, 2009 and ending: _____.

1 Filing Status

Single Filing jointly for federal and Connecticut Filing jointly for Connecticut only

Filing separately for federal and Connecticut Filing separately for Connecticut only

Head of household Qualifying widow(er) with dependent child

Enter spouse's name here and SSN below.

Print your name, address, and SSN here.

Your Social Security Number Check if deceased

Spouse Social Security Number Check if deceased

Your first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

If joint return, spouse's first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

Mailing address (number and street, apartment number, suite number, PO Box)

City, town, or post office (If town is two words, leave a space between the words.) State ZIP code

2009 resident status
 Nonresident
 Part-year resident

Check here if you do not want forms sent to you next year. This **does not** relieve you of your responsibility to file.

Check here if you filed **Form CT-2210** and checked any boxes on Part 1.

Form CT-8379 **Form CT-1040CRC**

Check here if you are filing the following and attach the form to the front of the return.

| | | Whole Dollars Only | | | |
|----------|---|--------------------|--|--|----|
| 2 | 1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4 | 1. | | | 00 |
| | 2. Additions to federal adjusted gross income from <i>Schedule 1</i> , Line 41 | 2. | | | 00 |
| | 3. Add Line 1 and Line 2. | 3. | | | 00 |
| | 4. Subtractions from federal adjusted gross income from <i>Schedule 1</i> , Line 52 | 4. | | | 00 |
| ← | 5. Connecticut adjusted gross income: Subtract Line 4 from Line 3. | 5. | | | 00 |
| | 6. Income from Connecticut sources from <i>Schedule CT-SI</i> , Line 30 | 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 on the amount on Line 7 from tax tables or Tax Calculation Schedule: See instructions, Page 15. | 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 during resident portion of taxable year — part-year residents only (from <i>Schedule 2</i> , Line 61) | 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 from <i>Schedule 3</i> , Line 62: If no tax is due, enter "0." | 17. | | | 00 |
| | 18. Add Line 16 and Line 17. | 18. | | | 00 |

**Due date: April 15, 2010 - Attach a copy of all applicable schedules and forms to this return.
For a faster refund, see Page 2 of the booklet for electronic filing options.**

Schedule 1 - Modifications to Federal Adjusted Gross Income

Enter all items as positive numbers.

33. Interest on state and local government obligations other than Connecticut
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations
35. Cancellation of debt income: See instructions.
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income
37. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.
38. Loss on sale of Connecticut state and local government bonds
39. Domestic production activity deduction from federal form 1040, Line 35
40. Other - specify
41. Total additions: Add Lines 33 through 40. Enter here and on Line 2.
42. Interest on U.S. government obligations
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations
44. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 21.
45. Refunds of state and local income taxes
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities
47. 50% of military retirement pay
48. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.
49. Gain on sale of Connecticut state and local government bonds
50. Connecticut Higher Education Trust (CHET) contributions
51. Other - specify: Do not include out of state income.
52. Total subtractions: Add Lines 42 through 51. Enter here and on Line 4.

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

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

53. Connecticut adjusted gross income during residency portion of taxable year.
54. Enter qualifying jurisdiction's name and two-letter code. See instructions, Page 25.
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return: Complete Schedule 2 Worksheet, Page 25.
56. Divide Line 55 by Line 53. May not exceed 1.0000.
57. Apportioned income tax: See instructions, Page 26.
58. Multiply Line 56 by Line 57.
59. Income tax paid to a qualifying jurisdiction See instructions, Page 26.
60. Enter the lesser of Line 58 or Line 59.
61. Total credit: Add Line 60, all columns. Enter here and on Line 11.

Schedule 3 - Individual Use Tax - Do you owe use tax? See instructions, Page 36.

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 individual purchases under \$300 not listed above | | | | | |

62. Individual use tax: Add all amounts for Column G. Enter here and on Line 17. 62. , , . 00

Schedule 4 - Contributions to Designated Charities

- 63a. AIDS Research 63a. , , . 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, enter amount here and on Line 26. 63. , , . 00

| | |
|--|---|
| 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 "2009 Form CT-1040NR/PY" on your check.

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

2009 FORM CT-1040 NR/PY

This booklet
contains:

- Form CT-1040NR/PY
- Supplemental
Schedule CT-1040WH
- Schedule CT-SI
- Schedule CT-1040AW
- Tax Tables
- Tax Calculation
Schedule
- Index
- Use Tax
Information
(Page 36)

Tax information is
available on the DRS
website at
www.ct.gov/DRS

Connecticut Nonresident and Part-Year Resident Income Tax

Return and Instructions



Connecticut Taxpayer Service Center
File Form CT-1040NR/PY, Form CT-1040 EXT,
and Form CT-1040ES over the Internet using the
Taxpayer Service Center.

Taxpayer Service Center (TSC) for Individuals

File Electronically ... it's *FAST* money!



Visit www.ct.gov/TSC to learn more about free filing options.

Contributions to Designated Charities

Below is a list of charities for which you may use your tax return to contribute all or a portion of your refund. Enter your total contributions on *Schedule 4*, Line 63, of **Form CT-1040NR/PY**, *Connecticut Nonresident and Part-Year Resident Income Tax Return*. **Your contribution is irrevocable.** To contribute directly, send your contribution to the address shown below.

| Aids Research Education Fund | Organ Transplant Fund | Endangered Species, Natural Area Preserves, and Watchable Wildlife Fund | Breast Cancer Research and Education Fund | Safety Net Services Fund | Military Family Relief Fund |
|--|--|--|---|---|---|
| Assists research, education, and community service programs related to Acquired Immune Deficiency Syndrome (AIDS). | Assists Connecticut residents in paying for the unmet medical and ancillary needs of organ transplant candidates and recipients. | Helps preserve, protect, and manage Connecticut's endangered plants and animals, wildlife and their habitats. | Assists research, education, and community service programs related to breast cancer. | Protects the children of families who are no longer eligible for public assistance benefits. | Makes grants to the immediate family members of service members domiciled in Connecticut for essential goods and services when military services creates family financial hardship. |
| Department of Public Health AIDS and Chronic Diseases Division MS #11APV PO Box 340308 Hartford CT 06134-0308 | Department of Social Services Accounts Receivable 25 Sigourney St Ste 1 Hartford CT 06106-5033 | Department of Environmental Protection-Bureau of Administration Financial Management 79 Elm Street Hartford CT 06106-1591 | Department of Public Health Comprehensive Cancer Section Breast and Cervical Cancer Early Detection Program MS #11 CCS PO Box 340308 Hartford CT 06134-0308 | Department of Social Services Accounts Receivable 25 Sigourney St Ste 1 Hartford CT 06106-5033 | Military Department, Military Family Relief Fund Fiscal Office 360 Broad St Hartford CT 06105-3795 |
| Make check payable to: Treasurer, State of Connecticut/AIDS Fund | Make check payable to: Commissioner of Social Services/Organ Transplant Fund | Make check payable to: DEP-Endangered Species/ Wildlife Fund | Make check payable to: Treasurer, State of Connecticut/Breast Cancer Fund | Make check payable to: Commissioner of Social Services/Safety Net Fund | Make check payable to: Treasurer, State of Connecticut/Military Family Relief Fund |

What's New

- **Income Tax Rates:** New legislation increases Connecticut income taxes for those with Connecticut taxable incomes over \$1 million for joint filers, \$800,000 for head of household filers, and \$500,000 for single filers and married people filing separately. It adds a third, higher-income tax bracket and increases the marginal tax rate from 5.0% to 6.5% for income in that bracket. It also increases the flat income tax rate for trusts and estates from 5.0% to 6.5%.
- **Personal Exemption and Credits:** The annual increase to the personal exemption and credits used in calculating the tax for single filers has been delayed by three years. The personal exemptions and credits for the 2008 taxable year remain in effect for the 2009 taxable year. The scheduled increases will resume beginning with the 2012 taxable year.
- **Property Tax Credit Limitation:** The annual increase to the property tax credit limitation thresholds for single filers has been delayed three years. The property tax credit limitation amounts in effect for the 2008 taxable year remain in effect for the 2009 taxable year. The scheduled increases will resume beginning with the 2012 taxable year.
- **Military Spouses Residency Relief Act:** The Military Spouses Residency Relief Act provides that, effective for taxable years beginning on or after January 1, 2009, where a service member's spouse (spouse) is in Connecticut solely to be with the service member serving in compliance with military orders, income from services performed by the spouse in Connecticut shall not be deemed to be income derived from or connected with Connecticut sources unless the spouse's state of residence is Connecticut. If a spouse had income for services performed in Connecticut and had Connecticut income tax withheld from wages or made estimated payments for taxable year 2009, then he or she may file a 2009 Connecticut income tax return and request a refund.
- **Cancellation of Debt Income:** Section 1231 of the American Recovery and Reinvestment Act of 2009 allows a taxpayer, at the taxpayer's election, to defer the inclusion in federal gross income of cancellation of debt income realized in connection with a reacquisition of an applicable debt instrument after December 31, 2008, and before January 1, 2011. The cancellation of debt income, if the deferral election is made, must be included in federal gross income ratably over a period of five taxable years beginning in 2014.

For taxable years ending after December 31, 2008, in computing Connecticut adjusted gross income, a taxpayer making the federal deferral election must add back to his or her federal adjusted gross income the amount of cancellation of debt income deferred for federal income tax purposes.

This addition modification must be made on *Schedule 1*, Line 35, of Form CT-1040NR/PY for taxable years beginning January 1, 2009.

Where a taxpayer makes the federal election to defer cancellation of debt income and reports the amount as an addition modification on his or her Connecticut income tax return, and where the taxpayer is required to include those amounts ratably over the five year period beginning in 2014, the taxpayer will be allowed, in computing his or her Connecticut adjusted gross income, to

subtract the ratable amounts from his or her federal adjusted gross income.

This provision affects partnerships, limited liability companies treated as partnerships for federal income tax purposes, S corporations, and individuals conducting a trade or business.

For more information on Section 1231 of the American Recovery and Reinvestment Act of 2009, visit the Internal Revenue Services website at www.irs.gov.

- **Domestic Production Activity Deduction:** For taxable years beginning on or after January 1, 2009, an individual is required, in computing his or her Connecticut adjusted gross income, to add back the deduction allowable under I.R.C. §199, to the extent the amount is deductible in determining federal adjusted gross income.
This addition modification must be made on *Schedule 1*, Line 39, of Form CT-1040NR/PY for taxable years beginning January 1, 2009.
- **50% of Military Retirement Pay:** The subtraction modification for 50% of military retirement pay must be entered on *Schedule 1*, Line 47, of Form CT-1040NR/PY for taxable years beginning January 1, 2009. This modification was entered on Line 51 for taxable year 2008.
- **Economic Nexus:** 2009 Conn. Pub. Act 09-3 (June Special Sess.) establishes *economic nexus* as the basis for determining whether nonresident partners or members of a partnership or S corporation are subject to Connecticut income tax on income derived from or connected with sources within the state. A partnership or S corporation has "substantial economic presence" in Connecticut if it purposefully directs business towards the state. Its purpose can be determined by such measures as the frequency, quantity, and systematic nature of its economic contact with the state.
- **International ACH Transactions:** New federal banking rules require the Department of Revenue Services (DRS) to request information about foreign bank accounts when the taxpayer requests the direct deposit of a refund into a bank account. If the refund is to be deposited in a bank outside the United States, DRS will issue a paper check.
- **Use Tax:** Use tax is due when taxable purchases are made but Connecticut sales tax is not paid. Any individual or business purchasing taxable goods or services for use in Connecticut without paying Connecticut sales tax **must** pay use tax. See Pages 16 and 36 for more information on the use tax.
- **Green Initiative:** In our continuing efforts to cut costs and support green initiatives, **Form CT-1040 EXT, Application for Extension of Time to File Connecticut Income Tax Return for Individuals**, and **Form CT-1040ES, Estimated Connecticut Income Tax Payment Coupon for Individuals**, are no longer included in this booklet. These forms can be filed electronically through the *TSC* at www.ct.gov/TSC.
- **How to Get Help:** Walk-in assistance to complete your Connecticut income tax return is now available only at the DRS office at 25 Sigourney Street in Hartford or by telephone. See *Tax Assistance* on Page 4.

General Information

Tax Assistance

DRS is ready to help you get answers to your Connecticut tax questions. Visit the DRS website at www.ct.gov/DRS or call 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere) during business hours, 8:30 a.m to 4:30 p.m. For walk-in assistance, visit the DRS office at 25 Sigourney Street, Hartford. If you visit, be sure to bring:

- **Copy 2** of your federal Forms W-2 and any other forms showing Connecticut income tax withholding;
- Your Social Security Number (SSN) card and photo identification; **and**
- Your **completed** federal income tax return.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications anytime. Forms are also available at most public libraries, town halls, and post offices during the tax filing season.

Important Reminders

Follow these tips to help us process your refund faster:

- Most taxpayers qualify to electronically file their Connecticut income tax return. See *May I File My Connecticut Income Tax Return Over the Internet* on Page 11.
- You **must** use blue or black ink only to complete your paper return.
- Remember to send all four pages of your return. If you do not provide DRS with all the completed pages of your return or do not provide all required information, the processing of your return will be delayed.
Make sure you enter your name, mailing address, your SSN or ITIN, the name and SSN or ITIN for your spouse (if filing a joint return) and attach all required schedules or forms.
- Be sure you have received all your federal W-2 and 1099 forms before filing your Connecticut income tax return. Generally, you will receive these forms on or before January 31. If you receive an additional federal Form W-2 or 1099 after filing your Connecticut income tax return, you may be required to file **Form CT-1040X**, *Amended Connecticut Income Tax Return for Individuals*. See *Amended Returns* on Page 37.
- Do not send W-2 or 1099 forms or Schedule CT K-1** with your Connecticut income tax return. To avoid significant delays in processing your return, be sure to complete Columns A, B, and C of Section 3 of your return. DRS will disallow your Connecticut withholding if you do not complete all the columns.
- Check the correct filing status on your return.
- Round all figures to the nearest whole dollar. See *Rounding Off to Whole Dollars* on Page 15.
- Sign your return. If you and your spouse are filing jointly, both of you must sign.

- Have your paid preparer sign the return and enter the firm's Federal Employer Identification Number (FEIN) in the space provided.
- Except as otherwise noted, any reference in these instructions to a spouse also refers to a party to a civil union recognized under Connecticut law or a spouse in a marriage recognized under Public Act 2009-13.
- Any reference in these instructions to filing jointly includes filing jointly for federal and Connecticut **and** filing jointly for Connecticut only. Likewise, filing separately includes filing separately for federal and Connecticut **and** filing separately for Connecticut only.
- If you are an executor, administrator, or spouse filing a return for a deceased taxpayer, check the box next to the deceased taxpayer's SSN.
- Check the box on the front of your Connecticut return if you are filing **Form CT-1040CRC**, *Claim of Right Credit*.
- Check the box on the front of your Connecticut return if you are filing **Form CT-8379**, *Nonobligated Spouse Claim*.
- Be sure both you and your spouse file your income tax returns at the same time if you filed joint estimated tax payments but elect or are required to file separate income tax returns. No refund will be processed until both Connecticut returns are received.
- Use the correct DRS mailing label on the envelope when filing your paper return. One label is for refunds and all other tax forms without payment. The other label is for all tax forms with payment.

Who Must File Form CT-1040NR/PY

You must file **Form CT-1040NR/PY** if you were a nonresident or part-year resident of Connecticut in 2009 **and** any of the following is true for the 2009 taxable year:

- You had Connecticut income tax withheld;
- You made estimated tax payments to Connecticut or made a payment with Form CT-1040 EXT;
- You were a part-year resident who meets the Gross Income Test (see below) or who had a federal alternative minimum tax liability; **or**
- You were a nonresident with Connecticut-sourced income who meets the Gross Income Test (see below) or had a federal alternative minimum tax liability. See *Connecticut-Sourced Income of a Nonresident* on Page 8.

If none of the above apply, do not file Form CT-1040NR/PY.

Gross Income Test

You must file a Connecticut income tax return if your gross income for the 2009 taxable year exceeds:

- \$12,000 and you are filing separately;
- \$13,000 and you are filing single;
- \$19,000 and you are filing head of household; **or**
- \$24,000 and you are filing jointly or qualifying widow(er) with dependent child.

Gross income means all income you received in the form of money, goods, property, services not exempt from federal income tax, **and** any additions to income required to be reported on Form CT-1040NR/PY, *Schedule 1*.

Gross income includes, but is not limited to:

- Compensation for services, including wages, fees, commissions, taxable fringe benefits, and similar items;
- Gross income from a business;
- Capital gains;
- Interest and dividends;
- Gross rental income;
- Gambling winnings;
- Alimony;
- Taxable pensions and annuities;
- Prizes and awards;
- Your share of income from partnerships, S corporations, estates, or trusts;
- IRA distributions;
- Unemployment compensation;
- **Federally taxable** Social Security benefits; **and**
- **Federally taxable** disability benefits.

The following examples explain the gross income test:

Example 1: A nonresident whose only income is from a sole proprietorship located in Connecticut files a federal Form 1040 and reports the following on Schedule C:

| | |
|--------------|------------------|
| Gross Income | \$100,000 |
| Expenses | (92,000) |
| Net Income | \$ 8,000 |

Because the **gross income** of \$100,000 exceeds the minimum requirement **and** the income is from a Connecticut source, this nonresident must file Form CT-1040NR/PY.

Example 2: A Connecticut part-year resident who files as single on Form CT-1040NR/PY received \$8,000 in federally nontaxable Social Security benefits and \$11,000 in interest income. Since nontaxable Social Security benefits are not included in gross income, the Connecticut part-year resident is not required to file a return unless Connecticut tax was withheld or estimated tax payments were made.

Example 3: A nonresident whose filing status is single for federal income tax purposes received \$12,750 in wage income from Connecticut employment and \$1,000 in federally-exempt interest from California state bonds. The taxpayer's federal gross income with additions from Form CT-1040NR/PY, *Schedule 1* (interest on state or local obligations other than Connecticut), is \$13,750. Therefore, the nonresident must file Form CT-1040NR/PY.

Relief From Joint Liability

In general, if you and your spouse file a joint income tax return, you are both responsible for paying the full amount of tax, interest, and penalties due on your joint return. However, in very limited, specific cases, relief may be granted if you believe all or any part of the amount due should be paid only

by your spouse. You may request consideration by filing **Form CT-8857, Request for Innocent Spouse Relief (And Separation of Liability and Equitable Relief)**. See **Special Notice 99(15), Innocent Spouse Relief, Separation of Liability, and Equitable Relief**.

Title 19 Recipients

Title 19 recipients must file a Connecticut income tax return if the requirements for *Who Must File Form CT-1040NR/PY* are met.

However, if you do not have funds to pay your Connecticut income tax, complete **Form CT-19IT, Title 19 Status Release**, and attach it to the **front** of your Connecticut income tax return if the following two conditions apply:

- You were a Title 19 recipient during 2009; **and**
- Medicaid assisted in the payment of your long-term care in a nursing or convalescent home during 2009.

Completing this form authorizes DRS to verify your Title 19 status for 2009 with the Department of Social Services.

Deceased Taxpayers

An executor, administrator, or surviving spouse must file a Connecticut income tax return, for that portion of the year before the taxpayer's death, for a taxpayer who died during the year if the requirements for *Who Must File Form CT-1040NR/PY* are met. The executor, administrator, or surviving spouse must check the box next to the deceased taxpayer's SSN on the front page of the return. The person filing the return must sign for the deceased taxpayer on the signature line and indicate the date of death.

Generally, the Connecticut and federal filing status must be the same. A surviving spouse may file jointly for Connecticut if the surviving spouse filed a joint federal income tax return. A surviving civil union partner or spouse in a marriage recognized under Public Act 2009-13 may file jointly for Connecticut as a surviving spouse although this will not be their federal filing status. Write "filing as surviving spouse" in the deceased spouse's signature line on the return. If both spouses died in 2009, their legal representative must file a final return.

Claiming a Refund for a Deceased Taxpayer

If you are a surviving spouse filing jointly with your deceased spouse, you may claim the refund on the jointly-filed return. If you are a court-appointed representative, file the return **and** attach a copy of the certificate that shows your appointment. All other filers requesting the deceased taxpayer's refund must file the return and attach federal Form 1310, Statement of Person Claiming Refund Due a Deceased Taxpayer.

Income received by the estate of the decedent for the portion of the year after the decedent's death, and for succeeding taxable years until the estate is closed, must be reported each year on **Form CT-1041, Connecticut Income Tax Return for Trusts and Estates**.

Special Information for Nonresident Aliens

A nonresident alien must file a Connecticut income tax return if he or she meets the requirements of *Who Must File a Connecticut Resident Return*. In determining whether the gross income test is met, the nonresident alien must take into account any income not subject to federal income tax under an income tax treaty between the United States and the country of which the nonresident alien is a citizen or resident. Income tax treaty provisions are disregarded for Connecticut income tax purposes. Any treaty income reported on federal Form 1040NR or Form 1040NR-EZ and not subject to federal income tax must be added to the nonresident alien's federal adjusted gross income. See **Form CT-1040, Schedule 1, Line 38**, or **Form CT-1040NR/PY, Schedule 1, Line 40**.

If the nonresident alien does not have and is not eligible for a Social Security Number (SSN), he or she must obtain an Individual Taxpayer Identification Number (ITIN) from the IRS and enter it in the space provided for an SSN.

DRS no longer processes income tax returns or Form CT-1040 EXT with "Applied For" or "NRA" entered in the SSN field. You must have applied for and been issued your ITIN before you file your income tax return. However, if you have not received your ITIN by April 15, file your return without the ITIN, pay the tax due, and attach a copy of the federal Form W-7. DRS will contact you upon receipt of your return and will hold your return until you receive your ITIN and you forward the information to us. If you fail to submit the information requested, the processing of your return will be delayed.

A married nonresident alien may not file a joint Connecticut income tax return unless the nonresident alien is married to a citizen or resident of the United States and they have made an election to file a joint federal income tax return and they do, in fact, file a joint federal income tax return. Any married individual filing federal Form 1040NR or federal Form 1040NR-EZ is not eligible to file a joint federal income tax return or a joint Connecticut income tax return and must file a Connecticut income tax return as a married individual filing separately except as noted below.

A civil union partner or a spouse in a marriage recognized under Public Act 2009-13 who is a nonresident alien may file a joint Connecticut income tax return as long as his or her civil union partner or spouse is a citizen or resident of the United States. A civil union partner or spouse filing federal Form 1040NR or federal Form 1040NR-EZ is not eligible to file a joint Connecticut income tax return and must file a Connecticut income tax return as filing separately for Connecticut only.

Resident, Part-Year Resident, or Nonresident

The following terms are used in this section:

Domicile (permanent legal residence) is the place you intend to have as your permanent home. It is the place you intend to return to whenever you are away. You can have only one domicile although you may have more than one place to live. Your domicile does not change until you move to a new location and definitely intend to make your permanent home there. If you move to a new location but intend to stay there only for a limited

time (no matter how long), your domicile does not change. This also applies if you are working in a foreign country.

Permanent place of abode is a residence (a building or structure where a person can live) that you permanently maintain, whether or not you own it, and generally includes a residence owned by or leased to your spouse. A place of abode is not permanent if it is maintained only during a temporary stay for the accomplishment of a particular purpose.

You are a **resident** for the 2009 taxable year if:

- Connecticut was your domicile (permanent legal residence) for the entire 2009 taxable year; **or**
- You maintained a permanent place of abode in Connecticut during the entire 2009 taxable year **and** spent a total of more than 183 days in Connecticut during the 2009 taxable year.

Nonresident aliens who meet either of these conditions are considered Connecticut residents even if federal Form 1040NR-EZ or federal Form 1040NR is filed for federal income tax purposes. See also *Spouses With Different Residency Status* on Page 14 and *Special Information for Nonresident Aliens* on this page.

If you are a resident, you must file Form CT-1040 if any of the following is true for the taxable year:

- You had Connecticut income taxes withheld;
- You made estimated tax payments or a payment with Form CT-1040 EXT to Connecticut;
- You meet the gross income test; **or**
- You had a federal alternative minimum tax liability.

You are a **part-year resident** for the 2009 taxable year if you changed your permanent legal residence by moving into or out of Connecticut during the 2009 taxable year. Part-year residents may not elect to be treated as resident individuals.

If you are a part-year resident and you meet the requirements of *Who Must File Form CT-1040NR/PY* for the 2009 taxable year, you must file Form CT-1040NR/PY.

You are a **nonresident** for the 2009 taxable year if you are neither a resident nor a part-year resident for the 2009 taxable year.

If you are a nonresident and you meet the requirements of *Who Must File Form CT-1040NR/PY* for the 2009 taxable year, you must file Form CT-1040NR/PY.

Although you and your spouse file jointly for federal purposes, you may be required to file separate Connecticut returns. See *Spouses With Different Residency Status* on Page 14.

If you meet **all** of the conditions in Group A or Group B, you may be treated as a nonresident for 2009 even if your domicile was Connecticut.

Group A

1. You did not maintain a permanent place of abode in Connecticut for the entire 2009 taxable year;
2. You maintained a permanent place of abode outside of Connecticut for the entire 2009 taxable year; **and**
3. You spent not more than 30 days in the aggregate in Connecticut during the 2009 taxable year.

Group B

1. You were in a foreign country for at least 450 days during any period of 548 consecutive days;
2. During this period of 548 consecutive days, you did not spend more than 90 days in Connecticut and you did not maintain a permanent place of abode in Connecticut at which your spouse (unless legally separated) or minor children spent more than 90 days; **and**
3. During the nonresident portion of the taxable year in which the 548-day period begins, and during the nonresident portion of the taxable year in which the 548-day period ends, you were present in Connecticut for no more than the number of days that bears the same ratio to 90 as the number of days in such portion of the taxable year bears to 548. See the calculation below.

| |
|---|
| $\frac{\text{Number of days in the nonresident portion}}{548} \times 90 = \text{Maximum days allowed in Connecticut}$ |
|---|

See **Special Notice 2000(17)**, *2000 Legislation Affecting the Connecticut Income Tax*.

Military Personnel Filing Requirements

Military personnel and their spouses who claim Connecticut as a residence but are stationed elsewhere are subject to Connecticut income tax. If you enlisted in the service as a Connecticut resident and have not established a new domicile (permanent legal residence) elsewhere, you are required to file a resident income tax return unless you meet all of the conditions in Group A or Group B for being treated as a nonresident. See *Resident, Part-Year Resident, or Nonresident* on Page 6. The rate at which your other income is taxed for Connecticut income tax purposes has been affected by the enactment by Congress of the Service Members Civil Relief Act. See instructions for Form CT-1040NR/PY, Line 51, on Page 22.

If your permanent home (domicile) was outside Connecticut when you entered the military, you do not become a Connecticut resident because you are stationed and live in Connecticut. As a nonresident, your military pay is not subject to Connecticut income tax. However, income you receive from Connecticut sources while you are a nonresident may be subject to Connecticut income tax.

Example: Jill is a resident of Florida. She enlisted in the Navy in Florida and was stationed in Groton, Connecticut. She earned \$38,000 in military pay.

If Jill had no other income . . .

Since Jill resided and enlisted in Florida, she is considered a resident of Florida and does not have to file a Connecticut return. Military personnel are residents of the state in which they resided when they enlisted.

If Jill had a part-time job in Connecticut . . .

Her Connecticut-sourced income from nonmilitary employment is taxable. Jill must file Form CT-1040NR/PY to report this income.

Spouses of military personnel, see *What's New* on Page 3 and **Informational Publication 2009(21)**, *Connecticut Income Tax Information for Armed Forces Personnel and Veterans*.

Combat Zone

The income tax return of any individual in the U.S. Armed Forces serving in a combat zone or injured and hospitalized while serving in a combat zone is due 180 days after returning. There will be no penalty or interest charged. For any individual who dies while on active duty in a combat zone or as a result of injuries received in a combat zone, no income tax or return is due for the year of death or for any prior taxable year ending on or after the first day serving in a combat zone. If any tax was previously paid for those years, the tax will be refunded to the legal representative of the estate or to the surviving spouse upon the filing of a return on behalf of the decedent. In filing the return on behalf of the decedent, the legal representative or the surviving spouse should enter zero tax due and attach a statement to the return along with a copy of the death certificate.

Combat zone is an area designated by the President of the United States as a combat zone by executive order. A combat zone also includes an area designated by the federal government as a *qualified hazardous duty area*.

Members of the U.S. Armed Forces serving in the military operations in the Kosovo, Afghanistan, or Arabian Peninsula regions are eligible for the 180-day extension allowed to individuals serving in a combat zone. Spouses of military personnel and civilians supporting the military in these regions who are away from their permanent duty stations but are not within the designated combat zone are also eligible for the extension. Individuals requesting an extension under combat zone provisions should print both the name of the combat zone and the operation they served with at the top of their Connecticut return. This is the same combat zone or operation name that is provided on their federal income tax return. See **Informational Publication 2009(21)**, *Connecticut Income Tax Information for Armed Forces Personnel and Veterans*.

How Nonresidents and Part-Year Residents Are Taxed

If you are a nonresident or a part-year resident, your tax liability is computed based upon the greater of your Connecticut adjusted gross income or your total income from Connecticut sources.

You must calculate the tax in the same manner as a resident individual. Then, prorate the tax based upon the percentage of your Connecticut adjusted gross income derived from or connected with Connecticut sources.

Connecticut Adjusted Gross Income

Connecticut adjusted gross income is your federal adjusted gross income as properly reported on federal Form 1040, Line 37; federal Form 1040A, Line 21, or federal Form 1040EZ, Line 4; and any Connecticut modifications required to be reported on Form CT-1040NR/PY, *Schedule 1*.

Connecticut-Sourced Income of a Nonresident

Connecticut-sourced income of a nonresident is income derived from or connected with sources within Connecticut when the income is:

- Attributable to ownership or disposition of real or tangible personal property within Connecticut including but not limited to the income from the rental or sale of the property;
- Attributable to compensation for services performed in Connecticut or income from a business, trade, profession, or occupation carried on in Connecticut, including income derived directly or indirectly by athletes, entertainers, or performing artists from closed-circuit and cable television transmissions of irregularly scheduled events if the transmissions are received or exhibited within Connecticut;
- Unemployment compensation received from the Connecticut Department of Labor;
- From a partnership doing business in Connecticut;
- From an S corporation doing business in Connecticut;
- From a trust or estate with income derived from or connected with sources within Connecticut;
- From a nonqualified deferred compensation plan for services performed wholly or partly within Connecticut; **or**
- From reportable Connecticut Lottery winnings. Winnings from the Connecticut Lottery, including Powerball, are reportable if the winner was issued a federal Form W-2G by the Connecticut Lottery Corporation. In general, the Connecticut Lottery Corporation is required to issue a federal Form W-2G to a winner if the Connecticut Lottery winnings, including Powerball, are \$600 or more and at least 300 times the amount of the wager. See **Informational Publication 2005(16)**, *Connecticut Income Tax Treatment of State Lottery Winnings Received by Residents and Nonresidents of Connecticut*.

In general, Connecticut-sourced income of a nonresident **does not include** the following income even if it was included in your federal adjusted gross income:

- Distributions from pension or retirement plans (such as 401K plans);
- Interest, dividends, or gains from the sale or exchange of intangible personal property unless that property is employed in a business, trade, profession, or occupation carried on in Connecticut;
- Compensation received for active service in the U.S. military;
- Dividends from a corporation doing business in Connecticut;
- Compensation you received from an interstate rail carrier, interstate motor carrier, or an interstate motor private carrier;
- Gambling winnings (other than reportable Connecticut Lottery winnings shown on federal Form W-2G). See **Informational Publication 2009(36)**, *Connecticut Income Tax Treatment of Gambling Winnings Other Than State Lottery Winnings*;
- Interest you earned from a Connecticut bank (unless earned by a Connecticut business); **or**

- Income you received from business or employment activities in Connecticut that are considered casual, isolated, or inconsequential.

Activities Considered Casual, Isolated, or Inconsequential

In general, activities that meet one of the following tests are considered casual, isolated, or inconsequential:

1. **\$6,000 test** - The gross income from the presence of a nonresident in Connecticut does not exceed \$6,000 in the taxable year. However, this test does not apply to a nonresident who is a member of one or more pass-through entities with Connecticut-sourced income. In such a case, the nonresident member's activities is not considered casual, isolated, or inconsequential unless the member's Connecticut-sourced income from the pass-through entity or entities is less than \$1,000.

An employee's wages for services performed in Connecticut are taxable, regardless of the amount, unless the employee's services meet the Ancillary Activity Test. Also, reportable Connecticut Lottery winnings are taxable regardless of the amount.

2. **Ancillary Activity Test** - The nonresident's presence in Connecticut is ancillary to his or her primary business or employment duties performed at a base of operations outside of Connecticut. Ancillary activities are those activities that are secondary to the individual's primary out-of-state duties, and include such things as presence in the state for planning, training, attendance at conferences or symposia, etc.

Connecticut-Sourced Income of a Part-Year Resident

Connecticut-sourced income of a part-year resident is the sum of:

1. Connecticut adjusted gross income for the part of the year you were a resident;
2. Income derived from or connected with Connecticut sources for the part of the year you were a nonresident; **and**
3. Special accruals.

Items Subject to Special Accrual

A part-year resident must recognize and report items of income, gain, loss, or deduction on the accrual basis regardless of the method of accounting normally used. In general, an item of income is subject to special accrual if the right to receive it is fixed and the amount to be paid is determinable with reasonable accuracy at the time residency status is changed.

Change From Resident to Nonresident

If you moved out of Connecticut during the taxable year, you must include, in calculating your Connecticut adjusted gross income for the period of your Connecticut residency, all items of income, gain, loss, or deduction you would be required to include if you were filing a federal income tax return for the same period on the accrual basis, together with any other accruals not otherwise includible or deductible for federal or Connecticut income tax purposes (such as deferred gains on installment obligations). Include items of special accrual with other items of income, gain, loss, and deduction reported for your residency period. See *Schedule CT-1040AW Instructions* on Page 32.

Example 1: Laura, a part-year resident who moved out of Connecticut in June 2009, sold property on the installment basis in April 2009. She will receive annual installment payments for five years. She must accrue the entire gain on the sale of the property to the portion of 2009 when she was a resident of Connecticut because her right to receive the gain was fixed and the amount was determinable before the time she changed her residency.

Example 2: Rick, a resident of Connecticut, retired from his Connecticut employment on September 1, 2009, and moved to Florida. His employer notified him on August 15, 2009, that he would receive a \$1,000 bonus on September 15, 2009. He must accrue the \$1,000 bonus to the portion of 2009 when he was a resident because the right to receive the bonus was fixed and the amount was determinable before the time he changed his residency.

Example 3: Cindy, a Connecticut resident, won the Connecticut Lottery in 2009. The proceeds from her wager were reported on federal Form W-2G. Cindy will receive her winnings on the installment basis for 20 years. During the 2009 taxable year, Cindy moved out of Connecticut and is a part-year resident because she changed her permanent legal residence. Ordinarily, Cindy's Connecticut Lottery winnings would be subject to special accrual; however, Cindy may avoid special accrual on those lottery winnings as long as the Connecticut Lottery Corporation continues to withhold Connecticut income tax from those winnings. Cindy will remain subject to Connecticut income tax for the years during which the lottery winnings are received.

If Cindy won another state's lottery during 2009, she would be subject to Connecticut income tax while a Connecticut resident. If Cindy moves out of Connecticut, and is a part-year resident because she changes her permanent legal residence, her lottery winnings would be subject to special accrual.

Payment of Tax

If you moved out of Connecticut during the taxable year and you have items of income or gain subject to special accrual, you must either:

- Include the items of accrual in the calculation of tax in the year you changed your residence; **or**
- File a surety bond or other security and pay the tax as a nonresident in the year(s) the income is actually received.

Surety Bond

You may elect to defer the payment of Connecticut income tax on items of special accrual by filing a surety bond with DRS in an amount not less than the amount of the additional Connecticut income tax that would be payable if no surety bond or other security were filed. If you choose this option, you must file Form CT-1040NR/PY for the taxable year when you change your residence. Include a separate statement showing the nature and amount of each item of special accrual as of the date of change of residence together with a computation of the additional Connecticut income tax which would be due if the election to file a surety bond had not been made.

For more information on the requirements for a surety bond, contact DRS and request a copy of Conn. Agencies Regs. §12-717(c)(4)-1, **Form CT-12-717A, Change of Resident Status - Special Accruals, Connecticut Surety Bond Form, and Form CT-12-717B, Change of Resident Status - Special Accruals, Other Acceptable Security Form.**

Change From Nonresident to Resident

If you moved into Connecticut during the taxable year, items of income, gain, loss, or deduction that accrue to the period of the year prior to your Connecticut residency are not included in your Connecticut-sourced income. However, items of income derived from or connected with Connecticut sources may **not** be accrued to the nonresident period and must be included in calculating your Connecticut-sourced income for that year.

Example: Jenna was a California resident from January 1, 2009, until July 31, 2009. She became a Connecticut resident on August 1. While a resident of California, Jenna earned \$10,000 for work performed in that state, but she did not receive payment for that work until September 30, 2009.

Jenna also owned a condominium in Connecticut, which she rented to a third party from January 1 to July 31, 2009. She received payment of the rent for the first four months of the year while she was living in California and she received the remaining payments after she became a Connecticut resident.

Jenna will file a Connecticut part-year resident return for 2009. The \$10,000 of California source income earned before Jenna changed her residency is accrued to her nonresidency period even though she received the payment after becoming a Connecticut resident. The rental payments from Connecticut real estate are considered Connecticut-sourced income regardless of when she received this income. Therefore, the entire amount of rental income is includable in her Connecticut adjusted gross income and none of it is subject to special accrual.

Forms and Schedules Included in This Booklet

This booklet contains forms you may have to complete in addition to Form CT-1040NR/PY. Below is a description of these forms and an explanation of who should complete them. A self-employed nonresident or part-year resident (for his or her nonresidency period) who carried on business both in and outside of Connecticut may also be required to file **Schedule CT-1040BA, Nonresident Business Apportionment.** See Page 33 for instructions.

| Form | Who Should Complete |
|--|---|
| Schedule CT-SI Parts 1 and 2 Employee Apportionment Worksheet | All nonresidents and part-year residents A nonresident employee or part-year employee (for his or her nonresidency period) who worked in and outside of Connecticut and does not know the actual amount of Connecticut-sourced income. |
| Schedule CT-1040AW | All part-year residents |

Taxable Year and Method of Accounting

You must use the same taxable year for Connecticut income tax purposes you use for federal income tax purposes. Most individuals use the calendar year as their taxable year for federal income tax purposes. However, if the calendar year is not your taxable year for federal income tax purposes, references in this booklet to 2009 are references to your taxable year beginning during 2009.

You must use the same method of accounting for Connecticut income tax purposes you use for federal income tax purposes.

If your taxable year or method of accounting is changed for federal income tax purposes, the same change must be made for Connecticut income tax purposes.

When to File

Your Connecticut income tax return is due on or before April 15, 2010. If you are not a calendar year filer, your return is due on or before the fifteenth day of the fourth month following the close of your taxable year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. Your return will meet the timely filed and timely payment rules if the U.S. Postal Service cancellation date, or the date recorded or marked by a designated private delivery service (PDS) using a designated type of service, is on or before the due date. Not all services provided by these designated PDSs qualify.

The following are the designated PDSs and designated types of service at the time of publication:

| Federal Express (FedEx) | United Parcel Service (UPS) |
|---|---|
| <ul style="list-style-type: none">FedEx Priority OvernightFedEx Standard OvernightFedEx 2DayFedEx International PriorityFedEx International First | <ul style="list-style-type: none">UPS Next Day AirUPS Next Day Air SaverUPS 2nd Day AirUPS 2nd Day Air A.M.UPS Worldwide Express PlusUPS Worldwide Express |

This list is subject to change. See **Policy Statement 2008(3), Designated Private Delivery Services and Designated Types of Service.**

If Form CT-1040NR/PY is filed late or all the tax due is not paid with the return, see *Interest and Penalties* on Page 12 to determine if interest and penalty must be reported with the return.

Extension Requests

Extension of Time to File

To request an extension of time to file your return, you must file **Form CT-1040 EXT, Application for Extension of Time to File Connecticut Income Tax Return for Individuals**, and pay all the tax you expect to owe on or before the due date.

Visit www.ct.gov/TSC to file your extension over the Internet.

You do not need to file Form CT-1040 EXT if you:

- Have requested an extension of time to file your 2009 federal income tax return and you expect to owe no additional Connecticut income tax for the 2009 taxable year after taking into account any Connecticut income tax withheld from your wages and any Connecticut income tax payments you have made; **or**

- If you pay your expected 2009 Connecticut income tax due using a credit card on or before April 15.

You must file Form CT-1040 EXT if you:

- Did not request an extension of time to file your federal income tax return, but you are requesting an extension of time to file your Connecticut income tax return; **or**
- You have requested an extension of time to file your federal income tax return but you expect to owe additional Connecticut income tax for 2009 and wish to submit a payment with Form CT-1040 EXT.

If you file an extension request with a payment after the due date, generally April 15, DRS will deny your extension request.

Form CT-1040 EXT extends only the time to file your return; it does not extend the time to pay your tax due. See *Interest and Penalties* on Page 12 if you do not pay all the tax due with your extension request.

U.S. Citizens Living Abroad

If you are a U.S. citizen or resident living outside the United States and Puerto Rico, or if you are in the armed forces of the United States serving outside the United States and Puerto Rico, and are unable to file a Connecticut income tax return on time, you must file Form CT-1040 EXT. You must also pay the amount of tax due on or before the original due date of the return.

Include with Form CT-1040 EXT a statement that you are a U.S. citizen or resident living outside the United States and Puerto Rico, or in the armed forces of the United States serving outside the United States and Puerto Rico, and that you qualify for a federal automatic extension. If your application is approved, the due date will be extended for six months. If you are still unable to file your return and you were granted an additional extension of time to file for federal purposes, you may file your Connecticut return using the federal extension due date. A copy of the federal Form 2350 approval notice must be attached to the front of your Connecticut return.

Extension of Time to Pay

You may be eligible for a six-month extension of time to pay the tax due if you can show paying the tax by the due date will cause undue hardship. You may request an extension by filing **Form CT-1127, Application for Extension of Time for Payment of Income Tax**, on or before the due date of the original return.

Attach Form CT-1127 to the front of Form CT-1040NR/PY or Form CT-1040 EXT and send it on or before the due date. As evidence of the need for extension, you must attach:

- An explanation of why you cannot borrow money to pay the tax due;
- A statement of your assets and liabilities; **and**
- An itemized list of your receipts and disbursements for the preceding three months.

Mail payments to:

Department of Revenue Services
Accounts Receivable Unit
PO Box 5088
Hartford CT 06102-5088

If an extension of time to pay is granted and you pay all the tax due in full by the end of the extension period, a penalty will not be imposed. However, interest will accrue on any unpaid tax from the original due date. You should make payments as soon as possible to reduce the interest you would otherwise owe.

To ensure proper posting of your payment, write your SSN(s) (optional) and “**2009 Form CT-1040NR/PY**” on the front of your check.

May I File My Connecticut Income Tax Return Over the Internet

Most Connecticut taxpayers may use the DRS **Taxpayer Service Center (TSC)** to file their Connecticut income tax return. For more information about the *TSC*, see Page 2. You may electronically file your Connecticut income tax return if all of the following are true:

- You filed a Connecticut income tax return in the last three years; **or**
You have never filed a Connecticut income tax return, but you have a valid Connecticut driver’s license or Connecticut non-driver ID;
- Your filing status is the same as the last return DRS has on file. If your filing status changed from your last filing, you may be able to file electronically through the *TSC*. If the filing status you want to use is not displayed in the drop-down menu choice, you cannot file electronically through the *TSC* this year, but you may be able to file electronically through e-file.
- You are not filing **Form CT-8379, Nonobligated Spouse Claim**, with your return;
- You are not filing **Form CT-1040CRC, Claim of Right Credit**; **and**
- You have no more than ten W-2 or 1099 forms that show Connecticut income tax withheld.

Where to File

For **refunds and all other tax forms without payment** enclosed, use the mailing label with this address and mail your return to:

Department of Revenue Services
PO Box 2968
Hartford CT 06104-2968

For **all tax forms with payment** enclosed, use the mailing label with this address and mail your return with payment to:

Department of Revenue Services
PO Box 2969
Hartford CT 06104-2969

Estimated Tax Payments

You must make estimated income tax payments if your Connecticut income tax (after tax credits) minus Connecticut tax withheld is \$1,000 or more, and you expect your Connecticut income tax withheld to be less than your required annual payment for the 2010 taxable year.

Your required annual payment for the 2010 taxable year is the lesser of:

- **90%** of the income tax shown on your **2010 Connecticut income tax return**; **or**
- **100%** of the income tax shown on your **2009 Connecticut income tax return** if you filed a 2009 Connecticut income tax return that covered a 12-month period.

You do **not** have to make estimated income tax payments if:

- You were a Connecticut resident during the 2009 taxable year and you did not file a 2009 income tax return because you had no Connecticut income tax liability; **or**
- You were a nonresident or part-year resident with Connecticut-sourced income during the 2009 taxable year and you did not file a 2009 income tax return because you had no Connecticut income tax liability.

If you were a nonresident or part-year resident and you did **not** have Connecticut-sourced income during the 2009 taxable year, you **must** use 90% of the income tax shown on your 2010 Connecticut income tax return as your required annual payment.

2010 Estimated Tax Due Dates

Due dates of installments and the amount of required payments for 2010 calendar year taxpayers are:

| | |
|---------------------------|--|
| April 15, 2010 | 25% of your required annual payment |
| June 15, 2010 | 25% of your required annual payment (A total of 50% of your required annual payment should be paid by this date.) |
| September 15, 2010 | 25% of your required annual payment (A total of 75% of your required annual payment should be paid by this date.) |
| January 15, 2011 | 25% of your required annual payment (A total of 100% of your required annual payment should be paid by this date.) |

An estimate will be considered timely filed if received on or before the due date, or if the date shown by the U.S. Postal Service cancellation mark is on or before the due date. Taxpayers who report on other than a calendar year basis should use their federal estimated tax installment due dates. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Annualized Income Installment Method

If your income varies throughout the year, you may be able to reduce or eliminate the amount of your estimated tax payment for one or more periods by using the annualized income installment method. See **Informational Publication 2009(30)**, *A Guide to Calculating Your Annualized Estimated Income Tax Installments and Worksheet CT-1040 AES*.

Filing Form CT-1040ES

You may file and pay your Connecticut estimated tax electronically using the *TSC*. Visit our website at www.ct.gov/TSC for more information. You may pay your 2010 estimated Connecticut income tax payments by credit card.

Use **Form CT-1040ES**, *Estimated Connecticut Income Tax Payment Coupon for Individuals*, to make estimated Connecticut income tax payments for 2010 using a paper return. If you made estimated tax payments in 2009, you will automatically receive coupons for the 2010 taxable year in mid-January. They will be preprinted with your name, address, and SSN. To ensure your payments are properly credited, use the preprinted coupons.

If you did not make estimated tax payments in 2009, use Form CT-1040ES to make your first estimated income tax payment. If you file this form, additional preprinted coupons will be mailed to you. Form CT-1040ES is available on the DRS website at www.ct.gov/DRS.

To avoid making estimated tax payments, you may request that your employer withhold additional amounts from your wages to cover the taxes on other income. You can make this change by giving your employer a revised **Form CT-W4**, *Employee's Withholding Certificate*. For help in determining the correct amount of Connecticut withholding to be withheld from your wage income, see **Informational Publication 2010(7)**, *Is My Connecticut Withholding Correct?*

Special Rules for Farmers and Fishermen

If you are a farmer or fisherman (as defined in I.R.C. §6654(i)(2)) who is required to make estimated income tax payments, you must make only **one** payment. Your payment is due on or before January 15, 2011, for the 2010 taxable year. The required installment is the lesser of 66²/₃% of the income tax shown on your 2010 Connecticut income tax return or 100% of the income tax shown on your 2009 Connecticut income tax return.

A farmer or fisherman who files a 2010 Connecticut income tax return on or before March 1, 2011, and pays in full the amount computed on the return as payable on or before that date, will not be charged interest for underpayment of estimated tax.

Farmers or fishermen who use these special rules **must** complete and attach **Form CT-2210**, *Underpayment of Estimated Tax by Individuals, Trusts, and Estates*, to their Connecticut income tax return to avoid being billed for interest on the underpayment of estimated income tax. Be sure to check Box D of Form CT-2210, Part I, and the box for Form CT-2210 on the front of Form CT-1040NR/PY. See **Informational Publication 2008(19)**, *Farmer's Guide to Sales and Use Taxes, Motor Vehicle Fuels Tax, Estimated Income Tax, and Withholding Tax*, or **Informational Publication 2009(14)**, *Fisherman's Guide to Sales and Use Taxes and Estimated Income Tax*.

Interest on Underpayment of Estimated Tax

You may be charged interest if you did not pay enough tax through withholding or estimated payments, or both, by any installment due date. This is true even if you are due a refund when you file your tax return. Interest is calculated separately for each installment. Therefore, you may owe interest for an earlier installment even if you paid enough tax later to make up the underpayment. Interest at 1% per month or fraction of a month will be added to the tax due until the **earlier of** April 15, 2010, or the date on which the underpayment is paid.

A taxpayer who files a 2009 Connecticut income tax return on or before January 31, 2010, and pays in full the amount computed on the return as payable on or before that date, will not be charged interest for failing to make the estimated payment due January 15, 2010.

A farmer or fisherman who is required to make estimated income tax payments will not be charged interest for failing to make the estimated payment due January 15, 2010, if he or she files a 2009 Connecticut income tax return on or before March 1, 2010, and pays in full the amount computed on the return as payable on or before that date.

Filing Form CT-2210

You may be charged interest if your 2009 Connecticut income tax (after tax credits) minus Connecticut tax withheld is \$1,000 or more. Use Form CT-2210 to calculate interest on the underpayment of estimated tax. Form CT-2210 and detailed instructions are available from DRS. However, this is a complex form and you may prefer to have DRS calculate the interest. If so, do not file Form CT-2210 and DRS will send you a bill.

Interest and Penalties

In general, interest and penalty apply to any portion of the tax not paid on or before the original due date of the return.

Interest

If you do not pay the tax when due, you will owe interest at 1% per month or fraction of a month until the tax is paid in full.

If you did not pay enough tax through withholding or estimated payments, or both, by any installment due date, you may be charged interest. This is true even if you are due a refund when you file your tax return. See *Interest on Underpayment of Estimated Tax* on this page.

Interest on underpayment or late payment of tax **cannot** be waived.

Penalty for Late Payment or Late Filing

The penalty for late payment or underpayment of income or use tax is 10% of the tax due. If a request for an extension of time to file has been granted, you can avoid a penalty for failure to pay the full amount due by the original due date if you:

- Pay at least 90% of the income tax shown to be due on the return on or before the original due date of the return; **and**
- Pay the balance due with the return on or before the extended due date. If you file your return electronically and pay your balance due by check, then your check must be postmarked on whichever is earlier: the date of acceptance of the electronic return or the extended due date.

If no tax is due, DRS may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

Penalty for Failure to File

If you do not file your return and DRS files a return for you, the penalty for failure to file is 10% of the balance due or \$50, whichever is greater. If you are required to file **Form CT-1040X, Amended Connecticut Income Tax Return for Individuals**, and fail to do so, a penalty may be imposed.

Waiver of Penalty

You may request a waiver of penalty after you have filed a return and paid the tax and interest due. Your penalty may be waived if the failure to file or pay tax on time was due to a reasonable cause and was not intentional or due to neglect. Interest **cannot** be waived.

To apply for a waiver of penalty online, visit the DRS website at www.ct.gov/TSC, log into your account, and select *Account Detail*.

If you submit your request in writing, you must include:

- A clear and complete written explanation;
- Your name and SSN;
- The taxable filing period;
- The name of the original form filed or billing notice received; **and**
- Documentation supporting your explanation.

Attach your request to the **front** of your tax return **or** mail separately with a copy of your tax return to:

Department of Revenue Services
Penalty Waiver Unit
PO Box 5089
Hartford CT 06102-5089

Refund Information

DRS issues refund checks as quickly as possible. The fastest way to get your refund is to file your return electronically and elect direct deposit of your refund. However, for returns filed on paper, you must allow eight to ten weeks from the date you mailed the return before checking on the status of your refund. Your refund could be delayed if additional review is required.

You can check on the status of your refund on the *TSC* at www.ct.gov/myrefund or you may call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

Be ready to provide your SSN (and your spouse's if filing jointly) and the exact amount of the refund you requested. If DRS does not issue your refund on or before the ninetieth day after we receive your claim for refund, you may be entitled to interest on your overpayment. Interest is computed at the rate of $\frac{2}{3}\%$ for each month or fraction of a month between the ninetieth day following receipt of your properly completed claim for a refund or the due date of your return, whichever is later, and the date of notice that your refund is due.

Offset Against Debts

If you are due a refund, all or part of your overpayment may be used to pay outstanding debts or taxes. Your overpayment will be applied in the following order: penalty and interest you owe; other taxes you owe DRS; debts to other Connecticut state agencies; federal taxes you owe the IRS; taxes you owe to other states; amounts designated by you to be applied to your 2010 estimated tax; and charitable contributions designated by you. Any remaining balance will be refunded to you. If your refund is reduced, you will receive an explanation for the reduction.

Nonobligated Spouse

When a joint return is filed and only one spouse owes past-due child support, a debt to any Connecticut state agency, or tax due to another state, the spouse who is not obligated may be eligible to claim a share of a joint income tax refund. A nonobligated spouse who received income in 2009 and who made Connecticut income tax payments (withholding or estimates) for the 2009 taxable year may be eligible to claim his or her share of any refund if:

- A joint Connecticut tax return was filed for 2009; **and**
- An overpayment of tax was made.

If you are a nonobligated spouse, you may claim your share of a joint refund by filing **Form CT-8379, Nonobligated Spouse Claim**. When filing Form CT-8379, attach all W-2 and 1099 forms showing Connecticut income tax withheld. Remember to check the box on the front of your Connecticut income tax return and attach Form CT-8379 to the front of your return.

Do **not** use Form CT-8379 to claim your share of a Connecticut refund that was applied to federal taxes you owe to the IRS. You must contact the IRS Office of the Local Taxpayer Advocate in Hartford, Connecticut at 860-756-4555.

Electronic Filing!



Free and secure!

Completing Form CT-1040NR/PY

Before you begin, gather all your records, including all your federal W-2 and 1099 forms. Use this information to complete your federal income tax return. The information on your federal return is needed to complete your Connecticut return. Complete the return in blue or black ink only.

1 Taxpayer Information

Filing Status

Check the appropriate box to indicate your filing status. You may only check one box. Except as otherwise noted, any reference in these instructions to a spouse also refer to a party to a civil union recognized under Connecticut law (civil union partners).

Generally, your filing status for Connecticut income tax purposes must match your federal income tax filing status for the year except as otherwise noted.

Civil union partners or spouses in a marriage recognized under Public Act 2009-13 must use filing jointly for Connecticut only or filing separately for Connecticut only. They may not use single or, if applicable, head of household (although this will be their filing status for federal income tax purposes).

Filing Jointly for Federal and Connecticut: This is your Connecticut income tax filing status if your filing status for federal income tax purposes is married filing jointly except as noted below.

- If you are a **resident or nonresident** of Connecticut and your spouse is a **part-year resident** of Connecticut, filing separately for Connecticut only is your Connecticut income tax filing status.
- If you are **both part-year residents** of Connecticut but do not have the same period of residency, filing separately for Connecticut only is your Connecticut income tax filing status.
- If you are **both part-year residents** of Connecticut and have the same period of residency, filing jointly for federal and Connecticut is your Connecticut income tax filing status.
- If you are a **resident** of Connecticut and your spouse is a **nonresident** of Connecticut, filing separately for Connecticut only is your Connecticut income tax filing status unless you both elect to be treated as residents of Connecticut for the entire taxable year and to file a joint Connecticut income tax return. If an election is made, filing jointly for federal and Connecticut is your Connecticut income tax filing status.
- If you are **both nonresidents** of Connecticut and only one of you has income derived from or connected with sources within Connecticut, only that spouse is required to file a Connecticut income tax return and that spouse's Connecticut income tax filing status is filing separately for Connecticut only unless you both elect to file a joint Connecticut income tax return. If an election is made, filing jointly for federal and Connecticut is your Connecticut income tax filing status.

Filing Jointly for Connecticut Only: This is your Connecticut income tax filing status if you are parties to a civil union recognized under Connecticut law or if you are in a marriage

recognized under Public Act 2009-13 and have elected to file a joint Connecticut income tax return except as noted below:

- If you are a **resident or nonresident** of Connecticut and your spouse is a **part-year resident** of Connecticut, filing separately for Connecticut only is your Connecticut income tax filing status.
- If you are **both part-year residents** of Connecticut but do not have the same period of residency, filing separately for Connecticut only is your Connecticut income tax filing status.
- If you are **both part-year residents** of Connecticut and have the same period of residency, you may choose filing jointly for Connecticut only or filing separately for Connecticut only as your Connecticut income tax filing status.
- If you are a **resident** of Connecticut and your spouse is a **nonresident** of Connecticut, filing separately for Connecticut only is your Connecticut income tax filing status unless you both elect to be treated as residents of Connecticut for the entire taxable year and to file a joint Connecticut income tax return. If an election is made, filing jointly for Connecticut only is your Connecticut income tax filing status.
- If you are **both nonresidents** of Connecticut and only one of you has income derived from or connected with sources within Connecticut, only that spouse is required to file a Connecticut income tax return and that spouse's Connecticut income tax filing status is filing separately for Connecticut only, unless you both elect to file a joint Connecticut income tax return. If an election is made, filing jointly for Connecticut only is your Connecticut income tax filing status.

Filing Separately for Federal and Connecticut: This is your Connecticut income tax filing status if your filing status for federal income tax purposes is married filing separately.

Filing Separately for Connecticut Only: This is your Connecticut income tax filing status if you are civil union partners or if you are spouses in a marriage recognized under Public Act 2009-13 and have not elected to file a joint Connecticut income tax return. This is also your Connecticut income tax filing status if the instructions above so indicate.

Qualifying Widow(er): If your filing status is qualifying widow(er) with dependent child on federal Form 1040 or 1040A, check the box on Form CT-1040NR/PY for "Qualifying widow(er) with dependent child." Do not enter your deceased spouse's name or SSN in the spaces provided for spouse's name and spouse's SSN.

Spouses With Different Residency Status

When one spouse is a **nonresident alien** and the other spouse is a **citizen** or **resident** of the United States, **each** spouse who is required to file a Connecticut income tax return **must** file as filing separately for Connecticut only unless:

- An election is made by the nonresident alien and his or her spouse to file a joint federal income tax return and they do, in fact, file a joint federal income tax return. This requirement does not apply if you are civil union partners or spouses in a marriage recognized under Public Act 2009-13; **and**

- The spouses are otherwise required or permitted to file a joint Connecticut income tax return.

The election to file a joint return means the joint federal adjusted gross income **must** be used on Form CT-1040NR/PY, Line 1. It also means the spouse who might not otherwise be required to file a Connecticut income tax return will now be jointly and severally liable for any tax liability associated with the filing of a joint Connecticut income tax return.

If you are filing a joint federal return with your spouse but are required to file a separate Connecticut return, each of you has to recompute your federal adjusted gross income as if you were each filing as married filing separately for federal income tax purposes. Enter on Form CT-1040NR/PY, Line 1, your income as recalculated. This provision does not apply if you are civil union partners or spouses in a marriage recognized under Public Act 2009-13.

Taxpayers Filing Jointly for Connecticut Only: Taxpayers filing jointly for Connecticut only must recalculate their federal adjusted gross income as if, for federal tax purposes, they were allowed and elected to file as married filing jointly.

Employer provided health insurance coverage for an employee's civil union partner or for a spouse in a marriage recognized under Public Act 2009-13 is taxable income to the employee for federal income tax purposes. In this case, you must subtract the amount from your federal adjusted gross income and enter the result on Line 1 of your Connecticut income tax return.

Social Security Number, Name, and Address

You **must** enter your Social Security Number (SSN), name, and address in the space provided. If you file a joint return, enter your SSN and your spouse's SSN in the order they appear on your federal return. If the taxpayer is deceased, see *Deceased Taxpayers* on Page 5.

If you are a nonresident alien and do not have an SSN, enter your Individual Taxpayer Identification Number (ITIN) in the space provided above your name. Nonresident aliens who have applied for an ITIN from the Internal Revenue Service by filing federal Form W-7, but have not received the ITIN, must wait for the ITIN to be issued before filing their Connecticut tax return. However, if you have not received your ITIN by April 15, file your return without the ITIN, pay the tax due, and attach a copy of the federal Form W-7. DRS will contact you upon receipt of your return. DRS will hold your return until you receive your ITIN and forward the information to us. If you fail to submit the information requested, the processing of your return will be delayed.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

DRS does not round when issuing refunds.

2 Calculate Your Tax

Except as otherwise noted, any reference in these instructions to filing jointly includes filing jointly for federal and Connecticut and filing jointly for Connecticut only. Likewise, filing separately includes filing separately for federal and Connecticut and filing separately for Connecticut only.

Line 1: Federal Adjusted Gross Income

Enter your federal adjusted gross income from your 2009 federal income tax return. This is the amount reported on federal Form 1040, Line 37; federal Form 1040A, Line 21; or federal Form 1040EZ, Line 4.

Nonresident aliens, see *Special Information for Nonresident Aliens* on Page 6. Civil union partners or spouses in a marriage recognized under Public Act 2009-13, see *Taxpayers Filing Jointly for Connecticut Only* on this page.

Line 2: Additions

Enter the amount from Form CT-1040NR/PY, *Schedule 1*, Line 41. See *Additions to Federal Adjusted Gross Income* on Page 19.

Line 3

Add Line 1 and Line 2. Enter the total on Line 3.

Line 4: Subtractions

Enter the amount from Form CT-1040NR/PY, *Schedule 1*, Line 52. See *Subtractions From Federal Adjusted Gross Income* on Page 20.

Line 5: Connecticut Adjusted Gross Income

Subtract Line 4 from Line 3 and enter the result. This is your Connecticut adjusted gross income.

Line 6: Income From Connecticut Sources

Complete **Schedule CT-SI**. See *Schedule CT-SI Instructions* on Page 27. Enter the income from Connecticut sources from Schedule CT-SI, Line 30.

Line 7

Enter the greater of Line 5 or Line 6 on Line 7. If Line 5 and Line 6 are equal, enter that amount on Line 7. If the amount on Line 7 is zero or less, go to Line 12 and enter "0."

Line 8: Income Tax

For each filing status, if the amount on Line 7 is: \$12,000 or less for filing separately; \$13,000 or less for single; \$19,000 or less for head of household; or \$24,000 or less for filing jointly or qualifying widow(er) with dependent child, enter "0" on Line 8. You do not owe any income tax. Otherwise, use one of the following methods to calculate your tax:

- **Tax Tables:** If Line 7 is less than or equal to \$102,000, you may use the tax tables on Page 38 to find your tax. Be sure to use the correct column in the tax tables. After you have found the correct tax, enter that amount on Line 8.

- **Tax Calculation Schedule:** If your Connecticut adjusted gross income is more than \$102,000, you **must** use the *Tax Calculation Schedule* on Page 48 or visit www.ct.gov/DRS to use the Income Tax Calculator on the DRS website to figure your tax. You may also use the *Tax Calculation Schedule* if your Connecticut adjusted gross income is less than or equal to \$102,000.

Nonresidents or part-year residents must calculate the tax in the same manner as resident individuals. Then, nonresidents or part-year residents prorate the tax based upon the percentage of their Connecticut adjusted gross income derived from or connected with Connecticut sources.

Example 1: Sue, a nonresident individual whose filing status is single, worked in Connecticut during the entire 2009 taxable year. Sue enters \$40,000 on Form CT-1040NR/PY, Line 5, and \$20,000 on Form CT-1040NR/PY, Line 6. Because the amount on Line 5 is greater than the amount on Line 6, Sue enters \$40,000 on Form CT-1040NR/PY, Line 7. Sue finds the tax on \$40,000 in the tax tables and enters \$1,619 on Form CT-1040NR/PY, Line 8. Sue then divides Line 6 by Line 5 and enters 50% on Line 9. Sue's Connecticut income tax is \$810 ($\$1,619 \times .50$) and she enters this amount on Form CT-1040NR/PY, Line 10.

Example 2: Ben, a part-year resident individual whose filing status is single, moved from Connecticut to Rhode Island on August 15, 2009. Ben enters \$20,000 on Form CT-1040NR/PY, Line 5, and \$40,000 on Line 6. Because the amount on Line 6 is greater than the amount on Line 5, Ben enters \$40,000 on Form CT-1040NR/PY, Line 7. Ben then finds the tax on \$40,000 in the tax tables and enters \$1,619 on Form CT-1040NR/PY, Line 8. Because the amount on Line 6 is greater than the amount on Line 5, Ben enters 1.0000 on Line 9. Ben's Connecticut income tax is \$1,619 ($\$1,619 \times 1.0000$) and he enters this amount on Form CT-1040NR/PY, Line 10.

Line 9

If Line 5 is greater than Line 6, divide Line 6 by Line 5 and enter the result. If the result is less than zero, enter "0." If Line 6 is equal to or greater than Line 5, enter 1.0000. **Do not** enter a number that is less than zero or greater than one. Round to four decimal places.

Line 10

Multiply Line 9 by Line 8 and enter the result on Line 10.

Line 11: Credit for Income Taxes Paid to Qualifying Jurisdictions (Part-Year Residents Only)

If all or part of the income reported on this return for the period of your Connecticut residency is subject to income tax in a qualifying jurisdiction and you have filed a return and paid income taxes to that jurisdiction, complete Form CT-1040NR/PY, *Schedule 2*, and enter the amount from Line 61 here. See *Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions (Part-Year Residents Only)* on Page 23.

The credit for income tax paid to other jurisdictions is limited to part-year residents for the period of their Connecticut residency.

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

Line 12

Subtract Line 11 from Line 10 and enter the result. If Line 11 is greater than Line 10, enter "0."

Line 13: Connecticut Alternative Minimum Tax

If you were required to pay the federal alternative minimum tax for 2009, you must file **Form CT-6251, Connecticut Alternative Minimum Tax Return - Individuals**. Enter on Line 13 the amount shown on Form CT-6251, Line 23.

Line 14

Add Line 12 and Line 13. Enter the total on Line 14.

Line 15: Adjusted Net Connecticut Minimum Tax Credit

Enter the amount from **Form CT-8801, Credit for Prior Year's Connecticut Minimum Tax for Individuals, Trusts, and Estates**. If you did not pay Connecticut alternative minimum tax in 1993 or after, or if you entered an amount on Form CT-1040NR/PY, Line 13, enter "0."

Line 16: Connecticut Income Tax

Subtract Line 15 from Line 14 and enter the result. If less than zero, enter "0."

Line 17: Individual Use Tax

Complete and attach *Schedule 3* on Page 4 of Form CT-1040NR/PY. Enter the total use tax due as reported on *Schedule 3*, Line 62. You **must** enter "0" if no Connecticut use tax is due; otherwise you will not have filed a use tax return. See Page 36 for more information on the use tax.

Line 18 and Line 19

Add Line 16 and Line 17. Enter the total on Line 18 and Line 19.

3 Payments

Line 20: Connecticut Tax Withheld

For each federal W-2 or 1099 form or Schedule CT K-1 form where Connecticut income tax was withheld, enter the following on Lines 20a through 20g.

Enter the number from Box b in Column A of Form CT-1040NR/PY.

| | | | | |
|-----------|--|----------------------|---|--------------------------------|
| 22222 | a Employee's social security number | OMB No. 1545-0008 | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| XX-XXXXXX | b Employer identification number (EIN) | | 3 Social security wages | 4 Social security tax withheld |
| | c Employer's name, address, and ZIP code | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | 7 Social security tips | 8 Allocated tips |
| | D Control number | | 9 Advance EIC payment | 10 Dependent care benefits |
| | e Employee's first name and initial | Last name Suffix | 11 Nonqualified plans | 12a |
| | Enter the amount from Box 16 in Column B of Form CT-1040NR/PY. | | 13 <input type="checkbox"/> Secondary wages | 12b |
| | | | <input type="checkbox"/> Retention plan | 12c |
| | | | <input type="checkbox"/> No security interest | 12d |
| | f Employee's address and ZIP code | | 14 Other | |
| CT | 15 State Employer's state ID number | 16 State wages, tips | 17 State income tax | 18 Local wages, tips, etc. |
| | | XXX.00 | XXX.00 | 19 Local income tax |
| | | | | 20 Locality name |

Form **W-2 Wage and Tax Statement** 2009 Department of the Treasury - Internal Revenue Service
Copy 1 - For State, City, or Local Tax Department

Enter the amount from Box 17 (in whole dollars) in Column C of Form CT-1040NR/PY.

Box 15 must show CT to be claimed as Connecticut withholding.

Column A: Enter the Employer Identification Number or the Payer Identification Number.

Column B: Enter the amount of Connecticut wages, tips, etc.

Column C: Enter the amount of Connecticut income tax withheld.

You **must** complete all columns or your Connecticut withholding will be disallowed. Do **not** include tax withheld for other states or federal income tax withholding.

Nonresident partners or shareholders: Complete Columns A and C by entering information from **Schedule CT K-1, Member's Share of Certain Connecticut Items**, Part III, Line 1. Remember to enter the FEIN and to check the box indicating that the withholding is from Schedule CT K-1.

If you have **more than seven** federal W-2 or 1099 forms and Schedule CT K-1 forms showing Connecticut income tax withheld, you must complete and attach **Supplemental Schedule CT-1040WH, Connecticut Income Tax Withholding**. Enter on Supplemental Schedule CT-1040WH only Connecticut income tax withholding amounts not previously reported on Form CT-1040NR/PY. Enter the total from Supplemental Schedule CT-1040WH, Line 3, on the last line of Column C, Line 20h.

Add all entries in Column C (including the additional amount from Supplemental Schedule CT-1040WH) and enter the total Connecticut income tax withheld on Line 20.

Do not send copies of W-2, 1099, and Schedule CT K-1 forms. Keep these for your records. DRS may request them at a later date. When filing **Form CT-8379, Nonobligated Spouse Claim**, attach all W-2 and 1099 forms showing Connecticut income tax withheld.

Line 21: All 2009 Estimated Payments

Enter the total of all Connecticut estimated tax payments, advance tax payments, and any overpayments of Connecticut income tax applied from a prior year. Be sure to include any 2009 estimated tax payments made in 2010. **Do not** include any refunds received.

Line 22: Payments Made With Form CT-1040 EXT

If you filed **Form CT-1040 EXT, Application for Extension of Time to File**, enter the amount you paid with that form.

Line 23: Total Payments

Add Lines 20, 21, and 22 and enter the total. This is the total of all Connecticut tax payments made.

4 Overpayment

Line 24: Amount Overpaid

If Line 23 is greater than Line 19, subtract Line 19 from Line 23 and enter the result. This is your overpayment. To properly allocate your overpayment, go to Lines 25, 26, and 27. If Line 23 is less than Line 19, go to Line 28.

If you were required to make estimated income tax payments, but you did not pay enough tax through withholding, estimated tax, or both, by any installment due date, your refund may be reduced by the interest due on the underpayment of estimated tax. See **Form CT-2210, Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates**.

Line 25: Amount of Line 24 You Want Applied to Your 2010 Estimated Tax

Enter the amount of your 2009 overpayment that you want applied to your 2010 estimated Connecticut income tax. It will be treated as estimated tax paid on April 15, 2010, if your return is filed on time or if you filed a timely request for extension

and your return is filed within the extension period. Payments received after April 15, 2010, will be applied as of the date of receipt. Your request to apply this amount to your 2010 estimated income tax is irrevocable.

Line 26: Total Contributions to Designated Charities

You may make a contribution on this return only if you are entitled to a refund. Your contribution is limited to your refund amount. Complete *Schedule 4* on Form CT-1040NR/PY. Enter the total contributions as reported on *Schedule 4*, Line 63. **Your contribution is irrevocable.**

You may also make direct contributions by following the instructions on Page 2.

Line 27: Amount of Line 24 to Be Refunded to You

Subtract the total of Line 25 and Line 26 from Line 24 and enter the result. This is the amount of your refund. Early filers receive their refunds faster. Be sure to affix the **refund label** to the envelope when mailing your return.

Get your refund faster by choosing **direct deposit**. Complete Lines 27a, 27b, and 27c to have your refund directly deposited into your checking or savings account.

Enter your nine-digit bank routing number and your bank account number in Lines 27b and 27c. Your bank routing number is the first nine-digit number printed on your check or savings withdrawal slip. Your bank account number generally follows the bank routing number. Do not include the check number as part of your account number. Bank account numbers can be up to 17 digits and must be numeric.

| | | |
|-----------------------|----------------|---------|
| Name of Depositor | Date | No. 101 |
| Street Address | | |
| City, State, Zip Code | | |
| Pay to the Order of | \$ | |
| Name of your Bank | | |
| Street Address | | |
| City, State, Zip Code | | |
| 092125789 | 091 025 025413 | 0101 |
| Routing Number | Account Number | |

If any of the bank information you supply for direct deposit does not match, a paper check will automatically be issued to you. Some financial institutions do not allow a joint refund to be deposited into an individual account.

Additionally, new federal banking rules require DRS to request information about foreign bank accounts (Line 27d) when the taxpayer requests the direct deposit of a refund into a bank account. If the refund is to be deposited in a bank outside the United States, DRS will issue a paper check.

Your overpayment will be applied in the following order: penalty and interest you owe; other taxes you owe DRS; debts to other Connecticut state agencies; federal taxes you owe the IRS; taxes you owe to other states; amounts designated by you to be applied to your 2010 estimated tax; and charitable contributions designated by you. Any remaining balance will be refunded to you.

5 Amount You Owe

Line 28: Tax Due.

If Line 19 is greater than Line 23, subtract Line 23 from Line 19 and enter the result. This is the amount of tax you owe. See *Estimated Tax Payments* on Page 11.

Line 29: Penalty for Late Payment or Late Filing

Late Payment Penalty: The penalty for late payment or underpayment of income or use tax is 10% of the amount due. See *Penalty for Late Payment or Late Filing* on Page 12.

Late Filing Penalty: In the event no tax is due, DRS may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

Line 30: Interest for Late Payment or Late Filing

If you fail to pay the tax when due, interest will be charged at the rate of 1% per month or fraction of a month from the due date until payment is made.

Line 31: Interest on Underpayment of Estimated Tax

If Line 16 minus Line 20 is \$1,000 or more, you may owe interest on estimated tax you either underpaid or paid late. **Form CT-2210, *Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates***, can help you determine whether you did underestimate and will help you calculate interest. However, this is a complex form and you may prefer to have DRS calculate the interest. If so, do **not** file Form CT-2210, leave this line blank and DRS will send you a bill. Interest on underpayment of estimated income tax stops accruing on the **earlier** of the day you pay your tax or April 15, 2010.

Line 32: Total Amount Due

Add Lines 28 through 31 and enter the total. This is the total amount you owe. Pay the amount in full with your return.

Payment Options

Pay Electronically

Visit the DRS **Taxpayer Service Center (TSC)** at www.ct.gov/TSC and follow the prompts to make a direct payment or, visit <https://drsindtax.ct.gov> to make a direct payment without having to login into the **TSC**. You can authorize DRS to transfer funds from your bank account (checking or savings) to a DRS account by entering your bank account number and your bank routing transit number. You can file your return any time before the due date and designate the amount of payment and date of transfer. Your bank account will be debited on the date you indicate. You must pay the balance due on or before the due date of April 15, 2010, to avoid penalty and interest.

Pay by Credit Card or Debit Card



If you filed a 2008 Connecticut income tax return, you may elect to pay your 2009 Connecticut income tax liability using a credit card (American Express®, Discover®, MasterCard®, VISA®) or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

- Visit: www.officialpayments.com and select *State Payments*; or
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829). You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

Pay by Mail

Make your check payable to **Commissioner of Revenue Services**. To ensure proper posting of your payment, write “**2009 Form CT-1040NR/PY**” and your SSN(s) (optional) on the front of your check. Be sure to sign your check and paper clip it to the front of your return. **Do not send cash**. DRS may submit your check to your bank electronically.

Failure to file or failure to pay the proper amount of tax when due **will result in penalty and interest charges**. It is to your advantage to file when your return is due whether or not you are able to make full payment.

6 Sign Your Return

After you complete your Connecticut Form CT-1040NR/PY, sign your name and write the date you signed the return. Your spouse must also sign and enter the date if this is a joint return. The signature line is on Page 2 of Form CT-1040NR/PY.

If you file a joint return, you **must** review the information with your spouse. When both you and your spouse sign the return, you become jointly and severally responsible for paying the full amount of tax, interest, and penalties due.

Paid Preparer Signature

Anyone you pay to prepare your return must sign and date it. Paid preparers **must** also enter their SSN or Preparer Tax Identification Number (PTIN), and their firm’s Federal Employer Identification Number (FEIN) in the spaces provided.

Third Party Designee

To authorize DRS to contact your friend, family member, or any other person to discuss your 2009 tax return, enter the designee’s name, telephone number, and any five numbers the designee chooses as his or her personal identification number (PIN). To authorize DRS to contact the paid preparer who signed your return, enter “Preparer” in the space for the designee’s name. You do not have to provide the other information requested.

If you enter a designee’s name, you and your spouse, if filing a joint return, are authorizing DRS to call the designee to answer any questions that may arise during the processing of your return. You are also authorizing the designee to:

- Give DRS any information missing from your return;
- Call DRS for information about the processing of your return or the status of your refund or payment; **and**
- Respond to certain DRS notices you have shared with the designee about math errors, offsets, and return preparation. The notices will not be sent to the designee.

Once DRS processes the return, the authorization ends. The authorization cannot be revoked. However, the authorization will automatically end no later than the due date (without regard to extensions) for filing your 2010 tax return. This is April 15, 2011, for most taxpayers.

Selecting a designee does not replace a power of attorney and will not authorize the designee to receive refund checks, bind you to anything (including additional tax liabilities), or represent you before DRS. To authorize another individual to represent you or act on your behalf, you must complete **LGL-001, Power of Attorney**.

Order of Attachments

Paper clip your check in payment of the tax due to the front of the income tax form in the appropriate area marked “**Clip check here.**” To ensure proper posting of your payment, write “**2009 Form CT-1040NR/PY**” and your SSN(s) (optional) on the front of your check.

In addition, if you must file any of the following forms, attach the form(s) to the **front** of your income tax return in this order:

- **Form CT-1040CRC**, *Claim of Right Credit*
- **Form CT-19IT**, *Title 19 Status Release*
- **Form CT-1127**, *Application for Extension of Time for Payment of Income Tax*
- **Form CT-8379**, *Nonobligated Spouse Claim*

Attach other required forms and schedules, including **Supplemental Schedule CT-1040WH**, *Connecticut Income Tax Withholding*, to the **back** of your return or as directed on the form. You do **not** need to attach a copy of your previously-filed Form CT-1040 EXT.

Filing Your Return

Keep a copy of this return and all attachments for your records. Attach to this return copies of any required schedules and forms. Do **not** attach copies of your federal income tax return or federal schedules.

1. Remove both labels from the envelope flap along the perforation.
2. Choose the correct label for your return, moisten, and place it on the return envelope.
3. Affix the correct postage to the envelope.

Do not use these mailing labels to send other correspondence to DRS. Using these labels for other purposes will delay our response to you.

Recordkeeping

Keep a copy of your tax return, worksheets that you used, and records of all items appearing on the return (such as W-2 and 1099 forms) until the statute of limitations expires for that return. Usually, this is three years from the date the return was due or filed, whichever is later. You may need this information to prepare future returns or to file amended returns.

Copies of Returns

You may request a copy of a previously-filed Connecticut income tax return from DRS by completing **LGL-002, Request for Disclosure of Tax Return or Tax Return Information**. You can expect to receive your copy in approximately three weeks.

CT-1040 NR/PY Schedules

The following modifications to federal adjusted gross income are provided in Conn. Gen. Stat. §12-701(a)(20). Your federal adjusted gross income may not be further modified in determining your Connecticut adjusted gross income except as expressly provided by Conn. Gen. Stat. §12-701(a)(20).

Schedule 1 - Modifications to Federal Adjusted Gross Income

Additions to Federal Adjusted Gross Income

Enter all amounts as positive numbers.

Line 33: Interest on State and Local Government Obligations Other Than Connecticut

Enter the total amount of interest income derived from state and municipal government obligations, (other than obligations of the State of Connecticut or its municipalities) which is not taxed for federal income tax purposes. Do not enter interest income derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Line 34: Exempt-Interest Dividends From a Mutual Fund Derived From State or Municipal Government Obligations Other Than Connecticut

Enter the total amount of exempt-interest dividends received from a mutual fund that are derived from state and municipal government obligations other than obligations of the State of Connecticut or its municipalities. If the exempt-interest dividends are derived from obligations of Connecticut and other

states, enter only the percentage derived from non-Connecticut obligations. Do not enter exempt-interest dividends derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Example: A fund invests in obligations of many states including Connecticut. Assuming that 20% of the distribution is from Connecticut obligations, the remaining 80% would be added back on this line.

Line 35: Cancellation of Debt Income

Enter the amount of cancellation of debt income deferred for federal income tax purposes if an election was made to defer the inclusion in federal gross income of cancellation of debt income realized in connection with a reacquisition of an applicable debt instrument after December 31, 2008, and before January 1, 2011.

Line 36: Taxable Amount of Lump-Sum Distributions From Qualified Plans Not Included in Federal AGI

If you filed federal Form 4972, Tax on Lump-Sum Distributions, with your federal Form 1040 to compute the tax on any part of a distribution from a qualified plan, enter **that** part of the distribution on Line 36. Do not enter any part of the distribution reported on federal Form 1040A, Line 12a; federal Form 1040, Line 16a; or federal Form 1040, Schedule D.

Part-year residents should enter this amount on **Schedule CT-1040AW, Part-Year Resident Income Allocation**, Line 14, Column A.

Line 37: Beneficiary's Share of Connecticut Fiduciary Adjustment

If you have any income from an estate or trust, your share of any Connecticut modifications (that is, your share of the Connecticut fiduciary adjustment) that applies to the income will be shown on **Form CT-1041, Connecticut Income Tax Return for Trusts and Estates, Schedule CT-1041B**, Part 1, Column 5. Your share of these modifications should be provided to you by the fiduciary. If your share of these modifications is an amount greater than zero, enter the amount on Line 37. If the amount is less than zero, enter the amount on Line 48.

If you are a beneficiary of more than one trust or estate, enter the net amount of all modifications, if greater than zero, on Line 37 or, if less than zero, on Line 48.

Line 38: Loss on Sale of Connecticut State and Local Government Bonds

Enter the total losses from the sale or exchange of notes, bonds, or other obligations of the State of Connecticut or its municipalities used in determining gain (loss) for federal income tax purposes, whether or not the entire loss is used in computing federal adjusted gross income.

Line 39: Domestic Production Activity Deduction

Enter the amount reported as a domestic production activity deduction on federal Form 1040, Line 35.

Line 40: Other

Use Line 40 to report any of the following modifications:

1. Add back any treaty income reported on federal Form 1040NR-EZ or Form 1040NR if a nonresident alien. Enter the words "treaty income" in the space provided.
2. Add back any loss or deduction of an enrolled member of the Mashantucket Pequot Tribe who resides in Indian country of the tribe or any loss or deduction of an enrolled member of the Mohegan Tribe who resides in Indian country of the tribe where the loss or deduction is derived from or connected with Indian country of the tribe. Enter the words "Mashantucket Pequot Tribe enrolled member" or "Mohegan Tribe enrolled member" as the case may be.
3. Add back any Connecticut income tax deducted on the federal income tax return to arrive at federal adjusted gross income. Do not add back any Connecticut income tax deducted on federal Form 1040, Schedule A.

4. Add back any expenses paid or incurred for the production (including management, conservation, and maintenance of property held for the production) or collection of income exempt from Connecticut income tax which were deducted on the federal return to arrive at federal adjusted gross income.
5. Add back any amortizable bond premium on bonds producing interest income exempt from Connecticut income tax which premiums were deducted on the federal return to arrive at federal adjusted gross income.
6. Add back any interest or dividend income on obligations or securities of any authority, commission, or instrumentality of the U.S. which federal law exempts from federal income tax but does not exempt from state income taxes.
7. Add back to the extent deductible in determining federal adjusted gross income any interest expenses on indebtedness incurred or continued to purchase or carry obligations or securities (the income from which is exempt from Connecticut income tax).
8. Enter any item of income or gain subject to special accrual to the extent the item was not includible in federal adjusted gross income for the taxable year. See *Items Subject to Special Accrual* on Page 8.
9. Also use Line 40 to report any additions to federal adjusted gross income required for Connecticut income tax purposes which are not listed on Lines 33 through 39.

Line 41: Total Additions

Add Lines 33 through 40 and enter the total on Form CT-1040NR/PY, *Schedule 1*, Line 41.

Subtractions From Federal Adjusted Gross Income

Enter all amounts as positive numbers.

Line 42: Interest on U.S. Government Obligations

Enter the total amount of interest income (to the extent includible in federal adjusted gross income) derived from U.S. government obligations which federal law prohibits states from taxing (for example, U.S. government bonds such as Saving Bonds Series EE or Series HH and U.S. Treasury bills or notes).

For Series EE U.S. Savings Bonds, you are entitled to include on Line 42 **only** the amount of interest subject to federal income tax after exclusion of the amounts reported on federal Form 8815. In general, you report the net taxable amount on federal Form 1040, Schedule B, or federal Form 1040A, Schedule 1.

Do not enter the amount of interest income derived from Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing interest income derived from these obligations, and this interest income is taxable for Connecticut income tax purposes.

Do not enter the amount of interest paid to you on any federal income tax refund.

Social Security Benefit Adjustment Worksheet - Line 44

| | |
|---|----|
| Enter the amount from Form CT-1040NR/PY , Line 1..... | |
| If your filing status is single or filing separately , is the amount on Line 1 \$50,000 or more? | |
| <input type="checkbox"/> Yes: Complete this worksheet. <input type="checkbox"/> No: Do not complete this worksheet. Enter the amount of federally taxable Social Security benefits you reported on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b, on Form CT-1040NR/PY, Line 44. | |
| If your filing status is filing jointly, qualifying widow(er) , or head of household , is the amount on Line 1 \$60,000 or more? | |
| <input type="checkbox"/> Yes: Complete this worksheet. <input type="checkbox"/> No: Do not complete this worksheet. Enter the amount of federally taxable Social Security benefits you reported on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b, on Form CT-1040NR/PY, Line 44. | |
| A. Enter the amount reported on your 2009 federal Social Security Benefits Worksheet, Line 1. If Line A is zero or less, stop here and enter "0" on Line 44. Otherwise, go to Line B. | A. |
| B. Enter the amount reported on your 2009 federal Social Security Benefits Worksheet, Line 9. However, if filing separately and you lived with your spouse at any time during 2009, enter the amount reported on Line 7 of your federal Social Security Benefits Worksheet. If Line B is zero or less, stop here. Otherwise, go to Line C. | B. |
| C. Enter the lesser of Line A or Line B. | C. |
| D. Multiply Line C by 25% (.25). | D. |
| E. Taxable amount of Social Security benefits reported on your 2009 federal Social Security Benefits Worksheet, Line 18. | E. |
| F. Social Security Benefit Adjustment - Subtract Line D from Line E. Enter the amount here and on Form CT-1040NR/PY, <i>Schedule 1</i> , Line 44. If Line D is greater than or equal to Line E, enter "0." | F. |

Line 43: Exempt Dividends From Certain Qualifying Mutual Funds Derived From U.S. Government Obligations

Enter the total amount of exempt dividends received from a qualifying mutual fund derived from U.S. government obligations. A mutual fund is a qualifying fund if **at the close of each quarter** of its taxable year at least 50% of the value of its assets consists of U.S. government obligations. The percentage of dividends that are exempt dividends should be reported to you by the mutual fund.

Do not enter the amount of dividend income derived from Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing income derived from these obligations, and this income is taxable for Connecticut income tax purposes.

Example: A qualifying mutual fund pays a dividend of \$100. Of the distribution, 55% is attributable to U.S. Treasury bills and 45% to other investments. The amount that should be reported on Line 43 is \$55.

See **Policy Statement, 2005(2)**, *Connecticut Income Tax on Bonds or Obligations Issued by the United States Government, by State Governments, or Municipalities*.

Line 44: Social Security Benefit Adjustment

If you receive Social Security benefits subject to federal income tax, you may reduce or eliminate the amount of your benefits subject to Connecticut income tax. Parties to a civil union recognized under Connecticut law or spouses in a marriage recognized under Public Act 2009-13 must recompute their

federal adjusted gross income as if their filing status for federal income tax purposes were married filing jointly or married filing separately. Your Social Security benefits are fully exempt from Connecticut income tax if your required filing status is single or filing separately and the amount reported on Form CT-1040NR/PY, Line 1, is **less than \$50,000**, or filing jointly, qualifying widow(er) with dependent child, or head of household and the amount reported on Form CT-1040NR/PY, Line 1, is **less than \$60,000**. If this is the case, enter the amount of federally taxable Social Security benefits reported on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b. Your Social Security benefits are partially exempt from Connecticut income tax if your federal adjusted gross income is above the threshold for your filing status. If you used the worksheets contained in the instructions to federal Form 1040A or federal Form 1040 to calculate the amount of taxable Social Security benefits, complete the *Social Security Benefit Adjustment Worksheet* above and enter the amount from Line F on Line 44. If you did not use these worksheets, but instead used worksheets contained in federal Publication 590 or federal Publication 915, see **Informational Publication 2009(22)**, *Connecticut Tax Tips for Senior Citizens*.

If you are using a worksheet that is not from a federal publication, such as one you printed from a tax preparation program on your computer or one given to you by your tax preparer, you should verify the line references from these worksheets are the same as the equivalent federal publication to be certain you are using the proper amounts.

Line 45: Refunds of State and Local Income Taxes

Enter the amount of taxable refunds of state and local income taxes reported on federal Form 1040, Line 10. If Line 10 is blank or you filed federal Forms 1040A or 1040EZ, enter "0."

Line 46: Tier 1 and Tier 2 Railroad Retirement Benefits and Supplemental Annuities

If you received Tier 1 or Tier 2, or both, railroad retirement benefits, or supplemental annuities during 2009, you may deduct the amount included in your federal adjusted gross income, but only to the extent the benefits were not already subtracted from federal adjusted gross income on Line 44 (Social Security Benefit Adjustment). Enter the balance not already subtracted on Line 44 of Tier 1 and Tier 2 railroad retirement benefits reported on federal Form 1040, Line 16b or Line 20b, or federal Form 1040A, Line 12b or Line 14b. See **Informational Publication 2009(22)**, *Connecticut Tax Tips for Senior Citizens*. Likewise, enter the amount of railroad unemployment benefits, including sickness benefits paid by the Railroad Retirement Board (RRB) in lieu of unemployment benefits, to the extent included in your federal adjusted gross income. However, do not enter sickness benefits paid by the RRB resulting from an on-the-job injury because these benefits are not included in your federal adjusted gross income.

Line 47: 50% of Military Retirement Pay

Subtract 50% of the income received as military retirement pay, to the extent included in federal adjusted gross income, if you are a retired member of the armed forces of the United States or the National Guard (retired military member) or if you are a beneficiary receiving survivor benefits under an option or election made by a deceased retired military member.

Payments received by a former spouse of a retired military member, under a final decree of divorce, dissolution, annulment, or legal separation or a court ordered, ratified, or approved property settlement incident to a decree dividing military retirement pay, do not qualify for the 50% retirement pay exclusion.

Line 48: Beneficiary's Share of Connecticut Fiduciary Adjustment

If you have any income from an estate or trust, your share of any Connecticut modifications (that is, your share of the Connecticut fiduciary adjustment) that applies to the income will be shown on Schedule CT-1041B, Part 1, Column 5. Your share of these modifications should be provided to you by the fiduciary. If your share of these modifications is an amount less than zero, enter the amount on Line 48. If the amount is greater than zero, enter the amount on Line 37.

If you are a beneficiary of more than one trust or estate, enter the net amount of all the modifications, if less than zero, on Line 48.

Line 49: Gain on Sale of Connecticut State and Local Government Bonds

Enter the total of all gains from the sale or exchange of notes, bonds, or other obligations of the State of Connecticut or its municipalities used in determining gain (loss) for federal income tax purposes.

Line 50: Connecticut Higher Education Trust (CHET) Contributions

Enter your contributions to a CHET account(s). The modification cannot exceed the maximum allowable contribution. The maximum CHET contribution that may be subtracted is the lesser of (1) the amount of contributions to all CHET accounts during the taxable year; or (2)(A) \$5,000 for each individual taxpayer (including individuals whose filing status on their Connecticut income tax return is single, head of household, filing separately), or (B) \$10,000 for individuals whose filing status on their Connecticut income tax return is filing jointly or qualifying widow(er) with dependent child.

If your CHET contribution during the taxable year exceeds the maximum CHET contribution, the excess may be carried forward for the five succeeding taxable years provided the CHET contribution carried forward and subtracted from federal adjusted gross income of the succeeding taxable years does not exceed the maximum CHET contribution. CHET contributions made in the current taxable year are used before using any carryover from prior years.

Enter the CHET account number in the space provided. If you made contributions to more than one account, you enter only one account number.

See **Special Notice 2006(11)**, *2006 Legislative Changes Affecting the Income Tax*.

Line 51: Other

Use Line 51 to report any of the following modifications:

1. Subtract any income or gain of an enrolled member of the Mashantucket Pequot Tribe who resides in Indian country of the tribe or any income or gain of an enrolled member of the Mohegan Tribe who resides in Indian country of the tribe, where the income or gain is derived from or connected with Indian country of the tribe. Enter the words "Mashantucket Pequot Tribe enrolled member" or "Mohegan Tribe enrolled member" as the case may be.
2. Subtract the amount of interest earned on funds deposited in a Connecticut individual development account to the extent included in federal adjusted gross income.
3. Subtract any interest paid on indebtedness incurred to acquire investments that provide income taxable in Connecticut but are exempt for federal purposes, that is not deductible in determining federal adjusted gross income, and that is attributable to a trade or business of that individual.
4. Subtract expenses paid or incurred for the production (including management, conservation, and maintenance of property held for production) or collection of income taxable in Connecticut but exempt from federal income tax, that are not deductible in determining federal adjusted gross income and are attributable to a trade or business of that individual.
5. Subtract the amount of any distributions you received from the Connecticut Higher Education Trust Fund (CHET) as a designated beneficiary to the extent includable in your federal adjusted gross income.

Congress passed legislation excluding from federal gross income any distribution from a qualified state tuition program (such as CHET), to the extent the distribution is used to pay for qualified higher education expenses. (Pub. L. No. 107-16, §402) To the extent any distribution from CHET is excluded from federal gross income, the amount should not be reported as a subtraction modification on Line 51.

6. Subtract any amortizable bond premium on bonds that provide interest income taxable in Connecticut but exempt from federal income tax, which premiums were not deductible in determining federal adjusted gross income and are attributable to a trade or business of that individual.
7. Enter any item of loss or deduction subject to special accrual to the extent the item was not deductible in determining federal gross income for the taxable year. See *Items Subject to Special Accrual* on Page 8.
8. Subtract the amount of any interest income from notes, bonds, or other obligations of the State of Connecticut included in federal adjusted gross income. This modification includes any Build America Bond tax credit amount if the Build America Bond, as described in Section 1531 of the American Recovery and Reinvestment Act of 2009 was issued by the State of Connecticut or a Connecticut subdivision and only to the extent the credit amount is treated as interest includible in gross income for federal income tax purposes.
9. Subtract the amount of military pay received by a nonresident or part-year resident during the part-year resident's nonresidency portion of the taxable year to the extent includable in federal adjusted gross income.
10. Subtract the amount of any interest, dividends, or capital gains earned on contributions to accounts established for a designated beneficiary under the Connecticut Homecare Option Program for the Elderly to the extent the interest, dividends, or capital gains is properly included in the gross income of the designated beneficiary for federal income tax purposes.

Do **not** use Line 51 to subtract income subject to tax in a qualifying jurisdiction (see *Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions* below) or income of a nonresident spouse. See *Spouses With Different Residency Status* on Page 14.

Line 52: Total Subtractions

Add Lines 42 through 51. Enter the total on Form CT-1040NR/PY, *Schedule 1*, Line 52.

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

Am I Eligible for the Credit for Income Taxes Paid to Qualifying Jurisdictions

If you are a **part-year resident** of Connecticut and if any part of your income earned during the residency portion of your taxable year was taxed by a **qualifying jurisdiction**, you **may** be able to claim a credit against your Connecticut income tax liability for qualifying income tax payments you have made.

Nonresidents may not claim a credit for income taxes paid to other jurisdictions.

Taxpayers seeking a credit for alternative minimum taxes paid to another jurisdiction must complete **Form CT-6251, Connecticut Alternative Minimum Tax Return - Individuals**, to calculate their alternative minimum tax credit.

Qualifying Jurisdiction

A qualifying jurisdiction includes another state of the United States, a local government within another state, or the District of Columbia. A qualifying jurisdiction does not include the State of Connecticut, the United States, or a foreign country or its provinces (for example, Canada and Canadian provinces).

Qualifying Income Tax Payments

Qualifying income tax payments are income taxes you actually paid on income:

- Derived from or connected with sources within a qualifying jurisdiction; **and**
- Subject to tax in the qualifying jurisdiction.

Income Derived From or Connected With Sources Within a Qualifying Jurisdiction

- Compensation received for personal services performed in a qualifying jurisdiction;
- Income from a business, trade, or profession carried on in a qualifying jurisdiction;
- Gambling winnings from a state-conducted lottery. See **Informational Publication 2005(16), Connecticut Income Tax Treatment of State Lottery Winnings Received by Residents and Nonresidents of Connecticut**; **or**
- Income from real or tangible personal property situated in a qualifying jurisdiction.

Income from intangibles, such as stocks and bonds, is not derived from or connected with sources within a qualifying jurisdiction **unless** the income is from property employed in a business, trade, or profession carried on in that jurisdiction.

What Payments Do Not Qualify

- Income tax payments made to a qualifying jurisdiction on income not derived from or connected with sources within the qualifying jurisdiction (such as wages not derived from or connected with sources within the qualifying jurisdiction);
- Income tax payments made to a qualifying jurisdiction on income not included in your Connecticut adjusted gross income or Connecticut-sourced income;
- Income tax paid to a jurisdiction that is not a qualifying jurisdiction, including a foreign country or its provinces (for example, Canada and Canadian provinces);
- Alternative minimum tax paid to a qualifying jurisdiction;
- Income tax paid to a qualifying jurisdiction if you claimed credit on that jurisdiction's income tax return for income tax paid to Connecticut; **or**
- Penalties or interest on income taxes you paid to a qualifying jurisdiction.

Limitations to the Credit

The total credit is limited to whichever amount is least:

- The amount of income tax paid to the qualifying jurisdiction;

- The amount of Connecticut income tax due on the portion of Connecticut adjusted gross income sourced in the qualifying jurisdiction and earned during the residency portion of your taxable year; **or**
- The amount entered on Form CT-1040NR/PY, Line 10.

How to Calculate the Credit

You **must** first complete your income tax return(s) in the qualifying jurisdiction(s). Then, complete the Schedule 2 Worksheet on Page 25 to determine the amount to enter on *Schedule 2*, Line 55.

The allowable credit must be separately computed for each qualifying jurisdiction. Use separate columns for each qualifying jurisdiction for which you are claiming a credit. **Attach a copy of all income tax returns filed with qualifying jurisdictions to your Connecticut income tax return or the credit will be disallowed.**

Schedule 2 provides two columns, A and B, to compute the credit for two jurisdictions. If you need more than two columns, create a worksheet identical to *Schedule 2* and attach it to the back of your Form CT-1040NR/PY.

If you are claiming credit for income taxes paid to another state **and** to one of its political subdivisions, follow these rules to determine your credit:

- A. If the **same amount** of income is taxed by both the city and state (see the Line 61 example on Page 26):
 1. Use only **one** column on Form CT-1040NR/PY, *Schedule 2*, to calculate your credit;
 2. Enter the same income taxed by both city and state in that column on *Schedule 2*; **and**
 3. Combine the amounts of tax paid to the city and the state and enter the total on Line 59 of that column.
- B. If the **amounts** of income taxed by both the city and state **are not the same**:
 1. Use **two** columns on Form CT-1040NR/PY, *Schedule 2*;
 2. Include only the same income taxed by both jurisdictions in the first column; **and**
 3. Include the excess income taxed by only one of the jurisdictions in the next column.

Schedule 2 - Worksheet Instructions

Complete the Schedule 2 Worksheet on Page 25 to determine the portion of your Connecticut adjusted gross income during the residency portion of your taxable year derived from a qualifying jurisdiction. Enter in Column I the items of income you earned during the residency portion of your taxable year and entered on Schedule CT-1040AW, Column B. For each line in Column II, enter the items of income from Column I that meet **all** of the following conditions:

- The income was earned during the residency portion of your taxable year;
- The income is derived from or connected with sources within a qualifying jurisdiction;
- The income is reported on an income tax return filed with that qualifying jurisdiction and subject to income tax in the jurisdiction; **and**

- You have paid income tax on the income to that qualifying jurisdiction.

Example 1: Laura, a single taxpayer, was employed in the State of New York during the entire taxable year and moved into Connecticut on July 1. Her Connecticut adjusted gross income is \$105,000. On Form CT-1040NR/PY, Schedule CT-1040AW, Column A, Laura reported the following: \$76,000 in wages, \$4,000 in interest, and \$25,000 from dividends received November 2. Laura enters on Schedule 2 Worksheet, Column I, the amounts she entered on Form CT-1040NR/PY, Schedule CT-1040AW, Column B: Line 1, \$38,000; Line 2, \$2,000; and Line 3, \$25,000. In Column II, she enters: Line 1, \$38,000. Credit is allowed for the New York tax paid on her \$38,000 of wage income because it is derived from or connected to New York during the Connecticut residency portion of her taxable year.

Example 2: Luke and Leslie are part-year residents who file a joint federal Form 1040 and Form CT-1040NR/PY. Luke's wages as an employee working in Rhode Island while a resident of Connecticut are \$20,000 and Leslie's wages as an employee working in Connecticut while a resident of Connecticut are \$25,000. Their combined wages while nonresidents of Connecticut are \$25,000. On their federal Form 1040, Line 7, (and on Line 1, Column A, of their Schedule CT-1040AW), Luke and Leslie entered \$70,000. Luke and Leslie enter on the Schedule 2 Worksheet, \$45,000 in Column I, Line 1, and \$20,000 in Column II, Line 1. Luke and Leslie also enter \$20,000 on Form CT-1040NR/PY, *Schedule 2*, Line 55.

Example 3: Linda, a part-year resident, is a sole proprietor of a business conducted at two locations, one in Connecticut and one in Massachusetts. All of Linda's income was earned while she was a Connecticut resident. On Linda's federal Form 1040, Line 12, she entered \$100,000. Of the \$150,000 of gross income reported on federal Form 1040, Schedule C, \$90,000 is derived from the Massachusetts location. Of the \$50,000 of expenses reported on her Schedule C, \$35,000 is derived from the Massachusetts location. When completing Schedule 2 Worksheet, Linda enters \$100,000 in Column I, Line 5, and \$55,000 (\$90,000 - \$35,000), in Column II, Line 5. Linda also enters \$55,000 on Form CT-1040NR/PY, *Schedule 2*, Line 55.

Schedule 2 - Line Instructions

Line 53: Connecticut Adjusted Gross Income During the Residency Portion of the Taxable Year

The amount from **Schedule CT-1040AW, Part-Year Resident Income Allocation**, Line 30, Column B, is entered on Line 53 with the following exceptions:

1. **Add** to the amount on Line 30, Column B, any **net** loss during the residency portion of your taxable year derived from or connected with sources in a qualifying jurisdiction(s) where you were subject to income taxation (whether or not income tax was actually paid to the jurisdiction(s)).
2. For the residency portion of your taxable year, add back any item of loss or deduction and subtract any item of income or gain included in Schedule CT-1040AW, Column B, as an item of special accrual.

Schedule 2 Worksheet (Part-Year Residents Only)

Column I

Enter on Lines 1 through 30, Column I, the amounts entered on Lines 1 through 30, Column B, respectively, of Schedule CT-1040AW. See instructions on Page 32.

Column II

For each line, enter that portion of the amount entered on the same line of Column I that you reported on an income tax return filed with (and on which income tax was paid to) the qualifying jurisdiction. Enter only the portion of Connecticut modifications, if any, **directly related** to income sourced in the qualifying jurisdiction.

Enter the amount from Line 30, Column II, on Form CT-1040NR/PY, *Schedule 2*, Line 55.

To this amount, add back any item of loss or deduction and subtract any item of income or gain included in Column II as an item of special accrual. Enter the result on Line 55.

Keep this worksheet with your 2009 tax records. Do not attach to your tax return.

Complete this worksheet to determine the amount of income earned during the residency portion of your taxable year and taxed by a qualifying jurisdiction. **Complete a separate worksheet for each qualifying jurisdiction** if you paid income tax to more than one qualifying jurisdiction.

Column I
(from Column B, Schedule CT-1040AW)

Column II
Amount Taxable in Qualifying Jurisdiction

| | | | |
|--|-----------|--|--|
| 1. Wages, salaries, tips, etc. | 1 | | |
| 2. Taxable interest | 2 | | |
| 3. Ordinary dividends | 3 | | |
| 4. Alimony received | 4 | | |
| 5. Business income or (loss) | 5 | | |
| 6. Capital gain or (loss) | 6 | | |
| 7. Other gains or (losses) | 7 | | |
| 8. Taxable amount of IRA distributions | 8 | | |
| 9. Taxable amount of pensions and annuities | 9 | | |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 10 | | |
| 11. Farm income or (loss) | 11 | | |
| 12. Unemployment compensation | 12 | | |
| 13. Taxable amount of social security benefits | 13 | | |
| 14. Other income: See instructions. | 14 | | |
| 15. Add lines 1 through 14. | 15 | | |
| 16. Educator expenses | 16 | | |
| 17. Certain business expenses of reservists, artists, and fee-based government officials | 17 | | |
| 18. Health savings account deduction | 18 | | |
| 19. Moving expenses | 19 | | |
| 20. One-half of self-employment tax | 20 | | |
| 21. Self-employed SEP, SIMPLE, and qualified plans | 21 | | |
| 22. Self-employed health insurance deduction | 22 | | |
| 23. Penalty on early withdrawal of savings | 23 | | |
| 24. Alimony paid | 24 | | |
| 25. IRA deduction | 25 | | |
| 26. Student loan interest deduction | 26 | | |
| 27. Tuition and fees deduction | 27 | | |
| 28. <i>Reserved for future use</i> | 28 | | |
| 29. Total adjustments - Add Lines 16 through 28. | 29 | | |
| 30. Subtract Line 29 from Line 15. | 30 | | |

Example: Claudia's Connecticut adjusted gross income for the residency portion of her taxable year is \$60,000 which includes income of \$15,000 from business activities conducted in Massachusetts and a net loss of \$20,000 from a business conducted in Rhode Island. She must add the \$20,000 net loss to the \$60,000 and enter \$80,000 on Line 53.

Line 54: Taxing Jurisdiction(s)

If you claim credit for income taxes paid to a qualifying jurisdiction, enter the name and the two-letter code of each qualifying jurisdiction for which you are claiming credit. If you are claiming credit for income taxes paid to a political subdivision of another state, enter the name and the two-letter code of the state. The codes are listed in the table on this page.

Standard Two-letter Codes

| | | | | | |
|----------------------|----|--------------------|----|---------------------|----|
| Alabama..... | AL | Kentucky..... | KY | North Carolina..... | NC |
| Arizona..... | AZ | Louisiana..... | LA | North Dakota..... | ND |
| Arkansas..... | AR | Maine..... | ME | Ohio..... | OH |
| California..... | CA | Maryland..... | MD | Oklahoma..... | OK |
| Colorado..... | CO | Massachusetts..... | MA | Oregon..... | OR |
| Delaware..... | DE | Michigan..... | MI | Pennsylvania..... | PA |
| District of Columbia | DC | Minnesota..... | MN | Rhode Island..... | RI |
| Georgia..... | GA | Mississippi..... | MS | South Carolina..... | SC |
| Hawaii..... | HI | Missouri..... | MO | Tennessee..... | TN |
| Idaho..... | ID | Montana..... | MT | Utah..... | UT |
| Illinois..... | IL | Nebraska..... | NE | Vermont..... | VT |
| Indiana..... | IN | New Jersey..... | NJ | Virginia..... | VA |
| Iowa..... | IA | New Mexico..... | NM | West Virginia..... | WV |
| Kansas..... | KS | New York..... | NY | Wisconsin..... | WI |

Line 55: Non-Connecticut Income

Complete Schedule 2 Worksheet on Page 25 to determine the total of non-Connecticut income included in your Connecticut adjusted gross income for the residency portion of your taxable year and reported on a qualifying jurisdiction's income tax return. To the amount on Schedule 2 Worksheet, Line 30, Column II, add back any item of loss or deduction and subtract any item of income or gain included in Column II as an item of special accrual. Enter the result on Line 55.

Line 56

Divide the amount on Line 55 by the amount on Line 53. The result cannot exceed 1.0000. Round to four decimal places.

Line 57: Apportioned Income Tax

To determine the portion of your 2009 Connecticut income tax attributable to income earned during the residency portion of your taxable year:

1. Divide the amount on the Schedule 2 Worksheet, Line 30, Column I, by the amount on Form CT-1040NR/PY, Line 6. Round to four decimal places. The result may not exceed 1.0000.
2. Multiply the result by the amount on Form CT-1040NR/PY, Line 10, and enter on Line 57.

Line 58

Multiply the percentage arrived at on Line 56 by the amount reported on Line 57.

Line 59: Income Tax Paid to a Qualifying Jurisdiction While a Resident

Enter the total amount of income tax paid to a qualifying jurisdiction on income derived from or connected with sources in that jurisdiction during the residency portion of your taxable year.

If the tax you paid to that jurisdiction was also based on income earned during the nonresidency portion of your taxable year, you must prorate the amount of tax for which you are claiming credit. The proration is based upon the relationship that the income earned in that jurisdiction during your Connecticut residency (from Schedule 2 Worksheet, Line 30, Column II) bears to the total amount of income you earned in that jurisdiction in the taxable year.

Example: George, a part-year resident, worked in Rhode Island all year and paid \$1,200 in Rhode Island tax. His total Rhode Island wages were \$20,000 of which \$15,000 was earned while he was a Connecticut resident. The income tax paid to Rhode Island during the residency portion of his taxable year is:

$$\frac{\$ 15,000}{\$ 20,000} \times \$ 1,200 = \$ 900$$

He should enter \$900 on Line 59.

Income tax paid means the lesser of your income tax liability to the qualifying jurisdiction or the income tax paid to that jurisdiction as reported on a return filed with that jurisdiction, but not any penalty or interest. Do **not** report the amount of tax withheld for that jurisdiction directly from your W-2 or 1099 form. You **must** first complete a return for the qualifying jurisdiction to determine the amount of income tax paid.

Line 60

Enter the lesser of the amounts reported on Line 58 or Line 59.

Line 61: Total Credit for Income Taxes Paid to Qualifying Jurisdictions

Add the amounts from Line 60A, Line 60B, and Line 60 of any additional worksheets. The amount on Line 61 cannot exceed the amount on Line 58. Enter the total on Line 61.

Attach a copy of the income tax return filed with each qualifying jurisdiction to your Connecticut income tax return or the credit will be disallowed.

Example: Lynne, a part-year resident whose filing status is single, changed her permanent legal residence during the taxable year by moving from Connecticut to City Y in State X. She worked in City Y during the entire taxable year. Both State X and City Y impose an income tax. Louise's Connecticut adjusted gross income is \$75,000 (Form CT-1040NR/PY, Line 5). Lynne's income from Connecticut sources (Form CT-1040NR/PY, Line 6) and her Connecticut adjusted gross income during her Connecticut residency period (Schedule CT-1040AW, Column B, Line 30) is \$50,000. Lynne completes Schedule CT-1040AW as follows: Line 1: Column A, \$73,000; Column B, \$49,000; Column C, \$24,000; and Column D, \$0. Line 2: Column A, \$2,000; Column B, \$1,000; Column C, \$1,000; and Column D, \$0. Lynne uses the amounts in Column B when completing Schedule 2 Worksheet, Column I. Lynne's Connecticut income tax before the credit for income taxes paid to other jurisdictions is \$2,367 (Form CT-1040NR/PY, Line 10). Since the amount of income taxed by both State X and City Y are equal, Lynne uses only one column on Form CT-1040NR/PY, *Schedule 2*. Lynne enters \$49,000 (the common amount of income taxed in both State X and City Y during her residency period) on Line 55, Column A.

Lynne pays an income tax of \$6,100 to State X; however, only \$4,039 ($(\$49,000/\$74,000) \times \$6,100$) of that amount is attributable to her income sourced to State X during her Connecticut residency period. Lynne pays an income tax of \$510 to City Y; however, only \$338 ($(\$49,000/\$74,000) \times \510) is attributable to her income sourced to City Y during her Connecticut residency period. Therefore, the total tax paid to State X and City Y on the common amount of income is \$4,377 ($\$4,039 + \338). When completing Form CT-1040NR/PY, *Schedule 2*, Lynne enters \$50,000 on Line 53 and completes *Schedule 2* as follows:

| | Column A | | Column B | |
|---------|-----------------|----|----------|----|
| Line 54 | State X, City Y | | | |
| Line 55 | 49,000 | 00 | | 00 |
| Line 56 | .9800 | | | |
| Line 57 | 2,367 | 00 | | 00 |
| Line 58 | 2,320 | 00 | | 00 |
| Line 59 | 4,377 | 00 | | 00 |
| Line 60 | 2,320 | 00 | | 00 |
| Line 61 | Total Credit | | 2,320 | 00 |

Schedule CT-SI Instructions

General Information

If you are a nonresident or part-year resident, you must use **Schedule CT-SI, Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources**, to report items of income, gain, loss, or deduction that make up your federal adjusted gross income derived from or connected with sources within Connecticut.

Nonresidents

Report in Schedule CT-SI, Part 1, all items of income you received from Connecticut sources with modifications as described below. Report in Schedule CT-SI, Part 2, adjustments directly related to the income items in Part 1.

Part-Year Residents

You **must** first complete Schedule CT-1040AW to determine your income from Connecticut sources. See instructions on Page 32. Add the amounts in Columns B and D for each line and transfer the total to the corresponding line of Schedule CT-SI.

Report in Schedule CT-SI, Part 1, the income you received from all sources earned while you were a Connecticut resident and your Connecticut-sourced income for the part of the year you were a nonresident of Connecticut. Report in Schedule CT-SI, Part 2, adjustments that are a result of transactions that occurred while you were a Connecticut resident or are directly related to Connecticut-sourced income for the part of the year you were a nonresident.

Modifications

All amounts reported in Part 1 should include any modifications to federal adjusted gross income as provided on Form CT-1040NR/PY, *Schedule 1*. Also see the Line 14 instructions on Page 31.

Example: Dave, a part-year Connecticut resident received \$1,000 in taxable interest income reported on federal Form 1040 and \$1,000 in interest from New York bonds while a Connecticut resident. Dave would report \$2,000 on Schedule CT-SI, Part 1, Line 2.

Special Accrual

For part-year residents, the amounts included on Schedule CT-1040AW and on Schedule CT-SI, Parts 1 and 2, should include items of income, gain, loss, and deduction that would accrue for federal income tax purposes prior to the change of residence. See *Items Subject to Special Accrual* on Page 8.

Part-year residents who file a surety bond or other security in lieu of special accruals do not include accruals in the amounts in Schedule CT-SI, Parts 1 and 2.

Capital Losses, Passive Activity Losses, and Net Operating Losses

Capital losses, passive activity losses, and net operating losses generated from activities within Connecticut can reduce Connecticut adjusted gross income derived from or connected with Connecticut sources of a nonresident to the extent they are properly computed for federal income tax purposes and are offset against income derived from or connected with Connecticut

sources. A nonresident must recompute capital losses, passive activity losses, and net operating losses as if the nonresident's federal adjusted gross income consisted only of items derived from Connecticut sources.

Example: Brenda, a nonresident of Connecticut, reported a capital gain from sources outside of Connecticut (from the sale of securities) of \$20,000 on her federal income tax return. Brenda also reported on her federal income tax return a capital loss of \$8,000 from sources exclusively within Connecticut (from the sale of real property not used in Brenda's trade or business). For federal income tax purposes, Brenda has a gain from the sale or exchange of property of \$12,000 (\$20,000 minus \$8,000). Brenda has a capital loss of \$8,000 derived from or connected with sources within Connecticut, but may claim as a deduction only \$3,000 on her Form CT-1040NR/PY (in accordance with the federal limitation of \$3,000 of capital loss to offset ordinary income). She must carry forward the balance of the capital loss to the succeeding taxable year(s) even though, for federal income tax purposes, she will show no capital loss carryforward.

Election to Forego Carryback

Where a nonresident incurs a net operating loss for Connecticut income tax purposes but does not incur a net operating loss for federal income tax purposes, the nonresident is required first to carry back the net operating loss to each of the three taxable years preceding the taxable year in which the net operating loss was incurred (except as limited by the information highlighted below) and then to carry any remaining net operating loss forward to each of the fifteen taxable years following the taxable year in which the loss was incurred. An election to forego the three-year carryback period and to carry the loss forward may be made by filing a timely Form CT-1040NR/PY for the year the loss was incurred and attaching a statement indicating that the election to forego the carryback is being made. This election may not be revoked.

Part 1 - Connecticut Income - Line Instructions

The federal income tax return line references are to the federal Form 1040. If you file federal Form 1040A or federal Form 1040EZ, use the appropriate lines from those forms.

Line 1: Wages, Salaries, Tips, Etc.

(federal Form 1040, Line 7)

• Part-Year Resident

Enter the total of the amounts from Schedule CT-1040AW, Line 1, Column B and Column D.

• Nonresident

Enter all wages, salaries, tips, and other compensation you earned for services performed in Connecticut while you were a nonresident of Connecticut.

If your wages, salaries, tips, and other compensation was earned for services performed both in and outside of Connecticut while you were a nonresident and the amount of Connecticut-sourced income is not known, complete the *Employee Apportionment Worksheet*. See the instructions on Page 31.

Income from employment activities in Connecticut that are considered casual, isolated, or inconsequential (under the Ancillary Activity Test) is **not** part of the Connecticut-sourced income of a nonresident. See *Ancillary Activity Test* on Page 8.

Line 2: Taxable Interest

(federal Form 1040, Line 8a)

• Part-Year Resident

Enter the total of Schedule CT-1040AW, Line 2, Column B and Column D.

• Nonresident

Enter that part of your federal adjusted gross income (as modified by adjustments on Form CT-1040NR/PY, *Schedule 1*) that represents interest income earned as a nonresident that is part of the receipts of a business, trade, profession, or occupation carried on in Connecticut or from the ownership of an interest in a pass-through entity doing business in Connecticut and not otherwise exempt from Connecticut income tax. If the business is conducted both in and outside of Connecticut, see the instructions for Line 5.

Line 3: Ordinary Dividends

(federal Form 1040, Line 9a)

• Part-Year Resident

Enter the total of Schedule CT-1040AW, Line 3, Column B and Column D.

• Nonresident

Enter that part of your federal adjusted gross income (as modified by adjustments on Form CT-1040NR/PY, *Schedule 1*) that represents dividend income earned as a nonresident that is part of the receipts of a business, trade, profession, or occupation carried on in Connecticut or from the ownership of an interest in a pass-through entity doing business in Connecticut and not otherwise exempt from Connecticut income tax. If the business is conducted both in and outside of Connecticut, see the instructions for Line 5.

Line 4: Alimony Received

(federal Form 1040, Line 11)

• Part-Year Resident

Enter the amount from Schedule CT-1040AW, Line 4, Column B.

• Nonresident

This line does not apply to a nonresident.

Line 5: Business Income or (Loss)

(federal Form 1040, Line 12)

• Part-Year Resident

Enter the total of Schedule CT-1040AW, Line 5, Column B and Column D.

• Nonresident

Enter that part of your federal adjusted gross income (as modified by adjustments on Form CT-1040NR/PY, *Schedule 1*) that represents business income (loss) you received from a business, trade, profession, or occupation carried on in Connecticut.

Income from business activities in Connecticut that are considered casual, isolated, or inconsequential is not part of the Connecticut-sourced income of a nonresident. See *Activities Considered Casual, Isolated, or Inconsequential* on Page 8.

Where a business, trade, profession, or occupation is carried on:

Generally, you are considered to be carrying on a business, trade, profession, or occupation (not including personal services as an employee) at the location:

1. Where you maintain, operate, or occupy desk space, an office, a shop, a store, a warehouse, a factory, an agency, or other place where your affairs are regularly carried on (this summary is not all inclusive); **or**
2. Where your business is transacted with a fair measure of permanency and continuity.

You are considered to be carrying on business outside Connecticut

if you maintain, operate, or occupy outside Connecticut, an office, a shop, a store, a warehouse, a factory, an agency, or other place where your business matters are systematically and regularly carried on.

You are not considered to be carrying on business outside Connecticut and may not allocate or apportion business income if you have an occasional or isolated business transaction outside Connecticut or if you have no regular place of business outside of Connecticut.

You are not considered to be carrying on business outside Connecticut if your business activities in Connecticut are considered casual, isolated, or inconsequential. See *Activities Considered Casual, Isolated, or Inconsequential* on Page 8.

Example 1: A plumber, who is a resident of Rhode Island, carries on his business from an office in Danielson, Connecticut. He has maintenance contracts with housing authorities in the Worcester, Massachusetts area which require him to regularly perform his services at various locations in and around Worcester. This taxpayer is considered to be carrying on business in Connecticut (by reason of his office in this state) and in Massachusetts (because his business is conducted there with a fair measure of permanency and continuity).

Example 2: Assume the same facts as in Example 1, except that the taxpayer carries on his business from an office in Auburn, Massachusetts and has maintenance contracts with housing authorities in northeast Connecticut. This taxpayer is considered to be carrying on business in Massachusetts (by reason of his office there) and in Connecticut (because his business is conducted in this state with a fair measure of permanency and continuity).

If income is determined from books and records of the business (allocation of income):

If you are carrying on a business, trade, profession, or occupation both in and outside of Connecticut and you maintain books and records that satisfactorily disclose the portion of income derived from or connected with sources within Connecticut, enter the net profit (loss) from business carried on in Connecticut on Line 5. Complete **Schedule CT-1040BA, Nonresident Business Apportionment**, Schedule A. You can get Schedule CT-1040BA on the DRS website at www.ct.gov/DRS. If you report income using this method, your income reported to other states in which

you carry on your business, where the states permit allocation on the basis of separate books and records, must result in a consistent allocation of income. Where another state does not permit allocation on the basis of separate books and records, a consistent allocation of income may not be possible.

Example 3: In Example 1, assume the plumber allocated, on the basis of separate books and records, the income derived from his plumbing business on his Connecticut nonresident return as follows: The income from his plumbing business is \$134,000, with \$91,500 being from Connecticut business and \$42,500 from Massachusetts business. Therefore, on his Massachusetts return, this taxpayer must also allocate \$91,500 of this income to Connecticut and \$42,500 to Massachusetts since Massachusetts permits allocation on the basis of separate books and records.

Apportionment Formula: If your books and records do not satisfactorily disclose the portion of income derived from or connected with sources within Connecticut, income from business carried on both in and outside of Connecticut must be apportioned by using a prescribed formula or an approved alternative method. Schedule CT-1040BA, containing the formula and other instructions pertaining to the apportionment of business income, must be completed for this purpose and attached to Schedule CT-SI. If you submit an alternative method of apportionment, you must also complete Schedule CT-1040BA and submit all information about your alternative method of apportionment.

Line 6: Capital Gain or (Loss)

(federal Form 1040, Line 13)

• Part-Year Resident

Enter the total of Schedule, CT-1040AW, Line 6, Column B and Column D.

• Nonresident

Enter that part of your federal adjusted gross income (as modified by adjustments on Form CT-1040NR/PY, *Schedule 1*) that represents capital gains (losses) from Connecticut sources in accordance with federal provisions for determining capital gains (losses). This includes a deduction for any capital loss carryover from Connecticut sources as limited by the following highlighted information. Use a copy of federal Form 1040, Schedule D, as a worksheet in determining your Connecticut capital gain (loss). Include in your computations only transactions from Connecticut sources in 2009. If these computations result in a net capital loss for Connecticut purposes, the loss is limited to \$3,000 (\$1,500 if you are married and filing separately) on the Connecticut return. Any balance of a 2009 net capital loss (in excess of the amount claimed on the 2009 return) will be treated as a carryover loss to be claimed on returns for subsequent years.

Capital Transactions From Connecticut Sources: Include transactions resulting in capital gains (losses) derived from real or tangible personal property located within Connecticut, whether or not connected with a trade or business, and capital gains (losses) from stocks, bonds, and other intangible personal property used in or connected with a business, trade, profession, or occupation carried on in Connecticut. Include your share of any capital gain (loss) derived from Connecticut sources of

a partnership of which you are a partner, an estate or trust of which you are a beneficiary, or an S corporation of which you are a shareholder. If any capital gains (losses) are from business property (other than real property) of a business carried on both in and outside of Connecticut, apply the business apportionment method (Schedule CT-1040BA) in determining the Connecticut capital gain (loss). Gains and losses from the sale or disposition of real property are not subject to apportionment. In all cases, use the federal basis of property in computing capital gains (losses).

Line 7: Other Gains or (Losses)

(federal Form 1040, Line 14)

• Part-Year Resident

Enter the total of Schedule CT-1040AW, Line 7, Column B and Column D.

• Nonresident

Enter that part of your federal adjusted gross income (as modified by adjustments on Form CT-1040NR/PY, *Schedule 1*) that represents the gain (loss) from the sale or exchange of non-capital assets from Connecticut sources. Apply the federal provisions for determining gains (losses) from the sale or exchange of other than capital assets to your Connecticut transactions.

Noncapital Transactions From Connecticut Sources:

Include noncapital transactions pertaining to property used in connection with a business, trade, profession, or occupation carried on in Connecticut. Also include your share of any noncapital gain (loss) from a partnership of which you are a partner, an estate or trust of which you are a beneficiary, or an S corporation of which you are a shareholder. If any capital gains (losses) are from business property (other than real property) of a business carried on both in and outside of Connecticut, apply the business apportionment method (Schedule CT-1040BA) to determine the Connecticut capital gain (loss). Gains and losses from the sale or disposition of real property are not subject to apportionment. In all cases, use the federal basis of property to compute capital gains (losses).

Line 8: Taxable Amount of IRA Distributions

(federal Form 1040, Line 15b)

• Part-Year Resident

Enter the amount from Schedule CT-1040AW, Line 8, Column B.

• Nonresident

This line does not apply to a nonresident.

Line 9: Taxable Amount of Pensions and Annuities

(federal Form 1040, Line 16b)

• Part-Year Resident

Enter the amount from Schedule CT-1040AW, Line 9, Column B.

• Nonresident

This line does not apply to a nonresident.

Line 10: Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, Etc.

(federal Form 1040, Line 17)

• Part-Year Resident

Enter the total of Schedule CT-1040AW, Line 10, Column B and Column D.

• Nonresident

Enter that part of your federal adjusted gross income (as modified by adjustments on Form CT-1040NR/PY, *Schedule 1*) that represents income or losses from rents, royalties, partnerships, S corporations, trusts, and estates derived from or connected with Connecticut sources.

Rental and royalty income: As a nonresident, enter rents and royalties from:

1. Real property located in Connecticut, whether or not used in connection with a business;
2. Tangible personal property not used in a business if the property is located in Connecticut; **and**
3. Tangible and intangible personal property used in or connected with a business, trade, profession, or occupation carried on in Connecticut.

If the income is earned by a business carried on both in and outside of Connecticut, apply the business apportionment percentage (Schedule CT-1040BA) or alternative method **only** to items of tangible and intangible personal property used in or connected with the business to determine the income from Connecticut sources. Do **not** apportion income from real property located in Connecticut (whether or not used in a business). That income must be entirely included in Connecticut-sourced income if the real property is located in Connecticut and entirely excluded from Connecticut-sourced income if the real property is located outside Connecticut. Do **not** apportion income from tangible personal property not used in a business. Report on this line your share of any rental or royalty income from a partnership, trust, estate, or S corporation.

Partnerships: As a nonresident, enter your distributive share of partnership income, gain, loss, and deduction derived from or connected with Connecticut sources. The partnership should furnish this information to you on **Schedule CT K-1, Member's Share of Certain Connecticut Items**. If your distributive share includes any other items of partnership income taxable to a nonresident, those items must be entered on the appropriate lines of Schedule CT-SI.

Example: Your share of a partnership's capital gain that is Connecticut source would be included in determining the amount on Line 6.

S corporations: As a nonresident, enter your pro rata share of the S corporation's nonseparately stated items of income or loss (to the extent includable in your Connecticut adjusted gross income) derived from or connected with Connecticut sources. Also, enter your pro rata share of the S corporation's separately stated items of income or loss (such as interest and dividends) derived from or connected with Connecticut sources on the appropriate lines of Schedule CT-SI. The S corporation should furnish this information to you on Schedule CT K-1.

Trusts and estates: As a nonresident beneficiary, enter your share of trust or estate income derived from or connected with Connecticut sources. This information should be provided to you by the fiduciary. If your share includes any items of taxable trust or estate income from Connecticut sources not reported on Line 10, those items should be included on the appropriate lines of Schedule CT-SI.

Passive activity loss limitations: Any deduction for passive activity losses for a nonresident must be recomputed to determine the amounts which would be allowed if the federal adjusted gross income took into account only items of income, gain, loss, or deduction derived from or connected with Connecticut sources.

If you were a **part-year resident**, you must recalculate your passive activity loss limitations as if separate federal returns were filed for your resident and nonresident periods.

Line 11: Farm Income or (Loss)

(federal Form 1040, Line 18)

• Part-Year Resident

Enter the total of Schedule CT-1040AW, Line 11, Column B and Column D.

• Nonresident

Enter that part of your federal adjusted gross income (as modified by adjustments on Form CT-1040NR/PY, *Schedule 1*) that represents income (loss) from farming carried on in Connecticut as a nonresident.

See the instructions for reporting business income (Line 5), including the instructions for reporting income from a business carried on both in and outside of Connecticut.

Line 12: Unemployment Compensation

(federal Form 1040, Line 19)

• Part-Year Resident

Enter the total of Schedule CT-1040AW, Line 12, Column B and Column D.

• Nonresident

Enter that part of federal adjusted gross income that represents unemployment compensation received as a nonresident and derived from or resulting from former employment in Connecticut.

If the unemployment compensation received from Connecticut sources is based on wage or salary income earned partly in and partly outside of Connecticut, figure the amount allocable to Connecticut in the same manner as the wage and salary income on which it is based.

Line 13: Taxable Amount of Social Security Benefits

(federal Form 1040, Line 20b)

• Part-Year Resident

Enter the amount from Schedule CT-1040AW, Line 13, Column B.

• Nonresident

This line does not apply to a nonresident.

Line 14: Other Income

(federal Form 1040, Line 21)

• Part-Year Resident

Enter the total of Schedule CT-1040AW, Line 14, Column B and Column D.

When completing Schedule CT-1040AW, include in Column A the total taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income. This amount should have been entered on Form CT-1040NR/PY, Line 36. In Column B, enter the amount from Column A you received during the period you were a Connecticut resident.

Include on Line 14 any cancellation of debt income. For taxable years ending after December 31, 2008, in computing Connecticut adjusted gross income, a taxpayer making the federal deferral election must add back to his or her federal adjusted gross income the amount of cancellation of debt income deferred for federal income tax purposes.

Also, use Line 14 to report any adjustments to federal adjusted gross income not included on Lines 1 through 13. However, do not include on Line 14 an adjustment for the domestic production activity deduction. There is no need to further modify federal adjusted gross income because this adjustment is not included in Part II.

• Nonresident

Enter that part of federal adjusted gross income from other income derived from or connected with Connecticut sources. Connecticut Lottery winnings are taxable to a nonresident if the proceeds are reported on federal Form W-2G. See *Connecticut-Sourced Income of a Nonresident* on Page 8. Lump-sum distributions from qualified plans are **not** taxable to a nonresident.

Line 15: Gross Income From Connecticut Sources

Add Lines 1 through 14 and enter the total.

Part 2 - Adjustments to Connecticut Income - Line Instructions

Lines 16 - 27

(federal Form 1040, Lines 23 - 34)

• Part-Year Resident

Enter the totals from Schedule CT-1040AW, Lines 16 through 27, Column B and Column D.

• Nonresident

Enter that part of the federal amount that represents adjustments connected with income from Connecticut sources while you were a nonresident.

Any other adjustments to income that relate to wage or salary income earned partly in Connecticut or to income from a business carried on both in and out of Connecticut must be allocated to Connecticut on the same basis as the income to which it relates. Some of these adjustments include IRA deduction, one half of self-employment tax, and self-employment SEP, SIMPLE, and qualified plans.

Line 29: Total Adjustments

Add Lines 16 through 28 and enter the total.

Line 30: Income From Connecticut Sources

Subtract Line 29 from Line 15. Enter the total on Schedule CT-SI, Line 30, and on Form CT-1040NR/PY, Line 6.

Employee Apportionment Worksheet Instructions

Sometimes your employment requires you to work both inside and outside Connecticut, but you do not know the actual amount of income you earned from working in Connecticut. In this case, you must apportion your income. Nonresidents and part-year residents who were employed in Connecticut during the nonresidency period must use the Employee Apportionment Worksheet for this purpose. **Part-year residents may not apportion income earned while they were residents of Connecticut.**

If your business activities in Connecticut are considered casual, isolated, or inconsequential, income from those activities is not considered Connecticut-sourced income of a nonresident. See *Activities Considered Casual, Isolated, or Inconsequential* on Page 8.

Who May Not Apportion Income

If you know the actual amount of your Connecticut-sourced income, you may not apportion. Simply report your income taxable in Connecticut on your Connecticut return. Examples of individuals who are not permitted to apportion include:

1. An employee whose actual Connecticut income is shown on federal Form W-2; **and**
2. An employee whose W-2 does not indicate initially his or her actual Connecticut income but whose employer issued a corrected W-2 or other statement which breaks down this amount. Since your employer is required by law to withhold Connecticut income tax on your Connecticut wages, this breakdown should be easy to obtain.

Nonresident employees who work inside and outside Connecticut should complete **CT-W4NA, Employee's Withholding or Exemption Certificate - Nonresident Apportionment**. The employer will use the information on Form CT-W4NA along with Form CT-W4 to withhold the correct amount of Connecticut income tax for services performed in this state.

Who Must Use the Employee Apportionment Worksheet

If your employment required you to perform services both inside and outside Connecticut and **you do not know the actual amount of income you earned in Connecticut**, you must use the Employee Apportionment Worksheet if you fit into any of the categories listed below:

1. An employee who is compensated on an hourly, daily, weekly, or monthly basis;
2. An employee whose compensation depends upon sales, at least some of which take place outside of Connecticut; **or**
3. An employee whose compensation is based on miles.

How Do I Complete the Employee Apportionment Worksheet

If you qualify to use the *Employee Apportionment Worksheet*, select the appropriate basis on Page 32 and then follow the instructions. If you have more than one job requiring the use of the worksheet, complete a worksheet for each job.

Working Day Basis

Employees who qualify to use the *Employee Apportionment Worksheet* and who are compensated on an hourly, daily, weekly, or monthly basis should use the working day basis to apportion their income. The income of these taxpayers is apportioned to Connecticut in the same proportion that the amount of time spent working in Connecticut bears to the total working time.

Line A: Working Days Outside Connecticut

Enter the number of days you worked outside of Connecticut.

Line B: Working Days Inside Connecticut

Enter the number of days you worked inside of Connecticut.

Working days do not include days on which you were not required to work, such as holidays, sick days, vacations, and paid or unpaid leave. If you spent a working day partly inside and partly outside of Connecticut, treat the day as having been spent one half inside Connecticut.

Line C: Total Working Days

Add Line A and Line B and enter the total on Line C.

Line D: Nonworking Days

Enter your nonworking days. Your nonworking days are those days during the year (or during the period you worked if your job lasted less than a year) that you are not required to work, such as Saturdays, Sundays, holidays, sick days, vacation, and leave with or without pay.

Line E: Connecticut Ratio

Divide Line B by Line C and enter the result on Line E.

Line F: Total Income Being Apportioned

Enter your total income from employment earned both inside and outside of Connecticut.

Line G: Connecticut Income

Multiply Line E by Line F.

• Part-Year Resident

Enter the result here and on Schedule CT-1040AW, Line 1, Column D.

• Nonresident

Enter the result here and on Schedule CT-SI, Line 1.

Example: An auditor living in Massachusetts is employed by an accounting firm in Hartford at an annual salary of \$33,000. She works a total of 240 days in 2009, performing field audits in Rhode Island on 160 days of the year and working 80 days in Hartford. Her Connecticut adjusted gross income derived from or connected with sources within this state is \$11,000 computed as follows:

$$\$33,000 \times \frac{80}{240} = \$11,000$$

Basis If Other Than Working Days

If you are using the sales or mileage basis, substitute sales or mileage for working days and complete all items in the worksheet except Line D. Indicate what basis you are using in the space provided and enter your Connecticut income from Line G on the appropriate line(s) of Schedule CT-SI.

Sales Basis

Where compensation of a salesperson, agent, or other employee is based in whole or in part upon commissions from sales, Connecticut adjusted gross income derived from or connected with sources within Connecticut is determined by multiplying the gross compensation earned from sales everywhere, determined as if the nonresident were a resident, by a fraction. The numerator is the amount of sales made within Connecticut and the denominator is the amount of sales made everywhere. The amount of sales is determined on the same basis as that on which the amount of sales is determined for purposes of figuring the individual's commissions. The determination of whether sales are made within Connecticut or elsewhere is based upon where the salesperson, agent, or employee performs the activities in obtaining the order, not the location of the formal acceptance of the contract.

Mileage Basis

Where an employee's wages are based on mileage, Connecticut adjusted gross income derived from or connected with sources within this state is determined by multiplying the employee's gross wages, determined as if the nonresident were a resident, wherever earned, from the employment which includes employment carried on in Connecticut, by a fraction. The numerator is the employee's total mileage traveled in Connecticut and the denominator is the employee's total mileage upon which the employer computes total wages.

Schedule CT-1040AW Instructions

General Information

Part-year resident individuals **must** complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*, to calculate Connecticut-sourced income for the entire taxable year. After completing Schedule CT-1040AW, add the amount in Column B to the amount in Column D and transfer each total to the corresponding line of Schedule CT-SI.

Special Accrual

Report in Column B if you moved out of Connecticut, or Column C if you moved into Connecticut, all items you would be required to report if you were filing a federal return on the accrual basis for the period before you changed your resident status. Combine these accrual amounts with the corresponding amounts on Lines 1 through 30.

A part-year resident must recognize and report items of income, gain, loss, or deduction on the accrual basis regardless of the method of accounting normally used. In general, an item of income is subject to special accrual if the right to receive it is fixed and the amount to be paid is determinable with reasonable accuracy at the time residency status is changed. See *Items Subject to Special Accrual* on Page 8.

Wage Apportionment

If your salary or wages while you were a nonresident were earned partially in Connecticut, you have to determine how much should be apportioned to Connecticut and enter that amount in Column D. If you do not know the actual amount of income you earned from working in Connecticut, complete the *Employee Apportionment Worksheet* on Schedule CT-SI.

Partners and S Corporation Shareholders

Part-year residents must:

- Include in Column B their distributive share of partnership income, gain, loss, and deduction or their pro rata share of S corporation income, gain, loss, and deduction, to the extent included in Connecticut adjusted gross income during their taxable year, prorated to their Connecticut resident period based on the number of days they resided in Connecticut.
- Include in Column D, their distributive share of partnership income, gain, loss, and deduction or their pro rata share of S corporation income, gain, loss, and deduction, to the extent included in Connecticut adjusted gross income during their taxable year, prorated to their Connecticut nonresident period based on the number of days they resided outside of Connecticut, but only to the extent the prorated amount of income, gain, loss, and deduction is derived from or connected with Connecticut sources.

Part 1 – Adjusted Gross Income

Column A: Federal Income as Modified

Enter the amounts of income reported on your federal return as modified by amounts on Form CT-1040NR/PY, *Schedule 1*, plus all items you would be required to include if you were filing a federal return on the accrual basis. See *Items Subject to Special Accrual* on Page 8 and *Schedule 1 – Modifications to Federal Adjusted Gross Income* on Page 19.

Column B: Connecticut Resident Period

Enter that part of the amount from Column A you earned during the period you were a Connecticut resident.

Column C: Connecticut Nonresident Period

Enter that part of the amount from Column A you earned during the period you were a nonresident of Connecticut.

Column D: Nonresident Period Connecticut-Sourced Income

Enter that part for the amount from Column C you earned while a nonresident that was derived from or connected with Connecticut sources including, but not limited to:

1. Services you performed in Connecticut;
2. Real or tangible personal property located in Connecticut; **and**
3. Businesses, trades, professions, or occupations conducted in Connecticut. See *Connecticut-Sourced Income of a Nonresident* on Page 8.

Refer to each specific line instruction for Schedule CT-SI, Part 1, on Page 27 to determine the income from Connecticut sources earned during your nonresident period.

Part 2 – Adjustments to Income

Column A: Federal Income as Modified

Enter the amounts of adjustments reported on your federal return plus all items you would be required to include if you were filing a federal return on the accrual basis. See *Items Subject to Special Accrual* on Page 8.

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.

Column B: Connecticut Resident Period

Enter that part of the adjustments from Column A you earned during the period you were a Connecticut resident.

Column C: Connecticut Nonresident Period

Enter that part of the adjustments from Column A you earned during the period you were a nonresident of Connecticut.

Column D: Nonresident Period Connecticut-Sourced Income

See Schedule CT-SI, Part 2, Lines 16 through 30, on Page 31. Enter that part of the adjustments from Column C you earned while a nonresident that was derived from or connected with Connecticut sources.

Example: Mark moved from California to Connecticut on September 15. On Mark's federal return, he reported \$50,000 in total wages. \$10,000 was earned while Mark was a Connecticut resident. On Line 1, Mark enters \$50,000 in Column A, \$10,000 in Column B, \$40,000 in Column C, and \$0 in Column D. No income was earned in Connecticut prior to the move.

Mark also claimed moving expenses of \$3,000 on federal Form 1040, Line 26. This amount was specified in a contract he entered into with a moving company before he moved out of California. He also had an IRA deduction of \$2,000 on federal Form 1040 or federal Form 1040A. He would enter \$3,000 in Column A, \$0 in Column B, \$3,000 in Column C, and \$0 in Column D. The entire moving deduction is included in Column C because the moving expense was fixed and determinable before he moved out of California. For the IRA deduction, he would enter \$2,000 in Column A, \$400 in Column B ($10,000/50,000 \times \$2,000$), \$1,600 in Column C ($40,000/50,000 \times \$2,000$), and \$0 in Column D.

Part 3 – Part-Year Resident Information

All part-year residents must complete this section in its entirety.

Attach Schedule CT-1040AW to Form CT-1040NR/PY.

Schedule CT-1040BA Instructions

General Instructions

Schedule CT-1040BA, Nonresident Business Apportionment, (available on the DRS website at www.ct.gov/DRS) must be completed by nonresidents and part-year residents (for the nonresidency portion of the year) if they are carrying on business both in and outside Connecticut and required to allocate or apportion business income.

Who Must Allocate or Apportion Business Income

An allocation or apportionment of business income must be made if you are a nonresident and you are carrying on business both in and outside of Connecticut.

Generally, you are considered to be carrying on business at the location:

1. Where you maintain, operate, or occupy desk space, an office, a shop, a store, a warehouse, a factory, an agency, or other place where your affairs are regularly carried on (this summary is not all inclusive); **or**

2. Where your business is transacted with a fair measure of permanency and continuity.

You are considered to be carrying on business outside Connecticut if you maintain, operate, or occupy outside Connecticut, an office, a shop, a store, a warehouse, a factory, an agency, or other place where your business matters are systematically and regularly carried on.

You are not considered to be carrying on business outside Connecticut and may not allocate or apportion business income if you have an occasional or isolated business transaction outside Connecticut or if you have no regular place of business outside of Connecticut.

You are not considered to be carrying on business in Connecticut if your business activities in Connecticut are considered casual, isolated, or inconsequential. See *Activities Considered Casual, Isolated, or Inconsequential* on Page 8.

Example 1: A plumber, who is a resident of Rhode Island, carries on his business from an office in Danielson, Connecticut. He has maintenance contracts with housing authorities in the Worcester, Massachusetts, area that require him to regularly perform his services at various locations in and around Worcester. This taxpayer is considered to be carrying on business in Connecticut (by reason of his office in this state) and in Massachusetts (because his business is conducted there with a fair measure of permanency and continuity).

Example 2: Assume the same facts as in Example 1 except that the taxpayer carries on his business from an office in Auburn, Massachusetts, and has maintenance contracts with housing authorities in northeast Connecticut that require him to regularly perform his services at various locations in and around Connecticut. This taxpayer is considered to be carrying on business in Massachusetts (by reason of his office there) and in Connecticut (because his business is conducted here with a fair measure of permanency and continuity).

Who Must Complete Schedule A

Any nonresidents who are required to allocate or apportion income because they carry on business both in and outside of Connecticut must complete *Schedule A*.

If income is determined from books and records of the business (allocation of income): If you carry on business both in and outside of Connecticut and maintain books and records that satisfactorily disclose the portion of business income derived from or connected with sources within Connecticut, check the box in the space immediately below *Schedule A*. **Do not** complete *Schedule B*.

If you report income using this method, your income reported to other states in which you carry on your business, where the states permit allocation on the basis of separate books and records, must result in a consistent allocation of income. Where another state does not permit allocation on the basis of separate books and records, such a consistent allocation of income may not be possible.

Example 3: Assume the same facts as in Example 1 except that the plumber allocated, on the basis of separate books and records, the income derived from his plumbing business on his Connecticut nonresident return. The income from his plumbing business is \$134,000, with \$91,500 being from Connecticut business and \$42,500 from Massachusetts business. Therefore, on his Massachusetts return, this taxpayer must also allocate \$91,500 of this income to Connecticut and \$42,500 to Massachusetts since Massachusetts permits allocation on the basis of separate books and records.

Who Must Complete Schedule B

If your books and records do not satisfactorily disclose the portion of business income derived from or connected with sources within Connecticut, income from business carried on both in and outside of Connecticut must be apportioned by using the **business apportionment percentage** (arrived at by completing *Schedule B*) or by using an approved alternative method. *Schedule B* of Schedule CT-1040BA must be completed for this purpose and attached to Form CT-1040NR/PY. If you submit an alternative method of apportionment, you must also complete Schedule CT-1040BA and include with it information explaining the alternative method of apportionment.

The business apportionment percentage or alternative method is **not** applied to income from the rental of real property or gains (losses) from the sale of real property. The entire rental income from **Connecticut** real property or gain from the sale of the property is allocated to Connecticut and the entire amount of any loss from the sale is allocated to Connecticut. Rental income from real property located **outside** Connecticut or gain from the sale of this property is allocated outside Connecticut. Any loss connected with the property is allocated outside Connecticut.

The business apportionment percentage is applied to business income (loss), farm income (loss), or to the income from intangible personal property (such as annuities, dividends, interest, and gains from the disposition of intangible personal property) if the property is used in or connected with a business carried on both in and outside of Connecticut.

If you carried on more than one business for which an apportionment of business income is required on Schedule CT-1040BA, prepare a separate Schedule CT-1040BA for each business and attach all schedules to Form CT-1040NR/PY.

Specific Instructions

Schedule A

In Column 1 and Column 2, list the exact locations both in and outside of Connecticut where you carry on business. In Column 3, describe the places listed in Column 1 and Column 2 (for example, branch office, agency, factory, warehouse, etc.) **and** state whether you rent or own these places.

Schedule B

Complete this schedule if business is carried on both in and outside of Connecticut and you do not maintain books and records that satisfactorily disclose the portion of business income derived from or connected with sources within Connecticut.

Line 1: Real Property Owned

Enter in Column A the average value of all real property owned, wherever located, by the business. Do not include in Column A the average value of real property rented to others or sold, exchanged, or otherwise disposed of during the taxable year. Enter in Column B the average value of real property owned by the business and located in Connecticut. Do not include in Column B the average value of Connecticut real property rented to others or sold, exchanged, or otherwise disposed of during the taxable year. Real property includes assets of a fixed nature, such as buildings and land.

The average value of property is determined by adding its fair market value at the beginning and at the end of the taxable year and dividing the result by two.

Line 2: Real Property Rented From Others

Enter the value of all real property rented from others in Column A and the value of Connecticut real property rented from others in Column B.

The value of real property rented by the business and included in Line 2 generally is eight times the gross rent payable during the taxable year for which the return is filed. Gross rent includes:

1. Any amount payable for the use or possession of real property, or any part of it, whether designated as a fixed sum of money or as a percentage of sales, profits, or otherwise;
2. Any amount payable as additional rent or in lieu of rent, such as interest, taxes, insurance, repairs, or any other amount required to be paid by the terms of a lease or other agreement; **and**
3. A proportion of the cost of any improvement to real property made by or on behalf of the business which reverts to the owner or lessor upon termination of a lease or other arrangement. However, if a building is erected on leased land by or on behalf of the business, the value of the building is determined in the same manner as if it were owned by the business.

Line 3: Tangible Personal Property Owned or Rented From Others

Enter in Column A the average value of all tangible personal property owned by the business and the value of all tangible personal property rented from others by the business. Enter in Column B the average value of tangible personal property located in Connecticut that is owned by the business and the value of tangible personal property located in Connecticut that is rented from others by the business. If tangible personal property is rented from others by the business, its value is determined by multiplying the gross rents payable during the taxable year by eight. If tangible personal property is owned by the business, its average value is determined by adding its book value at the beginning and at the end of the taxable year and dividing the result by two.

Line 4: Property Percentage

Add Lines 1, 2, and 3 in Column A and Column B and enter the result.

Divide Column B by Column A. Carry the result to four decimal places and enter it as a percentage in Column C. For example, .6667 is entered as 66.67%.

Line 5: Payroll Percentage

Enter wages, salaries, and other personal service compensation paid only to employees of the business. Do not include payments to independent contractors, independent sales agents, etc. Enter in Column A the total compensation paid to employees during the taxable year in connection with business operations carried on both in and outside of Connecticut. Enter in Column B the amount paid in connection with business operations carried on in Connecticut. The compensation paid for services is in connection with operations carried on in Connecticut if the employee works in or travels out of an office or other place of business located in Connecticut.

Divide Column B by Column A. Carry the result to four decimal places and enter it as a percentage in Column C. For example, .6667 is entered as 66.67%.

Line 6: Gross Income Percentage

Enter in Column A total gross sales made or charges for services performed by the proprietor or by employees, agents, agencies, or independent contractors of the business in and outside of Connecticut. Enter in Column B the portion of total gross sales or charges which represents sales made, or charges for services performed, by the proprietor or by employees, agents, agencies, or independent contractors situated at, connected with, or sent out from offices of the business or its agencies located in Connecticut.

Example: If a salesperson working out of the Connecticut office of the business covers Connecticut, Massachusetts, and Rhode Island, all sales made by him are to be allocated to Connecticut and included on Line 6, Column B.

Divide Column B by Column A. Carry the result to four decimal places and enter it as a percentage in Column C. For example, .6667 is entered as 66.67%.

Line 7: Total of Percentages

Add Lines 4, 5, and 6 in Column C and enter the total.

Line 8: Business Apportionment Percentage

Divide Line 7 by three or by the actual number of percentages if less than three. Do not divide by three if you have entered zero in Column A for Lines 4, 5, or 6. Divide by the actual number of lines where you have entered an amount other than zero in Column A. Carry the result to four decimal places and enter the result as a percentage.

Each item of business income (loss) reported on federal Form 1040, which is required by these instructions to be apportioned, is multiplied by the percentage on Line 8. Nonresidents enter the apportioned amounts on the proper lines of Schedule CT-SI. Part-year residents enter the apportioned amounts on the proper lines of Schedule CT-1040AW, Column D.

Do not apply the business apportionment percentage to income from the rental of real property or gains or losses from the sale of real property. The entire rental income from Connecticut real property or gain from the sale of the property is allocated to Connecticut and the entire amount of any loss from the sale is allocated to Connecticut. Rental income from real property located **outside Connecticut or any gain or loss from the sale of this property is allocated out of state.**

Schedule 3 - Individual Use Tax Line Instructions

Do You Owe Use Tax?

In general, goods or services purchased out-of-state and subject to the Connecticut sales tax if those goods or services are purchased from a Connecticut retailer are subject to the Connecticut use tax. Generally, individuals who purchased goods from mail order companies or over the Internet and had those goods shipped to Connecticut and individuals who purchased goods at out-of-state locations and brought those goods back into Connecticut are subject to the Connecticut use tax if they did not pay Connecticut sales tax. Complete Form CT-1040NR/PY, *Schedule 3 - Individual Use Tax*, to calculate your use tax liability.

List separately any individual item with a purchase price of **\$300 or more**. 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 price of these items should be reported. Multiply the sales and use tax rate of 6% by the purchase price of the item and enter the result. Enter the total tax for all taxable purchases on *Schedule 3*, Line 62 and Form CT-1040NR/PY, Line 17.

See **Informational Publication 2009(33)**, *Q&A on the Connecticut Individual Use Tax*.

If you require additional lines, you should create an identical schedule and attach it to the back of your Form CT-1040NR/PY.

Enter only those purchases subject to use tax that you have not previously reported on **Form OP-186**, *Connecticut Individual Use Tax Return*.

You must enter "0" on Line 17 of Form CT-1040NR/PY if no Connecticut use tax is due. If you do not make an entry on Line 17, you will not have filed a use tax return.

Line 62

Complete *Schedule 3 - Individual Use Tax* and enter the total use tax due on Line 62 and on Form CT-1040NR/PY, Line 17.

Use tax is due when taxable purchases are made but Connecticut sales tax is not paid. Any individual or business purchasing taxable goods or services for use in Connecticut without paying Connecticut sales tax **must** pay use tax. In general, the use tax rate for taxable goods or services is 6%. However, computer and data processing services are taxed at 1%.

The table below illustrates the use tax due for various levels of purchases subject to use tax.

Sample Use Tax Table

| Total Purchases Subject to Use Tax | Use Tax Due | Total Purchases Subject to Use Tax | Use Tax Due | Total Purchases Subject to Use Tax | Use Tax Due |
|--|----------------|--|----------------|--|----------------|
| \$ 25.00 | \$ 1.50 | \$ 1,100.00 | \$ 66.00 | \$ 3,200.00 | \$ 192.00 |
| 50.00 | 3.00 | 1,200.00 | 72.00 | 3,300.00 | 198.00 |
| 75.00 | 4.50 | 1,300.00 | 78.00 | 3,400.00 | 204.00 |
| 100.00 | 6.00 | 1,400.00 | 84.00 | 3,500.00 | 210.00 |
| 150.00 | 9.00 | 1,500.00 | 90.00 | 3,600.00 | 216.00 |
| 200.00 | 12.00 | 1,600.00 | 96.00 | 3,700.00 | 222.00 |
| 250.00 | 15.00 | 1,700.00 | 102.00 | 3,800.00 | 228.00 |
| 300.00 | 18.00 | 1,800.00 | 108.00 | 3,900.00 | 234.00 |
| 350.00 | 21.00 | 1,900.00 | 114.00 | 4,000.00 | 240.00 |
| 400.00 | 24.00 | 2,000.00 | 120.00 | 4,100.00 | 246.00 |
| 450.00 | 27.00 | 2,100.00 | 126.00 | 4,200.00 | 252.00 |
| 500.00 | 30.00 | 2,200.00 | 132.00 | 4,300.00 | 258.00 |
| 550.00 | 33.00 | 2,300.00 | 138.00 | 4,400.00 | 264.00 |
| 600.00 | 36.00 | 2,400.00 | 144.00 | 4,500.00 | 270.00 |
| 650.00 | 39.00 | 2,500.00 | 150.00 | 4,600.00 | 276.00 |
| 700.00 | 42.00 | 2,600.00 | 156.00 | 4,700.00 | 282.00 |
| 750.00 | 45.00 | 2,700.00 | 162.00 | 4,800.00 | 288.00 |
| 800.00 | 48.00 | 2,800.00 | 168.00 | 4,900.00 | 294.00 |
| 850.00 | 51.00 | 2,900.00 | 174.00 | 5,000.00 | 300.00 |
| 900.00 | 54.00 | 3,000.00 | 180.00 | | |
| 1,000.00 | 60.00 | 3,100.00 | 186.00 | | |

Amended Returns

Purpose: Use a 2009 Form CT-1040X to amend a previously-filed 2009 Connecticut income tax return for individuals. If Form CT-1040X is filed to have an overpayment of Connecticut income tax refunded or credited, it must be filed before the Connecticut statute of limitations expires. Generally, the Connecticut statute of limitations for refunding or crediting any Connecticut income tax overpayment expires three years after the due date of the return, but if a timely request for an extension of time to file a return was filed, the statute of

limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If you were required to file an amended return, but failed to do so, a penalty may be imposed. Interest will also be assessed on any additional Connecticut income tax not paid on or before the due date. See *Interest and Penalties* on Page 12.

Visit the DRS **Taxpayer Service Center (TSC)** at www.ct.gov/TSC to file Form CT-1040X online.

You must file Form CT-1040X in the following circumstances:

| | |
|--|--|
| <p>1. The IRS or federal courts change or correct your federal income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. You filed a timely amended federal income tax return and the amendment results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your timely amended federal return. If you file Form CT-1040X no later than 90 days after the date of filing the timely amended federal income tax return, any Connecticut income tax overpayment resulting from filing the timely amended federal income tax return will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and the tax officials or courts of the qualifying jurisdiction made a change or correction to your income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination and you claimed credit for income tax paid to a qualifying jurisdiction on your original income tax return, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>4. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and you filed a timely amended income tax return with that qualifying jurisdiction and the amendment results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your amended return with the qualifying jurisdiction. If you file Form CT-1040X no later than 90 days after the final determination and you claimed credit for income tax paid to a qualifying jurisdiction on your original income tax return, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>5. If none of the above circumstances apply, but you made a mistake or omission on your Connecticut income tax return and the mistake or omission results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than three years after the due date of your return, or if you filed a timely request for an extension of time to file, three years after the date of filing the return or three years after the extended due date, whichever is earlier.</p> |

Do not file Form CT-1040X for any of the following reasons:

- To have an overpayment refunded instead of applied to next year's estimated tax or to change your contributions to designated charities. The elections that you made on your original return **cannot** be changed by filing Form CT-1040X.
- To amend your Connecticut income tax return for an earlier year to claim a credit for income tax paid on income included in your Connecticut adjusted gross income for that year and repaid in a later taxable year. File **Form CT-1040CRC, Claim of Right Credit**, with your Connecticut income tax return for the later taxable year.

Financial Disability: If you are financially disabled, as defined in I.R.C. §6511(h)(2), the time for having an overpayment of Connecticut income tax refunded or credited to you is extended for as long as you are financially disabled. You are considered financially disabled if you are unable to manage your own affairs by reason of a medically determinable physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months. You are not considered financially disabled during any period that your spouse or any other person is authorized to act on your behalf in financial matters. See **Policy Statement 2001(14), Claims for Refund Made by Financially Disabled Individuals.**

Table A - Exemptions for 2009 Taxable Year

Use the filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule, Line 1*) to determine your exemption.

| Single | | | Filing Jointly/Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|-----------------|-------------------------------------|-----------------------|-----------------|-------------------|-----------------------|-----------------|-------------------|-----------------------|-----------------|
| Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$ 0 | \$26,000 | \$13,000 | \$ 0 | \$48,000 | \$24,000 | \$ 0 | \$24,000 | \$12,000 | \$ 0 | \$38,000 | \$19,000 |
| \$26,000 | \$27,000 | \$12,000 | \$48,000 | \$49,000 | \$23,000 | \$24,000 | \$25,000 | \$11,000 | \$38,000 | \$39,000 | \$18,000 |
| \$27,000 | \$28,000 | \$11,000 | \$49,000 | \$50,000 | \$22,000 | \$25,000 | \$26,000 | \$10,000 | \$39,000 | \$40,000 | \$17,000 |
| \$28,000 | \$29,000 | \$10,000 | \$50,000 | \$51,000 | \$21,000 | \$26,000 | \$27,000 | \$ 9,000 | \$40,000 | \$41,000 | \$16,000 |
| \$29,000 | \$30,000 | \$ 9,000 | \$51,000 | \$52,000 | \$20,000 | \$27,000 | \$28,000 | \$ 8,000 | \$41,000 | \$42,000 | \$15,000 |
| \$30,000 | \$31,000 | \$ 8,000 | \$52,000 | \$53,000 | \$19,000 | \$28,000 | \$29,000 | \$ 7,000 | \$42,000 | \$43,000 | \$14,000 |
| \$31,000 | \$32,000 | \$ 7,000 | \$53,000 | \$54,000 | \$18,000 | \$29,000 | \$30,000 | \$ 6,000 | \$43,000 | \$44,000 | \$13,000 |
| \$32,000 | \$33,000 | \$ 6,000 | \$54,000 | \$55,000 | \$17,000 | \$30,000 | \$31,000 | \$ 5,000 | \$44,000 | \$45,000 | \$12,000 |
| \$33,000 | \$34,000 | \$ 5,000 | \$55,000 | \$56,000 | \$16,000 | \$31,000 | \$32,000 | \$ 4,000 | \$45,000 | \$46,000 | \$11,000 |
| \$34,000 | \$35,000 | \$ 4,000 | \$56,000 | \$57,000 | \$15,000 | \$32,000 | \$33,000 | \$ 3,000 | \$46,000 | \$47,000 | \$10,000 |
| \$35,000 | \$36,000 | \$ 3,000 | \$57,000 | \$58,000 | \$14,000 | \$33,000 | \$34,000 | \$ 2,000 | \$47,000 | \$48,000 | \$ 9,000 |
| \$36,000 | \$37,000 | \$ 2,000 | \$58,000 | \$59,000 | \$13,000 | \$34,000 | \$35,000 | \$ 1,000 | \$48,000 | \$49,000 | \$ 8,000 |
| \$37,000 | \$38,000 | \$ 1,000 | \$59,000 | \$60,000 | \$12,000 | \$35,000 | and up | \$ 0 | \$49,000 | \$50,000 | \$ 7,000 |
| \$38,000 | and up | \$ 0 | \$60,000 | \$61,000 | \$11,000 | | | | \$50,000 | \$51,000 | \$ 6,000 |
| | | | \$61,000 | \$62,000 | \$10,000 | | | | \$51,000 | \$52,000 | \$ 5,000 |
| | | | \$62,000 | \$63,000 | \$ 9,000 | | | | \$52,000 | \$53,000 | \$ 4,000 |
| | | | \$63,000 | \$64,000 | \$ 8,000 | | | | \$53,000 | \$54,000 | \$ 3,000 |
| | | | \$64,000 | \$65,000 | \$ 7,000 | | | | \$54,000 | \$55,000 | \$ 2,000 |
| | | | \$65,000 | \$66,000 | \$ 6,000 | | | | \$55,000 | \$56,000 | \$ 1,000 |
| | | | \$66,000 | \$67,000 | \$ 5,000 | | | | \$56,000 | and up | \$ 0 |
| | | | \$67,000 | \$68,000 | \$ 4,000 | | | | | | |
| | | | \$68,000 | \$69,000 | \$ 3,000 | | | | | | |
| | | | \$69,000 | \$70,000 | \$ 2,000 | | | | | | |
| | | | \$70,000 | \$71,000 | \$ 1,000 | | | | | | |
| | | | \$71,000 | and up | \$ 0 | | | | | | |

Table B - Connecticut Income Tax for 2009 Taxable Year

Use the filing status shown on the front of your return.

| | |
|---|---|
| <p>Single or Filing Separately</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$10,000..... 3%</p> <p>More than \$10,000, but less than or equal to \$500,000..... \$300 plus 5% of the excess over \$10,000</p> <p>More than \$500,000 \$24,800 plus 6.5% of the excess over \$500,000</p> | <p>Examples: Line 3 is \$13,000; Line 4 is \$450.</p> <p>\$13,000 - \$10,000 = \$3,000 \$3,000 x .05 = \$150 \$300 + \$150 = \$450</p> <p>Line 3 is \$525,000; Line 4 is \$26,425.</p> <p>\$525,000 - \$500,000 = \$25,000 \$25,000 x .065 = \$1,625 \$24,800 + \$1,625 = \$26,425</p> |
| <p>Head of Household</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$16,000..... 3%</p> <p>More than \$16,000, but less than or equal to \$800,000..... \$480 plus 5% of the excess over \$16,000</p> <p>More than \$800,000 \$39,680 plus 6.5% of the excess over \$800,000</p> | <p>Examples: Line 3 is \$20,000; Line 4 is \$680.</p> <p>\$20,000 - \$16,000 = \$4,000 \$4,000 x .05 = \$200 \$480 + \$200 = \$680</p> <p>Line 3 is \$825,000; Line 4 is \$41,305.</p> <p>\$825,000 - \$800,000 = \$25,000 \$25,000 x .065 = \$1,625 \$39,680 + \$1,625 = \$41,305</p> |
| <p>Filing Jointly/Qualifying Widow(er)</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$20,000..... 3%</p> <p>More than \$20,000, less than or equal to \$1,000,000 \$600 plus 5% of the excess over \$20,000</p> <p>More than \$1,000,000 \$49,600 plus 6.5% of the excess over \$1,000,000</p> | <p>Examples: Line 3 is \$22,500; Line 4 is \$725.</p> <p>\$22,500 - \$20,000 = \$2,500 \$2,500 x .05 = \$125 \$600 + \$125 = \$725</p> <p>Line 3 is \$1,100,000; Line 4 is \$56,100.</p> <p>\$1,100,000 - \$1,000,000 = \$100,000 \$100,000 x .065 = \$6,500 \$49,600 + \$6,500 = \$56,100</p> |

Table C - Personal Tax Credits for 2009 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule, Line 1*) to determine your decimal amount.

| Single | | | Filing Jointly or Qualified Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|----------------|---------------------------------------|-----------------------|----------------|-------------------|-----------------------|----------------|-------------------|-----------------------|----------------|
| Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$13,000 | \$16,300 | .75 | \$24,000 | \$30,000 | .75 | \$12,000 | \$15,000 | .75 | \$19,000 | \$24,000 | .75 |
| \$16,300 | \$16,800 | .70 | \$30,000 | \$30,500 | .70 | \$15,000 | \$15,500 | .70 | \$24,000 | \$24,500 | .70 |
| \$16,800 | \$17,300 | .65 | \$30,500 | \$31,000 | .65 | \$15,500 | \$16,000 | .65 | \$24,500 | \$25,000 | .65 |
| \$17,300 | \$17,800 | .60 | \$31,000 | \$31,500 | .60 | \$16,000 | \$16,500 | .60 | \$25,000 | \$25,500 | .60 |
| \$17,800 | \$18,300 | .55 | \$31,500 | \$32,000 | .55 | \$16,500 | \$17,000 | .55 | \$25,500 | \$26,000 | .55 |
| \$18,300 | \$18,800 | .50 | \$32,000 | \$32,500 | .50 | \$17,000 | \$17,500 | .50 | \$26,000 | \$26,500 | .50 |
| \$18,800 | \$19,300 | .45 | \$32,500 | \$33,000 | .45 | \$17,500 | \$18,000 | .45 | \$26,500 | \$27,000 | .45 |
| \$19,300 | \$19,800 | .40 | \$33,000 | \$33,500 | .40 | \$18,000 | \$18,500 | .40 | \$27,000 | \$27,500 | .40 |
| \$19,800 | \$21,700 | .35 | \$33,500 | \$40,000 | .35 | \$18,500 | \$20,000 | .35 | \$27,500 | \$34,000 | .35 |
| \$21,700 | \$22,200 | .30 | \$40,000 | \$40,500 | .30 | \$20,000 | \$20,500 | .30 | \$34,000 | \$34,500 | .30 |
| \$22,200 | \$22,700 | .25 | \$40,500 | \$41,000 | .25 | \$20,500 | \$21,000 | .25 | \$34,500 | \$35,000 | .25 |
| \$22,700 | \$23,200 | .20 | \$41,000 | \$41,500 | .20 | \$21,000 | \$21,500 | .20 | \$35,000 | \$35,500 | .20 |
| \$23,200 | \$27,100 | .15 | \$41,500 | \$50,000 | .15 | \$21,500 | \$25,000 | .15 | \$35,500 | \$44,000 | .15 |
| \$27,100 | \$27,600 | .14 | \$50,000 | \$50,500 | .14 | \$25,000 | \$25,500 | .14 | \$44,000 | \$44,500 | .14 |
| \$27,600 | \$28,100 | .13 | \$50,500 | \$51,000 | .13 | \$25,500 | \$26,000 | .13 | \$44,500 | \$45,000 | .13 |
| \$28,100 | \$28,600 | .12 | \$51,000 | \$51,500 | .12 | \$26,000 | \$26,500 | .12 | \$45,000 | \$45,500 | .12 |
| \$28,600 | \$29,100 | .11 | \$51,500 | \$52,000 | .11 | \$26,500 | \$27,000 | .11 | \$45,500 | \$46,000 | .11 |
| \$29,100 | \$52,000 | .10 | \$52,000 | \$96,000 | .10 | \$27,000 | \$48,000 | .10 | \$46,000 | \$74,000 | .10 |
| \$52,000 | \$52,500 | .09 | \$96,000 | \$96,500 | .09 | \$48,000 | \$48,500 | .09 | \$74,000 | \$74,500 | .09 |
| \$52,500 | \$53,000 | .08 | \$96,500 | \$97,000 | .08 | \$48,500 | \$49,000 | .08 | \$74,500 | \$75,000 | .08 |
| \$53,000 | \$53,500 | .07 | \$97,000 | \$97,500 | .07 | \$49,000 | \$49,500 | .07 | \$75,000 | \$75,500 | .07 |
| \$53,500 | \$54,000 | .06 | \$97,500 | \$98,000 | .06 | \$49,500 | \$50,000 | .06 | \$75,500 | \$76,000 | .06 |
| \$54,000 | \$54,500 | .05 | \$98,000 | \$98,500 | .05 | \$50,000 | \$50,500 | .05 | \$76,000 | \$76,500 | .05 |
| \$54,500 | \$55,000 | .04 | \$98,500 | \$99,000 | .04 | \$50,500 | \$51,000 | .04 | \$76,500 | \$77,000 | .04 |
| \$55,000 | \$55,500 | .03 | \$99,000 | \$99,500 | .03 | \$51,000 | \$51,500 | .03 | \$77,000 | \$77,500 | .03 |
| \$55,500 | \$56,000 | .02 | \$99,500 | \$100,000 | .02 | \$51,500 | \$52,000 | .02 | \$77,500 | \$78,000 | .02 |
| \$56,000 | \$56,500 | .01 | \$100,000 | \$100,500 | .01 | \$52,000 | \$52,500 | .01 | \$78,000 | \$78,500 | .01 |
| \$56,500 | and up | .00 | \$100,500 | and up | .00 | \$52,500 | and up | .00 | \$78,500 | and up | .00 |

Tax Calculation Schedule

| | | | |
|---|---|---|----|
| 1. Enter Connecticut AGI from Form CT-1040NR/PY , Line 7. * | 1 | | 00 |
| 2. Enter Personal Exemption from <i>Table A, Exemptions</i> . | 2 | | 00 |
| 3. Connecticut Taxable Income: Subtract Line 2 from Line 1. If less than zero, enter "0." | 3 | | 00 |
| 4. Connecticut Income Tax: See <i>Table B, Connecticut Income Tax</i> . | 4 | | 00 |
| 5. Enter Decimal Amount from <i>Table C, Personal Tax Credits</i> . If zero, enter "0." | 5 | . | |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6 | | 00 |
| 7. Income Tax: Subtract Line 6 from Line 4. Enter here and on Form CT-1040NR/PY , Line 8. | 7 | | 00 |

* **Form CT-1040NR/PY** filers must enter income from Connecticut sources if it exceeds Connecticut adjusted gross income.

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DRS Is Going Green ... And So Can You

E-Filing Is Green Filing

Eliminate the use of paper and fuel used to transport returns through the mail. File and pay electronically instead. Visit www.ct.gov/TSC to create an account and eliminate the paper clutter in your life.

Connecticut tax filers can file most tax returns, extensions, and estimates using the **Taxpayer Service Center (TSC)** at www.ct.gov/TSC for free.

Greener Money With Direct Deposit

Stop those paper checks and driving to the bank to deposit your Connecticut income tax refund by choosing direct deposit! **A direct deposit refund when filing through TSC is the fastest way to get your tax refund into your account!**

Green Means Stop...Receiving Paper Returns

If you file a paper return using commercial software or a tax practitioner, check the box to stop receiving a paper return. Mark your electronic calendar to remind you to purchase new software or contact your preparer.

| | | | |
|---|---|---|-----------------|
| Internet | Tax Information | Forms and Publications | Internet |
| | The <i>TSC</i> includes a comprehensive <i>FAQ</i> database with more than 600 searchable answers. Search by category, tax type, keyword, or phrase. | Connecticut forms and publications may be viewed, downloaded, or printed by visiting www.ct.gov/DRS the DRS website. | |
| Phone | For telephone assistance, call our Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere). | 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) and select Option 2 ; or 860-297-4753 (from anywhere). | Phone |
| Email | Send routine tax questions to drs@po.state.ct.us (do not send account related inquiries). For account-related questions, including bill and refund inquiries, use the Secure Mailbox feature by logging into the DRS electronic <i>TSC</i> . | Email requests, including your name, address (street, city, state, and ZIP code), and the name or number of the tax product to ctforms.drs@po.state.ct.us | Email |
| Walk-In | Free personal taxpayer assistance and forms are available by visiting our Hartford office at 25 Sigourney Street, Hartford CT. Walk-in assistance is available Monday through Friday, 8:30 a.m. to 4:00 p.m. Directions to DRS Hartford office are available using our phone menu or visiting the DRS website. If you require special accommodations, please advise the DRS representative. | | Walk-In |
| Federal Tax Information | | Statewide Services | |
| For questions about federal taxes , visit www.irs.gov or call the Internal Revenue Service (IRS) at 1-800-829-1040. To order federal tax forms , call 1-800-829-3676. | | Visit the <i>ConneCT</i> website at www.ct.gov for information on statewide services and programs. | |

Schedule CT-SI

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

2009

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.
 Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

| | | |
|---|-----------|---|
| Your first name and middle initial | Last name | Your Social Security Number ____-____-____ |
| If joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number ____-____-____ |

See instructions on Page 27 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.**
 Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

| | | | | |
|--|---|----|--|----|
| 1. Wages, salaries, tips, etc. | ▶ | 1 | | |
| 2. Taxable interest | ▶ | 2 | | |
| 3. Ordinary dividends | ▶ | 3 | | |
| 4. Alimony received | ▶ | 4 | | |
| 5. Business income or (loss) | ▶ | 5 | | |
| 6. Capital gain or (loss) | ▶ | 6 | | |
| 7. Other gains or (losses) | ▶ | 7 | | |
| 8. Taxable amount of IRA distributions | ▶ | 8 | | |
| 9. Taxable amount of pensions and annuities | ▶ | 9 | | |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. | ▶ | 10 | | |
| 11. Farm income or (loss) | ▶ | 11 | | |
| 12. Unemployment compensation | ▶ | 12 | | |
| 13. Taxable amount of social security benefits | ▶ | 13 | | |
| 14. Other income: See instructions. | ▶ | 14 | | |
| 15. Gross income from Connecticut sources: Add Lines 1 through 14. | ▶ | 15 | | 00 |

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

| | | | | |
|--|---|----|--|----|
| 16. Educator expenses | ▶ | 16 | | |
| 17. Certain business expenses of reservists, artists, and fee-basis government officials | ▶ | 17 | | |
| 18. Health savings account deduction | ▶ | 18 | | |
| 19. Moving expenses | ▶ | 19 | | |
| 20. One-half of self-employment tax | ▶ | 20 | | |
| 21. Self-employed SEP, SIMPLE, and qualified plans | ▶ | 21 | | |
| 22. Self-employed health insurance deduction | ▶ | 22 | | |
| 23. Penalty on early withdrawal of savings | ▶ | 23 | | |
| 24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - ____ - _____ ▶ | ▶ | 24 | | |
| 25. IRA deduction | ▶ | 25 | | |
| 26. Student loan interest deduction | ▶ | 26 | | |
| 27. Tuition and fees deduction | ▶ | 27 | | |
| 28. <i>Reserved for future use</i> | ▶ | 28 | | |
| 29. Total adjustments: Add Lines 16 through 28. | ▶ | 29 | | |
| 30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6. | ▶ | 30 | | 00 |

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 31.

| | | | |
|--|---|---|--|
| A. Working days (or other basis) outside Connecticut | A | | |
| B. Working days (or other basis) inside Connecticut | B | | |
| C. Total working days: Add Line A and Line B. | C | | |
| D. Nonworking days (Holidays, weekends, etc.) | D | | |
| E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. | E | • | |
| F. Total income being apportioned | F | | |
| G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____ | G | | |

Schedule CT-1040AW

Part-Year Resident Income Allocation

2009

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Complete in blue or black ink only. Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

| | | |
|---|-----------|---|
| Your first name and middle initial | Last name | Your Social Security Number ____ : ____ : ____ |
| If joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number ____ : ____ : ____ |

| Part 1 – Adjusted Gross Income Married persons or civil union partners filing separate Connecticut income tax returns should complete separate worksheets. | | Federal Income as Modified <small>See instructions.</small> | Connecticut Resident Period | Connecticut Nonresident Period | |
|--|----|--|---|---|--|
| | | Column A <small>Income from federal return</small> | Column B <small>Income from Column A for this period</small> | Column C <small>Income from Column A for this period</small> | Column D <small>Income from Column C from Connecticut sources</small> |
| 1. Wages, salaries, tips, etc..... | 1 | | | | |
| 2. Taxable interest..... | 2 | | | | |
| 3. Ordinary dividends..... | 3 | | | | |
| 4. Alimony received..... | 4 | | | | |
| 5. Business income or (loss)..... | 5 | | | | |
| 6. Capital gain or (loss)..... | 6 | | | | |
| 7. Other gains or (losses)..... | 7 | | | | |
| 8. Taxable amount of IRA distributions..... | 8 | | | | |
| 9. Taxable amount of pensions and annuities..... | 9 | | | | |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc..... | 10 | | | | |
| 11. Farm income or (loss)..... | 11 | | | | |
| 12. Unemployment compensation..... | 12 | | | | |
| 13. Taxable amount of social security benefits..... | 13 | | | | |
| 14. Other income: See instructions..... | 14 | | | | |
| 15. Add Lines 1 through 14.....▶ | 15 | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |

| Part 2 – Adjustments to Income | | | | | |
|---|----|------|------|------|------|
| 16. Educator expenses..... | 16 | | | | |
| 17. Certain business expenses of reservists, artists, and fee-basis government officials..... | 17 | | | | |
| 18. Health savings account deduction..... | 18 | | | | |
| 19. Moving expenses..... | 19 | | | | |
| 20. One-half of self-employment tax..... | 20 | | | | |
| 21. Self-employed SEP, SIMPLE, and qualified plans..... | 21 | | | | |
| 22. Self-employed health insurance deduction..... | 22 | | | | |
| 23. Penalty on early withdrawal of savings..... | 23 | | | | |
| 24. Alimony paid..... | 24 | | | | |
| 25. IRA deduction..... | 25 | | | | |
| 26. Student loan interest deduction..... | 26 | | | | |
| 27. Tuition and fees deduction..... | 27 | | | | |
| 28. <i>Reserved for future use</i> | 28 | | | | |
| 29. Total adjustments: Add Lines 16 through 28..... | 29 | | | | |
| 30. Subtract Line 29 from Line 15.....▶ | 30 | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.
Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

Part 3 – Part-year Resident Information

Moved Into Connecticut

- Date **you** moved into Connecticut ____ / ____ / ____ and state of **prior** residence: _____
- Date **your spouse** moved into Connecticut ____ / ____ / ____ and state of **prior** residence: _____

Moved Out of Connecticut

- Date **you** moved out of Connecticut ____ / ____ / ____ and state of **new** residence: _____
- Date **your spouse** moved out of Connecticut ____ / ____ / ____ and state of **new** residence: _____

Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period? Yes No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period? Yes No

Schedule CT-1040BA
Nonresident Business Apportionment

Formula basis apportionment of Connecticut income derived from
 business carried on both inside and outside Connecticut

For the year January 1 – December 31, 2009, or other taxable year beginning _____, 2009, and ending _____, _____.

Purpose: Nonresidents and part-year residents (for the nonresidency portion of the year) must complete Schedule CT-1040BA if they are carrying on business both in and outside Connecticut and are required to allocate or apportion business income. Complete in blue or black ink only.

Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

| | | |
|---|-------------------|--|
| First name and middle initial | Last name | Social Security Number ____-____-____ : : : ____-____-____ |
| Last name If a joint return, spouse's first name and middle initial | | Spouse's Social Security Number ____-____-____ : : : ____-____-____ |
| Name of business | Doing business as | Federal Employer Identification Number |

Schedule A List all places, both inside and outside Connecticut, where you carry on business.

| (1) Street Address | (2) City and State | (3) Description: See Instructions. |
|-----------------------|-----------------------|---------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Check this box if Connecticut income was determined from books and records. Do not complete *Schedule B*.

Schedule B Formula basis apportionment of income or (loss) if books and records do not satisfactorily disclose the portion of business income derived from or connected with Connecticut sources

| | | Column A Totals – All Locations | Column B Connecticut Only | Column C Divide Column B by Column A. Carry to four decimal places and enter as a percentage. |
|---|----|------------------------------------|------------------------------|---|
| 1. Real property owned..... | 1. | | | |
| 2. Real property rented from others | 2. | | | |
| 3. Tangible personal property owned or rented from others | 3. | | | |
| 4. Property percentage: Add Lines 1, 2, and 3..... | 4. | | | % |
| 5. Payroll percentage | 5. | | | % |
| 6. Gross income percentage | 6. | | | % |
| 7. Total of percentages: Add Lines 4, 5, and 6, Column C..... | 7. | | | % |
| 8. Business apportionment percentage: Divide Line 7 by three, or by actual number of percentages if less than three. Do not divide by three if you have entered zero in Column A for Lines 4, 5, or 6. See instructions. ... | 8. | | | % |

Apply the business apportionment percentage on Line 8 to certain items of business income or loss to determine the amounts to be reported on Schedule CT-SI. See instructions for Schedule CT-SI for details.

Who Must Allocate or Apportion Business Income

An allocation or apportionment of business income must be made if you are a nonresident and you are carrying on business both in and outside of Connecticut.

Generally, you are considered to be carrying on business at the location:

1. Where you maintain, operate, or occupy desk space, an office, a shop, a store, a warehouse, a factory, an agency, or other place where your affairs are regularly carried on (this summary is not all inclusive); **or**
2. Where your business is transacted with a fair measure of permanency and continuity.

You are considered to be carrying on business outside Connecticut if you maintain, operate, or occupy outside Connecticut an office, a shop, a store, a warehouse, a factory, an agency, or other place where your business matters are systematically and regularly carried on.

You are not considered to be carrying on business outside Connecticut and may not allocate or apportion business income if you have an occasional or isolated business transaction outside Connecticut or if you have no regular place of business outside of Connecticut.

You are not considered to be carrying on business in Connecticut if your business activities in Connecticut are considered casual, isolated, or inconsequential. See *Activities Considered Casual, Isolated, or Inconsequential* in the CT-1040NR/PY instruction booklet.

Example 1: A plumber, who is a resident of Rhode Island, carries on his business from an office in Danielson, Connecticut. He has maintenance contracts with housing authorities in the Worcester, Massachusetts, area that require him to regularly perform his services at various locations in and around Worcester. This taxpayer is considered to be carrying on business in Connecticut (by reason of his office in this state) and in Massachusetts (because his business is conducted there with a fair measure of permanency and continuity).

Example 2: Assume the same facts as in Example 1 except that the taxpayer carries on his business from an office in Auburn, Massachusetts, and has maintenance contracts with housing authorities in northeast Connecticut that require him to regularly perform his services at various locations in and around Connecticut. This taxpayer is considered to be carrying on business in Massachusetts (by reason of his office there) and in Connecticut (because his business is conducted here with a fair measure of permanency and continuity).

Who Must Complete Schedule A

Any nonresidents who are required to allocate or apportion income because they carry on business both in and outside of Connecticut must complete *Schedule A*.

If income is determined from books and records of the business (allocation of income): If you carry on business both in and outside of Connecticut and maintain books and records that satisfactorily disclose the portion of business income derived from or connected with sources within Connecticut, check the box in the space immediately below *Schedule A*. **Do not** complete *Schedule B*.

If you report income using this method, your income reported to other states in which you carry on your business, where the states permit allocation on the basis of separate books and records, must result in a consistent allocation of income. Where another state does not permit allocation on the basis of separate books and records, a consistent allocation of income may not be possible.

Example 3: Assume the same facts as in Example 1 except that the plumber allocated, on the basis of separate books and records, the income derived from his plumbing business on his Connecticut nonresident return as follows. The income from his plumbing business is \$134,000 with \$91,500 being from Connecticut business and \$42,500 from Massachusetts business. Therefore, on his Massachusetts return, this taxpayer must also allocate \$91,500 of this income to Connecticut and \$42,500 to Massachusetts since Massachusetts permits allocation on the basis of separate books and records.

Who Must Complete Schedule B

If your books and records do not satisfactorily disclose the portion of business income derived from or connected with sources within Connecticut, income from business carried on both in and outside of Connecticut must be apportioned by using the **business apportionment percentage** (arrived at by completing *Schedule B*) or by using an approved alternative method. *Schedule B* of Schedule CT-1040BA must be completed for this purpose and attached to Form CT-1040NR/PY. If you submit an alternative method of apportionment, you must also complete Schedule CT-1040BA and include with it information explaining the alternative method of apportionment.

The **business apportionment percentage** or alternative method is **not** applied to income from the rental of real property or gains (losses) from the sale of real property. The entire rental income from **Connecticut** real property or gain from the sale of the property is allocated to Connecticut and the entire amount of any loss from the sale is allocated to Connecticut. Rental income from real property located **outside** Connecticut or gain from the sale of this property is allocated outside Connecticut. Any loss connected with the property is allocated outside Connecticut.

The **business apportionment percentage** is applied to business income (loss), farm income (loss), or to the income from intangible personal property (such as annuities, dividends, interest, and gains from the disposition of intangible personal property) if the property is used in or connected with a business carried on both in and outside of Connecticut.

If you carried on more than one business for which an apportionment of business income is required on Schedule CT-1040BA, prepare a separate Schedule CT-1040BA for each business and attach all schedules to Form CT-1040NR/PY.

Schedule A Instructions

In Column 1 and Column 2, list the exact locations both in and outside of Connecticut where you carry on business. In Column 3, describe the places listed in Column 1 and Column 2 (for example, branch office, agency, factory, warehouse, etc.) **and** state whether you rent or own these places.

Schedule B Instructions

Complete this schedule if business is carried on both in and outside of Connecticut and you do not maintain books and records that satisfactorily disclose the portion of business income derived from or connected with sources within Connecticut.

Line 1 - Real Property Owned

Enter in Column A the average value of all real property owned, wherever located, by the business. Do not include in Column A the average value of real property rented to others or sold, exchanged, or otherwise disposed of during the taxable year. Enter in Column B the average value of real property owned by the business and located in Connecticut. Do not include in Column B the average value of Connecticut real property rented to others or sold, exchanged, or otherwise disposed of during the taxable year. Real property includes assets of a fixed nature, such as buildings and land.

The average value of property is determined by adding its fair market value at the beginning and at the end of the taxable year and dividing the result by two.

Line 2 - Real Property Rented From Others

Enter the value of all real property rented from others in Column A and the value of Connecticut real property rented from others in Column B.

The value of real property rented by the business and included in Line 2 generally is eight times the gross rent payable during the taxable year for which the return is filed. Gross rent includes:

1. Any amount payable for the use or possession of real property, or any part of it, whether designated as a fixed sum of money or as a percentage of sales, profits, or otherwise;
2. Any amount payable as additional rent or in lieu of rent, such as interest, taxes, insurance, repairs, or any other amount required to be paid by the terms of a lease or other agreement; **and**
3. A proportion of the cost of any improvement to real property made by or on behalf of the business which reverts to the owner or lessor upon termination of a lease or other arrangement. However, if a building is erected on leased land by or on behalf of the business, the value of the building is determined in the same manner as if it were owned by the business.

Line 3 - Tangible Personal Property Owned or Rented From Others

Enter in Column A the average value of all tangible personal property owned by the business and the value of all tangible personal property rented from others by the business. Enter in Column B the average value of tangible personal property located in Connecticut that is owned by the business and the value of tangible personal property located in Connecticut that is rented from others by the business. If tangible personal property is rented from others by the business, its value is determined by multiplying the gross rents payable during the taxable year by eight. If tangible personal property is owned by the business, its average value is determined by adding its book value at the beginning and at the end of the taxable year and dividing the result by two.

Line 4 - Property Percentage

Add Lines 1, 2, and 3 in Column A and Column B and enter the result.

Divide Column B by Column A. Carry the result to four decimal places and enter it as a percentage in Column C. For example, .6667 is entered as 66.67%.

Line 5 - Payroll Percentage

Enter wages, salaries, and other personal service compensation paid only to employees of the business. Do not include payments to independent contractors, independent sales agents, etc. Enter in Column A the total compensation paid to employees during the taxable year in connection with business operations carried on both in and outside of Connecticut. Enter in Column B the amount paid in connection with business operations carried on in Connecticut. The compensation paid for services is in connection with operations carried on in Connecticut if the employee works in or travels out of an office or other place of business located in Connecticut.

Divide Column B by Column A. Carry the result to four decimal places and enter it as a percentage in Column C. For example, .6667 is entered as 66.67%.

Line 6 - Gross Income Percentage

Enter in Column A total gross sales made or charges for services performed by the proprietor or by employees, agents, agencies, or independent contractors of the business in and outside of Connecticut. Enter in Column B the portion of total gross sales or charges which represents sales made, or charges for services performed, by the proprietor or by employees, agents, agencies, or independent contractors situated at, connected with, or sent out from offices of the business or its agencies located in Connecticut.

Example: If a salesperson working out of the Connecticut office of the business covers Connecticut, Massachusetts, and Rhode Island, all sales made by him are to be allocated to Connecticut and included on Line 6, Column B.

Divide Column B by Column A. Carry the result to four decimal places and enter it as a percentage in Column C. For example, .6667 is entered as 66.67%.

Line 7 - Total of Percentages

Add Lines 4, 5, and 6 in Column C and enter the total.

Line 8 - Business Apportionment Percentage

Divide Line 7 by three or by the actual number of percentages if less than three. Do not divide by three if you have entered zero in Column A for Lines 4, 5, or 6. Divide by the actual number of lines where you have entered an amount other than zero in Column A. Carry the result to four decimal places and enter the result as a percentage.

Each item of business income (loss) reported on federal Form 1040, which is required by these instructions to be apportioned, is multiplied by the percentage on Line 8. Nonresidents enter the apportioned amounts on the proper lines of Schedule CT-SI. Part-year residents enter the apportioned amounts on the proper lines of Schedule CT-1040AW, Column D.

Do not apply the business apportionment percentage to income from the rental of real property or gains or losses from the sale of real property. The entire rental income from Connecticut real property or gain from the sale of the property is allocated to Connecticut and the entire amount of any loss from the sale is allocated to Connecticut. Rental income from real property located **outside** Connecticut or any gain or loss from the sale of this property is allocated out of state.

Form CT-8801

Credit for Prior Year Connecticut Minimum Tax for Individuals, Trusts, and Estates

2009

| | | |
|---|-----------|--|
| Your first name and middle initial | Last name | Your Social Security Number or FEIN |
| If a joint return, spouse's first name and middle initial | Last name | Your Spouse's Social Security Number ____-____-____ |

Purpose of Form

Individuals, trusts, and estates use Form CT-8801 to compute the adjusted net Connecticut minimum tax credit for the Connecticut alternative minimum tax paid in prior taxable years. The form is also used to figure any minimum tax credit carryforward that may be used in future years.

Who Should File This Form

Individuals, trusts, and estates should file Form CT-8801 if the individuals, trusts, or estates had a Connecticut alternative minimum tax liability in 2008 and adjustments or items of tax preferences (other than exclusion items) in 2008. Also file Form CT-8801 for credit on any minimum tax credit carryforward from a prior year.

To determine the amount of credit carryforward, complete Form CT-8801 for each preceding year. Complete this form in blue or black ink only. Attach Form CT-8801 to the back of your Form CT-1040, Form CT-1040NR/PY, or Form CT-1041.

Part I

Net Minimum Tax on Exclusion Items Calculated at 19%

| | | | |
|--|-----|---|-----|
| 1. Enter the amount from 2009 federal Form 8801, Line 4. | 1. | | 00 |
| 2. Enter the amount from 2008 Form CT-6251, Line 2, or from 2008 Form CT-1041 Schedule I, Line 2. | 2. | | 00 |
| 3. Enter the amount from 2008 Form CT-6251, Line 4, or from 2008 Form CT-1041 Schedule I, Line 4. | 3. | (| 00) |
| 4. Adjusted federal alternative minimum taxable income on exclusion items for 2008 Combine Lines 1, 2, and 3. Inter vivos trusts only, see instructions. • If you entered zero ("0") on Line 2 and Line 3, skip Lines 5 through 10 and enter the amount from your 2009 federal Form 8801, Line 11, on Line 11 of this form. • If Line 4 is zero or less, enter "0" here and on Line 16 and go to Part II. | 4. | | 00 |
| 5. Enter: \$69,950 if filing jointly or qualifying widow(er) for 2008; \$46,200 if single or head of household for 2008; or \$34,975 if filing separately for 2008. Trusts and estates, enter \$22,500. | 5. | | 00 |
| 6. Enter: \$150,000 if filing jointly or qualifying widow(er) for 2008; \$112,500 if single or head of household for 2008; or \$75,000 if filing separately for 2008. Trusts and estates, enter \$75,000. | 6. | | 00 |
| 7. Subtract Line 6 from Line 4. If zero or less, enter "0" here and on Line 8 and go to Line 9. | 7. | | 00 |
| 8. Multiply Line 7 by 25% (.25). | 8. | | 00 |
| 9. Subtract Line 8 from Line 5. If zero or less, enter "0." If under age 24 at the end of 2008, see the instructions. | 9. | | 00 |
| 10. Subtract Line 9 from Line 4. If zero or less, enter "0" here and on Line 16 and skip Lines 11 through 15 and go to Part II. If you filed federal Form 1040NR, see instructions. | 10. | | 00 |
| 11. • If you filed federal Form 2555 or Form 2555-EZ for 2008, see the Line 11 instructions for the amount to enter on Line 11. • If you filed federal Form 1040NR for 2008, follow the federal instructions to compute the amount to enter on Line 11. • If you completed federal Form 8801, Part III, complete Part III of this form and enter the amount from Form CT-8801, Part III, Line 50. • All others: If Line 10 is \$175,000 or less (\$87,500 or less, if filing separately for 2008), multiply Line 10 by 26% (.26). Otherwise, multiply Line 10 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately for 2008) from the result. | 11. | | 00 |
| 12. Minimum tax foreign tax credit on exclusion items: Enter the amount from 2009 federal Form 8801, Line 12. | 12. | | 00 |
| 13. 2008 adjusted federal tentative minimum tax on exclusion items: Subtract Line 12 from Line 11. | 13. | | 00 |
| 14. 2008 Connecticut minimum tax on exclusion items calculated at 19% (.19): Multiply Line 13 by 19% (.19). | 14. | | 00 |
| 15. Apportionment factor: See instructions. | 15. | . | |
| 16. Apportioned Connecticut minimum tax on exclusion items calculated at 19% (.19): Multiply Line 14 by Line 15. | 16. | | 00 |

Part II
Minimum Tax Credit and Carryforward to 2010

| | | | |
|---|-----|---|----|
| 17. Enter the amount from 2008 Form CT-6251, Line 20, or 2008 Form CT-1041 Schedule I, Line 20. | 17. | | 00 |
| 18. Subtract Line 17 from Line 16. If zero or less, enter "0." | 18. | | 00 |
| 19. Credit for minimum tax paid to qualifying jurisdictions as recalculated: See instructions. | 19. | | 00 |
| 20. Connecticut alternative minimum tax on exclusion items: Subtract Line 19 from Line 18. | 20. | | 00 |
| 21. Enter the amount from Worksheet A, Line 7, below. | 21. | | 00 |
| 22. Subtract Line 20 from Line 21. If zero or less, enter "0." | 22. | | 00 |
| 23. Enter the decimal from Worksheet B, Line 9, below. | 23. | . | |
| 24. Multiply Line 22 by Line 23. | 24. | | 00 |
| 25. 2008 minimum tax credit carryforward: Enter the amount from 2008 Form CT-8801, Line 31. | 25. | | 00 |
| 26. Total adjusted net Connecticut minimum tax credit available: Add Line 24 and Line 25. | 26. | | 00 |
| 27. Enter 2009 Connecticut regular income tax liability minus allowable credits. See instructions. | 27. | | 00 |
| 28. Enter 2009 Connecticut alternative minimum tax minus allowable credits. See instructions. | 28. | | 00 |
| 29. Subtract Line 28 from Line 27. If zero or less, enter "0." | 29. | | 00 |
| 30. 2009 adjusted net Connecticut minimum tax credit: See instructions. | 30. | | 00 |
| 31. Adjusted net Connecticut minimum tax credit carryforward to 2010: Subtract Line 30 from Line 26. Keep a record of this amount because it may be carried forward and used in future years. | 31. | | 00 |

Worksheet A (for completing Part II, Line 21)

| | | | |
|--|----|---|----|
| 1. Enter the amount from 2008 Form CT-6251, Line 15, or 2008 Form CT-1041 Schedule I, Line 15. | 1. | | 00 |
| 2. Enter the apportionment factor from 2008 Form CT-6251, Line 18, or 2008 Form CT-1041 Schedule I, Line 18. | 2. | . | |
| 3. Multiply Line 1 by Line 2. | 3. | | 00 |
| 4. Enter the amount from 2008 Form CT-6251, Line 20. Trusts and estates: Enter the amount from 2008 Form CT-1041 Schedule I, Line 20. | 4. | | 00 |
| 5. Subtract Line 4 from Line 3. | 5. | | 00 |
| 6. Enter the amount from 2008 Form CT-6251, Line 22, or 2008 Form CT-1041 Schedule I, Line 22. | 6. | | 00 |
| 7. Subtract Line 6 from Line 5. Enter here and on Part II, Line 21. | 7. | | 00 |

Worksheet B (for completing Part II, Line 23)

| | | | |
|--|----|---|----|
| 1. Enter the amount from 2008 Form CT-6251, Line 16. Trusts and estates: Enter the amount from 2008 Form CT-1041 Schedule I, Line 16. | 1. | | 00 |
| 2. Enter the amount from 2008 Form CT-6251, Line 18. Trusts and estates: Enter the amount from 2008 Form CT-1041 Schedule I, Line 18. | 2. | . | |
| 3. Multiply Line 1 by Line 2. | 3. | | 00 |
| 4. Enter the amount from 2008 Form CT-6251, Line 20. Trusts and estates: Enter the amount from 2008 Form CT-1041 Schedule I, Line 20. | 4. | | 00 |
| 5. Subtract Line 4 from Line 3. | 5. | | 00 |
| 6. Enter the amount from 2008 Form CT-6251, Line 15. Trusts and estates: Enter the amount from 2008 Form CT-1041 Schedule I, Line 15. | 6. | | 00 |
| 7. Multiply Line 2 by Line 6. | 7. | | 00 |
| 8. Subtract Line 4 from Line 7. | 8. | | 00 |
| 9. Divide Line 5 by Line 8. Round to 4 decimal places. If the result is one or greater than one, enter 1.0000. Enter here and on Part II, Line 23. | 9. | . | |

Part III
Tax Computation Using Maximum Capital Gains Rates

| | | | |
|---|-----|--|----|
| 32. Enter the amount from Part I, Line 10. | 32. | | 00 |
| 33. Enter the amount from 2009 federal Form 8801, Line 32. | 33. | | 00 |
| 34. Enter the amount from 2009 federal Form 8801, Line 33. | 34. | | 00 |
| 35. Enter the amount from 2009 federal Form 8801, Line 34. | 35. | | 00 |
| 36. Enter the smaller of Line 32 or Line 35. | 36. | | 00 |
| 37. Subtract Line 36 from Line 32. | 37. | | 00 |
| 38. If Line 37 is \$175,000 or less (\$87,500 or less, if filing separately for 2008), multiply Line 37 by 26% (.26). Otherwise, multiply Line 37 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately for 2008) from the result. If you filed federal Form 1040NR, for 2008 follow the federal instructions to calculate this amount. | 38. | | 00 |
| 39. Enter: \$65,100, if filing jointly or qualifying widow(er) for 2008; \$32,550, if single or filing separately for 2008; \$43,650, if head of household for 2008; or \$2,200, for a trust or estate. If you filed federal Form 1040NR for 2008, follow the federal instructions to calculate this amount. | 39. | | 00 |
| 40. Enter the amount from 2009 federal Form 8801, Line 39. | 40. | | 00 |
| 41. Subtract Line 40 from Line 39. If zero or less, enter "0." | 41. | | 00 |
| 42. Enter the smaller of Line 32 or Line 33. | 42. | | 00 |
| 43. Enter the smaller of Line 41 or Line 42. | 43. | | 00 |
| 44. Subtract Line 43 from Line 42. | 44. | | 00 |
| 45. Multiply Line 44 by 15% (.15). | 45. | | 00 |
| If Line 34 is "0" or blank, skip Lines 46 and 47 and go to Line 48. Otherwise, go to Line 46. | | | |
| 46. Subtract Line 42 from Line 36. | 46. | | 00 |
| 47. Multiply Line 46 by 25% (.25). | 47. | | 00 |
| 48. Add Lines 38, 45, and 47. | 48. | | 00 |
| 49. If Line 32 is \$175,000 or less (\$87,500 or less, if filing separately for 2008), multiply Line 32 by 26% (.26). Otherwise, multiply Line 32 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately for 2008) from the result. If you filed federal Form 1040NR for 2008, follow the federal instructions to calculate this amount. | 49. | | 00 |
| 50. Enter the smaller of Line 48 or Line 49 here and on Part I, Line 11. If you filed federal Form 2555 or Form 2555-EZ for 2008, enter this amount on Line 4 of the <i>Connecticut Foreign Earned Income Tax Worksheet</i> on Page 5. | 50. | | 00 |

Worksheet C - (for full-year resident or part-year resident inter-vivos trusts with one or more nonresident noncontingent beneficiaries only)

| | | | |
|--|----|---|----|
| 1. Combine Part I, Lines 1, 2, and 3 and enter the total here. | 1. | | 00 |
| 2. Enter the amount of Connecticut-sourced income included on Line 1 above. See instructions. | 2. | | 00 |
| 3. Subtract Line 2 from Line 1. Part-year resident trusts only, see instructions. | 3. | | 00 |
| 4. Enter the decimal from 2008 Form CT-1041 Schedule I, Line 5c. | 4. | . | |
| 5. Multiply Line 3 by Line 4. | 5. | | 00 |
| 6. Subtract Line 5 from Line 1. Enter the result here and on Part I, Line 4. | 6. | | 00 |

Form CT-8801 Instructions

General Information

Filing Status

Filing jointly includes filing jointly for federal and Connecticut and filing jointly for Connecticut only. Likewise, filing separately includes filing separately for federal and Connecticut and filing separately for Connecticut only.

How the Credit for Prior Year Minimum Tax Is Calculated

Your credit for 2009 is calculated by subtracting the part of your 2008 Connecticut alternative minimum tax attributable to adjustments and items of tax preferences (such as exclusion items) specified in I.R.C. §53(d) from your net Connecticut alternative minimum tax paid in 2008 and adding the result to the amount of credit carried forward from the prior year.

Exclusion items are your federal alternative minimum tax adjustments and preferences for the standard deduction, itemized deductions (including any investment interest expense reported on federal Schedule E), the deduction for charitable contributions of appreciated property, certain tax-exempt interest, and depletion.

For more information, see the instructions for federal Form 8801, Credit for Prior Year Minimum Tax - Individuals, Estates, and Trusts.

How the Credit May Be Used

You may be able to reduce your regular Connecticut income tax liability by the amount of your credit. Your credit for 2009 is limited to the amount that your regular Connecticut income tax for 2009, less the credit allowed for income tax paid to a qualifying jurisdiction(s), exceeds your Connecticut alternative minimum tax for 2009, less the credit allowed for alternative minimum tax paid to a qualifying jurisdiction(s).

The Unused Portion of the Credit

Any unused portion of the credit may be carried forward to reduce your regular Connecticut income tax in future years. You may carry the credit forward until it is completely used. If you are entitled to any additional credit in a subsequent year, you may add that credit to any balance being carried forward.

General Instructions

Complete your 2009 federal Form 8801 before you complete Form CT-8801.

If you were liable for Connecticut alternative minimum tax in 2008, you must complete all applicable parts of this form including Worksheets A, B, and C.

If you were **not** liable for Connecticut alternative minimum tax in 2008, but you are claiming a credit carryforward, skip Lines 1 through 25. Enter on Line 26 the amount from your 2008 Form CT-8801, Line 31.

Individuals

Enter in the space provided at the top of the form your name and Social Security Number (SSN) as it appears on your Connecticut income tax return. If you filed a joint return, also enter your spouse's name and SSN.

Trusts and Estates

Enter in the space provided at the top of the form the name of the trust or estate and the name of the fiduciary as it appears on **Form CT-1041, Connecticut Income Tax Return for Trusts and Estates**. Also, enter the Federal Employer Identification Number (FEIN) of the trust or estate.

Line Instructions

Part I

Line 4

Only full-year resident or part-year resident inter-vivos trusts with one or more nonresident noncontingent beneficiaries must complete Worksheet C. All other trusts, complete Line 4 and skip Worksheet C.

Line 9

If under age 24 at the end of 2008, follow the instructions for Line 9 of the 2009 federal Form 8801 to determine the amount to enter on this line.

Line 10

If you filed federal Form 1040NR for 2008 and had a net gain on the disposition of U.S. real property interests, Line 10 cannot be less than the smaller of that net gain or Line 4.

Line 11

If you claimed the foreign earned income exclusion or the housing exclusion on federal Form 2555 or Form 2555-EZ for 2008, you must use the *Connecticut Foreign Earned Income Tax Worksheet – Line 11* on Page 5 to compute the amount to enter on Line 11.

Line 15: Apportionment Factor

Resident Individuals

If you were a Connecticut resident for all of 2008, enter 1.0000.

Nonresident and Part-Year Resident Individuals

Recalculate the apportionment factor from your 2008 **Form CT-6251, Connecticut Alternative Minimum Tax Return – Individuals**, Line 18, only taking into account exclusion items, Section 1250 gains, items of adjustment, and any other items that are not deferral items.

Nonresident Estates and Nonresident and Part-Year Resident Trusts

Recalculate the apportionment factor from your 2008 **Form CT-1041 Schedule I, Connecticut Alternative Minimum Tax Computation of Trusts or Estates**, Line 18, only taking into account exclusion items, Section 1250 gains, items of adjustment, and any other items that are not deferral items.

Part II

Line 19: Credit for Minimum Tax Paid to Qualifying Jurisdictions

Residents and Part-Year Resident Individuals

Recalculate the amount of credit against your net Connecticut minimum tax liability for alternative minimum tax paid to a qualifying jurisdiction reported on your 2008 Form CT-6251, Line 22, only taking into account exclusion items, Section 1250 gains, items of adjustment, and any other items that are not deferral items.

Resident Trusts and Estates and Part-Year Resident Trusts

Recalculate the amount of credit against your net Connecticut minimum tax liability for alternative minimum tax paid to a qualifying jurisdiction reported on your 2008 Form CT-1041 Schedule I, Line 22, only taking into account exclusion items, Section 1250 gains, items of adjustment, and any other items that are not deferral items.

Line 27: 2009 Connecticut Regular Income Tax Minus Allowable Credits

Resident Individuals

Enter the amount from your 2009 Form CT-1040, Line 8.

Nonresident and Part-Year Resident Individuals

Enter the amount from your 2009 Form CT-1040NR/PY, Line 12.

Resident Trusts and Estates, Part-Year Resident Trusts, and Nonresident Trusts and Estates

Enter the amount from your 2009 Form CT-1041, Line 5.

Line 28: 2009 Connecticut Alternative Minimum Tax Minus Allowable Credits

To claim a credit for prior years' alternative minimum tax, you **must** complete 2009 Form CT-6251 or 2009 Form CT-1041 Schedule I, even if you do not have a federal alternative minimum tax and are not required to file Form CT-6251 or Form CT-1041 Schedule I.

Resident Individuals and Part-Year Resident Individuals

Subtract the amount on your 2009 Form CT-6251, Line 22, from the amount on your 2009 Form CT-6251, Line 19, and enter the difference.

Nonresident Individuals

Enter the amount from your 2009 Form CT-6251, Line 19.

Resident Trusts and Estates and Part-Year Resident Trusts

Subtract the amount on your 2009 Form CT-1041, Schedule I, Line 22, from the amount on your 2009 Form CT-1041 Schedule I, Line 19, and enter the difference.

Nonresident Trusts and Estates

Enter the amount from your 2009 Form CT-1041, Schedule I, Line 19.

Line 30: 2008 Adjusted Net Connecticut Minimum Tax Credit Resident Individuals

Enter here and on your 2009 Form CT-1040, Line 13, the amount from Form CT-8801, Line 26 or Line 29, or your 2009 Form CT-1040, Line 12, whichever is least.

Nonresident and Part-Year Resident Individuals

Enter here and on your 2009 Form CT-1040NR/PY, Line 15, the amount from Form CT-8801, Line 26 or Line 29, or your 2009 Form CT-1040NR/PY, Line 14, whichever is least.

Trusts and Estates

Enter here and on your 2009 Form CT-1041, Line 8, the amount from Form CT-8801, Line 26 or Line 29, or your 2009 Form CT-1041, Line 7, whichever is least.

Worksheet C

Line 2

Recalculate your 2008 Form CT-1041 Schedule I, Line 5a, to exclude any items of deferral.

Line 3

Part-Year Resident Trusts Only

Enter the amount from Worksheet C, Line 1, from non-Connecticut sources during the residency portion of the taxable year.

Connecticut Foreign Earned Income Tax Worksheet - Line 11

1. Enter the amount from Form CT-8801, Line 10. 1. _____
2. Enter the amount from your (and your spouse's if filing jointly) 2008 federal Form 2555, Lines 45 and 50, or federal Form 2555-EZ, Line 18. 2. _____
3. Add Lines 1 and 2. 3. _____
4. Tax amount on Line 3:
 - If for 2009 you completed federal Form 8801, Part III, you must complete Part III of Form CT-8801. Enter the amount from Line 3 of this worksheet on Form CT-8801, Line 32. Then complete the rest of Part III of Form CT-8801 and enter the amount from Line 50 here.
 - **All others:** If Line 3 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 3 by 26% (.26). Otherwise multiply Line 3 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately) from the result. 4. _____
5. Tax on amount on Line 2: If Line 2 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 2 by 26% (.26). Otherwise multiply Line 2 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately) from the result. 5. _____
6. Subtract Line 5 from Line 4. Enter here and on Form CT-8801, Line 11. If zero or less, enter "0." 6. _____

Supplemental Schedule CT-1040WH

Connecticut Income Tax Withholding

2009

Complete this schedule only if you have more than seven forms W-2, 1099, or Schedule CT K-1. Complete in blue or black ink only.

| | |
|---------------------------------|---|
| Name | Your Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Spouse's name (If joint return) | Spouse's Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

1. Enter the total number of forms W-2, 1099, and Schedule CT K-1 showing Connecticut income tax withholding reported below.
2. Enter information below from forms W-2, 1099, and Schedule CT K-1 only if Connecticut income tax was withheld.

| Column A Employer's Federal ID Number (from W-2, Box b; or Payer's federal ID number from Schedule CT K-1, or 1099) | Column B Connecticut Wages, Tips, etc. | Column C Connecticut Income Tax Withheld Check the box at left of Column C if the amount is from Schedule CT K-1. |
|--|---|--|
| <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 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3. Total Connecticut Income Tax Withheld and Reported Above

Add the amounts in Column C. Enter here and also on:

Form CT-1040, Line 18h

Form CT-1040NR/PY, Line 20h

Form CT-1040X, Line 70h

| | | |
|---|---|--|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
|---|---|--|

Instructions for Supplemental Schedule CT-1040WH

Complete this supplemental schedule only if you have more than seven forms W-2, 1099, or Schedule CT K-1.

Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

Line 1: Number of W-2s, 1099s, and Schedule CT K-1s

Enter the total number of forms W-2, 1099, and Schedule CT K-1 for the 2009 taxable year showing **Connecticut** income tax withheld that you are reporting on this schedule. If you are filing a joint return, include your spouse's forms W-2, 1099, and Schedule CT K-1.

Line 2: Columns A, B, and C

If you were issued a Form W-2, enter in Column A your employer's nine-digit federal Employer Identification Number from Box b of Form W-2; in Column B the state wages, tips, etc. (for Connecticut) from Box 16 of Form W-2; and in Column C the state income tax withheld (for Connecticut) from Box 17 of Form W-2. Do not include in Column C the federal income tax withheld or income tax withheld for other states.

If you were issued a Form W-2G, enter in Column A the payer's nine-digit Federal Identification Number; in Column B the gross winnings (for Connecticut) from Box 1 of Form W-2G; and in Column C the state income tax withheld (for Connecticut) from Box 14 of Form W-2G. Do not include in Column C the federal income tax withheld or income tax withheld for other states.

If you were issued a Form 1099-MISC, enter in Column A the payer's nine-digit Federal Identification Number; in Column B the state income (for Connecticut) from Box 18 of Form 1099-MISC; and in Column C the state tax withheld (for Connecticut) from Box 16 of Form 1099-MISC. Do not include in Column C the federal income tax withheld or income tax withheld for other states.

If you were issued a Form 1099-R, enter in Column A the payer's nine-digit Federal Identification Number; in Column B the state distribution (for Connecticut) from Box 12 of Form 1099-R, and in Column C the state tax withheld (for Connecticut) from Box 10 of Form 1099-R. Do not include in Column C the federal income tax withheld or income tax withheld for other states.

If you were issued a Schedule CT K-1, enter in Column A the pass-through entity's nine-digit FEIN; and in Column C the Connecticut income tax paid by the pass-through entity on your behalf from Part III, Line 1, of Schedule CT K-1. Check the box to the left of Column C. Make no entry in Column B.

Line 3: Total Connecticut Income Tax Withheld and Reported Above: Add the amounts in Line 2, Column C, and enter the total here.

Attach Supplemental Schedule CT-1040WH to the back of Form CT-1040, Form CT-1040NR/PY, or Form CT-1040X. If you have additional 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.

Form CT-1040 EXT

Application for Extension of Time to File Connecticut Income Tax Return for Individuals

2009 EXT

See the instructions before you complete this form. Complete this form in blue or black ink only.

| | | | |
|---|--|--------------------------------------|--|
| Taxpayer Please type or print. | Your first name and middle initial | Last name | Your Social Security Number |
| | If a joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number |
| | 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 | |
| | | Daytime telephone number () | |
| | | DRS use only - - 20 | |

| | |
|--|--|
|  | This is not an extension of time to pay your tax. File Form CT-1127, Application for Extension of Time for Payment of Income Tax. |
|--|--|

You must file this form by the due date of your original return or your request will be denied. See instructions. However, if you expect to owe **no additional** Connecticut income tax for the 2009 taxable year, after taking into account any Connecticut income tax withheld from your wages or any estimated Connecticut income tax payments you have made, or both, **and you have requested an extension of time to file your 2009 federal income tax return**, you are not required to file Form CT-1040 EXT. You will be subject to interest and may be subject to a penalty on any amount of tax not paid on or before the original due date of your return.

I request a **six-month extension** of time to **October 15, 2010**, to file my Connecticut income tax return for the year beginning January 1, 2009, and ending December 31, 2009.

If you are **not** a calendar year taxpayer, complete the following statement:
 I request a six-month extension of time to _____, to file my Connecticut income tax return for the year beginning _____ and ending _____.

I have requested a federal extension on federal Form 4868, *Application for Automatic Extension of Time to File U.S. Individual Income Tax Return*, for taxable year 2009. Yes No

If **No**, the reason for the Connecticut extension is _____

You will be notified only if your extension request is denied.

| | | | |
|--|----|--|----|
| 1. Total income tax liability for 2009 You must enter an amount on Line 1. If you do not expect to owe income tax, enter "0." 1. | 00 | | 00 |
| 2. Total individual use tax liability for 2009 You must enter an amount on Line 2. If you do not expect to owe use tax, enter "0." 2. | 00 | | 00 |
| 3. Add Line 1 and Line 2 3. | | | 00 |
| 4. Connecticut income tax withheld: Do not attach W-2s or 1099s 4. | 00 | | |
| 5. 2009 estimated Connecticut income tax payments including any 2008 overpayments applied to 2009 5. | 00 | | |
| 6. Add Line 4 and Line 5 6. | | | 00 |
| 7. Connecticut income tax and use tax balance due: Subtract Line 6 from Line 3. If Line 6 is greater than Line 3, enter "0." Amount due with this form 7. | | | 00 |

| | |
|--|---|
| <p>Forms with payment, mail to: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977</p> <p>Make your check payable to: Commissioner of Revenue Services</p> <p>To ensure proper posting, write your Social Security Number(s) (SSN) (optional) and "2009 Form CT-1040 EXT" on your check.</p> | <p>Forms without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976</p> <p>Do not mail this return if you do not owe any tax and you have requested an extension of time to file your 2009 federal income tax return.</p> |
|--|---|

Form CT-1040 EXT Instructions

Form CT-1040 EXT only extends the **time to file** your Connecticut income tax return. Form CT-1040 EXT **does not** extend the **time to pay** your income tax. You must pay the amount of tax that you expect to owe on or before the original due date of the return. See *Interest and Penalty*.

You may qualify for a six-month extension of time to pay your tax. To request this extension, you must file **Form CT-1127, Application for Extension of Time for Payment of Income Tax**, with your timely filed Connecticut income tax return or extension.

Purpose: Use Form CT-1040 EXT to request a **six-month extension to file** your Connecticut income tax return for individuals. This form also extends the time to file your individual use tax. It is not necessary to include a reason for the Connecticut extension request if you have already filed an extension request on federal Form 4868 with the Internal Revenue Service. If you did not file federal Form 4868, you can apply for a six-month extension to file your Connecticut income tax return provided you have good cause for your request.

Exception: If you expect to owe **no additional** Connecticut income tax for the 2009 taxable year, after taking into account any Connecticut income tax withheld from your wages or any estimated Connecticut income tax payments you have made, or both, **and** you have requested an extension of time to file your 2009 federal income tax return, you are not required to file Form CT-1040 EXT. The Department of Revenue Services (DRS) will automatically grant you a six-month extension of time to file your 2009 Connecticut income tax return. If you did not request an extension of time to file your federal income tax return, but you are requesting an extension of time to file your Connecticut income tax return, you must file Form CT-1040 EXT whether or not you owe additional Connecticut income tax.

Electronically File Form CT-1040 EXT

All taxpayers can file Form CT-1040 EXT over the Internet using the **Taxpayer Service Center (TSC)**. DRS encourages Connecticut income tax filers to electronically file through the **TSC**. The **TSC** is an interactive tool that offers a free, fast, easy, and secure way to conduct business. The **TSC** allows taxpayers to securely file, pay, and manage their state tax responsibilities electronically at www.ct.gov/DRS.



How to Get an Extension to File

To obtain a Connecticut extension of time to file if the exception above does not apply, you **must**:

- Complete Form CT-1040 EXT in its entirety;
- File it on or before the due date of your return; **and**
- Pay the amount shown on Line 7.

Any payment made with this form is considered an income tax payment regardless of the amounts you enter on Line 1 and Line 2. Your signature is not required on this form. DRS will notify you **only** if your request is denied.

U.S. Citizens or Residents Living Outside the U.S. and Puerto Rico

You must file this form if you are:

- A U.S. citizen or resident living outside the U.S. and Puerto Rico and your tax home (within the meaning of I.R.C. §162(a)(2)) is outside the U.S. and Puerto Rico; **or**
- In the armed forces of the U.S. serving outside the U.S. and Puerto Rico on the date your federal income tax return is due and are unable to file a timely Connecticut income tax return.

Explain on the front of this form that you are a U.S. citizen or resident living outside the U.S. and Puerto Rico, or are in the armed forces of the U.S. serving outside the U.S. and Puerto Rico, and that you qualify for an automatic, two-month federal income tax extension.

If your application is approved, the due date will be extended for six months (October 15, 2010, for calendar year taxpayers). If you are still unable to file your return by the extended due date and you have applied for and were granted an extension of time to file for federal purposes using federal Form 2350, you must file your Connecticut return using the federal extension due date. You must attach a copy of the federal Form 2350 approval notice to the front of your Connecticut return.

When to File Form CT-1040 EXT

File Form CT-1040 EXT on or before April 15, 2010. If your taxable year is other than the calendar year, file Form CT-1040 EXT on or before the fifteenth day of the fourth month following the close of your taxable year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Payment Options

Pay Electronically: This option is only available if you file Form CT-1040 EXT electronically and make a payment electronically on the DRS website through the **TSC**. You can file your return any time before the due date and designate the amount of payment and date of transfer. Your bank account will be debited on the date you indicate. You must pay the balance due on or before the due date (April 15, 2010), to avoid penalty and interest.

Pay by Credit Card or Debit Card: If you filed a 2008 Connecticut income tax return, you may elect to pay your expected 2009 Connecticut income tax liability using your American Express® card, Discover® card, MasterCard® card, VISA® card, or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

- Visit: www.officialpayments.com and select *State Payments*; **or**
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Do not send in Form CT-1040 EXT if you make your payment by credit card. All credit card payments for extension requests will be accepted by the credit card service provider. However, if your payment is late, DRS will notify you in writing that your request is denied.

Pay by Mail: Make your check payable to: **Commissioner of Revenue Services**. To ensure proper posting of your payment, write "**2009 Form CT-1040 EXT**" and your Social Security Number(s) (optional) on the front of your check. Be sure to sign your check and paper clip it to the front of your return. **Do not send cash**. DRS may submit your check to your bank electronically.

Interest and Penalty

In general, interest and penalty apply to any portion of the tax not paid on or before the original due date of the return. Interest is computed on the underpayment of tax at 1% per month or fraction of a month computed from the original due date to the date of payment.

Late Payment Penalty: The penalty for underpayment of tax is 10% of the tax that is not paid on or before the original due date of the return.

Late Filing Penalty: If no tax is due, DRS may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

Line Instructions

- Line 1:** Enter the amount that you expect to enter on: Form CT-1040, Line 14, **or** Form CT-1040NR/PY, Line 16.
- Line 2:** Enter the amount that you expect to enter on: Form CT-1040, Line 15, **or** Form CT-1040NR/PY, Line 17.
- Line 4:** Enter the amount that you expect to enter on: Form CT-1040, Line 18, **or** Form CT-1040NR/PY, Line 20.
- Line 5:** Enter the amount that you expect to enter on: Form CT-1040, Line 19, **or** Form CT-1040NR/PY, Line 21.

Table A - Exemptions for 2009 Taxable Year

Use the filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule, Line 1*) to determine your exemption.

| Single | | | Filing Jointly/Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|-----------------|-------------------------------------|-----------------------|-----------------|-------------------|-----------------------|-----------------|-------------------|-----------------------|-----------------|
| Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$ 0 | \$26,000 | \$13,000 | \$ 0 | \$48,000 | \$24,000 | \$ 0 | \$24,000 | \$12,000 | \$ 0 | \$38,000 | \$19,000 |
| \$26,000 | \$27,000 | \$12,000 | \$48,000 | \$49,000 | \$23,000 | \$24,000 | \$25,000 | \$11,000 | \$38,000 | \$39,000 | \$18,000 |
| \$27,000 | \$28,000 | \$11,000 | \$49,000 | \$50,000 | \$22,000 | \$25,000 | \$26,000 | \$10,000 | \$39,000 | \$40,000 | \$17,000 |
| \$28,000 | \$29,000 | \$10,000 | \$50,000 | \$51,000 | \$21,000 | \$26,000 | \$27,000 | \$ 9,000 | \$40,000 | \$41,000 | \$16,000 |
| \$29,000 | \$30,000 | \$ 9,000 | \$51,000 | \$52,000 | \$20,000 | \$27,000 | \$28,000 | \$ 8,000 | \$41,000 | \$42,000 | \$15,000 |
| \$30,000 | \$31,000 | \$ 8,000 | \$52,000 | \$53,000 | \$19,000 | \$28,000 | \$29,000 | \$ 7,000 | \$42,000 | \$43,000 | \$14,000 |
| \$31,000 | \$32,000 | \$ 7,000 | \$53,000 | \$54,000 | \$18,000 | \$29,000 | \$30,000 | \$ 6,000 | \$43,000 | \$44,000 | \$13,000 |
| \$32,000 | \$33,000 | \$ 6,000 | \$54,000 | \$55,000 | \$17,000 | \$30,000 | \$31,000 | \$ 5,000 | \$44,000 | \$45,000 | \$12,000 |
| \$33,000 | \$34,000 | \$ 5,000 | \$55,000 | \$56,000 | \$16,000 | \$31,000 | \$32,000 | \$ 4,000 | \$45,000 | \$46,000 | \$11,000 |
| \$34,000 | \$35,000 | \$ 4,000 | \$56,000 | \$57,000 | \$15,000 | \$32,000 | \$33,000 | \$ 3,000 | \$46,000 | \$47,000 | \$10,000 |
| \$35,000 | \$36,000 | \$ 3,000 | \$57,000 | \$58,000 | \$14,000 | \$33,000 | \$34,000 | \$ 2,000 | \$47,000 | \$48,000 | \$ 9,000 |
| \$36,000 | \$37,000 | \$ 2,000 | \$58,000 | \$59,000 | \$13,000 | \$34,000 | \$35,000 | \$ 1,000 | \$48,000 | \$49,000 | \$ 8,000 |
| \$37,000 | \$38,000 | \$ 1,000 | \$59,000 | \$60,000 | \$12,000 | \$35,000 | and up | \$ 0 | \$49,000 | \$50,000 | \$ 7,000 |
| \$38,000 | and up | \$ 0 | \$60,000 | \$61,000 | \$11,000 | | | | \$50,000 | \$51,000 | \$ 6,000 |
| | | | \$61,000 | \$62,000 | \$10,000 | | | | \$51,000 | \$52,000 | \$ 5,000 |
| | | | \$62,000 | \$63,000 | \$ 9,000 | | | | \$52,000 | \$53,000 | \$ 4,000 |
| | | | \$63,000 | \$64,000 | \$ 8,000 | | | | \$53,000 | \$54,000 | \$ 3,000 |
| | | | \$64,000 | \$65,000 | \$ 7,000 | | | | \$54,000 | \$55,000 | \$ 2,000 |
| | | | \$65,000 | \$66,000 | \$ 6,000 | | | | \$55,000 | \$56,000 | \$ 1,000 |
| | | | \$66,000 | \$67,000 | \$ 5,000 | | | | \$56,000 | and up | \$ 0 |
| | | | \$67,000 | \$68,000 | \$ 4,000 | | | | | | |
| | | | \$68,000 | \$69,000 | \$ 3,000 | | | | | | |
| | | | \$69,000 | \$70,000 | \$ 2,000 | | | | | | |
| | | | \$70,000 | \$71,000 | \$ 1,000 | | | | | | |
| | | | \$71,000 | and up | \$ 0 | | | | | | |

Table B - Connecticut Income Tax for 2009 Taxable Year

Use the filing status shown on the front of your return.

| | |
|---|---|
| <p>Single or Filing Separately</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$10,000..... 3%</p> <p>More than \$10,000, but less than or equal to \$500,000 \$300 plus 5% of the excess over \$10,000</p> <p>More than \$500,000 \$24,800 plus 6.5% of the excess over \$500,000</p> | <p>Examples: Line 3 is \$13,000; Line 4 is \$450.</p> <p>\$13,000 - \$10,000 = \$3,000 \$3,000 x .05 = \$150 \$300 + \$150 = \$450</p> <p>Line 3 is \$525,000; Line 4 is \$26,425.</p> <p>\$525,000 - \$500,000 = \$25,000 \$25,000 x .065 = \$1,625 \$24,800 + \$1,625 = \$26,425</p> |
| <p>Head of Household</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$16,000..... 3%</p> <p>More than \$16,000, but less than or equal to \$800,000 \$480 plus 5% of the excess over \$16,000</p> <p>More than \$800,000 \$39,680 plus 6.5% of the excess over \$800,000</p> | <p>Examples: Line 3 is \$20,000; Line 4 is \$680.</p> <p>\$20,000 - \$16,000 = \$4,000 \$4,000 x .05 = \$200 \$480 + \$200 = \$680</p> <p>Line 3 is \$825,000; Line 4 is \$41,305.</p> <p>\$825,000 - \$800,000 = \$25,000 \$25,000 x .065 = \$1,625 \$39,680 + \$1,625 = \$41,305</p> |
| <p>Filing Jointly/Qualifying Widow(er)</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$20,000..... 3%</p> <p>More than \$20,000, less than or equal to \$1,000,000 \$600 plus 5% of the excess over \$20,000</p> <p>More than \$1,000,000 \$49,600 plus 6.5% of the excess over \$1,000,000</p> | <p>Examples: Line 3 is \$22,500; Line 4 is \$725.</p> <p>\$22,500 - \$20,000 = \$2,500 \$2,500 x .05 = \$125 \$600 + \$125 = \$725</p> <p>Line 3 is \$1,100,000; Line 4 is \$56,100.</p> <p>\$1,100,000 - \$1,000,000 = \$100,000 \$100,000 x .065 = \$6,500 \$49,600 + \$6,500 = \$56,100</p> |

Table C - Personal Tax Credits for 2009 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule, Line 1*) to determine your decimal amount.

| Single | | | Filing Jointly or Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|----------------|--|-----------------------|----------------|-------------------|-----------------------|----------------|-------------------|-----------------------|----------------|
| Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$13,000 | \$16,300 | .75 | \$24,000 | \$30,000 | .75 | \$12,000 | \$15,000 | .75 | \$19,000 | \$24,000 | .75 |
| \$16,300 | \$16,800 | .70 | \$30,000 | \$30,500 | .70 | \$15,000 | \$15,500 | .70 | \$24,000 | \$24,500 | .70 |
| \$16,800 | \$17,300 | .65 | \$30,500 | \$31,000 | .65 | \$15,500 | \$16,000 | .65 | \$24,500 | \$25,000 | .65 |
| \$17,300 | \$17,800 | .60 | \$31,000 | \$31,500 | .60 | \$16,000 | \$16,500 | .60 | \$25,000 | \$25,500 | .60 |
| \$17,800 | \$18,300 | .55 | \$31,500 | \$32,000 | .55 | \$16,500 | \$17,000 | .55 | \$25,500 | \$26,000 | .55 |
| \$18,300 | \$18,800 | .50 | \$32,000 | \$32,500 | .50 | \$17,000 | \$17,500 | .50 | \$26,000 | \$26,500 | .50 |
| \$18,800 | \$19,300 | .45 | \$32,500 | \$33,000 | .45 | \$17,500 | \$18,000 | .45 | \$26,500 | \$27,000 | .45 |
| \$19,300 | \$19,800 | .40 | \$33,000 | \$33,500 | .40 | \$18,000 | \$18,500 | .40 | \$27,000 | \$27,500 | .40 |
| \$19,800 | \$21,700 | .35 | \$33,500 | \$40,000 | .35 | \$18,500 | \$20,000 | .35 | \$27,500 | \$34,000 | .35 |
| \$21,700 | \$22,200 | .30 | \$40,000 | \$40,500 | .30 | \$20,000 | \$20,500 | .30 | \$34,000 | \$34,500 | .30 |
| \$22,200 | \$22,700 | .25 | \$40,500 | \$41,000 | .25 | \$20,500 | \$21,000 | .25 | \$34,500 | \$35,000 | .25 |
| \$22,700 | \$23,200 | .20 | \$41,000 | \$41,500 | .20 | \$21,000 | \$21,500 | .20 | \$35,000 | \$35,500 | .20 |
| \$23,200 | \$27,100 | .15 | \$41,500 | \$50,000 | .15 | \$21,500 | \$25,000 | .15 | \$35,500 | \$44,000 | .15 |
| \$27,100 | \$27,600 | .14 | \$50,000 | \$50,500 | .14 | \$25,000 | \$25,500 | .14 | \$44,000 | \$44,500 | .14 |
| \$27,600 | \$28,100 | .13 | \$50,500 | \$51,000 | .13 | \$25,500 | \$26,000 | .13 | \$44,500 | \$45,000 | .13 |
| \$28,100 | \$28,600 | .12 | \$51,000 | \$51,500 | .12 | \$26,000 | \$26,500 | .12 | \$45,000 | \$45,500 | .12 |
| \$28,600 | \$29,100 | .11 | \$51,500 | \$52,000 | .11 | \$26,500 | \$27,000 | .11 | \$45,500 | \$46,000 | .11 |
| \$29,100 | \$52,000 | .10 | \$52,000 | \$96,000 | .10 | \$27,000 | \$48,000 | .10 | \$46,000 | \$74,000 | .10 |
| \$52,000 | \$52,500 | .09 | \$96,000 | \$96,500 | .09 | \$48,000 | \$48,500 | .09 | \$74,000 | \$74,500 | .09 |
| \$52,500 | \$53,000 | .08 | \$96,500 | \$97,000 | .08 | \$48,500 | \$49,000 | .08 | \$74,500 | \$75,000 | .08 |
| \$53,000 | \$53,500 | .07 | \$97,000 | \$97,500 | .07 | \$49,000 | \$49,500 | .07 | \$75,000 | \$75,500 | .07 |
| \$53,500 | \$54,000 | .06 | \$97,500 | \$98,000 | .06 | \$49,500 | \$50,000 | .06 | \$75,500 | \$76,000 | .06 |
| \$54,000 | \$54,500 | .05 | \$98,000 | \$98,500 | .05 | \$50,000 | \$50,500 | .05 | \$76,000 | \$76,500 | .05 |
| \$54,500 | \$55,000 | .04 | \$98,500 | \$99,000 | .04 | \$50,500 | \$51,000 | .04 | \$76,500 | \$77,000 | .04 |
| \$55,000 | \$55,500 | .03 | \$99,000 | \$99,500 | .03 | \$51,000 | \$51,500 | .03 | \$77,000 | \$77,500 | .03 |
| \$55,500 | \$56,000 | .02 | \$99,500 | \$100,000 | .02 | \$51,500 | \$52,000 | .02 | \$77,500 | \$78,000 | .02 |
| \$56,000 | \$56,500 | .01 | \$100,000 | \$100,500 | .01 | \$52,000 | \$52,500 | .01 | \$78,000 | \$78,500 | .01 |
| \$56,500 | and up | .00 | \$100,500 | and up | .00 | \$52,500 | and up | .00 | \$78,500 | and up | .00 |

Tax Calculation Schedule

| | | | |
|---|---|---|----|
| 1. Enter Connecticut AGI from Form CT-1040 , Line 5, or Form CT-1040NR/PY , Line 7. Form CT-1040NR/PY filers must enter income from Connecticut sources if it exceeds Connecticut adjusted gross income. | 1 | | 00 |
| 2. Enter Personal Exemption from <i>Table A, Exemptions</i> . | 2 | | 00 |
| 3. Connecticut Taxable Income: Subtract Line 2 from Line 1. If less than zero, enter "0." | 3 | | 00 |
| 4. Connecticut Income Tax: See <i>Table B, Connecticut Income Tax</i> . | 4 | | 00 |
| 5. Enter Decimal Amount from <i>Table C, Personal Tax Credits</i> . If zero, enter "0." | 5 | . | |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6 | | 00 |
| 7. Income Tax : Subtract Line 6 from Line 4. Enter here and on Form CT-1040 , Line 6, or Form CT-1040NR/PY , Line 8. | 7 | | 00 |

Amended Connecticut Income Tax Return and Instructions

Purpose: Use this form to amend a previously-filed 2005 Connecticut income tax return for individuals. This form may not be used to amend any other year's return. **Do not** use this form to amend **Form CT-1041** or **Form CT-1065/CT-1120SI**.

If **Form CT-1040X** is filed to have an overpayment of Connecticut income tax refunded or credited, it must be filed before the Connecticut statute of limitations expires. Generally, the Connecticut statute of limitations for refunding or crediting any

Connecticut income tax overpayment expires three years after the due date of the return, but if a timely request for an extension of time to file a return was filed, the statute of limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If you were required to file an amended return, but failed to do so, a penalty may be imposed. Interest will also be assessed on any additional Connecticut income tax not paid on or before the due date.

The following circumstances require the filing of Form CT-1040X:

| | |
|--|---|
| <p>1. The IRS or federal courts change or correct your federal income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. You filed a timely amended federal income tax return and the amendment results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your timely amended federal return. If you file Form CT-1040X no later than 90 days after the date of filing the timely amended federal income tax return, any Connecticut income tax overpayment resulting from filing the timely amended federal income tax return will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and the tax officials or courts of the qualifying jurisdiction made a change or correction to your income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>4. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and you filed a timely amended income tax return with that qualifying jurisdiction and the amendment results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your amended return with the qualifying jurisdiction. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>5. If none of the above circumstances apply, but you made a mistake or omission on your Connecticut income tax return and the mistake or omission results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than three years after the due date of your return, or if you filed a timely request for an extension of time to file, three years after the date of filing the return or three years after the extended due date, whichever is earlier.</p> |

Do not file Form CT-1040X for any of the following reasons:

- To have an overpayment refunded instead of applied to next year's estimated tax or to change your contributions to designated charities. The elections that you made on your original return **cannot** be changed by filing Form CT-1040X.
- To amend your Connecticut income tax return for an earlier year to claim a credit for income tax paid on income included in your Connecticut adjusted gross income for that year and repaid in a later taxable year. File **Schedule CT-1040CRC, Claim of Right Credit**, with your Connecticut income tax return for the later taxable year.

Financial Disability: If you are financially disabled, as defined in I.R.C. §6511(h)(2), the time for having an overpayment of Connecticut income tax refunded or credited to you is extended for as long as you are financially disabled. You are considered financially disabled if you are unable to manage your own affairs by reason of a medically determinable physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months. You are not considered financially disabled during any period that your spouse or any other person is authorized to act on your behalf in financial matters.

Instructions for *Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions* are included in the instructions for **Form CT-1040** and **Form CT-1040NR/PY**.

Steps to Completing Form CT-1040X

Step 1 - Refer to your original return and identify all changes that need to be made.

Step 2 - Find corresponding line items on Form CT-1040X. Line numbers on Form CT-1040X may be different from the line numbers on your original return.

Step 3 - Complete *Schedules 1, 2, and 3*. Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return.

Step 4 - Use Column A to enter the amounts shown on your original or previously adjusted return. Line numbers on Form CT-1040X may be different from the line numbers on your original return. For example, if you telefiled your Connecticut income tax return, add the amounts reported on **Connecticut Telefile Tax Return**, Line 11 and Line 12, and subtract the amount reported on Line 9 from the total. Enter the result on Form CT-1040X, Line 10, Column A.

Step 5 - Use Column B to enter the net increase or decrease for each line that you are changing.

Step 6 - Explain each change in the space provided on the front of Form CT-1040X.

Step 7 - Use Column C to report the corrected amounts for each line. If there is no change, enter the amount from Column A in Column C.

Form CT-1040X Instructions

Filing Status

Generally, your filing status must match your federal income tax filing status for the year. However, when one spouse is a Connecticut **resident** or a **nonresident** and the other spouse is a **part-year resident**, each spouse who is required to file a Connecticut income tax return **must** file as married filing separately. When one spouse is a **Connecticut resident** and the other is a **nonresident**, each spouse who is required to file a Connecticut income tax return **must** file as married filing separately, **unless** they file jointly for federal income tax purposes, **and** they elect to be treated as if both were Connecticut residents for the entire taxable year. See *Special Rules for Married Individuals* in the instructions to **Form CT-1040EZ**, **Form CT-1040**, or **Form CT-1040NR/PY**.

Line 2 and Line 4 - Enter the amount from *Schedule 1*, Line 39, on Line 2, Column C, and the amount from *Schedule 1*, Line 50, on Line 4, Column C.

Lines 6 through 9 - Nonresidents and Part-Year Residents Only: Refer to your previously-filed Form CT-1040NR/PY when completing this section. Attach a copy of your corrected **Schedule CT-SI**, *Nonresident or Part-Year Resident Schedule of Income from Connecticut Sources*. **Part-Year Residents:** Also attach a copy of your corrected **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*.

Line 8 - Calculate the tax on the amount you entered on Line 7, Column C, using the *2005 Tax Calculation Schedule* below. Enter the result on Line 8, Column C.

Line 10 - Residents: Calculate the tax on the amount you entered on Line 5, Column C, using the *2005 Tax Calculation Schedule* below. Enter the result on Line 10, Column C.

Nonresidents and Part-Year Residents: Multiply Line 9, Column C, by Line 8, Column C. Enter the result on Line 10, Column C.

Line 11 - Residents and Part-Year Residents: Enter the amount from *Schedule 2*, Line 59, on Line 11, Column C. See instructions to Form CT-1040 or Form CT-1040NR/PY.

Line 13 - If changes are being made to your Connecticut Alternative Minimum Tax, you must complete a corrected **Form CT-6251**. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 15 - Residents: Enter the amount from *Schedule 3*, Line 68, on Line 15, Column C.

Nonresidents and Part-Year Residents: Enter "0" on Line 15, Column C.

Line 17 - If changes are being made to your Adjusted Net Connecticut Minimum Tax Credit, you must complete a corrected **Form CT-8801**. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 19 - If changes are being made to your Connecticut Individual Use Tax, you must complete a corrected individual use tax schedule or worksheet. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 21 - If changes are being made to your Connecticut income tax withholding, complete the *Withholding Schedule* on Form CT-1040X, Page 2, and enter the total from Line 60. You must complete all columns or your withholding will be disallowed. **Do not** send Forms W2, W2-G, 1099, or Schedule CT K-1 with your return. If the withholding you are reporting is from Schedule CT K-1, check the box on the withholding schedule. If you have more than seven federal Forms W2, W2-G, and 1099, you must complete Supplemental Schedule

2005 Tax Calculation Schedule

| | | | |
|---|----|---|--|
| 1. Residents: Enter the amount from 2005 Form CT-1040X, Line 5, Column C. Nonresidents and Part-Year Residents: Enter the amount from 2005 Form CT-1040X, Line 7, Column C. | 1. | | |
| 2. Enter personal exemption. (See Table A, Page 5.) | 2. | | |
| 3. Connecticut Taxable Income (Subtract Line 2 from Line 1. If less than zero, enter "0.") | 3. | | |
| 4. Enter Connecticut income tax. (See Table B, Page 5.) | 4. | | |
| 5. Enter decimal amount. (See Table C, Page 5. If zero, enter "0.") | 5. | | |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6. | . | |
| 7. Connecticut Income Tax (Subtract Line 6 from Line 4.) Residents: Enter this amount on 2005 Form CT-1040X, Line 10, Column C. Nonresidents and Part-Year Residents: Enter this amount on Form CT-1040X, Line 8, Column C. | 7. | | |

CT-1040WH and attach it to the back of your amended Connecticut income tax return. Enter the total from Supplemental Schedule CT-1040WH, Line 3, on Line 60h, Column C. Forms are available from the DRS Web site at www.ct.gov/DRS.

Interest

Interest at 1% (.01) per month or fraction of a month will continue to accrue from the original due date until the tax is paid in full. A month is measured from the 16th day of the first month to the fifteenth day of the next month. Any fraction of a month is considered a whole month.

Schedule 1 - Modifications to Federal Adjusted Gross Income

Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return. Enter all amounts as positive numbers. See instructions for **Form CT-1040** or **Form CT-1040NR/PY**.

Additions to Federal Adjusted Gross Income

Line 31 - Interest on State and Local Government Obligations Other Than Connecticut

Enter the total amount of interest income derived from state and municipal government obligations (other than obligations of the State of Connecticut or its municipalities) which is not taxed for federal income tax purposes. Do not enter interest income derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Line 32 - Mutual Fund Exempt-Interest Dividends From Non-Connecticut State or Municipal Government Obligations Other Than Connecticut

Enter the total amount of exempt-interest dividends received from a mutual fund that are derived from state and municipal government obligations, other than obligations of the State of Connecticut or its municipalities. If the exempt-interest dividends are derived from obligations of Connecticut and other states, enter only the percentage derived from non-Connecticut obligations. Do not enter exempt-interest dividends derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Line 34 - Taxable Amount of Lump-Sum Distributions From Qualified Plans Not Included in Federal AGI

If you filed federal Form 4972, Tax on Lump-Sum Distributions, with your federal Form 1040 to compute the tax on any part of a distribution from a qualified plan, enter **that** part of the distribution on Line 34. Do not enter any part of the distribution reported on federal Form 1040, Line 16a; federal Form 1040A, Line 12a; or federal Form 1040, Schedule D.

Line 35 - Beneficiary's Share of Connecticut Fiduciary Adjustment

If you have any income from an estate or trust, your share of any Connecticut modifications (that is, your share of the Connecticut fiduciary adjustment) that applies to the income will be shown on **Schedule CT-1041B**, Part 1, Column 5. Your share of these modifications should be provided to you by the fiduciary. If your share of these modifications is an amount greater than zero, enter the amount on Line 35. If the amount is less than zero, enter the amount on Line 46. If you are a beneficiary of more than one trust or estate, enter the net amount of all such modifications, if greater than zero, on Line 35.

Line 36 - Loss on Sale of Connecticut State and Local Government Bonds

Enter the total losses from the sale or exchange of notes, bonds, or other obligations of the State of Connecticut or its municipalities used in determining gain (loss) for federal income tax purposes, whether or not the entire loss is used in computing federal adjusted gross income.

Line 38 - Other

See instructions for Form CT-1040 or Form CT-1040NR/PY for information.

Subtractions From Federal Adjusted Gross Income

Line 40 - Interest on U.S. Government Obligations

Enter the total amount of interest income (to the extent includible in federal adjusted gross income) derived from U.S. government obligations, which federal law prohibits states from taxing (for example, U.S. government bonds such as Savings Bonds Series EE or Series HH and U.S. Treasury bills or notes).

For Series EE U.S. Savings Bonds, you may include **only** the amount of interest subject to federal income tax after exclusion of the amounts reported on federal Form 8815. In general, you will report the net taxable amount on federal Form 1040, Schedule B, or federal Form 1040A, Schedule 1.

Do not enter the amount of interest income derived from Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing interest income derived from these obligations, and this interest income is taxable for Connecticut income tax purposes. Do not enter the amount of interest paid on any federal income tax refund.

Line 41 - Exempt Dividends From Certain Qualifying Mutual Funds Derived From U.S. Government Obligations

Enter the total amount of exempt dividends received from a qualifying mutual fund that are derived from U.S. government obligations. A mutual fund is a qualifying fund if, **at the close of each quarter** of its taxable year, at least 50% of the value of its assets consists of U.S. government obligations. The percentage of dividends that are exempt dividends should be reported to you by the mutual fund.

Do not enter the amount of dividend income derived from Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing income derived from these obligations, and this income is taxable for Connecticut income tax purposes.

Line 42 - Social Security Benefit Adjustment

If your filing status is Single or Married Filing Separately and the amount reported on Form CT-1040X, Line 1, Column C, is **less than \$50,000**; or Married Filing Jointly or Head of Household and the amount reported on Form CT-1040X, Line 1, Column C, is **less than \$60,000**, the amount of federally taxable Social Security benefits from 2005 federal Form 1040, Line 20b, or federal Form 1040A, Line 14b.

If your federal adjusted gross income is above the threshold for your filing status and you used the worksheets contained in the instructions to federal Form 1040 or federal Form 1040A to calculate the amount of taxable Social Security benefits, complete the *Social Security Benefit Adjustment Worksheet* below and enter the amount from Line F on Line 42. If you did not use these worksheets, but instead used worksheets contained in federal Publication 590 or federal Publication 915, see **Announcement 2001(4)**, *Taxability of Social Security Benefits for Connecticut Income Tax Purposes*.

Line 43 - Refunds of State and Local Income Taxes

Enter the amount of taxable refunds of state and local income taxes reported on Line 10 of your federal Form 1040. If Line 10 of your federal Form 1040 is blank, or if you filed federal Forms 1040A or 1040EZ, enter "0."

Line 44 - Tier 1 and Tier 2 Railroad Retirement Benefits and Supplemental Annuities

If you received Tier 1 or Tier 2, or both, railroad retirement benefits and supplemental annuities during 2005, you may deduct the amount included in your federal adjusted gross income but only to the extent such benefits were not already subtracted from federal adjusted gross income on Line 42 (Social Security Benefit Adjustment). Enter on Line 44 the balance not already subtracted on Line 42 of Tier 1 and Tier 2 railroad retirement benefits reported on federal Form 1040, Line 16b or Line 20b, or federal Form 1040A, Line 12b or Line 14b. Likewise, enter the amount of railroad unemployment benefits, including sickness benefits paid in lieu of unemployment benefits, to the extent included in your federal adjusted gross income.

Line 45 - Special Depreciation Allowance for Qualified Property Placed in Service During the Preceding Year

If you added bonus depreciation to your federal adjusted gross income on Line 32 of your **2002, 2003, or 2004 Form**

CT-1040, you may subtract 25% of that bonus depreciation amount. See **Special Notice 2003(21)**, *2003 Legislation Affecting the Connecticut Income Tax*.

Line 46 - Beneficiary's Share of Connecticut Fiduciary Adjustment

If you have any income from an estate or trust, your share of any Connecticut modifications (that is, your share of the Connecticut fiduciary adjustment) that applies to the income will be shown on Schedule CT-1041B, Part 1, Column 5. Your share of these modifications should be provided to you by the fiduciary. If your share of these modifications is an amount less than zero, enter the amount on Line 46. If the amount is greater than zero, enter the amount on Line 35.

If you are a beneficiary of more than one trust or estate, enter the net amount of all modifications, if less than zero, on Line 46.

Line 47 - Gain on Sale of Connecticut State and Local Government Bonds

Enter the total of all gains from the sale or exchange of notes, bonds, or other obligations of the State of Connecticut or its municipalities used in determining gain (loss) for federal income tax purposes.

Line 49 - Other

See instructions for Form CT-1040 or Form CT-1040NR/PY for information.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return. Instructions for *Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions* are included in the instructions for Form CT-1040 and Form CT-1040NR/PY.

Social Security Benefit Adjustment Worksheet - Line 42

Enter the amount from **Form CT-1040X**, Line 1, Column C.

If your filing status is **Single** or **Married Filing Separately**, is the amount on Line 1 \$50,000 or more?

- Yes: **Complete** this worksheet.
- No: **Do not complete** this worksheet. Enter the amount of federally taxable Social Security benefits you reported on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b, on Line 42.

If your filing status is **Married Filing Jointly** or **Head of Household**, is the amount on Line 1 \$60,000 or more?

- Yes: **Complete** this worksheet.
- No: **Do not complete** this worksheet. Enter the amount of federally taxable Social Security benefits you reported on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b, on Line 42.

| | | |
|--|----|--|
| A. Enter the amount reported on your 2005 federal Social Security Benefits Worksheet, Line 1. If Line A is zero or less, stop here and enter "0" on Line 42. Otherwise, go to Line B. | A. | |
| B. Enter the amount reported on your 2005 federal Social Security Benefits Worksheet, Line 9. However, if married filing separately and you lived apart from your spouse at any time during 2005, enter the amount reported on Line 7 of your federal Social Security Benefits Worksheet. If Line B is zero or less, stop here. Otherwise, go to Line C. | B. | |
| C. Enter the lesser of Line A or Line B. | C. | |
| D. Multiply Line C by 25% (.25). | D. | |
| E. Taxable amount of Social Security benefits reported on your 2005 federal Social Security Benefits Worksheet, Line 18. | E. | |
| F. Social Security Benefit Adjustment - Subtract Line D from Line E. Enter the amount here and on Form CT-1040X , <i>Schedule 1</i> , Line 42. (If Line D is greater than or equal to Line E, enter "0.") | F. | |

Amended Connecticut Income Tax Return For Individuals

(Rev. 12/05)

For the year January 1 - December 31, 2005, or other taxable year beginning _____, 2005,

ending _____, _____.

| | | |
|--|---|--|
| Please Print or Type in Blue or Black Ink. | Your First Name and Middle Initial _____ Last Name _____ | <input type="checkbox"/> Check if deceased |
| | If a Joint Return, Spouse's First Name and Middle Initial _____ Last Name _____ | <input type="checkbox"/> Check if deceased |
| | Mailing Address (number and street), Apartment Number, PO Box _____ | |
| | City, Town, or Post Office _____ State _____ ZIP Code _____ | |

| |
|---|
| Social Security Number _____-_____-_____ : : : _____-_____-_____ : : : _____-_____-_____ |
| Spouse's Social Security Number _____-_____-_____ : : : _____-_____-_____ : : : _____-_____-_____ |
| Your Telephone Number () _____ _____ |
| DRS Use Only - - - - - - 20 |

Filing Status: *On original return:* Single Married filing jointly/qualifying widow(er) Married filing separately Head of household
On this return: Single Married filing jointly/qualifying widow(er) Married filing separately Head of household

Are you amending your return as a result of federal or another state's changes? (See instructions.) Yes No

If Yes, enter the date of federal change / / or enter the date of other state's change / /

You must attach a copy of the IRS audit results, federal Form 1040X, the other state's audit results or amended returns, and supporting documentation.

Enter in the space below the line number for each item you are changing and give the reason for each change. Attach supporting forms and schedules for items changed. Write your name and Social Security Number on all attachments.

| | | A. Original amount or as previously adjusted | B. Net change increase or (decrease) | C. Correct amount |
|---|---|--|--------------------------------------|-------------------|
| <input type="checkbox"/> Check if filing Form CT-1040CRC, Claim of Right Credit | | | | |
| <input type="checkbox"/> Check if filing Form CT-8379, Nonobligated Spouse Claim | | | | |
| Income | 1. Federal Adjusted Gross Income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4.) 1 | | | 00 |
| | 2. Additions, if any (See instructions.) 2 | | | 00 |
| | 3. Add Line 1 and Line 2. 3 | | | 00 |
| | 4. Subtractions, if any (See instructions.) 4 | | | 00 |
| | 5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3.) 5 | | | 00 |
| Residents go to Line 10; Nonresidents and Part-Year Residents go to Line 6. | | | | |
| Nonresidents and Part-Year Residents Only | 6. Enter your income from Connecticut sources from Schedule CT-SI; (If less than or equal to zero, enter "0.") 6 | | | 00 |
| | 7. Enter the greater of Line 5 or Line 6. (If zero, go to Line 10 and enter "0.") 7 | | | 00 |
| | 8. Income Tax (From Tax Calculation Schedule, see instructions) 8 | | | 00 |
| | 9. Divide Line 6 by Line 5. (If Line 6 is equal to or greater than Line 5, enter 1.0000.) 9 | . | | . |
| Tax | 10. Income Tax (See instructions.) 10 | | | 00 |
| | 11. Credit for income taxes paid to qualifying jurisdictions (See instructions.) Residents and Part-Year Residents only 11 | | | 00 |
| | 12. Subtract Line 11 from Line 10. 12 | | | 00 |
| | 13. Connecticut Alternative Minimum Tax (From Form CT-6251) 13 | | | 00 |
| | 14. Add Line 12 and Line 13. 14 | | | 00 |
| | 15. Credit for property tax paid on your primary residence or motor vehicle, or both. Residents only (See instructions.) 15 | | | 00 |
| | 16. Subtract Line 15 from Line 14. (If less than or equal to zero, enter "0.") .. 16 | | | 00 |
| | 17. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801) ... 17 | | | 00 |
| | 18. Connecticut Income Tax (Subtract Line 17 from Line 16.) 18 | | | 00 |
| | 19. Individual Use Tax (See instructions.) 19 | | | 00 |
| | 20. Total Tax (Add Line 18 and Line 19.) 20 | | | 00 |
| Payments | 21. Connecticut tax withheld (Enter amount from line 60.) 21 | | | 00 |
| | 22. All 2005 estimated Connecticut income tax payments (including any overpayments applied from a prior year) and extension payments 22 | | | 00 |
| | 23. Amounts paid with original return, plus additional tax paid after it was filed (Do not include penalty and interest.) 23 | | | 00 |
| | 24. Total Payments (Add Lines 21, 22, and 23.) 24 | | | 00 |
| | 25. Overpayment, if any, as shown on original return (or as previously adjusted) 25 | | | 00 |
| | 26. Subtract Line 25 from Line 24. 26 | | | 00 |
| Refund | 27. If Line 26, Column C, is greater than Line 20, Column C, enter the amount overpaid . Refund 27 | | | 00 |
| Amount You Owe | 28. If Line 20, Column C, is greater than Line 26, Column C, enter the amount you owe 28 | | | 00 |
| | 29. Interest (Multiply Line 28 by number of months or fraction of a month, then by 1% (.01)) 29 | | | 00 |
| | 30. Amount you owe with this return (Add Line 28, Column C, and Line 29, Column C.) Amount you owe 30 | | | 00 |

Attach a copy of all applicable schedules and forms to this return.
See mailing instructions on reverse. Taxpayers must sign declaration on reverse.

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

| | | | | |
|---|---|----|--|----|
| Additions to Federal Adjusted Gross Income (See instructions, Page 3.) | 31. Interest on state and local government obligations other than Connecticut | 31 | | 00 |
| | 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations other than Connecticut | 32 | | 00 |
| | 33. Allocated for future use | 33 | | |
| | 34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 34 | | 00 |
| | 35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero.) | 35 | | 00 |
| | 36. Loss on sale of Connecticut state and local government bonds | 36 | | 00 |
| | 37. Allocated for future use | 37 | | |
| | 38. Other - specify | 38 | | 00 |
| | 39. Total Additions (Add Lines 31 through 38.) Enter here and on Line 2, Column C, on the front of this form. | 39 | | 00 |
| Subtractions From Federal Adjusted Gross Income (See instructions, Page 3.) | 40. Interest on U.S. government obligations | 40 | | 00 |
| | 41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 41 | | 00 |
| | 42. Social Security benefit adjustment (See <i>Social Security Benefit Adjustment Worksheet</i> , Page 4.) | 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(s) | 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. Allocated for future use | 48 | | |
| | 49. Other - specify (Do not include out-of-state income.) | 49 | | 00 |
| | 50. Total Subtractions (Add Lines 40 through 49.) Enter here and on Line 4, Column C, on the front of this form. | 50 | | 00 |

Schedule 2 Credit for Income Taxes Paid To Qualifying Jurisdictions (See instructions for Form CT-1040 or Form CT-1040NR/PY.)

| | | | | |
|--|--|----|---|----|
| You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. | 51. Modified Connecticut Adjusted Gross Income For each column, enter the following: | 51 | | 00 |
| | 52. Enter qualifying jurisdiction's name and two-letter code | 52 | | |
| | 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (From <i>Schedule 2 Worksheet</i>) | 53 | | 00 |
| | 54. Divide Line 53 by Line 51. (May not exceed 1.0000) | 54 | . | . |
| | 55. Income tax liability (Subtract Line 15, Column C, from Line 10, Column C.) | 55 | | 00 |
| | 56. Multiply Line 54 by Line 55. | 56 | | 00 |
| | 57. Income tax paid to a qualifying jurisdiction | 57 | | 00 |
| | 58. Enter the lesser of Line 56 or Line 57. | 58 | | 00 |
| | 59. Total Credit (Add Line 58, all columns.) Enter here and on Line 11, Column C, on the front of this form. | 59 | | 00 |

Withholding Schedule: Only enter information from your Schedule CT K-1, W-2, W-2G, and 1099 forms if Connecticut income tax was withheld.

| | Column A: Employer ID Number | Column B: CT Wages, Tips, etc. | Check if from Schedule CT K-1 | Column C: CT Income Tax Withheld |
|------|---|--------------------------------|-------------------------------|----------------------------------|
| 60a. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| 60b. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| 60c. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| 60d. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| 60e. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| 60f. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| 60g. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| 60h. | Enter additional CT withholding from Supplemental Schedule CT-1040WH, Line 3. | | | <input type="text"/> |
| 60. | Total Connecticut income tax withheld | | | <input type="text"/> |

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) (optional) and **"2005 Form CT-1040X"** on your check or money order. DRS may submit your check to your bank electronically.

**Mail to: Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978**

Declaration: 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 or document 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.

| | | | | |
|--|------------------------------------|------|--------------------------------------|------------------------|
| Sign Here Keep a copy for your records. | Your Signature | Date | Spouse's Signature (if joint return) | Date |
| | Paid Preparer's Signature | Date | Telephone Number () | Preparer's SSN or PTIN |
| | Firm's Name, Address, and ZIP Code | | | FEIN |

Schedule 3 - Credit for Property Taxes Paid on Your Primary Residence or Motor Vehicle, or Both
(Connecticut residents only)

| Qualifying Property | Primary Residence | | Auto 1 | | Auto 2 (married filing jointly 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 (See instructions, below.) | __ / __ / 2005 __ / __ / 2005 | | __ / __ / 2005 __ / __ / 2005 | | __ / __ / 2005 __ / __ / 2005 | |
| Amount Paid | 61. | 00 | 62. | 00 | 63. | 00 |
| 64. Total Property Tax Paid (Add Lines 61, 62, and 63.) | | | | | 64. | 00 |
| 65. Maximum property tax credit allowed | | | | | 65. | 350 00 |
| 66. Enter the lesser of Line 64 or Line 65. | | | | | 66. | 00 |
| 67. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table exactly as it appears below. (If zero, your credit is not limited.) Enter amount from Line 66 on Line 69. | | | | | 67. | . |
| 68. Multiply Line 66 by Line 67. | | | | | 68. | 00 |
| 69. Subtract Line 68 from Line 66. Enter here and on Line 15, Column C, on the front of this form. | | | | | 69. | 00 |

Line Instructions

Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return. Instructions for *Schedule 3 - Property Tax Credit Worksheet* are included in the instructions for Form CT-1040, Form CT-1040EZ, or Connecticut Telefile Tax Return.

Line 61 - Primary Residence

Enter the total amount of property tax paid on your primary residence.

Line 62 - Auto 1

Enter the total amount of property tax paid on your motor vehicle.

Line 63 - Married Filing Jointly Only - Auto 2

Enter the total amount of property tax paid on your second motor vehicle.

Line 67 - Decimal Amount

Enter "0" on Line 67 and enter the amount from Line 66 on Line 69 if your:

| Filing status is: | Connecticut adjusted gross income is: |
|---------------------------------|---------------------------------------|
| Single | \$ 55,000 or less |
| Married Filing Jointly | \$100,500 or less |
| Married Filing Separately | \$ 50,250 or less |
| Head of Household | \$ 78,500 or less |

Otherwise, enter the decimal amount from the *Property Tax Credit Table* (below) on Form CT-1040X, *Schedule 3*, Line 67.

Property Tax Credit Table

Use your filing status shown on Form CT-1040X and your Connecticut AGI - Form CT-1040X, Line 5, Column C.

| | Connecticut AGI is: | | | | Connecticut AGI is: | | |
|----------------------------------|---------------------|-----------------------|----------------|-------------------------------|---------------------|-----------------------|----------------|
| | More Than | Less Than or Equal To | Decimal Amount | | More Than | Less Than or Equal To | Decimal Amount |
| Single | \$0 | \$55,000 | 0 | Married Filing Jointly | \$0 | \$100,500 | 0 |
| | \$55,000 | \$65,000 | .10 | | \$100,500 | \$110,500 | .10 |
| | \$65,000 | \$75,000 | .20 | | \$110,500 | \$120,500 | .20 |
| | \$75,000 | \$85,000 | .30 | | \$120,500 | \$130,500 | .30 |
| | \$85,000 | \$95,000 | .40 | | \$130,500 | \$140,500 | .40 |
| | \$95,000 | \$105,000 | .50 | | \$140,500 | \$150,500 | .50 |
| | \$105,000 | \$115,000 | .60 | | \$150,500 | \$160,500 | .60 |
| | \$115,000 | \$125,000 | .70 | | \$160,500 | \$170,500 | .70 |
| | \$125,000 | \$135,000 | .80 | | \$170,500 | \$180,500 | .80 |
| | \$135,000 | \$145,000 | .90 | | \$180,500 | \$190,500 | .90 |
| \$145,000 | and up | 1.00 | \$190,500 | and up | 1.00 | | |
| Married Filing Separately | \$0 | \$50,250 | 0 | Head of Household | \$0 | \$78,500 | 0 |
| | \$50,250 | \$55,250 | .10 | | \$78,500 | \$88,500 | .10 |
| | \$55,250 | \$60,250 | .20 | | \$88,500 | \$98,500 | .20 |
| | \$60,250 | \$65,250 | .30 | | \$98,500 | \$108,500 | .30 |
| | \$65,250 | \$70,250 | .40 | | \$108,500 | \$118,500 | .40 |
| | \$70,250 | \$75,250 | .50 | | \$118,500 | \$128,500 | .50 |
| | \$75,250 | \$80,250 | .60 | | \$128,500 | \$138,500 | .60 |
| | \$80,250 | \$85,250 | .70 | | \$138,500 | \$148,500 | .70 |
| | \$85,250 | \$90,250 | .80 | | \$148,500 | \$158,500 | .80 |
| | \$90,250 | \$95,250 | .90 | | \$158,500 | \$168,500 | .90 |
| \$95,250 | and up | 1.00 | \$168,500 | and up | 1.00 | | |

Amended Connecticut Income Tax Return for Individuals

For the year January 1 - December 31, 2006, or other taxable year beginning _____, 2006, ending _____, _____.

| | | | |
|---|---|--|---------------------------------------|
| Please print or type in blue or black ink. | Your First Name and Middle Initial _____ Last Name _____ | <input type="checkbox"/> Check if deceased | Social Security Number _____ |
| | If Joint Return, Spouse's First Name and Middle Initial _____ Last Name _____ | <input type="checkbox"/> Check if deceased | Spouse's Social Security Number _____ |
| | Mailing Address (number and street), Apartment Number, PO Box _____ | | Your Telephone Number (____) _____ |
| | City, Town, or Post Office _____ State _____ ZIP Code _____ | DRS Use Only - 20 | |

Filing Status

On original return:
 Single Married filing jointly Civil union filing jointly Married filing separately Civil union filing separately
 Head of household Qualifying widow(er)

On this return:
 Single Married filing jointly Civil union filing jointly Married filing separately Civil union filing separately
 Head of household Qualifying widow(er)

Are you amending your return as a result of federal or another state's changes? (See instructions.) Yes No
 If Yes, enter the date of federal change / / or enter the date of other state's change / /

You must attach a copy of the IRS audit results, federal Form 1040X, the other state's audit results or amended returns, and supporting documentation.

| | | A. Original amount or as previously adjusted | B. Net change increase or (decrease) | C. Correct amount |
|--|---|--|--------------------------------------|-------------------|
| <input type="checkbox"/> | Check if filing Form CT-1040CRC, Claim of Right Credit | | | |
| <input type="checkbox"/> | Check if filing Form CT-8379, Nonobligated Spouse Claim | | | |
| Income | 1. Federal Adjusted Gross Income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4.) 1 | | | 00 |
| | 2. Additions, if any (See instructions.) 2 | | | 00 |
| | 3. Add Line 1 and Line 2. 3 | | | 00 |
| | 4. Subtractions, if any (See instructions.) 4 | | | 00 |
| | 5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3.) 5 | | | 00 |
| Residents go to Line 10; Nonresidents and Part-Year Residents go to Line 6. | | | | |
| Nonresidents and Part-Year Residents Only | 6. Enter your income from Connecticut sources from Schedule CT-SI; (If less than or equal to zero, enter "0.") 6 | | | 00 |
| | 7. Enter the greater of Line 5 or Line 6. (If zero, go to Line 10 and enter "0.") 7 | | | 00 |
| | 8. Income Tax (From Tax Calculation Schedule, see instructions) ... 8 | | | 00 |
| | 9. Divide Line 6 by Line 5. (If Line 6 is equal to or greater than Line 5, enter 1.0000.) 9 | . | | . |
| Tax | 10. Income Tax (See instructions.) 10 | | | 00 |
| | 11. Credit for income taxes paid to qualifying jurisdictions (See instructions.) Residents and Part-Year Residents only 11 | | | 00 |
| | 12. Subtract Line 11 from Line 10. 12 | | | 00 |
| | 13. Connecticut Alternative Minimum Tax (From Form CT-6251) 13 | | | 00 |
| | 14. Add Line 12 and Line 13. 14 | | | 00 |
| | 15. Credit for property tax paid on your primary residence or motor vehicle, or both. Residents only (See instructions.) 15 | | | 00 |
| | 16. Subtract Line 15 from Line 14. (If less than or equal to zero, enter "0.") 16 | | | 00 |
| | 17. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801) ... 17 | | | 00 |
| | 18. Connecticut Income Tax (Subtract Line 17 from Line 16.) 18 | | | 00 |
| | 19. Individual Use Tax (See instructions.) 19 | | | 00 |
| 20. Total Tax (Add Line 18 and Line 19.) 20 | | | 00 | |
| Payments | 21. Connecticut tax withheld (Enter amount from line 70.) 21 | | | 00 |
| | 22. All 2006 estimated Connecticut income tax payments (including any overpayments applied from a prior year) and extension payments 22 | | | 00 |
| | 23. Amounts paid with original return, plus additional tax paid after it was filed (Do not include penalty and interest.) 23 | | | 00 |
| | 24. Total Payments (Add Lines 21, 22, and 23.) 24 | | | 00 |
| | 25. Overpayment, if any, as shown on original return (or as previously adjusted) 25 | | | 00 |
| | 26. Subtract Line 25 from Line 24. 26 | | | 00 |
| Refund | 27. If Line 26, Column C, is greater than Line 20, Column C, enter the amount overpaid. Refund 27 | | | 00 |
| Amount You Owe | 28. If Line 20, Column C, is greater than Line 26, Column C, enter the amount of tax due. 28 | | | 00 |
| | 29. Interest (Multiply Line 28 by number of months or fraction of a month, then by 1% (.01)) 29 | | | 00 |
| | 30. Amount you owe with this return (Add Line 28, Column C, and Line 29, Column C.) Amount you owe 30 | | | 00 |

See mailing instructions on reverse. Taxpayers must sign declaration on reverse.

Reason(s) for Amending Return: Enter the line number for each item you are changing and give the reason for each change in the space below. Attach supporting forms and schedules for items changed. Write your name and Social Security Number (SSN) on all attachments.

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

| | | | | |
|--|---|---|----|----|
| Additions to Federal Adjusted Gross Income | 31. Interest on state and local government obligations other than Connecticut | 31 | | 00 |
| | 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations other than Connecticut | 32 | | 00 |
| | 33. Allocated for future use | 33 | | |
| | 34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 34 | | 00 |
| | 35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero.) | 35 | | 00 |
| | 36. Loss on sale of Connecticut state and local government bonds | 36 | | 00 |
| | 37. Allocated for future use | 37 | | |
| | 38. Other - specify | 38 | | 00 |
| | 39. Total Additions (Add Lines 31 through 38.) Enter here and on Line 2, Column C, on the front of this form. | 39 | | 00 |
| | Subtractions From Federal Adjusted Gross Income | 40. Interest on U.S. government obligations | 40 | |
| 41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | | 41 | | 00 |
| 42. Social Security benefit adjustment (from <i>Social Security Benefit Adjustment Worksheet</i>) | | 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 a preceding year(s) | | 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. Contributions to a Connecticut Higher Education Trust (CHET) account Enter CHET account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | 48 | | 00 |
| 49. Other - specify (Do not include out-of-state income.) | | 49 | | 00 |
| 50. Total Subtractions (Add Lines 40 through 49.) Enter here and on Line 4, Column C. | | 50 | | 00 |

Schedule 2 Credit for Income Taxes Paid to Qualifying Jurisdictions - Residents and Part-Year Residents Only
(See instructions for Form CT-1040 or Form CT-1040NR/PY.)

| | | | | |
|--|--|----|--|----|
| You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. | 51. Modified Connecticut Adjusted Gross Income | 51 | | 00 |
| | For each column, enter the following: | | | |
| | 52. Enter qualifying jurisdiction's name and two-letter code | | | |
| | 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from <i>Schedule 2 Worksheet</i>) | | | |
| | 54. Divide Line 53 by Line 51. (May not exceed 1.0000) | | | |
| | 55. Income tax liability (Subtract Line 15, Column C, from Line 10, Column C.) | | | |
| | 56. Multiply Line 54 by Line 55. | | | |
| | 57. Income tax paid to a qualifying jurisdiction | | | |
| | 58. Enter the lesser of Line 56 or Line 57. | | | |
| | 59. Total Credit (Add Line 58, all columns.) Enter here and on Line 11, Column C. | 59 | | 00 |

Make your check or money order payable to: **Commissioner of Revenue Services.** To ensure proper posting of your payment, write your SSN(s) (optional) and "2006 Form CT-1040X" on your check or money order. DRS may submit your check to your bank electronically.

**Mail to: Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978**

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | |
|--|------------------------------------|------|--------------------------------------|------------------------|
| Sign Here Keep a copy for your records. | Your Signature | Date | Spouse's Signature (if joint return) | Date |
| | Paid Preparer's Signature | Date | Telephone Number () | Preparer's SSN or PTIN |
| | Firm's Name, Address, and ZIP Code | | | FEIN |

Schedule 3 - Property Tax Credit Worksheet

(Connecticut residents only)

| Qualifying Property | Primary Residence | Auto 1 | Auto 2 <small>(married filing jointly, civil union filing jointly, or qualifying widow(er) only)</small> |
|---|-----------------------|-----------------------|---|
| Name of Connecticut Tax Town or District | | | |
| Description of Property <small>If primary residence, enter street address. If motor vehicle, enter year, make, and model.</small> | | | |
| Date(s) Paid <small>(See instructions below.)</small> | __ / __ / 2006 | __ / __ / 2006 | __ / __ / 2006 |
| | __ / __ / 2006 | __ / __ / 2006 | __ / __ / 2006 |
| Amount Paid | 60. | 00 61. | 00 62. |
| 63. Total Property Tax Paid (Add Lines 60, 61, and 62.) | | | 63. 00 |
| 64. Maximum property tax credit allowed | | | 64. 500 00 |
| 65. Enter the lesser of Line 63 or Line 64. | | | 65. 00 |
| 66. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table. <small>(If zero, enter the amount from Line 65 on Line 68.)</small> | | | 66. . |
| 67. Multiply Line 65 by Line 66. | | | 67. 00 |
| 68. Subtract Line 67 from Line 65. Enter here and on Line 15, Column C. | | | 68. 00 |

Schedule 4 - Individual Use Tax Worksheet

Complete this worksheet to calculate your Connecticut individual use tax liability.

| 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 <small>(.06 X Column D)</small> | Tax, if any, paid to another jurisdiction | Balance due <small>(Column E minus Column F but not less than zero)</small> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total of individual purchases under \$300 not listed above | | | | | | |

69. **Individual Use Tax** (Add all amounts for Column G.) Enter here and on Line 19, Column C. 69. 00

Withholding Schedule: Only enter information from your Schedule CT K-1, W-2, W-2G, and 1099 forms if Connecticut income tax was withheld.

| Column A: Employer Federal ID Number | Column B: CT Wages, Tips, etc. | <small>Check if from Schedule CT K-1</small> | Column C: CT Income Tax Withheld |
|--|--|--|--|
| 70a. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |
| 70b. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |
| 70c. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |
| 70d. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |
| 70e. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |
| 70f. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |
| 70g. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |
| 70h. Enter additional CT withholding from Supplemental Schedule CT-1040WH, Line 3. | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |
| 70. Total Connecticut income tax withheld Enter here and on Line 21, Column C. | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 |

Form CT-1040X Instructions

For Amended Connecticut Income Tax Return

2006

Purpose: Use this form to amend a previously-filed 2006 Connecticut income tax return for individuals. This form may not be used to amend any other year's return. **Do not** use this form to amend **Form CT-1041** or **Form CT-1065/CT-1120SI**. Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

If Form CT-1040X is filed to have an overpayment of Connecticut income tax refunded or credited, it must be filed before the Connecticut statute of limitations expires. Generally, the

Connecticut statute of limitations for refunding or crediting any Connecticut income tax overpayment expires three years after the due date of the return, but if a timely request for an extension of time to file a return was filed, the statute of limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If you were required to file an amended return, but failed to do so, a penalty may be imposed. Interest will also be assessed on any additional Connecticut income tax not paid on or before the due date.

You must file Form CT-1040X in the following circumstances:

| | |
|---|---|
| <p>1. The IRS or federal courts change or correct your federal income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. You filed a timely amended federal income tax return and the amendment results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your timely amended federal return. If you file Form CT-1040X no later than 90 days after the date of filing the timely amended federal income tax return, any Connecticut income tax overpayment resulting from filing the timely amended federal income tax return will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and the tax officials or courts of the qualifying jurisdiction made a change or correction to your income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>4. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and you filed a timely amended income tax return with that qualifying jurisdiction and the amendment results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your amended return with the qualifying jurisdiction. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>5. If none of the above circumstances apply, but you made a mistake or omission on your Connecticut income tax return and the mistake or omission results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than three years after the due date of your return, or if you filed a timely request for an extension of time to file, three years after the date of filing the return or three years after the extended due date, whichever is earlier.</p> |

Do not file Form CT-1040X for any of the following reasons:

- To have an overpayment refunded instead of applied to next year's estimated tax or to change your contributions to designated charities. The elections that you made on your original return **cannot** be changed by filing Form CT-1040X.
- To amend your Connecticut income tax return for an earlier year to claim a credit for income tax paid on income included in your Connecticut adjusted gross income for that year and repaid in a later taxable year. File **Form CT-1040CRC, Claim of Right Credit**, with your Connecticut income tax return for the later taxable year.

Financial Disability: If you are financially disabled, as defined in I.R.C. §6511(h)(2), the time for having an overpayment of Connecticut income tax refunded or credited to you is extended for as long as you are financially disabled. You are considered financially disabled if you are unable to manage your own affairs by reason of a medically determinable physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months. You are not considered financially disabled during any period that your spouse or any other person is authorized to act on your behalf in financial matters. See **Policy Statement 2001(4), Claims for Refund Made by Financially Disabled Individuals**.

Steps to Completing Form CT-1040X

Step 1: Refer to your original return and identify all the changes that need to be made.

Step 2: Find corresponding line items on Form CT-1040X. Line numbers on Form CT-1040X may be different from the line numbers on your original return.

Step 3: Complete *Schedules 1, 2, 3, and 4*. Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return.

Step 4: Use Column A to enter the amounts shown on your original or previously-adjusted return. Line numbers on Form CT-1040X may be different from the line numbers on your original return. For example, if you Telefiled your Connecticut income tax return, add the amounts reported on **Connecticut Telefile Tax Return**, Line 11 and Line 12, and subtract the amount reported on Line 9 from the total. Enter the result on Form CT-1040X, Line 10, Column A.

Step 5: Use Column B to enter the net increase or decrease for each line that you are changing.

Step 6: Explain each change in the space provided on Page 2 of Form CT-1040X.

Step 7: Use Column C to report the corrected amounts for each line. If there is no change, enter the amount from Column A in Column C.

Form CT-1040X Instructions

Filing status

Except as otherwise noted, any reference in these instructions to a spouse also refer to a party to a civil union recognized under Connecticut law.

Generally, your filing status for Connecticut income tax purposes must match your federal income tax filing status for the year. However, if you are a civil union partner, your filing status for Connecticut income tax purposes will not match your federal income tax filing status for the year.

When one spouse is a Connecticut resident or a nonresident and the other spouse is a part-year resident, each spouse who is required to file a Connecticut income tax return must file as married filing separately or civil union filing separately.

When one spouse is a Connecticut resident and the other is a nonresident, each spouse who is required to file a Connecticut income tax return must file as married filing separately or civil union filing separately. Married couples may elect to be treated as if both were Connecticut residents for the entire taxable year with married filing jointly as their Connecticut income tax filing status for the year, provided their federal income tax filing status for the year is married filing jointly. Civil union partners may elect to be treated as if both were Connecticut residents for the entire taxable year simply by filing a Connecticut income tax return with civil union filing jointly as their Connecticut income tax filing status for the year.

For more information, see *Spouses With Different Residency Status* in the instructions to **Form CT-1040EZ**, **Form CT-1040**, or **Form CT-1040NR/PY**.

Line 2 and Line 4: Enter the amount from *Schedule 1*, Line 39, on Line 2, Column C, and the amount from *Schedule 1*, Line 50, on Line 4, Column C.

Lines 6 through 9: Nonresidents and Part-Year Residents Only: Refer to your previously-filed Form CT-1040NR/PY when completing this section. Attach a copy of your corrected **Schedule CT-SI**, *Nonresident or Part-Year Resident Schedule of Income from Connecticut Sources*. **Part-Year Residents:** Also attach a copy of your corrected **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*.

Line 8: Calculate the tax on the amount you entered on Line 7, Column C, using the *2006 Tax Calculation Schedule* on Page 6. Enter the result on Line 8, Column C.

Line 10: Residents: Calculate the tax on the amount you entered on Line 5, Column C, using the *2006 Tax Calculation Schedule* below. Enter the result on Line 10, Column C.

Nonresidents and Part-Year Residents: Multiply Line 9, Column C, by Line 8, Column C. Enter the result on Line 10, Column C.

Line 11: Residents and Part-Year Residents: Enter the amount from *Schedule 2*, Line 59, on Line 11, Column C. See instructions to Form CT-1040 or Form CT-1040NR/PY.

Line 13: If changes are being made to your Connecticut Alternative Minimum Tax, you must complete a corrected **Form CT-6251**. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 15: Residents: Enter the amount from *Schedule 3*, Line 68, on Line 15, Column C.

Nonresidents and Part-Year Residents: Enter "0" on Line 15, Column C.

Line 17: If changes are being made to your Adjusted Net Connecticut Minimum Tax Credit, you must complete a corrected **Form CT-8801**. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 19: Enter the amount from *Schedule 4*, Line 69, on Line 19, Column C.

Line 21: If changes are being made to your Connecticut income tax withholding, complete the *Withholding Schedule* on Form CT-1040X, Page 3, and enter the total from Line 70 in Column C. You must complete all columns or your withholding will be disallowed. **Do not** send Forms W2, W2-G, 1099, or Schedule CT K-1 with your return. If the withholding you are reporting is from Schedule CT K-1, check the box on the withholding schedule. If you have more than seven federal Forms W2, W2-G, and 1099, you must complete Supplemental Schedule CT-1040WH and attach it to the back of your amended Connecticut income tax return. Enter the total from Supplemental Schedule CT-1040WH, Line 3, on Line 70h, Column C. Visit the DRS Web site at www.ct.gov/DRS to get additional forms.

Interest

Interest at 1% (.01) per month or fraction of a month will continue to accrue from the original due date until the tax is paid in full. A month is measured from the 16th day of the first month to the fifteenth day of the next month. Any fraction of a month is considered a whole month.

Schedules 1 Through 4

If you are making corrections to any of these schedules (Modifications to Federal Adjusted Gross Income, Credit for Income Taxes Paid to Qualifying Jurisdictions, Property Tax Credit Worksheet, and Individual Use Tax Worksheet), refer to the **Form CT-1040** or **Form CT-1040NR/PY** instruction booklet for line instructions and worksheets.

Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return. Enter all amounts as positive numbers.

Tax Calculation Schedule

| | | |
|--|---|----|
| 1. Enter Connecticut AGI (Form CT-1040X, Line 5, Column C). Nonresidents and part-year residents: Enter income from Connecticut sources (Form CT-1040X, Line 7, Column C). | 1 | 00 |
| 2. Enter Personal Exemption (From <i>Table A, Exemptions</i>). | 2 | 00 |
| 3. Connecticut Taxable Income (Subtract Line 2 from Line 1. If less than zero, enter "0.") | 3 | 00 |
| 4. Connecticut Income Tax (See <i>Table B, Connecticut Income Tax</i> .) | 4 | 00 |
| 5. Enter Decimal Amount (From <i>Table C, Personal Tax Credits</i>). If zero, enter "0." | 5 | . |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6 | 00 |
| 7. Income Tax (Subtract Line 6 from Line 4.) Enter here and on Line 10, Column C. Nonresidents and part-year residents: Enter here and on Line 8, Column C. | 7 | 00 |

Table A - Exemptions for 2006 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule*, Line 1) to determine your exemption.

| Single | | | Married Filing Jointly, Civil Union Filing Jointly, or Qualifying Widow(er) | | | Married Filing Separately or Civil Union Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|-----------------|---|-----------------------|-----------------|--|-----------------------|-----------------|-------------------|-----------------------|-----------------|
| Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$ 0 | \$25,250 | \$12,625 | \$ 0 | \$48,000 | \$24,000 | \$ 0 | \$24,000 | \$12,000 | \$ 0 | \$38,000 | \$19,000 |
| \$25,250 | \$26,250 | \$11,625 | \$48,000 | \$49,000 | \$23,000 | \$24,000 | \$25,000 | \$11,000 | \$38,000 | \$39,000 | \$18,000 |
| \$26,250 | \$27,250 | \$10,625 | \$49,000 | \$50,000 | \$22,000 | \$25,000 | \$26,000 | \$10,000 | \$39,000 | \$40,000 | \$17,000 |
| \$27,250 | \$28,250 | \$ 9,625 | \$50,000 | \$51,000 | \$21,000 | \$26,000 | \$27,000 | \$ 9,000 | \$40,000 | \$41,000 | \$16,000 |
| \$28,250 | \$29,250 | \$ 8,625 | \$51,000 | \$52,000 | \$20,000 | \$27,000 | \$28,000 | \$ 8,000 | \$41,000 | \$42,000 | \$15,000 |
| \$29,250 | \$30,250 | \$ 7,625 | \$52,000 | \$53,000 | \$19,000 | \$28,000 | \$29,000 | \$ 7,000 | \$42,000 | \$43,000 | \$14,000 |
| \$30,250 | \$31,250 | \$ 6,625 | \$53,000 | \$54,000 | \$18,000 | \$29,000 | \$30,000 | \$ 6,000 | \$43,000 | \$44,000 | \$13,000 |
| \$31,250 | \$32,250 | \$ 5,625 | \$54,000 | \$55,000 | \$17,000 | \$30,000 | \$31,000 | \$ 5,000 | \$44,000 | \$45,000 | \$12,000 |
| \$32,250 | \$33,250 | \$ 4,625 | \$55,000 | \$56,000 | \$16,000 | \$31,000 | \$32,000 | \$ 4,000 | \$45,000 | \$46,000 | \$11,000 |
| \$33,250 | \$34,250 | \$ 3,625 | \$56,000 | \$57,000 | \$15,000 | \$32,000 | \$33,000 | \$ 3,000 | \$46,000 | \$47,000 | \$10,000 |
| \$34,250 | \$35,250 | \$ 2,625 | \$57,000 | \$58,000 | \$14,000 | \$33,000 | \$34,000 | \$ 2,000 | \$47,000 | \$48,000 | \$ 9,000 |
| \$35,250 | \$36,250 | \$ 1,625 | \$58,000 | \$59,000 | \$13,000 | \$34,000 | \$35,000 | \$ 1,000 | \$48,000 | \$49,000 | \$ 8,000 |
| \$36,250 | \$37,250 | \$ 625 | \$59,000 | \$60,000 | \$12,000 | \$35,000 | and up | \$ 0 | \$49,000 | \$50,000 | \$ 7,000 |
| \$37,250 | and up | \$ 0 | \$60,000 | \$61,000 | \$11,000 | | | | \$50,000 | \$51,000 | \$ 6,000 |
| | | | \$61,000 | \$62,000 | \$10,000 | | | | \$51,000 | \$52,000 | \$ 5,000 |
| | | | \$62,000 | \$63,000 | \$ 9,000 | | | | \$52,000 | \$53,000 | \$ 4,000 |
| | | | \$63,000 | \$64,000 | \$ 8,000 | | | | \$53,000 | \$54,000 | \$ 3,000 |
| | | | \$64,000 | \$65,000 | \$ 7,000 | | | | \$54,000 | \$55,000 | \$ 2,000 |
| | | | \$65,000 | \$66,000 | \$ 6,000 | | | | \$55,000 | \$56,000 | \$ 1,000 |
| | | | \$66,000 | \$67,000 | \$ 5,000 | | | | \$56,000 | and up | \$ 0 |
| | | | \$67,000 | \$68,000 | \$ 4,000 | | | | | | |
| | | | \$68,000 | \$69,000 | \$ 3,000 | | | | | | |
| | | | \$69,000 | \$70,000 | \$ 2,000 | | | | | | |
| | | | \$70,000 | \$71,000 | \$ 1,000 | | | | | | |
| | | | \$71,000 | and up | \$ 0 | | | | | | |

Table B - Connecticut Income Tax for 2006 Taxable Year

Use your filing status shown on the front of your return.

| | |
|---|---|
| <p>Single, Married Filing Separately, or Civil Union Filing Separately If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$10,000 3.0% More than \$10,000 \$300 plus 5.0% of the excess over \$10,000</p> | <p>Example: If the amount on Line 3 is \$13,000, enter \$450 on Line 4. $\\$13,000 - \\$10,000 = \\$3,000$ $\\$3,000 \times .05 = \\150 $\\$150 + \\$300 = \\$450$</p> |
| <p>Head of Household If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$16,000 3.0% More than \$16,000 \$480 plus 5.0% of the excess over \$16,000</p> | <p>Example: If the amount on Line 3 is \$20,000, enter \$680 on Line 4. $\\$20,000 - \\$16,000 = \\$4,000$ $\\$4,000 \times .05 = \\200 $\\$200 + \\$480 = \\$680$</p> |
| <p>Married Filing Jointly, Civil Union Filing Jointly, or Qualifying Widow(er) If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$20,000 3.0% More than \$20,000 \$600 plus 5.0% of the excess over \$20,000</p> | <p>Example: If the amount on Line 3 is \$22,500, enter \$725 on Line 4. $\\$22,500 - \\$20,000 = \\$2,500$ $\\$2,500 \times .05 = \\125 $\\$125 + \\$600 = \\$725$</p> |

Table C - Personal Tax Credits for 2006 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule*, Line 1) to determine your decimal amount.

| Single | | | Married Filing Jointly, Civil Union Filing Jointly, or Qualifying Widow(er) | | | Married Filing Separately or Civil Union Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|----------------|---|-----------------------|----------------|--|-----------------------|----------------|-------------------|-----------------------|----------------|
| Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$12,625 | \$15,750 | .75 | \$24,000 | \$30,000 | .75 | \$12,000 | \$15,000 | .75 | \$19,000 | \$24,000 | .75 |
| \$15,750 | \$16,250 | .70 | \$30,000 | \$30,500 | .70 | \$15,000 | \$15,500 | .70 | \$24,000 | \$24,500 | .70 |
| \$16,250 | \$16,750 | .65 | \$30,500 | \$31,000 | .65 | \$15,500 | \$16,000 | .65 | \$24,500 | \$25,000 | .65 |
| \$16,750 | \$17,250 | .60 | \$31,000 | \$31,500 | .60 | \$16,000 | \$16,500 | .60 | \$25,000 | \$25,500 | .60 |
| \$17,250 | \$17,750 | .55 | \$31,500 | \$32,000 | .55 | \$16,500 | \$17,000 | .55 | \$25,500 | \$26,000 | .55 |
| \$17,750 | \$18,250 | .50 | \$32,000 | \$32,500 | .50 | \$17,000 | \$17,500 | .50 | \$26,000 | \$26,500 | .50 |
| \$18,250 | \$18,750 | .45 | \$32,500 | \$33,000 | .45 | \$17,500 | \$18,000 | .45 | \$26,500 | \$27,000 | .45 |
| \$18,750 | \$19,250 | .40 | \$33,000 | \$33,500 | .40 | \$18,000 | \$18,500 | .40 | \$27,000 | \$27,500 | .40 |
| \$19,250 | \$21,050 | .35 | \$33,500 | \$40,000 | .35 | \$18,500 | \$20,000 | .35 | \$27,500 | \$34,000 | .35 |
| \$21,050 | \$21,550 | .30 | \$40,000 | \$40,500 | .30 | \$20,000 | \$20,500 | .30 | \$34,000 | \$34,500 | .30 |
| \$21,550 | \$22,050 | .25 | \$40,500 | \$41,000 | .25 | \$20,500 | \$21,000 | .25 | \$34,500 | \$35,000 | .25 |
| \$22,050 | \$22,550 | .20 | \$41,000 | \$41,500 | .20 | \$21,000 | \$21,500 | .20 | \$35,000 | \$35,500 | .20 |
| \$22,550 | \$26,300 | .15 | \$41,500 | \$50,000 | .15 | \$21,500 | \$25,000 | .15 | \$35,500 | \$44,000 | .15 |
| \$26,300 | \$26,800 | .14 | \$50,000 | \$50,500 | .14 | \$25,000 | \$25,500 | .14 | \$44,000 | \$44,500 | .14 |
| \$26,800 | \$27,300 | .13 | \$50,500 | \$51,000 | .13 | \$25,500 | \$26,000 | .13 | \$44,500 | \$45,000 | .13 |
| \$27,300 | \$27,800 | .12 | \$51,000 | \$51,500 | .12 | \$26,000 | \$26,500 | .12 | \$45,000 | \$45,500 | .12 |
| \$27,800 | \$28,300 | .11 | \$51,500 | \$52,000 | .11 | \$26,500 | \$27,000 | .11 | \$45,500 | \$46,000 | .11 |
| \$28,300 | \$50,500 | .10 | \$52,000 | \$96,000 | .10 | \$27,000 | \$48,000 | .10 | \$46,000 | \$74,000 | .10 |
| \$50,500 | \$51,000 | .09 | \$96,000 | \$96,500 | .09 | \$48,000 | \$48,500 | .09 | \$74,000 | \$74,500 | .09 |
| \$51,000 | \$51,500 | .08 | \$96,500 | \$97,000 | .08 | \$48,500 | \$49,000 | .08 | \$74,500 | \$75,000 | .08 |
| \$51,500 | \$52,000 | .07 | \$97,000 | \$97,500 | .07 | \$49,000 | \$49,500 | .07 | \$75,000 | \$75,500 | .07 |
| \$52,000 | \$52,500 | .06 | \$97,500 | \$98,000 | .06 | \$49,500 | \$50,000 | .06 | \$75,500 | \$76,000 | .06 |
| \$52,500 | \$53,000 | .05 | \$98,000 | \$98,500 | .05 | \$50,000 | \$50,500 | .05 | \$76,000 | \$76,500 | .05 |
| \$53,000 | \$53,500 | .04 | \$98,500 | \$99,000 | .04 | \$50,500 | \$51,000 | .04 | \$76,500 | \$77,000 | .04 |
| \$53,500 | \$54,000 | .03 | \$99,000 | \$99,500 | .03 | \$51,000 | \$51,500 | .03 | \$77,000 | \$77,500 | .03 |
| \$54,000 | \$54,500 | .02 | \$99,500 | \$100,000 | .02 | \$51,500 | \$52,000 | .02 | \$77,500 | \$78,000 | .02 |
| \$54,500 | \$55,000 | .01 | \$100,000 | \$100,500 | .01 | \$52,000 | \$52,500 | .01 | \$78,000 | \$78,500 | .01 |
| \$55,000 | and up | .00 | \$100,500 | and up | .00 | \$52,500 | and up | .00 | \$78,500 | and up | .00 |

Amended Connecticut Income Tax Return for Individuals

For the year January 1 - December 31, 2007, or other taxable year beginning _____, 2007, ending _____, _____.

| | | | | |
|--|---|--|---|--|
| Print or type in blue or black ink. | Your First Name and Middle Initial _____ Last Name _____ | <input type="checkbox"/> Check if deceased | Social Security Number ____-____-____ | |
| | If Joint Return, Spouse's First Name and Middle Initial _____ Last Name _____ | <input type="checkbox"/> Check if deceased | Spouse's Social Security Number ____-____-____ | |
| | Mailing Address (number and street), Apartment Number, PO Box _____ | | | Your Telephone Number (____) _____-____ |
| | City, Town, or Post Office _____ State _____ ZIP Code _____ | | DRS Use Only - 20 | |

| | | | | | |
|----------------------|--|---|---|--|--|
| Filing Status | On original return: | | | | |
| | <input type="checkbox"/> Single | <input type="checkbox"/> Married filing jointly | <input type="checkbox"/> Civil union filing jointly | <input type="checkbox"/> Married filing separately | <input type="checkbox"/> Civil union filing separately |
| | On this return: | | | | |
| | <input type="checkbox"/> Single | <input type="checkbox"/> Married filing jointly | <input type="checkbox"/> Civil union filing jointly | <input type="checkbox"/> Married filing separately | <input type="checkbox"/> Civil union filing separately |
| | <input type="checkbox"/> Head of household | <input type="checkbox"/> Qualifying widow(er) | | | |

Are you amending your return as a result of federal or another state's changes? See instructions. Yes No
 If Yes, enter the date of federal change / / or enter the date of other state's change / /

You must attach a copy of the IRS audit results, federal Form 1040X, the other state's audit results or amended returns, and supporting documentation.

| | | A. Original amount or as previously adjusted | B. Net change increase or (decrease) | C. Correct amount |
|--|--|--|--------------------------------------|-------------------|
| Income | <input type="checkbox"/> Check if filing Form CT-1040CRC, Claim of Right Credit | | | |
| | <input type="checkbox"/> Check if filing Form CT-8379, Nonobligated Spouse Claim | | | |
| | 1. Federal Adjusted Gross Income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4 | 1 | | 00 |
| | 2. Additions, if any: See instructions. | 2 | | 00 |
| | 3. Add Line 1 and Line 2. | 3 | | 00 |
| 4. Subtractions, if any: See instructions. | 4 | | 00 | |
| 5. Connecticut Adjusted Gross Income: Subtract Line 4 from Line 3. | 5 | | 00 | |
| Residents go to Line 10; Nonresidents and Part-Year Residents go to Line 6. | | | | 00 |
| Nonresidents and Part-Year Residents Only | 6. Enter your income from Connecticut sources from Schedule CT-SI. If less than or equal to zero, enter "0." | 6 | | 00 |
| | 7. Enter the greater of Line 5 or Line 6. If zero, go to Line 10 and enter "0." | 7 | | 00 |
| | 8. Income Tax from Tax Calculation Schedule: See instructions | 8 | | 00 |
| | 9. Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000. | 9 | . | . |
| Tax | 10. Income Tax: See instructions. | 10 | | 00 |
| | 11. Credit for income taxes paid to qualifying jurisdictions: See instructions. Residents and Part-Year Residents only | 11 | | 00 |
| | 12. Subtract Line 11 from Line 10. | 12 | | 00 |
| | 13. Connecticut Alternative Minimum Tax (from Form CT-6251) | 13 | | 00 |
| | 14. Add Line 12 and Line 13. | 14 | | 00 |
| | 15. Credit for property tax paid on your primary residence or motor vehicle, or both: Residents only , see instructions. | 15 | | 00 |
| | 16. Subtract Line 15 from Line 14. If less than or equal to zero, enter "0." | 16 | | 00 |
| | 17. Adjusted Net Connecticut Minimum Tax Credit from Form CT-8801 | 17 | | 00 |
| | 18. Connecticut Income Tax: Subtract Line 17 from Line 16. | 18 | | 00 |
| | 19. Individual Use Tax: See instructions. | 19 | | 00 |
| 20. Total Tax: Add Line 18 and Line 19. | 20 | | 00 | |
| Payments | 21. Connecticut tax withheld: Enter amount from line 70. | 21 | | 00 |
| | 22. All 2007 estimated Connecticut income tax payments (including any overpayments applied from a prior year) and extension payments | 22 | | 00 |
| | 23. Amounts paid with original return, plus additional tax paid after it was filed: Do not include penalty and interest. | 23 | | 00 |
| | 24. Total Payments: Add Lines 21, 22, and 23. | 24 | | 00 |
| | 25. Overpayment, if any, as shown on original return or as previously adjusted | 25 | | 00 |
| | 26. Subtract Line 25 from Line 24. | 26 | | 00 |
| Refund | 27. If Line 26, Column C, is greater than Line 20, Column C, enter the amount overpaid. | 27 | Refund | 00 |
| Amount You Owe | 28. If Line 20, Column C, is greater than Line 26, Column C, enter the amount of tax due. | 28 | | 00 |
| | 29. Interest: Multiply Line 28 by number of months or fraction of a month, then by 1% (.01) | 29 | | 00 |
| | 30. Amount you owe with this return: Add Line 28, Column C, and Line 29, Column C. | 30 | Amount you owe | 00 |

Reason(s) for Amending Return: Enter the line number for each item you are changing and give the reason for each change in the space below. Attach supporting forms and schedules for items changed. Write your name and SSN(s) on all attachments.

Schedule 1 Modifications to Federal Adjusted Gross Income Enter all amounts as positive numbers.

| | | | | |
|--|---|----|--|----|
| Additions to Federal Adjusted Gross Income | 31. Interest on state and local government obligations other than Connecticut | 31 | | 00 |
| | 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations other than Connecticut | 32 | | 00 |
| | 33. Allocated for future use | 33 | | |
| | 34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 34 | | 00 |
| | 35. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero. | 35 | | 00 |
| | 36. Loss on sale of Connecticut state and local government bonds | 36 | | 00 |
| | 37. Allocated for future use | 37 | | |
| | 38. Other - specify | 38 | | 00 |
| | 39. Total Additions: Add Lines 31 through 38. Enter here and on Line 2, Column C, on the front of this form. | 39 | | 00 |
| Subtractions From Federal Adjusted Gross Income | 40. Interest on U.S. government obligations | 40 | | 00 |
| | 41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 41 | | 00 |
| | 42. Social Security benefit adjustment from <i>Social Security Benefit Adjustment Worksheet</i> | 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 a preceding year(s) | 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. Contributions to a Connecticut Higher Education Trust (CHET) account Enter CHET account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (can be up to 14 digits) | 48 | | 00 |
| | 49. Other - specify: Do not include out-of-state income. | 49 | | 00 |
| | 50. Total Subtractions: Add Lines 40 through 49. Enter here and on Line 4, Column C. | 50 | | 00 |

Schedule 2 Credit for Income Taxes Paid to Qualifying Jurisdictions - Residents and Part-Year Residents Only
See instructions for Form CT-1040 or Form CT-1040NR/PY.

| | | | | | |
|--|---|-----------------|------|-----------------|------|
| You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. | 51. Modified Connecticut Adjusted Gross Income | 51 | | 00 | |
| | | Column A | | Column B | |
| | | Name | Code | Name | Code |
| | 52. Enter qualifying jurisdiction's name and two-letter code | 52 | | | |
| | 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from <i>Schedule 2 Worksheet</i> | 53 | 00 | | 00 |
| | 54. Divide Line 53 by Line 51. May not exceed 1.0000. | 54 | . | . | |
| | 55. Income tax liability: Subtract Line 15, Column C, from Line 10, Column C. | 55 | 00 | | 00 |
| | 56. Multiply Line 54 by Line 55. | 56 | 00 | | 00 |
| | 57. Income tax paid to a qualifying jurisdiction | 57 | 00 | | 00 |
| | 58. Enter the lesser of Line 56 or Line 57. | 58 | 00 | | 00 |
| | 59. Total Credit: Add Line 58, all columns. Enter here and on Line 11, Column C. | 59 | | | 00 |

Make your check payable to: **Commissioner of Revenue Services**. To ensure proper posting of your payment, write your Social Security Number(s) (SSN) (optional) and "**2007 Form CT-1040X**" on your check. DRS may submit your check to your bank electronically.

**Mail to: Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978**

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | | |
|--|------------------------------------|------|--------------------------------------|--|------------------------|
| Sign Here Keep a copy for your records. | Your Signature | Date | Spouse's Signature (if joint return) | | Date |
| | Paid Preparer's Signature | Date | Telephone Number () | | Preparer's SSN or PTIN |
| | Firm's Name, Address, and ZIP Code | | | | FEIN |

Schedule 3 - Property Tax Credit See instructions.
(Connecticut full year residents only)

| Qualifying Property | Primary Residence | Auto 1 | Auto 2 (married filing jointly, civil union filing jointly, or qualifying widow(er) only) |
|---|--|--|--|
| Name of Connecticut Tax Town or District | | | |
| Description of Property <small>If primary residence, enter street address. If motor vehicle, enter year, make, and model.</small> | | | |
| Date(s) Paid | __ / __ / 2007 __ / __ / 2007 | __ / __ / 2007 __ / __ / 2007 | __ / __ / 2007 __ / __ / 2007 |
| Amount Paid | 60. 00 | 61. 00 | 62. 00 |
| 63. Total Property Tax Paid: Add Lines 60, 61, and 62. | | | 63. 00 |
| 64. Maximum property tax credit allowed | | | 64. 500 00 |
| 65. Enter the lesser of Line 63 or Line 64. | | | 65. 00 |
| 66. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table. If zero, enter the amount from Line 65 on Line 68. | | | 66. . |
| 67. Multiply Line 65 by Line 66. | | | 67. 00 |
| 68. Subtract Line 67 from Line 65. Enter here and on Line 15, Column C. Attach <i>Schedule 3</i> to your return or your credit will be disallowed. | | | 68. 00 |

Schedule 4 - Individual Use Tax

Complete this worksheet to calculate your Connecticut individual use tax liability.

| 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 19, Column C. 69. . 00

Withholding Schedule: Only enter information from your Schedule CT K-1, W-2, and 1099 forms if Connecticut income tax was withheld.

| Column A: Employer Federal ID Number | Column B: CT Wages, Tips, etc. | <small>Check if from Schedule CT K-1</small> | Column C: CT Income Tax Withheld |
|---|--|--|--|
| 70a. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 | <input type="checkbox"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |
| 70b. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 | <input type="checkbox"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |
| 70c. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 | <input type="checkbox"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |
| 70d. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 | <input type="checkbox"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |
| 70e. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 | <input type="checkbox"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |
| 70f. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 | <input type="checkbox"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |
| 70g. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 | <input type="checkbox"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |
| 70h. Enter additional CT withholding from Supplemental Schedule CT-1040WH, Line 3. | | | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |
| 70. Total Connecticut income tax withheld: Enter here and on Line 21, Column C. | | | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> 00 |

Instructions for Amended Connecticut Income Tax Return

Purpose: Use this form to amend a previously-filed 2007 Connecticut income tax return for individuals. This form may not be used to amend any other year's return. **Do not** use this form to amend **Form CT-1041** or **Form CT-1065/CT-1120SI**. Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

If Form CT-1040X is filed to have an overpayment of Connecticut income tax refunded or credited, it must be filed before the Connecticut statute of limitations expires. Generally, the

Connecticut statute of limitations for refunding or crediting any Connecticut income tax overpayment expires three years after the due date of the return, but if a timely request for an extension of time to file a return was filed, the statute of limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If you were required to file an amended return, but failed to do so, a penalty may be imposed. Interest will also be assessed on any additional Connecticut income tax not paid on or before the due date.

You must file Form CT-1040X in the following circumstances:

| | |
|--|---|
| <p>1. The IRS or federal courts change or correct your federal income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. You filed a timely amended federal income tax return and the amendment results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your timely amended federal return. If you file Form CT-1040X no later than 90 days after the date of filing the timely amended federal income tax return, any Connecticut income tax overpayment resulting from filing the timely amended federal income tax return will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and the tax officials or courts of the qualifying jurisdiction made a change or correction to your income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>4. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and you filed a timely amended income tax return with that qualifying jurisdiction and the amendment results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your amended return with the qualifying jurisdiction. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>5. If none of the above circumstances apply, but you made a mistake or omission on your Connecticut income tax return and the mistake or omission results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than three years after the due date of your return, or if you filed a timely request for an extension of time to file, three years after the date of filing the return or three years after the extended due date, whichever is earlier.</p> |

Do not file Form CT-1040X for any of the following reasons:

- To have an overpayment refunded instead of applied to next year's estimated tax or to change your contributions to designated charities. The elections that you made on your original return **cannot** be changed by filing Form CT-1040X.
- To amend your Connecticut income tax return for an earlier year to claim a credit for income tax paid on income included in your Connecticut adjusted gross income for that year and repaid in a later taxable year. File **Form CT-1040CRC, Claim of Right Credit**, with your Connecticut income tax return for the later taxable year.

Financial Disability: If you are financially disabled, as defined in I.R.C. §6511(h)(2), the time for having an overpayment of Connecticut income tax refunded or credited to you is extended for as long as you are financially disabled. You are considered financially disabled if you are unable to manage your own affairs by reason of a medically determinable physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months. You are not considered financially disabled during any period that your spouse or any other person is authorized to act on your behalf in financial matters. See **Policy Statement 2001(14), Claims for Refund Made by Financially Disabled Individuals.**

Steps to Completing Form CT-1040X

Step 1: Refer to your original return and identify all the changes that need to be made.

Step 2: Find corresponding line items on Form CT-1040X. Line numbers on Form CT-1040X may be different from the line numbers on your original return.

Step 3: Complete *Schedules 1, 2, 3, and 4*. Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return.

Step 4: Use Column A to enter the amounts shown on your original or previously-adjusted return. Line numbers on Form CT-1040X may be different from the line numbers on your original return. For example, if you Telefiled your Connecticut income tax return, add the amounts reported on **Connecticut Telefile Tax Return**, Line 11 and Line 12, and subtract the amount reported on Line 9 from the total. Enter the result on Form CT-1040X, Line 10, Column A.

Step 5: Use Column B to enter the net increase or decrease for each line you are changing.

Step 6: Explain each change in the space provided on Page 2 of Form CT-1040X.

Step 7: Use Column C to report the corrected amounts for each line. If there is no change, enter the amount from Column A in Column C.

Form CT-1040X Instructions

Filing status

Except as otherwise noted, any reference in these instructions to a spouse also refers to a party to a civil union recognized under Connecticut law.

Generally, your filing status for Connecticut income tax purposes must match your federal income tax filing status for the year. However, if you are a civil union partner, your filing status for Connecticut income tax purposes will not match your federal income tax filing status for the year.

When one spouse is a Connecticut resident or a nonresident and the other spouse is a part-year resident, each spouse who is required to file a Connecticut income tax return must file as married filing separately or civil union filing separately.

When one spouse is a Connecticut resident and the other is a nonresident, each spouse who is required to file a Connecticut income tax return must file as married filing separately or civil union filing separately. Married couples may elect to be treated as if both were Connecticut residents for the entire taxable year with married filing jointly as their Connecticut income tax filing status for the year, provided their federal income tax filing status for the year is married filing jointly. Civil union partners may elect to be treated as if both were Connecticut residents for the entire taxable year simply by filing a Connecticut income tax return with civil union filing jointly as their Connecticut income tax filing status for the year.

For more information, see *Spouses With Different Residency Status* in the instructions to **Form CT-1040EZ**, **Form CT-1040**, or **Form CT-1040NR/PY**.

Line 2 and Line 4: Enter the amount from *Schedule 1*, Line 39, on Line 2, Column C, and the amount from *Schedule 1*, Line 50, on Line 4, Column C.

Lines 6 through 9: Nonresidents and Part-Year Residents Only: Refer to your previously-filed Form CT-1040NR/PY when completing this section. Attach a copy of your corrected **Schedule CT-SI**, *Nonresident or Part-Year Resident Schedule of Income from Connecticut Sources*. **Part-Year Residents:** Also attach a copy of your corrected **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*.

Line 8: Calculate the tax on the amount you entered on Line 7, Column C, using the *2007 Tax Calculation Schedule* on Pages 6 and 7. Enter the result on Line 8, Column C.

Line 10: Residents: Calculate the tax on the amount you entered on Line 5, Column C, using the *2007 Tax Calculation Schedule* on Pages 6 and 7. Enter the result in Column C.

Nonresidents and Part-Year Residents: Multiply Line 9, Column C, by Line 8, Column C. Enter the result in Column C.

Line 11: Residents and Part-Year Residents: Enter the amount from *Schedule 2*, Line 59, in Column C. See instructions to Form CT-1040 or Form CT-1040NR/PY.

Line 13: If changes are being made to your Connecticut Alternative Minimum Tax, you must complete a corrected **Form CT-6251**. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 15: Residents: Enter the amount from *Schedule 3*, Line 68, in Column C. You must attach *Schedule 3* to your return or your credit will be disallowed.

Nonresidents and Part-Year Residents: Enter "0" in Column C.

Line 17: If changes are being made to your Adjusted Net Connecticut Minimum Tax Credit, you must complete a corrected **Form CT-8801**. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 19: Enter the amount from *Schedule 4*, Line 69, in Column C.

Line 21: If changes are being made to your Connecticut income tax withholding, complete the *Withholding Schedule* on Form CT-1040X, Page 3, and enter the total from Line 70 in Column C. You must complete all columns or your withholding will be disallowed. **Do not** send W-2 or 1099 forms or Schedule CT K-1 with your return. If the withholding you are reporting is from Schedule CT K-1, check the box on the withholding schedule. If you have more than seven federal W-2 and 1099 forms, you must complete Supplemental Schedule CT-1040WH and attach it to the back of your amended Connecticut income tax return. Enter the total from Supplemental Schedule CT-1040WH, Line 3, on Line 70h, Column C. Visit the DRS website at www.ct.gov/DRS to get additional forms.

Interest

Interest at 1% per month or fraction of a month will continue to accrue from the original due date until the tax is paid in full. A month is measured from the sixteenth day of the first month to the fifteenth day of the next month. Any fraction of a month is considered a whole month.

Schedules 1 Through 4

If you are making corrections to any of these schedules (Modifications to Federal Adjusted Gross Income, Credit for Income Taxes Paid to Qualifying Jurisdictions, Property Tax Credit, and Individual Use Tax), refer to the **Form CT-1040** or **Form CT-1040NR/PY** instruction booklet for line instructions and schedules.

Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return. Enter all amounts as positive numbers.

Tax Calculation Schedule

| | | |
|--|---|----|
| 1. Enter Connecticut AGI (Form CT-1040X, Line 5, Column C). Nonresidents and part-year residents: Enter income from Connecticut sources (Form CT-1040X, Line 7, Column C). | 1 | 00 |
| 2. Enter Personal Exemption (from <i>Table A, Exemptions</i>). | 2 | 00 |
| 3. Connecticut Taxable Income: Subtract Line 2 from Line 1. If less than zero, enter "0." | 3 | 00 |
| 4. Connecticut Income Tax: See <i>Table B, Connecticut Income Tax</i> . | 4 | 00 |
| 5. Enter Decimal Amount (from <i>Table C, Personal Tax Credits</i>). If zero, enter "0." | 5 | . |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6 | 00 |
| 7. Income Tax: Subtract Line 6 from Line 4. Enter here and on Line 10, Column C. Nonresidents and part-year residents: Enter here and on Line 8, Column C. | 7 | 00 |

Table A - Exemptions for 2007 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule*, Line 1) to determine your exemption.

| Single | | | Married Filing Jointly, Civil Union Filing Jointly, or Qualifying Widow(er) | | | Married Filing Separately or Civil Union Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|-----------------|---|-----------------------|-----------------|--|-----------------------|-----------------|-------------------|-----------------------|-----------------|
| Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$ 0 | \$25,500 | \$12,750 | \$ 0 | \$48,000 | \$24,000 | \$ 0 | \$24,000 | \$12,000 | \$ 0 | \$38,000 | \$19,000 |
| \$25,500 | \$26,500 | \$11,750 | \$48,000 | \$49,000 | \$23,000 | \$24,000 | \$25,000 | \$11,000 | \$38,000 | \$39,000 | \$18,000 |
| \$26,500 | \$27,500 | \$10,750 | \$49,000 | \$50,000 | \$22,000 | \$25,000 | \$26,000 | \$10,000 | \$39,000 | \$40,000 | \$17,000 |
| \$27,500 | \$28,500 | \$ 9,750 | \$50,000 | \$51,000 | \$21,000 | \$26,000 | \$27,000 | \$ 9,000 | \$40,000 | \$41,000 | \$16,000 |
| \$28,500 | \$29,500 | \$ 8,750 | \$51,000 | \$52,000 | \$20,000 | \$27,000 | \$28,000 | \$ 8,000 | \$41,000 | \$42,000 | \$15,000 |
| \$29,500 | \$30,500 | \$ 7,750 | \$52,000 | \$53,000 | \$19,000 | \$28,000 | \$29,000 | \$ 7,000 | \$42,000 | \$43,000 | \$14,000 |
| \$30,500 | \$31,500 | \$ 6,750 | \$53,000 | \$54,000 | \$18,000 | \$29,000 | \$30,000 | \$ 6,000 | \$43,000 | \$44,000 | \$13,000 |
| \$31,500 | \$32,500 | \$ 5,750 | \$54,000 | \$55,000 | \$17,000 | \$30,000 | \$31,000 | \$ 5,000 | \$44,000 | \$45,000 | \$12,000 |
| \$32,500 | \$33,500 | \$ 4,750 | \$55,000 | \$56,000 | \$16,000 | \$31,000 | \$32,000 | \$ 4,000 | \$45,000 | \$46,000 | \$11,000 |
| \$33,500 | \$34,500 | \$ 3,750 | \$56,000 | \$57,000 | \$15,000 | \$32,000 | \$33,000 | \$ 3,000 | \$46,000 | \$47,000 | \$10,000 |
| \$34,500 | \$35,500 | \$ 2,750 | \$57,000 | \$58,000 | \$14,000 | \$33,000 | \$34,000 | \$ 2,000 | \$47,000 | \$48,000 | \$ 9,000 |
| \$35,500 | \$36,500 | \$ 1,750 | \$58,000 | \$59,000 | \$13,000 | \$34,000 | \$35,000 | \$ 1,000 | \$48,000 | \$49,000 | \$ 8,000 |
| \$36,500 | \$37,500 | \$ 750 | \$59,000 | \$60,000 | \$12,000 | \$35,000 | and up | \$ 0 | \$49,000 | \$50,000 | \$ 7,000 |
| \$37,500 | and up | \$ 0 | \$60,000 | \$61,000 | \$11,000 | | | | \$50,000 | \$51,000 | \$ 6,000 |
| | | | \$61,000 | \$62,000 | \$10,000 | | | | \$51,000 | \$52,000 | \$ 5,000 |
| | | | \$62,000 | \$63,000 | \$ 9,000 | | | | \$52,000 | \$53,000 | \$ 4,000 |
| | | | \$63,000 | \$64,000 | \$ 8,000 | | | | \$53,000 | \$54,000 | \$ 3,000 |
| | | | \$64,000 | \$65,000 | \$ 7,000 | | | | \$54,000 | \$55,000 | \$ 2,000 |
| | | | \$65,000 | \$66,000 | \$ 6,000 | | | | \$55,000 | \$56,000 | \$ 1,000 |
| | | | \$66,000 | \$67,000 | \$ 5,000 | | | | \$56,000 | and up | \$ 0 |
| | | | \$67,000 | \$68,000 | \$ 4,000 | | | | | | |
| | | | \$68,000 | \$69,000 | \$ 3,000 | | | | | | |
| | | | \$69,000 | \$70,000 | \$ 2,000 | | | | | | |
| | | | \$70,000 | \$71,000 | \$ 1,000 | | | | | | |
| | | | \$71,000 | and up | \$ 0 | | | | | | |

Table B - Connecticut Income Tax for 2007 Taxable Year

Use your filing status shown on the front of your return.

| | |
|---|---|
| <p>Single, Married Filing Separately, or Civil Union Filing Separately If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$10,000 3% More than \$10,000 \$300 plus 5% of the excess over \$10,000</p> | <p>Example: If the amount on Line 3 is \$13,000, enter \$450 on Line 4. $\\$13,000 - \\$10,000 = \\$3,000$ $\\$3,000 \times .05 = \\150 $\\$150 + \\$300 = \\$450$</p> |
| <p>Head of Household If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$16,000 3% More than \$16,000 \$480 plus 5% of the excess over \$16,000</p> | <p>Example: If the amount on Line 3 is \$20,000, enter \$680 on Line 4. $\\$20,000 - \\$16,000 = \\$4,000$ $\\$4,000 \times .05 = \\200 $\\$200 + \\$480 = \\$680$</p> |
| <p>Married Filing Jointly, Civil Union Filing Jointly, or Qualifying Widow(er) If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$20,000 3% More than \$20,000 \$600 plus 5% of the excess over \$20,000</p> | <p>Example: If the amount on Line 3 is \$22,500, enter \$725 on Line 4. $\\$22,500 - \\$20,000 = \\$2,500$ $\\$2,500 \times .05 = \\125 $\\$125 + \\$600 = \\$725$</p> |

Table C - Personal Tax Credits for 2007 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule*, Line 1) to determine your decimal amount.

| Single | | | Married Filing Jointly, Civil Union Filing Jointly, or Qualifying Widow(er) | | | Married Filing Separately or Civil Union Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|----------------|---|-----------------------|----------------|--|-----------------------|----------------|-------------------|-----------------------|----------------|
| Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$12,750 | \$15,900 | .75 | \$24,000 | \$30,000 | .75 | \$12,000 | \$15,000 | .75 | \$19,000 | \$24,000 | .75 |
| \$15,900 | \$16,400 | .70 | \$30,000 | \$30,500 | .70 | \$15,000 | \$15,500 | .70 | \$24,000 | \$24,500 | .70 |
| \$16,400 | \$16,900 | .65 | \$30,500 | \$31,000 | .65 | \$15,500 | \$16,000 | .65 | \$24,500 | \$25,000 | .65 |
| \$16,900 | \$17,400 | .60 | \$31,000 | \$31,500 | .60 | \$16,000 | \$16,500 | .60 | \$25,000 | \$25,500 | .60 |
| \$17,400 | \$17,900 | .55 | \$31,500 | \$32,000 | .55 | \$16,500 | \$17,000 | .55 | \$25,500 | \$26,000 | .55 |
| \$17,900 | \$18,400 | .50 | \$32,000 | \$32,500 | .50 | \$17,000 | \$17,500 | .50 | \$26,000 | \$26,500 | .50 |
| \$18,400 | \$18,900 | .45 | \$32,500 | \$33,000 | .45 | \$17,500 | \$18,000 | .45 | \$26,500 | \$27,000 | .45 |
| \$18,900 | \$19,400 | .40 | \$33,000 | \$33,500 | .40 | \$18,000 | \$18,500 | .40 | \$27,000 | \$27,500 | .40 |
| \$19,400 | \$21,300 | .35 | \$33,500 | \$40,000 | .35 | \$18,500 | \$20,000 | .35 | \$27,500 | \$34,000 | .35 |
| \$21,300 | \$21,800 | .30 | \$40,000 | \$40,500 | .30 | \$20,000 | \$20,500 | .30 | \$34,000 | \$34,500 | .30 |
| \$21,800 | \$22,300 | .25 | \$40,500 | \$41,000 | .25 | \$20,500 | \$21,000 | .25 | \$34,500 | \$35,000 | .25 |
| \$22,300 | \$22,800 | .20 | \$41,000 | \$41,500 | .20 | \$21,000 | \$21,500 | .20 | \$35,000 | \$35,500 | .20 |
| \$22,800 | \$26,600 | .15 | \$41,500 | \$50,000 | .15 | \$21,500 | \$25,000 | .15 | \$35,500 | \$44,000 | .15 |
| \$26,600 | \$27,100 | .14 | \$50,000 | \$50,500 | .14 | \$25,000 | \$25,500 | .14 | \$44,000 | \$44,500 | .14 |
| \$27,100 | \$27,600 | .13 | \$50,500 | \$51,000 | .13 | \$25,500 | \$26,000 | .13 | \$44,500 | \$45,000 | .13 |
| \$27,600 | \$28,100 | .12 | \$51,000 | \$51,500 | .12 | \$26,000 | \$26,500 | .12 | \$45,000 | \$45,500 | .12 |
| \$28,100 | \$28,600 | .11 | \$51,500 | \$52,000 | .11 | \$26,500 | \$27,000 | .11 | \$45,500 | \$46,000 | .11 |
| \$28,600 | \$51,000 | .10 | \$52,000 | \$96,000 | .10 | \$27,000 | \$48,000 | .10 | \$46,000 | \$74,000 | .10 |
| \$51,000 | \$51,500 | .09 | \$96,000 | \$96,500 | .09 | \$48,000 | \$48,500 | .09 | \$74,000 | \$74,500 | .09 |
| \$51,500 | \$52,000 | .08 | \$96,500 | \$97,000 | .08 | \$48,500 | \$49,000 | .08 | \$74,500 | \$75,000 | .08 |
| \$52,000 | \$52,500 | .07 | \$97,000 | \$97,500 | .07 | \$49,000 | \$49,500 | .07 | \$75,000 | \$75,500 | .07 |
| \$52,500 | \$53,000 | .06 | \$97,500 | \$98,000 | .06 | \$49,500 | \$50,000 | .06 | \$75,500 | \$76,000 | .06 |
| \$53,000 | \$53,500 | .05 | \$98,000 | \$98,500 | .05 | \$50,000 | \$50,500 | .05 | \$76,000 | \$76,500 | .05 |
| \$53,500 | \$54,000 | .04 | \$98,500 | \$99,000 | .04 | \$50,500 | \$51,000 | .04 | \$76,500 | \$77,000 | .04 |
| \$54,000 | \$54,500 | .03 | \$99,000 | \$99,500 | .03 | \$51,000 | \$51,500 | .03 | \$77,000 | \$77,500 | .03 |
| \$54,500 | \$55,000 | .02 | \$99,500 | \$100,000 | .02 | \$51,500 | \$52,000 | .02 | \$77,500 | \$78,000 | .02 |
| \$55,000 | \$55,500 | .01 | \$100,000 | \$100,500 | .01 | \$52,000 | \$52,500 | .01 | \$78,000 | \$78,500 | .01 |
| \$55,500 | and up | .00 | \$100,500 | and up | .00 | \$52,500 | and up | .00 | \$78,500 | and up | .00 |

Form CT-1040X

Amended Connecticut Income Tax Return for Individuals

2008

For the year January 1 - December 31, 2008, or other taxable year beginning _____, 2008, ending _____, _____.

| | | | | |
|--|---|--|--|--|
| Print or type in blue or black ink. | Your first name and middle initial _____ Last name _____ | <input type="checkbox"/> Check if deceased | | Social Security Number _____ : _____ : _____ |
| | If joint return, spouse's first name and middle initial _____ Last name _____ | <input type="checkbox"/> Check if deceased | | Spouse's Social Security Number _____ : _____ : _____ |
| | Mailing address (number and street), apartment number, PO Box _____ | | | |
| | City, town, or post office _____ State _____ ZIP code _____ | | | Your telephone number () _____ DRS use only _____ - 20 |

| | | |
|----------------------|---|--|
| Filing Status | <p>On original return:</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)</p> <p><input type="checkbox"/> Filing jointly for federal and CT <input type="checkbox"/> Filing jointly for CT only</p> <p><input type="checkbox"/> Filing separately for federal and CT <input type="checkbox"/> Filing separately for CT only</p> <p>On this return:</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)</p> <p><input type="checkbox"/> Filing jointly for federal and CT <input type="checkbox"/> Filing jointly for CT only</p> <p><input type="checkbox"/> Filing separately for federal and CT <input type="checkbox"/> Filing separately for CT only</p> | <p>Are you amending your return as a result of federal or another state's changes or as a result of filing a timely amended federal or other state's return? See instructions on Page 4.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Enter the date of federal or other state's change: / /</p> <p>You must attach a copy of the IRS audit results, federal Form 1040X, the other state's audit results or the other state's amended return, and supporting documentation.</p> |
|----------------------|---|--|

| | | A. Original amount or as previously adjusted | B. Net change increase or (decrease) | C. Correct amount |
|--|--|--|--------------------------------------|-------------------|
| <input type="checkbox"/> | Check if filing Form CT-1040CRC, Claim of Right Credit | | | |
| <input type="checkbox"/> | Check if filing Form CT-8379, Nonobligated Spouse Claim | | | |
| Income | 1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4 | 1 | | 00 |
| | 2. Additions, if any: See instructions. | 2 | | 00 |
| | 3. Add Line 1 and Line 2. | 3 | | 00 |
| | 4. Subtractions, if any: See instructions. | 4 | | 00 |
| | 5. Connecticut adjusted gross income: Subtract Line 4 from Line 3. | 5 | | 00 |
| Residents go to Line 10; Nonresidents and part-year residents go to Line 6. | | | | |
| Nonresidents and Part-Year Residents Only | 6. Enter your income from Connecticut sources from Schedule CT-SI. If less than or equal to zero, enter "0." | 6 | | 00 |
| | 7. Enter the greater of Line 5 or Line 6. If zero, go to Line 10 and enter "0." | 7 | | 00 |
| | 8. Income tax from Tax Calculation Schedule: See instructions. | 8 | | 00 |
| | 9. Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000. | 9 | . | |
| Tax | 10. Income tax: See instructions. | 10 | | 00 |
| | 11. Credit for income taxes paid to qualifying jurisdictions: See instructions. Residents and part-year residents only | 11 | | 00 |
| | 12. Subtract Line 11 from Line 10. | 12 | | 00 |
| | 13. Connecticut alternative minimum tax from Form CT-6251 | 13 | | 00 |
| | 14. Add Line 12 and Line 13. | 14 | | 00 |
| | 15. Credit for property tax paid on your primary residence or motor vehicle, or both: Residents only , see instructions. | 15 | | 00 |
| | 16. Subtract Line 15 from Line 14. If less than or equal to zero, enter "0." | 16 | | 00 |
| | 17. Adjusted net Connecticut minimum tax credit from Form CT-8801 | 17 | | 00 |
| | 18. Connecticut income tax: Subtract Line 17 from Line 16. | 18 | | 00 |
| | 19. Individual use tax: See instructions. | 19 | | 00 |
| | 20. Total tax: Add Line 18 and Line 19. | 20 | | 00 |
| Payments | 21. Connecticut tax withheld: Enter amount from line 70. | 21 | | 00 |
| | 22. All 2008 estimated Connecticut income tax payments (including any overpayments applied from a prior year) and extension payments | 22 | | 00 |
| | 23. Amounts paid with original return, plus additional tax paid after it was filed: Do not include penalty and interest. | 23 | | 00 |
| | 24. Total payments: Add Lines 21, 22, and 23. | 24 | | 00 |
| | 25. Overpayment, if any, as shown on original return or as previously adjusted | 25 | | 00 |
| | 26. Subtract Line 25 from Line 24. | 26 | | 00 |
| Refund | 27. If Line 26, Column C, is greater than Line 20, Column C, enter the amount overpaid. | 27 | Refund | 00 |
| Amount You Owe | 28. If Line 20, Column C, is greater than Line 26, Column C, enter the amount of tax due. | 28 | | 00 |
| | 29. Interest: Multiply Line 28 by number of months or fraction of a month, then by 1% (.01). | 29 | | 00 |
| | 30. Amount you owe with this return: Add Line 28, Column C, and Line 29, Column C. | 30 | Amount you owe | 00 |

See mailing instructions on reverse. Taxpayers must sign declaration on reverse.

Reason(s) for amending return: Enter the line number for each item you are changing and give the reason for each change in the space below. Attach supporting forms and schedules for items changed. Write your name and SSN(s) on all attachments.

Schedule 1 Modifications to Federal Adjusted Gross Income Enter all amounts as positive numbers.

| | | | | |
|--|---|---|------|----|
| Additions to Federal Adjusted Gross Income | 31. Interest on state and local government obligations other than Connecticut | ▶ 31 | | 00 |
| | 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations other than Connecticut | ▶ 32 | | 00 |
| | 33. <i>Reserved for future use</i> | ▶ 33 | | |
| | 34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | ▶ 34 | | 00 |
| | 35. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero. | ▶ 35 | | 00 |
| | 36. Loss on sale of Connecticut state and local government bonds | ▶ 36 | | 00 |
| | 37. <i>Reserved for future use</i> | ▶ 37 | | |
| | 38. Other - specify | ▶ 38 | | 00 |
| | 39. Total additions: Add Lines 31 through 38. Enter here and on Line 2, Column C, on the front of this form. | ▶ 39 | | 00 |
| | Subtractions From Federal Adjusted Gross Income | 40. Interest on U.S. government obligations | ▶ 40 | |
| 41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | | ▶ 41 | | 00 |
| 42. Social Security benefit adjustment from <i>Social Security Benefit Adjustment Worksheet</i> | | ▶ 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 a preceding year(s) | | ▶ 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. Contributions to a Connecticut Higher Education Trust (CHET) account Enter CHET account number: ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | ▶ 48 | | 00 |
| 49. Other - specify: Do not include out-of-state income. | | ▶ 49 | | 00 |
| 50. Total subtractions: Add Lines 40 through 49. Enter here and on Line 4, Column C. | | ▶ 50 | | 00 |

Schedule 2 Credit for Income Taxes Paid to Qualifying Jurisdictions - Residents and Part-Year Residents Only
See instructions for Form CT-1040 or Form CT-1040NR/PY.

| You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. | 51. Modified Connecticut Adjusted Gross Income | ▶ 51 | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------|------|----------|--|----------|--|------|------|------|------|--|--|--|--|---|------|----|------|----|---|------|---|------|---|---|------|----|------|----|----------------------------------|------|----|------|----|--|------|----|------|----|---|------|----|------|----|--|------|--|--|----|
| | For each column, enter the following: | <table border="1"> <thead> <tr> <th colspan="2">Column A</th> <th colspan="2">Column B</th> </tr> <tr> <th>Name</th> <th>Code</th> <th>Name</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>52. Enter qualifying jurisdiction's name and two-letter code</td> <td></td> <td></td> <td></td> </tr> <tr> <td>53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from <i>Schedule 2 Worksheet</i></td> <td>▶ 53</td> <td>00</td> <td>▶ 53</td> <td>00</td> </tr> <tr> <td>54. Divide Line 53 by Line 51. May not exceed 1.0000.</td> <td>▶ 54</td> <td>.</td> <td>▶ 54</td> <td>.</td> </tr> <tr> <td>55. Income tax liability: Subtract Line 15, Column C, from Line 10, Column C.</td> <td>▶ 55</td> <td>00</td> <td>▶ 55</td> <td>00</td> </tr> <tr> <td>56. Multiply Line 54 by Line 55.</td> <td>▶ 56</td> <td>00</td> <td>▶ 56</td> <td>00</td> </tr> <tr> <td>57. Income tax paid to a qualifying jurisdiction</td> <td>▶ 57</td> <td>00</td> <td>▶ 57</td> <td>00</td> </tr> <tr> <td>58. Enter the lesser of Line 56 or Line 57.</td> <td>▶ 58</td> <td>00</td> <td>▶ 58</td> <td>00</td> </tr> <tr> <td>59. Total credit: Add Line 58, all columns. Enter here and on Line 11, Column C.</td> <td>▶ 59</td> <td></td> <td></td> <td>00</td> </tr> </tbody> </table> | | | Column A | | Column B | | Name | Code | Name | Code | 52. Enter qualifying jurisdiction's name and two-letter code | | | | 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from <i>Schedule 2 Worksheet</i> | ▶ 53 | 00 | ▶ 53 | 00 | 54. Divide Line 53 by Line 51. May not exceed 1.0000. | ▶ 54 | . | ▶ 54 | . | 55. Income tax liability: Subtract Line 15, Column C, from Line 10, Column C. | ▶ 55 | 00 | ▶ 55 | 00 | 56. Multiply Line 54 by Line 55. | ▶ 56 | 00 | ▶ 56 | 00 | 57. Income tax paid to a qualifying jurisdiction | ▶ 57 | 00 | ▶ 57 | 00 | 58. Enter the lesser of Line 56 or Line 57. | ▶ 58 | 00 | ▶ 58 | 00 | 59. Total credit: Add Line 58, all columns. Enter here and on Line 11, Column C. | ▶ 59 | | | 00 |
| | Column A | | Column B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name | Code | Name | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 52. Enter qualifying jurisdiction's name and two-letter code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from <i>Schedule 2 Worksheet</i> | ▶ 53 | 00 | ▶ 53 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 54. Divide Line 53 by Line 51. May not exceed 1.0000. | ▶ 54 | . | ▶ 54 | . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55. Income tax liability: Subtract Line 15, Column C, from Line 10, Column C. | ▶ 55 | 00 | ▶ 55 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 56. Multiply Line 54 by Line 55. | ▶ 56 | 00 | ▶ 56 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 57. Income tax paid to a qualifying jurisdiction | ▶ 57 | 00 | ▶ 57 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58. Enter the lesser of Line 56 or Line 57. | ▶ 58 | 00 | ▶ 58 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. Total credit: Add Line 58, all columns. Enter here and on Line 11, Column C. | ▶ 59 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Make your check payable to: **Commissioner of Revenue Services**. To ensure proper posting of your payment, write your Social Security Number(s) (SSN) (optional) and "2008 Form CT-1040X" on your check. DRS may submit your check to your bank electronically.

**Mail to: Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978**

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | |
|---|------------------------------------|------|--------------------------------------|--|
| Sign here. Keep a copy for your records. | Your signature | Date | Spouse's signature (if joint return) | Date |
| | Paid preparer's signature | Date | Telephone number () | Preparer's SSN or PTIN |
| | Firm's name, address, and ZIP code | | | Federal Employer Identification Number |

Schedule 3 Property Tax Credit See instructions.
(Connecticut full year residents only)

| Qualifying Property | Primary Residence | Auto 1 | Auto 2 (filing jointly 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 | __ / __ / 2008 __ / __ / 2008 | __ / __ / 2008 __ / __ / 2008 | __ / __ / 2008 __ / __ / 2008 |
| Amount Paid | ▶ 60. | 00 ▶ 61. | 00 ▶ 62. |
| 63. Total property tax paid: Add Lines 60, 61, and 62. | | | ▶ 63. 00 |
| 64. Maximum property tax credit allowed | | | 64. 500 00 |
| 65. Enter the lesser of Line 63 or Line 64. | | | 65. 00 |
| 66. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table. If zero, enter the amount from Line 65 on Line 68. | | | 66. . |
| 67. Multiply Line 65 by Line 66. | | | 67. 00 |
| 68. Subtract Line 67 from Line 65. Enter here and on Line 15, Column C. Attach <i>Schedule 3</i> to your return or your credit will be disallowed. | | | ▶ 68. 00 |

Schedule 4 Individual Use Tax

Complete this worksheet to calculate your Connecticut individual use tax liability.

| 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 19, Column C. 69. [][] [][][] [][][] [][][] [][][] . 00

Withholding schedule: Only enter information from your Schedule CT K-1, W-2, and 1099 forms if Connecticut income tax was withheld.

| Column A: Employer Federal ID Number | Column B: CT Wages, Tips, etc. | Check if from Schedule CT K-1 | Column C: CT Income Tax Withheld |
|---|-----------------------------------|-------------------------------|-------------------------------------|
| ▶ 70a. [][] [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | [] | ▶ [][][][][][][][][][] 00 |
| ▶ 70b. [][] [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | [] | ▶ [][][][][][][][][][] 00 |
| ▶ 70c. [][] [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | [] | ▶ [][][][][][][][][][] 00 |
| ▶ 70d. [][] [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | [] | ▶ [][][][][][][][][][] 00 |
| ▶ 70e. [][] [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | [] | ▶ [][][][][][][][][][] 00 |
| ▶ 70f. [][] [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | [] | ▶ [][][][][][][][][][] 00 |
| ▶ 70g. [][] [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | [] | ▶ [][][][][][][][][][] 00 |
| ▶ 70h. Enter additional Connecticut withholding from Supplemental Schedule CT-1040WH, Line 3. | | | ▶ [][][][][][][][][][] 00 |
| 70. Total Connecticut income tax withheld: Enter here and on Line 21, Column C. | | | [][][][][][][][][][] 00 |

Form CT-1040X

Instructions for Amended Connecticut Income Tax Return

2008

Purpose: Use this form to amend a previously-filed 2008 Connecticut income tax return for individuals. This form may not be used to amend any other year's return. **Do not** use this form to amend **Form CT-1041** or **Form CT-1065/CT-1120SI**. Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

If Form CT-1040X is filed to have an overpayment of Connecticut income tax refunded or credited, it must be filed before the Connecticut statute of limitations expires. Generally, the Connecticut statute of limitations for refunding or crediting any Connecticut income tax overpayment expires

three years after the due date of the return, but if a timely request for an extension of time to file a return was filed, the statute of limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If you were required to file an amended return, but failed to do so, a penalty may be imposed. Interest will also be assessed on any additional Connecticut income tax not paid on or before the due date.

Visit the DRS **Taxpayer Service Center (TSC)** at www.ct.gov/DRS to file Form CT-1040X online.

You must file Form CT-1040X in the following circumstances:

| | |
|--|---|
| <p>1. The IRS or federal courts change or correct your federal income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. You filed a timely amended federal income tax return and the amendment results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your timely amended federal return. If you file Form CT-1040X no later than 90 days after the date of filing the timely amended federal income tax return, any Connecticut income tax overpayment resulting from filing the timely amended federal income tax return will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and the tax officials or courts of the qualifying jurisdiction made a change or correction to your income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>4. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and you filed a timely amended income tax return with that qualifying jurisdiction and the amendment results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your amended return with the qualifying jurisdiction. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>5. If none of the above circumstances apply, but you made a mistake or omission on your Connecticut income tax return and the mistake or omission results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than three years after the due date of your return, or if you filed a timely request for an extension of time to file, three years after the date of filing the return or three years after the extended due date, whichever is earlier.</p> |

Do not file Form CT-1040X for any of the following reasons:

- To have an overpayment refunded instead of applied to next year's estimated tax or to change your contributions to designated charities. The elections that you made on your original return **cannot** be changed by filing Form CT-1040X.
- To amend your Connecticut income tax return for an earlier year to claim a credit for income tax paid on income included in your Connecticut adjusted gross income for that year and repaid in a later taxable year. File **Form CT-1040CRC, Claim of Right Credit**, with your Connecticut income tax return for the later taxable year.

Financial Disability: If you are financially disabled, as defined in I.R.C. §6511(h)(2), the time for having an overpayment of Connecticut income tax refunded or credited to you is extended for as long as you are financially disabled. You are considered financially disabled if you are unable to manage your own affairs by reason of a medically determinable physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months. You are not considered financially disabled during any period that your spouse or any other person is authorized to act on your behalf in financial matters. See **Policy Statement 2001(14), Claims for Refund Made by Financially Disabled Individuals.**

Steps to Completing Form CT-1040X

Line numbers on Form CT-1040X may be different from the line numbers on your original return.

Step 1: Refer to your original return and identify all the changes that need to be made.

Step 2: Find corresponding line items on Form CT-1040X. For example, if you Telefiled your Connecticut income tax return, add the amounts reported on **Connecticut Telefile Tax Return**, Line 11 and Line 12, and subtract the amount reported on Line 9 from the total. Enter the result on Form CT-1040X, Line 10, Column A.

Step 3: Complete *Schedules 1, 2, 3, and 4*. Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return.

Step 4: Use Column A to enter the amounts shown on your original or previously-adjusted return.

Step 5: Use Column B to enter the net increase or decrease for each line you are changing.

Step 6: Explain each change in the space provided on Page 2 of Form CT-1040X.

Step 7: Use Column C to report the corrected amounts for each line. If there is no change, enter the amount from Column A in Column C.

Form CT-1040X Instructions

Filing Status

Except as otherwise noted, any reference in these instructions to a spouse also refers to a party to a civil union recognized under Connecticut law.

Except as otherwise noted, any reference in these instructions to filing jointly includes **filing jointly for federal and Connecticut** and **filing jointly for Connecticut only**. Likewise, filing separately includes **filing separately for federal and Connecticut** and **filing separately for Connecticut only**.

Generally, your filing status for Connecticut income tax purposes must match your federal income tax filing status for the year. However, if you are a civil union partner or a spouse in a marriage recognized under *Kerrigan v. Commissioner of Public Health*, 289 Conn. 135 (2008) (*Kerrigan*), your filing status for Connecticut income tax purposes will not match your federal income tax filing status for the year.

For more information, see *Spouses With Different Residency Status* in the instructions to Form CT-1040EZ, Form CT-1040, or Form CT-1040NR/PY.

Line 2 and Line 4: Enter the amount from *Schedule 1*, Line 39, on Line 2, Column C, and the amount from *Schedule 1*, Line 50, on Line 4, Column C.

Lines 6 through 9: Nonresidents and Part-Year Residents Only: Refer to your previously-filed Form CT-1040NR/PY when completing this section. Attach a copy of your corrected **Schedule CT-SI, Nonresident or Part-Year Resident Schedule of Income from Connecticut Sources**. **Part-Year Residents:** Also attach a copy of your corrected **Schedule CT-1040AW, Part-Year Resident Income Allocation**.

Line 8: Calculate the tax on the amount you entered on Line 7, Column C, using the *2008 Tax Calculation Schedule* on Pages 6 and 7. Enter the result on Line 8, Column C.

Line 10: Residents: Calculate the tax on the amount you entered on Line 5, Column C, using the *2008 Tax Calculation Schedule* on Pages 6 and 7. Enter the result in Column C.

Nonresidents and Part-Year Residents: Multiply Line 9, Column C, by Line 8, Column C. Enter the result in Column C.

Line 11: Residents and Part-Year Residents: Enter the amount from *Schedule 2*, Line 59, in Column C. See instructions to Form CT-1040 or Form CT-1040NR/PY.

Line 13: If changes are being made to your Connecticut Alternative Minimum Tax, you must complete a corrected **Form CT-6251, Connecticut Alternative Minimum Tax Return - Individuals**. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 15: Residents: Enter the amount from *Schedule 3*, Line 68, in Column C. You must attach *Schedule 3* to your return or your credit will be disallowed.

Nonresidents and Part-Year Residents: Enter "0" in Column C.

Line 17: If changes are being made to your Adjusted Net Connecticut Minimum Tax Credit, you must complete a corrected **Form CT-8801, Credit for Prior Year Connecticut Minimum Tax for Individuals, Trusts, and Estates**. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 19: Enter the amount from *Schedule 4*, Line 69, in Column C.

Line 21: If changes are being made to your Connecticut income tax withholding, complete the *Withholding Schedule* on Form CT-1040X, Page 3, and enter the total from Line 70 in Column C. You must complete all columns or your withholding will be disallowed. **Do not** send W-2 or 1099 forms or Schedule CT K-1 with your return. If the withholding you are reporting is from Schedule CT K-1, check the box on the withholding schedule. If you have more than seven federal W-2 and 1099 forms or Schedule CT K-1s, you must complete Supplemental Schedule CT-1040WH and attach it to the back of your amended Connecticut income tax return. Enter the total from Supplemental Schedule CT-1040WH, Line 3, on Line 70h, Column C.

Interest

Interest at 1% per month or fraction of a month will continue to accrue from the original due date until the tax is paid in full. A month is measured from the sixteenth day of the first month to the fifteenth day of the next month. Any fraction of a month is considered a whole month.

Schedules 1 Through 4

If you are making corrections to any of these schedules (Modifications to Federal Adjusted Gross Income, Credit for Income Taxes Paid to Qualifying Jurisdictions, Property Tax Credit, and Individual Use Tax), refer to the Form CT-1040 or Form CT-1040NR/PY instruction booklet for line instructions and schedules.

Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return. Enter all amounts as positive numbers.

Tax Calculation Schedule

| | | |
|--|---|----|
| 1. Enter Connecticut AGI (Form CT-1040X, Line 5, Column C). Nonresidents and part-year residents: Enter income from Connecticut sources (Form CT-1040X, Line 7, Column C). | 1 | 00 |
| 2. Enter personal exemption from <i>Table A, Exemptions</i> . | 2 | 00 |
| 3. Connecticut taxable income: Subtract Line 2 from Line 1. If less than zero, enter "0." | 3 | 00 |
| 4. Connecticut income tax: See <i>Table B, Connecticut Income Tax</i> . | 4 | 00 |
| 5. Enter decimal amount from <i>Table C, Personal Tax Credits</i> . If zero, enter "0." | 5 | . |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6 | 00 |
| 7. Income tax: Subtract Line 6 from Line 4. Enter here and on Line 10, Column C. Nonresidents and part-year residents: Enter here and on Line 8, Column C. | 7 | 00 |

Table A - Exemptions for 2008 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule*, Line 1) to determine your exemption.

| Single | | | Filing Jointly or Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|-----------------|--|-----------------------|-----------------|-------------------|-----------------------|-----------------|-------------------|-----------------------|-----------------|
| Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$ 0 | \$26,000 | \$13,000 | \$ 0 | \$48,000 | \$24,000 | \$ 0 | \$24,000 | \$12,000 | \$ 0 | \$38,000 | \$19,000 |
| \$26,000 | \$27,000 | \$12,000 | \$48,000 | \$49,000 | \$23,000 | \$24,000 | \$25,000 | \$11,000 | \$38,000 | \$39,000 | \$18,000 |
| \$27,000 | \$28,000 | \$11,000 | \$49,000 | \$50,000 | \$22,000 | \$25,000 | \$26,000 | \$10,000 | \$39,000 | \$40,000 | \$17,000 |
| \$28,000 | \$29,000 | \$10,000 | \$50,000 | \$51,000 | \$21,000 | \$26,000 | \$27,000 | \$ 9,000 | \$40,000 | \$41,000 | \$16,000 |
| \$29,000 | \$30,000 | \$ 9,000 | \$51,000 | \$52,000 | \$20,000 | \$27,000 | \$28,000 | \$ 8,000 | \$41,000 | \$42,000 | \$15,000 |
| \$30,000 | \$31,000 | \$ 8,000 | \$52,000 | \$53,000 | \$19,000 | \$28,000 | \$29,000 | \$ 7,000 | \$42,000 | \$43,000 | \$14,000 |
| \$31,000 | \$32,000 | \$ 7,000 | \$53,000 | \$54,000 | \$18,000 | \$29,000 | \$30,000 | \$ 6,000 | \$43,000 | \$44,000 | \$13,000 |
| \$32,000 | \$33,000 | \$ 6,000 | \$54,000 | \$55,000 | \$17,000 | \$30,000 | \$31,000 | \$ 5,000 | \$44,000 | \$45,000 | \$12,000 |
| \$33,000 | \$34,000 | \$ 5,000 | \$55,000 | \$56,000 | \$16,000 | \$31,000 | \$32,000 | \$ 4,000 | \$45,000 | \$46,000 | \$11,000 |
| \$34,000 | \$35,000 | \$ 4,000 | \$56,000 | \$57,000 | \$15,000 | \$32,000 | \$33,000 | \$ 3,000 | \$46,000 | \$47,000 | \$10,000 |
| \$35,000 | \$36,000 | \$ 3,000 | \$57,000 | \$58,000 | \$14,000 | \$33,000 | \$34,000 | \$ 2,000 | \$47,000 | \$48,000 | \$ 9,000 |
| \$36,000 | \$37,000 | \$ 2,000 | \$58,000 | \$59,000 | \$13,000 | \$34,000 | \$35,000 | \$ 1,000 | \$48,000 | \$49,000 | \$ 8,000 |
| \$37,000 | \$38,000 | \$ 1,000 | \$59,000 | \$60,000 | \$12,000 | \$35,000 | and up | \$ 0 | \$49,000 | \$50,000 | \$ 7,000 |
| \$38,000 | and up | \$ 0 | \$60,000 | \$61,000 | \$11,000 | | | | \$50,000 | \$51,000 | \$ 6,000 |
| | | | \$61,000 | \$62,000 | \$10,000 | | | | \$51,000 | \$52,000 | \$ 5,000 |
| | | | \$62,000 | \$63,000 | \$ 9,000 | | | | \$52,000 | \$53,000 | \$ 4,000 |
| | | | \$63,000 | \$64,000 | \$ 8,000 | | | | \$53,000 | \$54,000 | \$ 3,000 |
| | | | \$64,000 | \$65,000 | \$ 7,000 | | | | \$54,000 | \$55,000 | \$ 2,000 |
| | | | \$65,000 | \$66,000 | \$ 6,000 | | | | \$55,000 | \$56,000 | \$ 1,000 |
| | | | \$66,000 | \$67,000 | \$ 5,000 | | | | \$56,000 | and up | \$ 0 |
| | | | \$67,000 | \$68,000 | \$ 4,000 | | | | | | |
| | | | \$68,000 | \$69,000 | \$ 3,000 | | | | | | |
| | | | \$69,000 | \$70,000 | \$ 2,000 | | | | | | |
| | | | \$70,000 | \$71,000 | \$ 1,000 | | | | | | |
| | | | \$71,000 | and up | \$ 0 | | | | | | |

Table B - Connecticut Income Tax for 2008 Taxable Year

Use your filing status shown on the front of your return.

| | |
|---|---|
| <p>Single or Filing Separately</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$10,0003%</p> <p>More than \$10,000.....\$300 plus 5% of the excess over \$10,000</p> | <p>Example: If the amount on Line 3 is \$13,000, enter \$450 on Line 4.</p> <p>\$13,000 - \$10,000 = \$3,000</p> <p>\$3,000 x .05 = \$150</p> <p>\$150 + \$300 = \$450</p> |
| <p>Head of Household</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$16,0003%</p> <p>More than \$16,000\$480 plus 5% of the excess over \$16,000</p> | <p>Example: If the amount on Line 3 is \$20,000, enter \$680 on Line 4.</p> <p>\$20,000 - \$16,000 = \$4,000</p> <p>\$4,000 x .05 = \$200</p> <p>\$200 + \$480 = \$680</p> |
| <p>Filing Jointly or Qualifying Widow(er)</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$20,0003%</p> <p>More than \$20,000.....\$600 plus 5% of the excess over \$20,000</p> | <p>Example: If the amount on Line 3 is \$22,500, enter \$725 on Line 4.</p> <p>\$22,500 - \$20,000 = \$2,500</p> <p>\$2,500 x .05 = \$125</p> <p>\$125 + \$600 = \$725</p> |

Table C - Personal Tax Credits for 2008 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule*, Line 1) to determine your decimal amount.

| Single | | | Filing Jointly or Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|----------------|--|-----------------------|----------------|-------------------|-----------------------|----------------|-------------------|-----------------------|----------------|
| Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$13,000 | \$16,300 | .75 | \$24,000 | \$30,000 | .75 | \$12,000 | \$15,000 | .75 | \$19,000 | \$24,000 | .75 |
| \$16,300 | \$16,800 | .70 | \$30,000 | \$30,500 | .70 | \$15,000 | \$15,500 | .70 | \$24,000 | \$24,500 | .70 |
| \$16,800 | \$17,300 | .65 | \$30,500 | \$31,000 | .65 | \$15,500 | \$16,000 | .65 | \$24,500 | \$25,000 | .65 |
| \$17,300 | \$17,800 | .60 | \$31,000 | \$31,500 | .60 | \$16,000 | \$16,500 | .60 | \$25,000 | \$25,500 | .60 |
| \$17,800 | \$18,300 | .55 | \$31,500 | \$32,000 | .55 | \$16,500 | \$17,000 | .55 | \$25,500 | \$26,000 | .55 |
| \$18,300 | \$18,800 | .50 | \$32,000 | \$32,500 | .50 | \$17,000 | \$17,500 | .50 | \$26,000 | \$26,500 | .50 |
| \$18,800 | \$19,300 | .45 | \$32,500 | \$33,000 | .45 | \$17,500 | \$18,000 | .45 | \$26,500 | \$27,000 | .45 |
| \$19,300 | \$19,800 | .40 | \$33,000 | \$33,500 | .40 | \$18,000 | \$18,500 | .40 | \$27,000 | \$27,500 | .40 |
| \$19,800 | \$21,700 | .35 | \$33,500 | \$40,000 | .35 | \$18,500 | \$20,000 | .35 | \$27,500 | \$34,000 | .35 |
| \$21,700 | \$22,200 | .30 | \$40,000 | \$40,500 | .30 | \$20,000 | \$20,500 | .30 | \$34,000 | \$34,500 | .30 |
| \$22,200 | \$22,700 | .25 | \$40,500 | \$41,000 | .25 | \$20,500 | \$21,000 | .25 | \$34,500 | \$35,000 | .25 |
| \$22,700 | \$23,200 | .20 | \$41,000 | \$41,500 | .20 | \$21,000 | \$21,500 | .20 | \$35,000 | \$35,500 | .20 |
| \$23,200 | \$27,100 | .15 | \$41,500 | \$50,000 | .15 | \$21,500 | \$25,000 | .15 | \$35,500 | \$44,000 | .15 |
| \$27,100 | \$27,600 | .14 | \$50,000 | \$50,500 | .14 | \$25,000 | \$25,500 | .14 | \$44,000 | \$44,500 | .14 |
| \$27,600 | \$28,100 | .13 | \$50,500 | \$51,000 | .13 | \$25,500 | \$26,000 | .13 | \$44,500 | \$45,000 | .13 |
| \$28,100 | \$28,600 | .12 | \$51,000 | \$51,500 | .12 | \$26,000 | \$26,500 | .12 | \$45,000 | \$45,500 | .12 |
| \$28,600 | \$29,100 | .11 | \$51,500 | \$52,000 | .11 | \$26,500 | \$27,000 | .11 | \$45,500 | \$46,000 | .11 |
| \$29,100 | \$52,000 | .10 | \$52,000 | \$96,000 | .10 | \$27,000 | \$48,000 | .10 | \$46,000 | \$74,000 | .10 |
| \$52,000 | \$52,500 | .09 | \$96,000 | \$96,500 | .09 | \$48,000 | \$48,500 | .09 | \$74,000 | \$74,500 | .09 |
| \$52,500 | \$53,000 | .08 | \$96,500 | \$97,000 | .08 | \$48,500 | \$49,000 | .08 | \$74,500 | \$75,000 | .08 |
| \$53,000 | \$53,500 | .07 | \$97,000 | \$97,500 | .07 | \$49,000 | \$49,500 | .07 | \$75,000 | \$75,500 | .07 |
| \$53,500 | \$54,000 | .06 | \$97,500 | \$98,000 | .06 | \$49,500 | \$50,000 | .06 | \$75,500 | \$76,000 | .06 |
| \$54,000 | \$54,500 | .05 | \$98,000 | \$98,500 | .05 | \$50,000 | \$50,500 | .05 | \$76,000 | \$76,500 | .05 |
| \$54,500 | \$55,000 | .04 | \$98,500 | \$99,000 | .04 | \$50,500 | \$51,000 | .04 | \$76,500 | \$77,000 | .04 |
| \$55,000 | \$55,500 | .03 | \$99,000 | \$99,500 | .03 | \$51,000 | \$51,500 | .03 | \$77,000 | \$77,500 | .03 |
| \$55,500 | \$56,000 | .02 | \$99,500 | \$100,000 | .02 | \$51,500 | \$52,000 | .02 | \$77,500 | \$78,000 | .02 |
| \$56,000 | \$56,500 | .01 | \$100,000 | \$100,500 | .01 | \$52,000 | \$52,500 | .01 | \$78,000 | \$78,500 | .01 |
| \$56,500 | and up | .00 | \$100,500 | and up | .00 | \$52,500 | and up | .00 | \$78,500 | and up | .00 |

Form CT-1040X

Amended Connecticut Income Tax Return for Individuals

2009

For the year January 1 - December 31, 2009, or other taxable year beginning _____, 2009, ending _____, _____.

| | | | | |
|--|---|--|--|---|
| Print or type in blue or black ink. | Your first name and middle initial _____ Last name _____ | <input type="checkbox"/> Check if deceased | | Social Security Number ____-____-____ |
| | If joint return, spouse's first name and middle initial _____ Last name _____ | <input type="checkbox"/> Check if deceased | | Spouse's Social Security Number ____-____-____ |
| | Mailing address (number and street), apartment number, PO Box _____ _____ | | | Your telephone number (____) _____ |
| | City, town, or post office _____ State _____ ZIP code _____ | | | DRS use only ____ - 20 |

| | | |
|----------------------|--|---|
| Filing Status | On original return: <input type="checkbox"/> Single <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/> Filing jointly for federal and CT <input type="checkbox"/> Filing jointly for CT only <input type="checkbox"/> Filing separately for federal and CT <input type="checkbox"/> Filing separately for CT only | Are you amending your return as a result of federal or another state's changes or as a result of filing a timely amended federal or other state's return? See instructions on Page 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | On this return: <input type="checkbox"/> Single <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/> Filing jointly for federal and CT <input type="checkbox"/> Filing jointly for CT only <input type="checkbox"/> Filing separately for federal and CT <input type="checkbox"/> Filing separately for CT only | Enter the date of federal or other state's change: / / You must attach a copy of the IRS audit results, federal Form 1040X, the other state's audit results or the other state's amended return, and supporting documentation. |

| | | A. Original amount or as previously adjusted | B. Net change increase or (decrease) | C. Correct amount |
|--|--|--|--------------------------------------|-------------------|
| | <input type="checkbox"/> Check if filing Form CT-1040CRC, Claim of Right Credit | | | |
| | <input type="checkbox"/> Check if filing Form CT-8379, Nonobligated Spouse Claim | | | |
| Income | 1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4 | 1 | | 00 |
| | 2. Additions, if any: See instructions. | 2 | | 00 |
| | 3. Add Line 1 and Line 2. | 3 | | 00 |
| | 4. Subtractions, if any: See instructions. | 4 | | 00 |
| | 5. Connecticut adjusted gross income: Subtract Line 4 from Line 3. | 5 | | 00 |
| Residents go to Line 10; Nonresidents and part-year residents go to Line 6. | | | | |
| Nonresidents and Part-Year Residents Only | 6. Enter your income from Connecticut sources from Schedule CT-SI. If less than or equal to zero, enter "0." | 6 | | 00 |
| | 7. Enter the greater of Line 5 or Line 6. If zero, go to Line 10 and enter "0." | 7 | | 00 |
| | 8. Income tax from Tax Calculation Schedule: See instructions. | 8 | | 00 |
| | 9. Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000. | 9 | . | / |
| Tax | 10. Income tax: See instructions. | 10 | | 00 |
| | 11. Credit for income taxes paid to qualifying jurisdictions: See instructions. Residents and part-year residents only | 11 | | 00 |
| | 12. Subtract Line 11 from Line 10. | 12 | | 00 |
| | 13. Connecticut alternative minimum tax from Form CT-6251 | 13 | | 00 |
| | 14. Add Line 12 and Line 13. | 14 | | 00 |
| | 15. Credit for property tax paid on your primary residence or motor vehicle, or both: Residents only , see instructions. | 15 | | 00 |
| | 16. Subtract Line 15 from Line 14. If less than or equal to zero, enter "0." | 16 | | 00 |
| | 17. Adjusted net Connecticut minimum tax credit from Form CT-8801 | 17 | | 00 |
| | 18. Connecticut income tax: Subtract Line 17 from Line 16. | 18 | | 00 |
| | 19. Individual use tax: See instructions. | 19 | | 00 |
| | 20. Total tax: Add Line 18 and Line 19. | 20 | | 00 |
| Payments | 21. Connecticut tax withheld: Enter amount from Line 70. | 21 | | 00 |
| | 22. All 2009 estimated Connecticut income tax payments (including any overpayments applied from a prior year) and extension payments | 22 | | 00 |
| | 23. Amounts paid with original return, plus additional tax paid after it was filed: Do not include penalty and interest. | 23 | | 00 |
| | 24. Total payments: Add Lines 21, 22, and 23. | 24 | | 00 |
| | 25. Overpayment, if any, as shown on original return or as previously adjusted | 25 | | 00 |
| | 26. Subtract Line 25 from Line 24. | 26 | | 00 |
| Refund | 27. If Line 26, Column C, is greater than Line 20, Column C, enter the amount overpaid. | 27 | Refund | 00 |
| Amount You Owe | 28. If Line 20, Column C, is greater than Line 26, Column C, enter the amount of tax due. | 28 | | 00 |
| | 29. Interest: Multiply Line 28 by number of months or fraction of a month, then by 1% (.01). | 29 | | 00 |
| | 30. Amount you owe with this return: Add Line 28, Column C, and Line 29, Column C. | 30 | Amount you owe | 00 |

See mailing instructions on reverse. Taxpayers must sign declaration on reverse.

Reason(s) for amending return: Enter the line number for each item you are changing and give the reason for each change in the space below. Attach supporting forms and schedules for items changed. Write your name and SSN(s) on all attachments.

Schedule 1 Modifications to Federal Adjusted Gross Income Enter all amounts as positive numbers.

| | | | | | |
|--|---|---|----|--|----|
| Additions to Federal Adjusted Gross Income | 31. Interest on state and local government obligations other than Connecticut | ▶ | 31 | | 00 |
| | 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations other than Connecticut | ▶ | 32 | | 00 |
| | 33. Cancellation of debt income | ▶ | 33 | | 00 |
| | 34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | ▶ | 34 | | 00 |
| | 35. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero. | ▶ | 35 | | 00 |
| | 36. Loss on sale of Connecticut state and local government bonds | ▶ | 36 | | 00 |
| | 37. Domestic production activity deduction from federal form 1040, Line 35 | ▶ | 37 | | 00 |
| | 38. Other - specify | ▶ | 38 | | 00 |
| | 39. Total additions: Add Lines 31 through 38. Enter here and on Line 2, Column C, on the front of this form. | ▶ | 39 | | 00 |
| Subtractions From Federal Adjusted Gross Income | 40. Interest on U.S. government obligations | ▶ | 40 | | 00 |
| | 41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | ▶ | 41 | | 00 |
| | 42. Social Security benefit adjustment from <i>Social Security Benefit Adjustment Worksheet</i> | ▶ | 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. 50% of military retirement pay | ▶ | 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. Contributions to a Connecticut Higher Education Trust (CHET) account Enter CHET account number: ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | ▶ | 48 | | 00 |
| | 49. Other - specify: Do not include out-of-state income. | ▶ | 49 | | 00 |
| | 50. Total subtractions: Add Lines 40 through 49. Enter here and on Line 4, Column C. | ▶ | 50 | | 00 |

Schedule 2 Credit for Income Taxes Paid to Qualifying Jurisdictions - Residents and Part-Year Residents Only
See instructions for Form CT-1040 or Form CT-1040NR/PY.

| | | | | | |
|--|---|---|----|--|----|
| You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. | 51. Modified Connecticut Adjusted Gross Income | ▶ | 51 | | 00 |
| | For each column, enter the following: | | | | |
| | 52. Enter qualifying jurisdiction's name and two-letter code | ▶ | | | |
| | 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from <i>Schedule 2 Worksheet</i> | ▶ | | | |
| | 54. Divide Line 53 by Line 51. May not exceed 1.0000. | ▶ | | | |
| | 55. Income tax liability: Subtract Line 15, Column C, from Line 10, Column C. | ▶ | | | |
| | 56. Multiply Line 54 by Line 55. | ▶ | | | |
| | 57. Income tax paid to a qualifying jurisdiction | ▶ | | | |
| | 58. Enter the lesser of Line 56 or Line 57. | ▶ | | | |
| | 59. Total credit: Add Line 58, all columns. Enter here and on Line 11, Column C. | ▶ | 59 | | 00 |

Make your check payable to: **Commissioner of Revenue Services**. To ensure proper posting of your payment, write your Social Security Number(s) (SSN) (optional) and "2009 Form CT-1040X" on your check. DRS may submit your check to your bank electronically.

**Mail to: Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978**

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | |
|---|------------------------------------|------|--------------------------------------|--|
| Sign here. Keep a copy for your records. | Your signature | Date | Spouse's signature (if joint return) | Date |
| | Paid preparer's signature | Date | Telephone number () | Preparer's SSN or PTIN |
| | Firm's name, address, and ZIP code | | | Federal Employer Identification Number |

Schedule 3 Property Tax Credit See instructions.
 (Connecticut full year residents only)

| Qualifying Property | Primary Residence | Auto 1 | Auto 2 (filing jointly or qualifying widow(er) only) |
|---|-------------------------|-------------------------|--|
| Name of Connecticut Tax Town or District | | | |
| Description of Property <small>If primary residence, enter street address. If motor vehicle, enter year, make, and model.</small> | | | |
| Date(s) Paid | ___ / ___ / 2009 | ___ / ___ / 2009 | ___ / ___ / 2009 |
| | ___ / ___ / 2009 | ___ / ___ / 2009 | ___ / ___ / 2009 |
| Amount Paid | ▶ 60. _____ 00 | ▶ 61. _____ 00 | ▶ 62. _____ 00 |
| 63. Total property tax paid: Add Lines 60, 61, and 62. | | | ▶ 63. _____ 00 |
| 64. Maximum property tax credit allowed | | | ▶ 64. 500 00 |
| 65. Enter the lesser of Line 63 or Line 64. | | | ▶ 65. _____ 00 |
| 66. Enter the decimal amount for your filing status and Connecticut AGI from the 2009 Property Tax Credit Table. If zero, enter the amount from Line 65 on Line 68. | | | ▶ 66. . _____ |
| 67. Multiply Line 65 by Line 66. | | | ▶ 67. _____ 00 |
| 68. Subtract Line 67 from Line 65. Enter here and on Line 15, Column C. Attach <i>Schedule 3</i> to your return or your credit will be disallowed. | | | ▶ 68. _____ 00 |

Schedule 4 Individual Use Tax Do You Owe Use Tax?
 Complete this worksheet to calculate your Connecticut individual use tax liability.

| 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 19, Column C. 69. [][][][][][][][][][][] . 00

Withholding schedule: Only enter information from your Schedule CT K-1, W-2, and 1099 forms if Connecticut income tax was withheld.

| Column A: Employer Federal ID Number | Column B: CT Wages, Tips, etc. | Check if from Schedule CT K-1 | Column C: CT Income Tax Withheld |
|---|-----------------------------------|-------------------------------|-------------------------------------|
| ▶ 70a. [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | <input type="checkbox"/> | ▶ [][][][][][][][][][] 00 |
| ▶ 70b. [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | <input type="checkbox"/> | ▶ [][][][][][][][][][] 00 |
| ▶ 70c. [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | <input type="checkbox"/> | ▶ [][][][][][][][][][] 00 |
| ▶ 70d. [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | <input type="checkbox"/> | ▶ [][][][][][][][][][] 00 |
| ▶ 70e. [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | <input type="checkbox"/> | ▶ [][][][][][][][][][] 00 |
| ▶ 70f. [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | <input type="checkbox"/> | ▶ [][][][][][][][][][] 00 |
| ▶ 70g. [][] - [][][][][][][][][][] | [][][][][][][][][][] 00 | <input type="checkbox"/> | ▶ [][][][][][][][][][] 00 |
| ▶ 70h. Enter additional Connecticut withholding from Supplemental Schedule CT-1040WH, Line 3. | | | ▶ [][][][][][][][][][] 00 |
| 70. Total Connecticut income tax withheld: Enter here and on Line 21, Column C. | | | [][][][][][][][][][] 00 |

Form CT-1040X

2009

Instructions for Amended Connecticut Income Tax Return

Purpose: Use this form to amend a previously-filed 2009 Connecticut income tax return for individuals. This form may not be used to amend any other year's return. **Do not** use this form to amend **Form CT-1041** or **Form CT-1065/CT-1120SI**. Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

If Form CT-1040X is filed to have an overpayment of Connecticut income tax refunded or credited, it must be filed before the Connecticut statute of limitations expires. Generally, the Connecticut statute of limitations for refunding or crediting any Connecticut income tax overpayment expires three years after

the due date of the return, but if a timely request for an extension of time to file a return was filed, the statute of limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If you were required to file an amended return, but failed to do so, a penalty may be imposed. Interest will also be assessed on any additional Connecticut income tax not paid on or before the due date.

Visit the Department of Revenue Services **Taxpayer Service Center (TSC)** at www.ct.gov/TSC to file Form CT-1040X online.

You must file Form CT-1040X in the following circumstances:

| | |
|--|--|
| <p>1. The IRS or federal courts change or correct your federal income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. You filed a timely amended federal income tax return and the amendment results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your timely amended federal return. If you file Form CT-1040X no later than 90 days after the date of filing the timely amended federal income tax return, any Connecticut income tax overpayment resulting from filing the timely amended federal income tax return will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and the tax officials or courts of the qualifying jurisdiction made a change or correction to your income tax return and the change or correction results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the final determination. If you file Form CT-1040X no later than 90 days after the final determination and you claimed credit for income tax paid to a qualifying jurisdiction on your original income tax return, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>4. You claimed a credit for income tax paid to a qualifying jurisdiction on your original income tax return and you filed a timely amended income tax return with that qualifying jurisdiction and the amendment results in your Connecticut income tax being overpaid or underpaid (by increasing or decreasing the amount of your allowable credit).</p> | <p>File Form CT-1040X no later than 90 days after the date you filed your amended return with the qualifying jurisdiction. If you file Form CT-1040X no later than 90 days after the final determination and you claimed credit for income tax paid to a qualifying jurisdiction on your original income tax return, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to you, even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>5. If none of the above circumstances apply, but you made a mistake or omission on your Connecticut income tax return and the mistake or omission results in your Connecticut income tax being overpaid or underpaid.</p> | <p>File Form CT-1040X no later than three years after the due date of your return, or if you filed a timely request for an extension of time to file, three years after the date of filing the return or three years after the extended due date, whichever is earlier.</p> |

Do not file Form CT-1040X for any of the following reasons:

- To have an overpayment refunded instead of applied to next year's estimated tax or to change your contributions to designated charities. The elections that you made on your original return **cannot** be changed by filing Form CT-1040X.
- To amend your Connecticut income tax return for an earlier year to claim a credit for income tax paid on income included in your Connecticut adjusted gross income for that year and repaid in a later taxable year. File **Form CT-1040CRC, Claim of Right Credit**, with your Connecticut income tax return for the later taxable year.

Financial Disability: If you are financially disabled, as defined in I.R.C. §6511(h)(2), the time for having an overpayment of Connecticut income tax refunded or credited to you is extended for as long as you are financially disabled. You are considered financially disabled if you are unable to manage your own affairs by reason of a medically determinable physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months. You are not considered financially disabled during any period that your spouse or any other person is authorized to act on your behalf in financial matters. See **Policy Statement 2001(14), Claims for Refund Made by Financially Disabled Individuals**.

Completing Form CT-1040X

Line numbers on Form CT-1040X may be different from the line numbers on your original return.

Step 1: Refer to your original return and identify all the changes that need to be made.

Step 2: Find the corresponding line items on Form CT-1040X.

Step 3: Complete *Schedules 1, 2, 3, and 4*. Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return.

Step 4: Use Column A to enter the amounts shown on your original or previously-adjusted return.

Step 5: Use Column B to enter the net increase or decrease for each line you are changing.

Step 6: Explain each change in the space provided on Page 2 of Form CT-1040X.

Step 7: Use Column C to report the corrected amounts for each line. If there is no change, enter the amount from Column A in Column C.

Form CT-1040X Instructions

Filing Status

Except as otherwise noted, any reference in these instructions to a spouse also refers to a party to a civil union recognized under Connecticut law.

Any reference in these instructions to filing jointly includes **filing jointly for federal and Connecticut** and **filing jointly for Connecticut only**. Likewise, filing separately includes **filing separately for federal and Connecticut** and **filing separately for Connecticut only**.

Generally, your filing status for Connecticut income tax purposes must match your federal income tax filing status for the year. However, if you are a civil union partner or a spouse in a marriage recognized under Public Act 2009-13, your filing status for Connecticut income tax purposes will not match your federal income tax filing status for the year.

See *Spouses With Different Residency Status* in the instructions for Form CT-1040 or Form CT-1040NR/PY.

Line 2 and Line 4: Enter the amount from *Schedule 1*, Line 39, on Line 2, Column C, and the amount from *Schedule 1*, Line 50, on Line 4, Column C.

Lines 6 through 9: Nonresidents and Part-Year Residents

Only: Refer to your previously-filed Form CT-1040NR/PY when completing this section. Attach a copy of your corrected **Schedule CT-SI**, *Nonresident or Part-Year Resident Schedule of Income from Connecticut Sources*. **Part-Year Residents:** Also attach a copy of your corrected **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*.

Line 8: Calculate the tax on the amount you entered on Line 7, Column C, using the *2009 Tax Calculation Schedule* on Pages 6 and 7. Enter the result on Line 8, Column C.

Line 10: Residents: Calculate the tax on the amount you entered on Line 5, Column C, using the *2009 Tax Calculation Schedule* on Pages 6 and 7. Enter the result in Column C.

Nonresidents and Part-Year Residents: Multiply Line 9, Column C, by Line 8, Column C. Enter the result in Column C.

Line 11: Residents and Part-Year Residents: Enter the amount from *Schedule 2*, Line 59, in Column C. See instructions to Form CT-1040 or Form CT-1040NR/PY.

Line 13: If changes are being made to your Connecticut Alternative Minimum Tax, you must complete a corrected **Form CT-6251**, *Connecticut Alternative Minimum Tax Return - Individuals*. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 15: Residents: Enter the amount from *Schedule 3*, Line 68, in Column C. You must attach *Schedule 3* to your return or your credit will be disallowed.

Nonresidents and Part-Year Residents: Enter "0" in Column C.

Line 17: If changes are being made to your Adjusted Net Connecticut Minimum Tax Credit, you must complete a corrected **Form CT-8801**, *Credit for Prior Year Connecticut Minimum Tax for Individuals, Trusts, and Estates*. Write the word "Amended" across the top and attach it to Form CT-1040X.

Line 19: Enter the amount from *Schedule 4*, Line 69, in Column C.

Line 21: If changes are being made to your Connecticut income tax withholding, complete the *Withholding Schedule* on Form CT-1040X, Page 3, and enter the total from Line 70 in Column C. You must complete all columns or your withholding will be disallowed. **Do not** send W-2 or 1099 forms or Schedule CT K-1 with your return. If the withholding you are reporting is from Schedule CT K-1, check the box on the withholding schedule. If you have more than seven federal W-2 and 1099 forms or Schedule CT K-1s, you must complete Supplemental Schedule CT-1040WH and attach it to the back of your amended Connecticut income tax return. Enter the total from Supplemental Schedule CT-1040WH, Line 3, on Line 70h, Column C.

Interest

Interest at 1% per month or fraction of a month will continue to accrue from the original due date until the tax is paid in full. A month is measured from the sixteenth day of the first month to the fifteenth day of the next month. Any fraction of a month is considered a whole month.

Schedules 1 Through 4

If you are making corrections to any of these schedules (Modifications to Federal Adjusted Gross Income, Credit for Income Taxes Paid to Qualifying Jurisdictions, Property Tax Credit, and Individual Use Tax), refer to the Form CT-1040 or Form CT-1040NR/PY instruction booklet for line instructions and schedules.

Enter the corrected amounts for each line. If you are not making corrections, enter the amounts reported on your original return. Enter all amounts as positive numbers.

Tax Calculation Schedule

| | | |
|---|---|----|
| 1. Enter Connecticut AGI (Form CT-1040X, Line 5, Column C). Nonresidents and part-year residents: Enter income from Form CT-1040X, Line 7, Column C). | 1 | 00 |
| 2. Enter personal exemption from <i>Table A, Exemptions</i> . | 2 | 00 |
| 3. Connecticut taxable income: Subtract Line 2 from Line 1. If less than zero, enter "0." | 3 | 00 |
| 4. Connecticut income tax: See <i>Table B, Connecticut Income Tax</i> . | 4 | 00 |
| 5. Enter decimal amount from <i>Table C, Personal Tax Credits</i> . If zero, enter "0." | 5 | . |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6 | 00 |
| 7. Income tax: Subtract Line 6 from Line 4. Enter here and on Line 10, Column C. Nonresidents and part-year residents: Enter here and on Line 8, Column C. | 7 | 00 |

Table A - Exemptions for 2009 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule*, Line 1) to determine your exemption.

| Single | | | Filing Jointly or Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|-----------------|--|-----------------------|-----------------|-------------------|-----------------------|-----------------|-------------------|-----------------------|-----------------|
| Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption | Connecticut AGI | | Exemption |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$ 0 | \$26,000 | \$13,000 | \$ 0 | \$48,000 | \$24,000 | \$ 0 | \$24,000 | \$12,000 | \$ 0 | \$38,000 | \$19,000 |
| \$26,000 | \$27,000 | \$12,000 | \$48,000 | \$49,000 | \$23,000 | \$24,000 | \$25,000 | \$11,000 | \$38,000 | \$39,000 | \$18,000 |
| \$27,000 | \$28,000 | \$11,000 | \$49,000 | \$50,000 | \$22,000 | \$25,000 | \$26,000 | \$10,000 | \$39,000 | \$40,000 | \$17,000 |
| \$28,000 | \$29,000 | \$10,000 | \$50,000 | \$51,000 | \$21,000 | \$26,000 | \$27,000 | \$ 9,000 | \$40,000 | \$41,000 | \$16,000 |
| \$29,000 | \$30,000 | \$ 9,000 | \$51,000 | \$52,000 | \$20,000 | \$27,000 | \$28,000 | \$ 8,000 | \$41,000 | \$42,000 | \$15,000 |
| \$30,000 | \$31,000 | \$ 8,000 | \$52,000 | \$53,000 | \$19,000 | \$28,000 | \$29,000 | \$ 7,000 | \$42,000 | \$43,000 | \$14,000 |
| \$31,000 | \$32,000 | \$ 7,000 | \$53,000 | \$54,000 | \$18,000 | \$29,000 | \$30,000 | \$ 6,000 | \$43,000 | \$44,000 | \$13,000 |
| \$32,000 | \$33,000 | \$ 6,000 | \$54,000 | \$55,000 | \$17,000 | \$30,000 | \$31,000 | \$ 5,000 | \$44,000 | \$45,000 | \$12,000 |
| \$33,000 | \$34,000 | \$ 5,000 | \$55,000 | \$56,000 | \$16,000 | \$31,000 | \$32,000 | \$ 4,000 | \$45,000 | \$46,000 | \$11,000 |
| \$34,000 | \$35,000 | \$ 4,000 | \$56,000 | \$57,000 | \$15,000 | \$32,000 | \$33,000 | \$ 3,000 | \$46,000 | \$47,000 | \$10,000 |
| \$35,000 | \$36,000 | \$ 3,000 | \$57,000 | \$58,000 | \$14,000 | \$33,000 | \$34,000 | \$ 2,000 | \$47,000 | \$48,000 | \$ 9,000 |
| \$36,000 | \$37,000 | \$ 2,000 | \$58,000 | \$59,000 | \$13,000 | \$34,000 | \$35,000 | \$ 1,000 | \$48,000 | \$49,000 | \$ 8,000 |
| \$37,000 | \$38,000 | \$ 1,000 | \$59,000 | \$60,000 | \$12,000 | \$35,000 and up | \$ 0 | \$49,000 | \$50,000 | \$ 7,000 | |
| \$38,000 | and up | \$ 0 | \$60,000 | \$61,000 | \$11,000 | | | \$50,000 | \$51,000 | \$ 6,000 | |
| | | | \$61,000 | \$62,000 | \$10,000 | | | \$51,000 | \$52,000 | \$ 5,000 | |
| | | | \$62,000 | \$63,000 | \$ 9,000 | | | \$52,000 | \$53,000 | \$ 4,000 | |
| | | | \$63,000 | \$64,000 | \$ 8,000 | | | \$53,000 | \$54,000 | \$ 3,000 | |
| | | | \$64,000 | \$65,000 | \$ 7,000 | | | \$54,000 | \$55,000 | \$ 2,000 | |
| | | | \$65,000 | \$66,000 | \$ 6,000 | | | \$55,000 | \$56,000 | \$ 1,000 | |
| | | | \$66,000 | \$67,000 | \$ 5,000 | | | \$56,000 | and up | \$ 0 | |
| | | | \$67,000 | \$68,000 | \$ 4,000 | | | | | | |
| | | | \$68,000 | \$69,000 | \$ 3,000 | | | | | | |
| | | | \$69,000 | \$70,000 | \$ 2,000 | | | | | | |
| | | | \$70,000 | \$71,000 | \$ 1,000 | | | | | | |
| | | | \$71,000 | and up | \$ 0 | | | | | | |

Table B - Connecticut Income Tax for 2009 Taxable Year

Use your filing status shown on the front of your return.

| | |
|---|---|
| <p>Single or Filing Separately</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$10,000..... 3%</p> <p>More than \$10,000, but less than or equal to \$500,000 \$300 plus 5% of the excess over \$10,000</p> <p>More than \$500,000 \$24,800 plus 6.5% of the excess over \$500,000</p> | <p>Examples: Line 3 is \$13,000; Line 4 is \$450.</p> <p>\$13,000 - \$10,000 = \$3,000 \$3,000 x .05 = \$150 \$300 + \$150 = \$450</p> <p>Line 3 is \$525,000; Line 4 is \$26,425.</p> <p>\$525,000 - \$500,000 = \$25,000 \$25,000 x .065 = \$1,625 \$24,800 + \$1,625 = \$26,425</p> |
| <p>Head of Household</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$16,000..... 3%</p> <p>More than \$16,000, but less than or equal to \$800,000 \$480 plus 5% of the excess over \$16,000</p> <p>More than \$800,000 \$39,680 plus 6.5% of the excess over \$800,000</p> | <p>Examples: Line 3 is \$20,000; Line 4 is \$680.</p> <p>\$20,000 - \$16,000 = \$4,000 \$4,000 x .05 = \$200 \$480 + \$200 = \$680</p> <p>Line 3 is \$825,000; Line 4 is \$41,305.</p> <p>\$825,000 - \$800,000 = \$25,000 \$25,000 x .065 = \$1,625 \$39,680 + \$1,625 = \$41,305</p> |
| <p>Filing Jointly/Qualifying Widow(er)</p> <p>If the amount on Line 3 of the Tax Calculation Schedule is:</p> <p>Less than or equal to \$20,000..... 3%</p> <p>More than \$20,000, less than or equal to \$1,000,000 \$600 plus 5% of the excess over \$20,000</p> <p>More than \$1,000,000 \$49,600 plus 6.5% of the excess over \$1,000,000</p> | <p>Examples: Line 3 is \$22,500; Line 4 is \$725.</p> <p>\$22,500 - \$20,000 = \$2,500 \$2,500 x .05 = \$125 \$600 + \$125 = \$725</p> <p>Line 3 is \$1,100,000; Line 4 is \$56,100.</p> <p>\$1,100,000 - \$1,000,000 = \$100,000 \$100,000 x .065 = \$6,500 \$49,600 + \$6,500 = \$56,100</p> |

Table C - Personal Tax Credits for 2009 Taxable Year

Use your filing status shown on the front of your return and your Connecticut AGI (from *Tax Calculation Schedule*, Line 1) to determine your decimal amount.

| Single | | | Filing Jointly or Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|-----------------|-----------------------|----------------|--|-----------------------|----------------|-------------------|-----------------------|----------------|-------------------|-----------------------|----------------|
| Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount | Connecticut AGI | | Decimal Amount |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$13,000 | \$16,300 | .75 | \$24,000 | \$30,000 | .75 | \$12,000 | \$15,000 | .75 | \$19,000 | \$24,000 | .75 |
| \$16,300 | \$16,800 | .70 | \$30,000 | \$30,500 | .70 | \$15,000 | \$15,500 | .70 | \$24,000 | \$24,500 | .70 |
| \$16,800 | \$17,300 | .65 | \$30,500 | \$31,000 | .65 | \$15,500 | \$16,000 | .65 | \$24,500 | \$25,000 | .65 |
| \$17,300 | \$17,800 | .60 | \$31,000 | \$31,500 | .60 | \$16,000 | \$16,500 | .60 | \$25,000 | \$25,500 | .60 |
| \$17,800 | \$18,300 | .55 | \$31,500 | \$32,000 | .55 | \$16,500 | \$17,000 | .55 | \$25,500 | \$26,000 | .55 |
| \$18,300 | \$18,800 | .50 | \$32,000 | \$32,500 | .50 | \$17,000 | \$17,500 | .50 | \$26,000 | \$26,500 | .50 |
| \$18,800 | \$19,300 | .45 | \$32,500 | \$33,000 | .45 | \$17,500 | \$18,000 | .45 | \$26,500 | \$27,000 | .45 |
| \$19,300 | \$19,800 | .40 | \$33,000 | \$33,500 | .40 | \$18,000 | \$18,500 | .40 | \$27,000 | \$27,500 | .40 |
| \$19,800 | \$21,700 | .35 | \$33,500 | \$40,000 | .35 | \$18,500 | \$20,000 | .35 | \$27,500 | \$34,000 | .35 |
| \$21,700 | \$22,200 | .30 | \$40,000 | \$40,500 | .30 | \$20,000 | \$20,500 | .30 | \$34,000 | \$34,500 | .30 |
| \$22,200 | \$22,700 | .25 | \$40,500 | \$41,000 | .25 | \$20,500 | \$21,000 | .25 | \$34,500 | \$35,000 | .25 |
| \$22,700 | \$23,200 | .20 | \$41,000 | \$41,500 | .20 | \$21,000 | \$21,500 | .20 | \$35,000 | \$35,500 | .20 |
| \$23,200 | \$27,100 | .15 | \$41,500 | \$50,000 | .15 | \$21,500 | \$25,000 | .15 | \$35,500 | \$44,000 | .15 |
| \$27,100 | \$27,600 | .14 | \$50,000 | \$50,500 | .14 | \$25,000 | \$25,500 | .14 | \$44,000 | \$44,500 | .14 |
| \$27,600 | \$28,100 | .13 | \$50,500 | \$51,000 | .13 | \$25,500 | \$26,000 | .13 | \$44,500 | \$45,000 | .13 |
| \$28,100 | \$28,600 | .12 | \$51,000 | \$51,500 | .12 | \$26,000 | \$26,500 | .12 | \$45,000 | \$45,500 | .12 |
| \$28,600 | \$29,100 | .11 | \$51,500 | \$52,000 | .11 | \$26,500 | \$27,000 | .11 | \$45,500 | \$46,000 | .11 |
| \$29,100 | \$52,000 | .10 | \$52,000 | \$96,000 | .10 | \$27,000 | \$48,000 | .10 | \$46,000 | \$74,000 | .10 |
| \$52,000 | \$52,500 | .09 | \$96,000 | \$96,500 | .09 | \$48,000 | \$48,500 | .09 | \$74,000 | \$74,500 | .09 |
| \$52,500 | \$53,000 | .08 | \$96,500 | \$97,000 | .08 | \$48,500 | \$49,000 | .08 | \$74,500 | \$75,000 | .08 |
| \$53,000 | \$53,500 | .07 | \$97,000 | \$97,500 | .07 | \$49,000 | \$49,500 | .07 | \$75,000 | \$75,500 | .07 |
| \$53,500 | \$54,000 | .06 | \$97,500 | \$98,000 | .06 | \$49,500 | \$50,000 | .06 | \$75,500 | \$76,000 | .06 |
| \$54,000 | \$54,500 | .05 | \$98,000 | \$98,500 | .05 | \$50,000 | \$50,500 | .05 | \$76,000 | \$76,500 | .05 |
| \$54,500 | \$55,000 | .04 | \$98,500 | \$99,000 | .04 | \$50,500 | \$51,000 | .04 | \$76,500 | \$77,000 | .04 |
| \$55,000 | \$55,500 | .03 | \$99,000 | \$99,500 | .03 | \$51,000 | \$51,500 | .03 | \$77,000 | \$77,500 | .03 |
| \$55,500 | \$56,000 | .02 | \$99,500 | \$100,000 | .02 | \$51,500 | \$52,000 | .02 | \$77,500 | \$78,000 | .02 |
| \$56,000 | \$56,500 | .01 | \$100,000 | \$100,500 | .01 | \$52,000 | \$52,500 | .01 | \$78,000 | \$78,500 | .01 |
| \$56,500 | and up | .00 | \$100,500 | and up | .00 | \$52,500 | and up | .00 | \$78,500 | and up | .00 |

Form CT-1040ES

(Rev. 12/09)

2010 Estimated Connecticut Income Tax Payment Coupon for Individuals

General Instructions

Who Should File This Coupon: Use this coupon if you are required to make estimated income tax payments for the 2010 taxable year and you do not receive a preprinted coupon package from the Department of Revenue Services (DRS). Coupon packages are mailed in mid-January to those who made estimated income tax payments in the prior year.

Nonresidents and Part-Year Residents: Nonresident individuals are subject to Connecticut income tax on their Connecticut-sourced income. Part-year residents are taxed on all income received while a resident of Connecticut and on income received from Connecticut sources while a nonresident. **Connecticut-sourced income** includes but is not limited to income from a business, profession, occupation, or trade conducted in this state as well as income from the rental or sale of real or tangible property located in Connecticut.

Note: If you are a party to a civil union recognized under Connecticut law or a spouse in a marriage recognized under Public Act 2009-13, you **must recalculate** your federal adjusted gross income as if your filing status for federal income tax purposes were married filing jointly or married filing separately. Unless otherwise noted, any reference in these instructions to a spouse also refers to a party to a civil union.

Except as otherwise noted, any reference in these instructions to filing jointly includes **filing jointly for federal and Connecticut** and **filing jointly for Connecticut only**. Likewise, filing separately includes **filing separately for federal and Connecticut** and **filing separately for Connecticut only**.

Who Is Required to Make Estimated Payments: You must make estimated income tax payments if your Connecticut income tax (after tax credits) minus Connecticut tax withheld is \$1,000 or more and you expect your Connecticut income tax withheld to be less than your required annual payment for the 2010 taxable year.

Your required annual payment is the **lesser** of:

- 90% of the income tax shown on your **2010 Connecticut income tax return**; or
- 100% of the income tax shown on your **2009 Connecticut income tax return** if you filed a 2009 Connecticut income tax return that covered a 12-month period.

You do **not** have to make estimated income tax payments if:

- You were a Connecticut resident during the 2009 taxable year and you did not file a 2009 income tax return because you had no Connecticut income tax liability; or
- You were a nonresident or part-year resident with Connecticut source income during the 2009 taxable year and you did not file a 2009 income tax return because you had no Connecticut income tax liability.

If you were a nonresident or part-year resident and you did **not** have Connecticut-sourced income during the 2009 taxable year, then you **must** use 90% of the income tax shown on your 2010 Connecticut income tax return as your required annual payment.

When to File: Estimated payments for the 2010 taxable year are due on or before April 15, June 15, September 15, 2010, and January 15, 2011. Fiscal year filers should follow federal filing dates. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. An estimate will be considered timely filed if received or if the date shown by the U.S. Postal Service cancellation mark is on or before the due date. Visit the DRS website at www.ct.gov/TSC to make your estimated payments online and receive immediate confirmation that your payment was timely filed.

How Much Should I Pay: Complete the *2010 Estimated Connecticut Income Tax Worksheet* on Page 2 to calculate your required annual payment.

Special Rules for Farmers and Fishermen: If you are a farmer or fisherman (as defined in Internal Revenue Code §6654(i)(2)) who is required to make estimated income tax payments, you will be required to make only **one** payment. Your installment is due on or before January 15, 2011, for the 2010 taxable year. The required installment is the lesser of 66⅔% of the income tax shown on your 2010 Connecticut income tax return or 100% of the income tax shown on your 2009 Connecticut income tax return. See **Informational Publication 2008(19)**, *Farmer's Guide to Sales and Use Taxes, Motor Vehicle Fuels Tax, Estimated Income Tax, and Withholding Tax*.

Annualized Income Installment Method: If your income varies throughout the year, you may be able to reduce or eliminate the amount of your estimated tax payment for one or more periods by using the annualized income installment method. See **Informational Publication 2009(30)**, *A Guide to Calculating Your Annualized Estimated Income Tax Installments and Worksheet CT-1040AES*.

Interest: You may be charged interest if you did not pay enough tax through withholding or estimated payments, or both, by any installment due date. This is true even if you are due a refund when you file your tax return. Interest is calculated separately for each installment. Therefore, you may owe interest for an earlier installment even if you paid enough tax later to make up for the underpayment. Interest at 1% per month or fraction of a month will be added to the tax due until the **earlier** of April 15, 2011, or the date on which the underpayment is paid.

If you file your income tax return for the 2010 taxable year on or before January 31, 2011, and pay in full the amount computed on the return as payable on or before that date, you will not be charged interest for failing to make the estimated payment due January 15, 2011.

A farmer or fisherman who files a 2010 Connecticut income tax return on or before March 1, 2011, and pays in full the amount computed on the return as payable on or before that date, will not be charged interest for underpayment of estimated tax.

Worksheet Instructions

Line 2: Enter the total of your estimated allowable Connecticut modifications. See instructions for *Schedule 1 - Modifications to Federal Adjusted Gross Income* of **Form CT-1040** or **Form CT-1040NR/PY** for information about allowable modifications.

Social Security Benefit Adjustment: Parties to a civil union recognized under Connecticut law or spouses in a marriage recognized under Public Act 2009-13 must recompute their federal adjusted gross income as if their filing status for federal income tax purposes were married filing jointly or married filing separately.

If your required Connecticut income tax return filing status is single or filing separately and you expect your 2010 federal adjusted gross income will be **less than \$50,000**, enter as a subtraction the amount of federally taxable Social Security benefits you expect to report on your 2010 federal Form 1040, Line 20b, or federal Form 1040A, Line 14b. If your required Connecticut income tax return filing status is filing jointly, qualifying widow(er) with dependent child, or head of household and you expect your federal adjusted gross income will be **less than \$60,000**, enter as a subtraction the amount of federally taxable Social Security benefits you expect to report on your 2010 federal Form 1040, Line 20b, or federal Form 1040A, Line 14b. If you expect your federal adjusted gross income will be above the threshold for your filing status, complete the *Social Security Benefit Adjustment Worksheet* on Page 4 and include the amount from Line F on Line 2.

Line 3: Nonresidents and Part-Year Residents Only: If your Connecticut-sourced income is greater than your Connecticut adjusted gross income, enter your Connecticut-sourced income on this line.

Line 5: Apportionment Factor: Nonresidents and part-year residents, if your Connecticut-sourced income is greater than or equal to your Connecticut adjusted gross income, enter 1.0000. If your Connecticut-sourced income is less than your Connecticut adjusted gross income, complete the following calculation and enter the result on Line 5.

$$\frac{\text{Connecticut-Sourced Income}}{\text{Connecticut Adjusted Gross Income (Line 3)}} = \text{Line 5}$$

Do not enter a number that is less than zero or greater than 1. If the result is less than zero, enter "0"; if greater than 1 enter 1.0000. Round to four decimal places.

Line 7: Residents and Part-Year Residents Only: Enter estimated allowable credit for income taxes paid to qualifying jurisdictions. Enter "0," if not applicable. See instructions for *Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions* of Form CT-1040 or Form CT-1040NR/PY.

Line 9: If you expect to owe federal alternative minimum tax for the 2010 taxable year, you may also owe Connecticut alternative minimum tax. Enter your estimated Connecticut alternative minimum tax liability. See instructions for **Form CT-6251, Connecticut Alternative Minimum Tax Return - Individuals**.

Line 11: Enter estimated allowable adjusted net Connecticut minimum tax credit. Enter "0" if you are not entitled to a credit or if you entered an amount on Line 9. See instructions for **Form CT-8801, Credit for Prior Year's Connecticut Minimum Tax for Individuals, Trusts, and Estates**.

Line 14: If your 2009 Connecticut income tax return covered a 12-month period, enter 100% of the income tax shown on your return (from Form CT-1040, Line 14, or Form CT-1040NR/PY, Line 16). If you were a resident during the 2009 taxable year and you did not file a 2009 Connecticut income tax return because you had no Connecticut income tax liability, enter "0." If you were a nonresident or part-year resident during the 2009 taxable year with Connecticut-sourced income and you did not file a 2009 Connecticut income tax return because you had no Connecticut income tax liability, enter "0." All other taxpayers must leave Line 14 blank.

2010 Estimated Connecticut Income Tax Worksheet

| | |
|---|----------------|
| 1. Federal adjusted gross income you expect in the 2010 taxable year from 2010 federal Form 1040ES, 2010 Estimated Tax Worksheet, Line 1 | 1. _____ |
| 2. Allowable Connecticut modifications: Additions or subtractions, see instructions, Page 1..... | 2. _____ |
| 3. Connecticut adjusted gross income: Combine Line 1 and Line 2..... | 3. _____ |
| Nonresidents and part-year residents: Enter your Connecticut-sourced income if greater than your Connecticut adjusted gross income. | |
| 4. Connecticut income tax: Complete the <i>Tax Calculation Schedule</i> below..... | 4. _____ |
| 5. Apportionment factor: Connecticut residents enter 1.0000. Nonresidents and part-year residents , see instructions above. | 5. _____ |
| 6. Multiply Line 5 by Line 4..... | 6. _____ |
| 7. Credit for income taxes paid to qualifying jurisdictions: See instructions above..... | 7. _____ |
| 8. Subtract Line 7 from Line 6..... | 8. _____ |
| 9. Estimated Connecticut alternative minimum tax: See instructions above..... | 9. _____ |
| 10. Add Line 8 and Line 9..... | 10. _____ |
| 11. Adjusted net Connecticut minimum tax credit: See instructions above..... | 11. _____ |
| 12. Total estimated income tax: Subtract Line 11 from Line 10..... | 12. _____ |
| 13. Multiply Line 12 by 90% (66⅔% for farmers and fishermen)..... | 13. _____ |
| 14. Enter 100% of the income tax shown on your 2009 Connecticut income tax return. See instructions above..... | 14. _____ |
| 15. Enter the lesser of Line 13 or Line 14. If Line 14 is blank, enter the amount from Line 13. This is your required annual payment. See caution below..... | 15. _____ |
| Caution: Generally, you may owe interest if you do not prepay (through timely estimates, withholding, or both) the lesser of 100% of the income tax shown on your 2009 Connecticut income tax return or 90% of the income tax shown on your 2010 Connecticut income tax return. To avoid interest charges, make sure your estimate is as accurate as possible. You may prefer to pay 100% of the income tax shown on your 2009 Connecticut income tax return. | |
| 16. Connecticut income tax withheld or expected to be withheld during the 2010 taxable year..... | 16. _____ |
| 17. Subtract Line 16 from Line 15. If zero or less or if Line 12 minus Line 16 is less than \$1,000, no estimated payment is required. | 17. _____ |
| 18. Installment amount..... | 18. .25 |
| 19. Multiply Line 17 by Line 18. Pay this amount for each installment. | 19. _____ |

Tax Calculation Schedule

| | | | |
|--|----|---|--|
| 1. Enter the amount from Line 3 of the <i>2010 Estimated Connecticut Income Tax Worksheet</i> . | 1. | | |
| 2. Enter personal exemption from Table A, Exemptions, Page 3. | 2. | | |
| 3. Connecticut taxable income: Subtract Line 2 from Line 1. If less than zero, enter "0." | 3. | | |
| 4. Connecticut income tax from Table B, Connecticut Income Tax, Page 3 | 4. | | |
| 5. Enter decimal amount from Table C, Personal Tax Credits, Page 3. If zero, enter "0." | 5. | • | |
| 6. Multiply the amount on Line 4 by the decimal amount on Line 5. | 6. | | |
| 7. Connecticut income tax: Subtract Line 6 from Line 4. Enter this amount on Line 4, 2010 Estimated Connecticut Income Tax Worksheet, above. | 7. | | |

Table A - Exemptions for 2010 Taxable Year

Use the filing status you expect to report on your 2010 tax return and your Connecticut AGI* (from Tax Calculation Schedule, Line 1) to determine your exemption.

| Single | | | Filing Jointly or Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|------------------|-----------------------|-----------|--|-----------------------|-----------|-------------------|-----------------------|-----------|-------------------|-----------------------|-----------|
| Connecticut AGI* | | Exemption | Connecticut AGI* | | Exemption | Connecticut AGI* | | Exemption | Connecticut AGI* | | Exemption |
| More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$ 0 | \$26,000 | \$13,000 | \$ 0 | \$48,000 | \$24,000 | \$ 0 | \$24,000 | \$12,000 | \$ 0 | \$38,000 | \$19,000 |
| \$26,000 | \$27,000 | \$12,000 | \$48,000 | \$49,000 | \$23,000 | \$24,000 | \$25,000 | \$11,000 | \$38,000 | \$39,000 | \$18,000 |
| \$27,000 | \$28,000 | \$11,000 | \$49,000 | \$50,000 | \$22,000 | \$25,000 | \$26,000 | \$10,000 | \$39,000 | \$40,000 | \$17,000 |
| \$28,000 | \$29,000 | \$10,000 | \$50,000 | \$51,000 | \$21,000 | \$26,000 | \$27,000 | \$ 9,000 | \$40,000 | \$41,000 | \$16,000 |
| \$29,000 | \$30,000 | \$ 9,000 | \$51,000 | \$52,000 | \$20,000 | \$27,000 | \$28,000 | \$ 8,000 | \$41,000 | \$42,000 | \$15,000 |
| \$30,000 | \$31,000 | \$ 8,000 | \$52,000 | \$53,000 | \$19,000 | \$28,000 | \$29,000 | \$ 7,000 | \$42,000 | \$43,000 | \$14,000 |
| \$31,000 | \$32,000 | \$ 7,000 | \$53,000 | \$54,000 | \$18,000 | \$29,000 | \$30,000 | \$ 6,000 | \$43,000 | \$44,000 | \$13,000 |
| \$32,000 | \$33,000 | \$ 6,000 | \$54,000 | \$55,000 | \$17,000 | \$30,000 | \$31,000 | \$ 5,000 | \$44,000 | \$45,000 | \$12,000 |
| \$33,000 | \$34,000 | \$ 5,000 | \$55,000 | \$56,000 | \$16,000 | \$31,000 | \$32,000 | \$ 4,000 | \$45,000 | \$46,000 | \$11,000 |
| \$34,000 | \$35,000 | \$ 4,000 | \$56,000 | \$57,000 | \$15,000 | \$32,000 | \$33,000 | \$ 3,000 | \$46,000 | \$47,000 | \$10,000 |
| \$35,000 | \$36,000 | \$ 3,000 | \$57,000 | \$58,000 | \$14,000 | \$33,000 | \$34,000 | \$ 2,000 | \$47,000 | \$48,000 | \$ 9,000 |
| \$36,000 | \$37,000 | \$ 2,000 | \$58,000 | \$59,000 | \$13,000 | \$34,000 | \$35,000 | \$ 1,000 | \$48,000 | \$49,000 | \$ 8,000 |
| \$37,000 | \$38,000 | \$ 1,000 | \$59,000 | \$60,000 | \$12,000 | \$35,000 | and up | \$ 0 | \$49,000 | \$50,000 | \$ 7,000 |
| \$38,000 | and up | \$ 0 | \$60,000 | \$61,000 | \$11,000 | | | | \$50,000 | \$51,000 | \$ 6,000 |
| | | | \$61,000 | \$62,000 | \$10,000 | | | | \$51,000 | \$52,000 | \$ 5,000 |
| | | | \$62,000 | \$63,000 | \$ 9,000 | | | | \$52,000 | \$53,000 | \$ 4,000 |
| | | | \$63,000 | \$64,000 | \$ 8,000 | | | | \$53,000 | \$54,000 | \$ 3,000 |
| | | | \$64,000 | \$65,000 | \$ 7,000 | | | | \$54,000 | \$55,000 | \$ 2,000 |
| | | | \$65,000 | \$66,000 | \$ 6,000 | | | | \$55,000 | \$56,000 | \$ 1,000 |
| | | | \$66,000 | \$67,000 | \$ 5,000 | | | | \$56,000 | and up | \$ 0 |
| | | | \$67,000 | \$68,000 | \$ 4,000 | | | | | | |
| | | | \$68,000 | \$69,000 | \$ 3,000 | | | | | | |
| | | | \$69,000 | \$70,000 | \$ 2,000 | | | | | | |
| | | | \$70,000 | \$71,000 | \$ 1,000 | | | | | | |
| | | | \$71,000 | and up | \$ 0 | | | | | | |

Table B - Connecticut Income Tax for 2010 Taxable Year

| Single or Filing Separately | Filing Jointly or Qualifying Widow(er) | Head of Household |
|---|---|---|
| If the amount on Line 3 of the Tax Calculation Schedule is: Less than or equal to \$10,000, multiply by .03. More than \$10,000, but less than or equal to \$500,000, multiply the amount over \$10,000 by .05 and add \$300. More than \$500,000, multiply the amount over \$500,000 by .065 and add \$24,800. | If the amount on Line 3 of the Tax Calculation Schedule is: Less than or equal to \$20,000, multiply by .03. More than \$20,000, but less than or equal to \$1,000,000, multiply the excess over \$20,000 by .05 and add \$600. More than \$1,000,000, multiply the excess over \$1,000,000 by .065 and add \$49,600. | If the amount on Line 3 of the Tax Calculation Schedule is: Less than or equal to \$16,000, multiply by .03. More than \$16,000, but less than or equal to \$800,000, multiply the excess over \$16,000 by .05 and add \$480. More than \$800,000, multiply the excess over \$800,000 by .065 and add \$39,680. |

Table C - Personal Tax Credits for 2010 Taxable Year

Use the filing status you expect to report on your 2010 tax return and your Connecticut AGI* (from Tax Calculation Schedule, Line 1) to determine your decimal amount.

| Single | | | Filing Jointly or Qualifying Widow(er) | | | Filing Separately | | | Head of Household | | |
|------------------|-----------------------|----------------|--|-----------------------|----------------|-------------------|-----------------------|----------------|-------------------|-----------------------|----------------|
| Connecticut AGI* | | Decimal Amount | Connecticut AGI* | | Decimal Amount | Connecticut AGI* | | Decimal Amount | Connecticut AGI* | | Decimal Amount |
| More Than | Less Than or Equal To | | More than | Less Than or Equal To | | More Than | Less Than or Equal To | | More Than | Less Than or Equal To | |
| \$13,000 | \$16,300 | .75 | \$24,000 | \$30,000 | .75 | \$12,000 | \$15,000 | .75 | \$19,000 | \$24,000 | .75 |
| \$16,300 | \$16,800 | .70 | \$30,000 | \$30,500 | .70 | \$15,000 | \$15,500 | .70 | \$24,000 | \$24,500 | .70 |
| \$16,800 | \$17,300 | .65 | \$30,500 | \$31,000 | .65 | \$15,500 | \$16,000 | .65 | \$24,500 | \$25,000 | .65 |
| \$17,300 | \$17,800 | .60 | \$31,000 | \$31,500 | .60 | \$16,000 | \$16,500 | .60 | \$25,000 | \$25,500 | .60 |
| \$17,800 | \$18,300 | .55 | \$31,500 | \$32,000 | .55 | \$16,500 | \$17,000 | .55 | \$25,500 | \$26,000 | .55 |
| \$18,300 | \$18,800 | .50 | \$32,000 | \$32,500 | .50 | \$17,000 | \$17,500 | .50 | \$26,000 | \$26,500 | .50 |
| \$18,800 | \$19,300 | .45 | \$32,500 | \$33,000 | .45 | \$17,500 | \$18,000 | .45 | \$26,500 | \$27,000 | .45 |
| \$19,300 | \$19,800 | .40 | \$33,000 | \$33,500 | .40 | \$18,000 | \$18,500 | .40 | \$27,000 | \$27,500 | .40 |
| \$19,800 | \$21,700 | .35 | \$33,500 | \$40,000 | .35 | \$18,500 | \$20,000 | .35 | \$27,500 | \$34,000 | .35 |
| \$21,700 | \$22,200 | .30 | \$40,000 | \$40,500 | .30 | \$20,000 | \$20,500 | .30 | \$34,000 | \$34,500 | .30 |
| \$22,200 | \$22,700 | .25 | \$40,500 | \$41,000 | .25 | \$20,500 | \$21,000 | .25 | \$34,500 | \$35,000 | .25 |
| \$22,700 | \$23,200 | .20 | \$41,000 | \$41,500 | .20 | \$21,000 | \$21,500 | .20 | \$35,000 | \$35,500 | .20 |
| \$23,200 | \$27,100 | .15 | \$41,500 | \$50,000 | .15 | \$21,500 | \$25,000 | .15 | \$35,500 | \$44,000 | .15 |
| \$27,100 | \$27,600 | .14 | \$50,000 | \$50,500 | .14 | \$25,000 | \$25,500 | .14 | \$44,000 | \$44,500 | .14 |
| \$27,600 | \$28,100 | .13 | \$50,500 | \$51,000 | .13 | \$25,500 | \$26,000 | .13 | \$44,500 | \$45,000 | .13 |
| \$28,100 | \$28,600 | .12 | \$51,000 | \$51,500 | .12 | \$26,000 | \$26,500 | .12 | \$45,000 | \$45,500 | .12 |
| \$28,600 | \$29,100 | .11 | \$51,500 | \$52,000 | .11 | \$26,500 | \$27,000 | .11 | \$45,500 | \$46,000 | .11 |
| \$29,100 | \$52,000 | .10 | \$52,000 | \$96,000 | .10 | \$27,000 | \$48,000 | .10 | \$46,000 | \$74,000 | .10 |
| \$52,000 | \$52,500 | .09 | \$96,000 | \$96,500 | .09 | \$48,000 | \$48,500 | .09 | \$74,000 | \$74,500 | .09 |
| \$52,500 | \$53,000 | .08 | \$96,500 | \$97,000 | .08 | \$48,500 | \$49,000 | .08 | \$74,500 | \$75,000 | .08 |
| \$53,000 | \$53,500 | .07 | \$97,000 | \$97,500 | .07 | \$49,000 | \$49,500 | .07 | \$75,000 | \$75,500 | .07 |
| \$53,500 | \$54,000 | .06 | \$97,500 | \$98,000 | .06 | \$49,500 | \$50,000 | .06 | \$75,500 | \$76,000 | .06 |
| \$54,000 | \$54,500 | .05 | \$98,000 | \$98,500 | .05 | \$50,000 | \$50,500 | .05 | \$76,000 | \$76,500 | .05 |
| \$54,500 | \$55,000 | .04 | \$98,500 | \$99,000 | .04 | \$50,500 | \$51,000 | .04 | \$76,500 | \$77,000 | .04 |
| \$55,000 | \$55,500 | .03 | \$99,000 | \$99,500 | .03 | \$51,000 | \$51,500 | .03 | \$77,000 | \$77,500 | .03 |
| \$55,500 | \$56,000 | .02 | \$99,500 | \$100,000 | .02 | \$51,500 | \$52,000 | .02 | \$77,500 | \$78,000 | .02 |
| \$56,000 | \$56,500 | .01 | \$100,000 | \$100,500 | .01 | \$52,000 | \$52,500 | .01 | \$78,000 | \$78,500 | .01 |
| \$56,500 | and up | .00 | \$100,500 | and up | .00 | \$52,500 | and up | .00 | \$78,500 | and up | .00 |

* Form CT-1040NR/PY filers must use income from Connecticut sources if it exceeds Connecticut adjusted gross income.

Social Security Benefit Adjustment Worksheet

Enter the amount you expect to enter on **Form CT-1040** or **Form CT-1040NR/PY**, Line 1.

If your filing status is **single** or **filing separately**, is the amount on Line 1 \$50,000 or more?

- Yes: **Complete** this worksheet.
- No: **Do not complete** this worksheet. Enter the amount of federally taxable Social Security benefits you expect to report on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b, on the **2010 Estimated Connecticut Income Tax Worksheet**, Line 2.

If your filing status is **filing jointly**, **qualifying widow(er) with dependent child**, or **head of household**, is the amount on Line 1 \$60,000 or more?

- Yes: **Complete** this worksheet.
- No: **Do not complete** this worksheet. Enter the amount of federally taxable Social Security benefits you expect to report on federal Form 1040, Line 20b, or federal Form 1040A, Line 14b, on the **2010 Estimated Connecticut Income Tax Worksheet**, Line 2.

| | |
|---|----|
| A. Enter the amount you reported on federal Publication 505* , <i>Tax Withholding and Estimated Tax</i> , Worksheet 2.1, Line 1. | A. |
| If Line A is zero or less, stop here. Otherwise, go to Line B. | |
| B. Enter the amount you reported on federal Publication 505* , <i>Tax Withholding and Estimated Tax</i> , Worksheet 2.1, Line 9. | B. |
| If Line B is zero or less, stop here. Otherwise, go to Line C. | |
| C. Enter the lesser of Line A or Line B. | C. |
| D. Multiply Line C by 25% (.25). | D. |
| E. Expected taxable amount of Social Security benefits you reported on federal Publication 505* , <i>Tax Withholding and Estimated Tax</i> , Worksheet 2.1, Line 18. | E. |
| F. Social Security benefit adjustment - Subtract Line D from Line E. Enter the amount here and as a subtraction on the <i>2010 Estimated Connecticut Income Tax Worksheet</i> , Line 2. If Line D is greater than or equal to Line E, enter "0." | F. |

* You may obtain federal Publication 505 by calling the Internal Revenue Service (IRS) at **1-800-829-3676** or by visiting the IRS website at **www.irs.gov**. Parties to a civil union should complete federal Publication 505, Tax Withholding and Estimated Tax Worksheet 2.1, as if their filing status for federal income tax purposes were married filing jointly or married filing separately.

Payment Options: You may file and pay your Connecticut estimated taxes electronically using the **Taxpayer Service Center (TSC)** or visit our website at **www.ct.gov/TSC** and follow the prompts to make a direct payment.

If you filed a 2008 Connecticut income tax return, you may elect to pay your estimated 2010 Connecticut income tax liability using your American Express® card, Discover® card, MasterCard® card, VISA® card or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction you will be given a confirmation number for your records.

To Pay by Credit Card:

- Visit: **www.officialpayments.com** and select *State Payments*; or
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Do not send in Form CT-1040ES if you make your payment by credit card. Your payment will be effective on the date you make the charge.

To Pay by Mail: Make your check payable to: **Commissioner of Revenue Services**. To ensure proper posting of your payment, write your Social Security Number(s) (optional) and **"2010 Form CT-1040ES"** on the front of your check. Be sure to sign your check and paper clip it to the front of your coupon. **Do not send cash**. DRS may submit your check to your bank electronically.

Completing the Payment Coupon: **Complete** all required taxpayer identification information. Enter the payment amount on Line 1 of the coupon. In determining your payment amount, you may subtract from your installment amount any available overpayment of 2009 income tax. If you file this coupon, preprinted, personalized coupons will be mailed to you for the 2010 taxable year.

..... Cut Here

| | | | | |
|---|--|---|--|----------------------------|
| CT-1040ES | | Estimated Connecticut Income Tax Payment | | 2010 |
| Your Social Security Number | | Spouse's Social Security Number | | Due date |
| ▶ _____ : _____ : _____ | | ▶ _____ : _____ : _____ | | |
| Your first name and middle initial | | Last name | | 1. Payment amount ▶ |
| _____ | | _____ | | |
| Spouse's first name and middle initial | | Last name | | 00 |
| _____ | | _____ | | |
| Mailing address (number and street), Apartment Number, PO Box | | | | |
| City, town, or post office | | | | |
| | | State | | ZIP code |
| | | | | |

Send completed coupon and payment to:

Department of Revenue Services
PO Box 2932
Hartford CT 06104-2932

- **See Payment Options above.**
- Pay total amount shown on Line 1.
- Print all information. Include your spouse's SSN, if filing jointly.
- Cut along dotted line and mail coupon and payment to the address printed on the coupon.
- Make your check payable to the **Commissioner of Revenue Services**.
- DRS may submit your check to your bank electronically.
- To ensure proper posting, write your SSN(s) (optional) and **"2010 Form CT-1040ES"** on your check.

Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates

| | | |
|---|--|--|
| Your first name and middle initial | Last name (as shown on your income tax return) | Your Social Security Number ____-____-____ |
| If a joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number ____-____-____ |
| Name of estate or trust | Fiduciary's name | Federal Employer Identification Number ____-____-____ |

Purpose: Filers of **Forms CT-1040, CT-1040NR/PY, and CT-1041** who underpaid their estimated Connecticut income tax may use this form to calculate the amount of interest due or to lower or eliminate interest that would otherwise apply.

My Taxes Are Underpaid: In general, if you do not make timely installments of your required annual payment and your Connecticut income tax (after tax credits) minus Connecticut income tax withheld is \$1,000 or more, you will be charged interest on the underpaid amount. You are not subject to interest on the underpayment if the income tax shown on your 2009 Connecticut income tax return minus Connecticut income tax withheld is less than \$1,000.

Your required annual payment is the lesser of:

- 90% of the income tax shown on your 2009 Connecticut income tax return; **or**
- 100% of the income tax shown on your 2008 Connecticut income tax return if you filed a 2008 Connecticut income tax return that covered a 12-month period.

If either of the following applies to you, you are not subject to interest on the underpayment. You must check Box F or G in Part I below and attach this page to your Connecticut income tax return:

- You were a Connecticut resident during the 2008 taxable year and did not file a 2008 Connecticut income tax return because you had no Connecticut income tax liability; **or**
- You were a part-year resident or nonresident with Connecticut-sourced income during the 2008 taxable year but did not file a 2008 Connecticut income tax return because you had no Connecticut income tax liability.

If you were a Connecticut part-year resident or nonresident in 2008 and you did not have Connecticut-sourced income during the 2008 taxable year, you must use 90% of the income tax shown on your 2009 Connecticut income tax return as your required annual payment.

Interest: You may be charged interest if you did not pay enough tax through withholding, estimated tax, or both, by any installment due date. This is true even if you are due a refund when you file your tax return. Interest is calculated separately for each installment. Therefore, you may owe interest for an earlier installment even if you paid enough tax later to make up the underpayment. Overpayment of any estimated tax will be credited against any future installment.

Interest on the underpayment of estimated income tax, at 1% per month or fraction of a month, will continue to accrue until the earlier of April 15, 2010, or the date on which the underpayment is paid.

A taxpayer who files his or her income tax return for the taxable year on or before January 31, 2010, and pays the total amount computed on the return as payable for the taxable year, does not have to pay the January 15, 2010, estimate and will not incur interest on the underpayment of estimated income tax for the fourth required installment. Do not complete *Schedule B, Worksheet D*.

Farmers or fishermen who file Forms CT-1040, CT-1040NR/PY, or CT-1041 for the taxable year on or before March 1, 2010, and pay the total amount computed on the return as payable for the taxable year, do not have to pay the January 15, 2010, estimate, which is the only estimate required, and will not incur interest on the underpayment of estimated income tax. See *Special Rules for Farmers and Fishermen* on Page 6.

Name and Identifying Number

Individuals: Enter in the space provided at the top of the form your name and Social Security Number (SSN) as it appears on your Connecticut income tax return. If you filed a joint return, also enter your spouse's name and SSN.

Trusts and Estates: Enter the name of the trust or estate and the name of the fiduciary as it appears on Form CT-1041 in the space provided at the top of the form. Also enter the Federal Employer Identification Number of the trust or estate.

Generally, the rules above also apply in determining whether a Connecticut resident trust or estate, a nonresident trust or estate, or a part-year resident trust has made the required annual payment.

Except as provided below, a trust created in 2009 must use 90% of the income tax shown on the 2009 **Form CT-1041, Connecticut Income Tax Return for Trusts and Estates**, as the required annual payment.

Exceptions

Decedent's Estates: For any taxable year ending before the date that is two years after a decedent's death, the decedent's estate is not required to make estimated payments and no underpayment interest will be charged.

Certain Grantor Trusts: For any taxable year ending before the date that is two years after a decedent's death, a trust is not required to make estimated payments and no underpayment interest will be charged if :

- The trust was created under I.R.C. §671 through 679, inclusive, as owned by the decedent and will receive the residue of the decedent's estate under the will; **or**
- If no will is admitted to probate, the trust is primarily responsible for paying debts, taxes, and expenses of administration.

Part I – Reasons For Filing

If one of the following boxes applies to you, you may be able to reduce or eliminate interest charges that would otherwise accrue if we calculated the interest for you. You must check the box that applies and file this form with your tax return.

Check the boxes that apply. See instructions.

- A. Your income varied during the year and your interest is reduced or eliminated when computed using the annualized income installment method.
- B. Your required annual payment is based on the tax shown on your 2008 Connecticut income tax return and you filed or are filing a joint return for either 2008 or 2009, but not for both years.
- C. Your interest is lower by treating your Connecticut income tax withheld from your income as paid on the dates it was actually withheld instead of in equal amounts on the payment due dates.
- D. You are a farmer or fisherman as defined in I.R.C. §6654(i)(2). See instructions on Page 6.
- E. You cannot use the prior year tax liability as a basis for your required annual payment. See instructions on Page 6.
- F. You were a Connecticut resident during the entire 2008 taxable year and you did not file a 2008 Connecticut income tax return because you did not have a Connecticut income tax liability.
- G. You were a part-year resident or nonresident of Connecticut during the 2008 taxable year and you had Connecticut-sourced income in 2008, but you did not file a 2008 Connecticut income tax return because you did not have a Connecticut income tax liability.

Complete Form CT-2210 in blue or black ink only. If you checked any of these boxes, also be sure to **check the box for Form CT-2210 on the front page of your Connecticut income tax return and attach this form to the back of the return.**

Part II – Required Annual Payment

Complete Part II to determine if you were required to make estimated payments. See Instructions.

1. 2009 Connecticut income tax 1. _____
2. Multiply Line 1 by 90% (.90). Farmers and fishermen, see instructions. 2. _____
3. Connecticut income tax withheld 3. _____
4. Subtract Line 3 from Line 1. **If the result is less than \$1,000, stop here.** Do not complete or file this form. 4. _____
5. Enter your 2008 Connecticut income tax. See instructions. 5. _____
6. Enter the smaller of Line 2 or Line 5. **This is your required annual payment for 2009.** 6. _____
7. Subtract Line 3 from Line 6. **If the result is zero or less, stop here.** Do not complete or file this form. 7. _____

New for 2009: If you are a taxpayer subject to the highest marginal tax rate of 6.5% and using 90% of your 2009 income tax liability to determine your required annual payment, see Part IV on Page 5 to compute the required annual payment for the first three periods. Use the amount on Line 6 above for the fourth period.

Trusts and estates: The 6.5% rate applies to any estimates due on or after 10/5/09.

Part III – Calculate Your Underpayment and Interest for Each Calendar Quarter See instructions.

| | A | B | C | D | Total |
|---|-----|-----|-----|------|-------|
| 8. Enter the required annual payment from Part II, Line 6. Enter the same amount in Columns A, B, C, and D. If you checked Part I, Box A, or Box D, see instructions. | | | | | |
| 9. Installment percentages | .25 | .50 | .75 | 1.00 | |
| 10. Multiply Line 8 by Line 9. Enter each result in the appropriate column. If you checked Part I, Box A, see instructions. | | | | | |
| 11. Enter the total Connecticut tax withheld, Part II, Line 3. Enter the same amount in Columns A, B, C, and D. If you checked Part I, Box C, skip this line and see instructions for Line 13. | | | | | |
| 12. Withholding percentages | .25 | .50 | .75 | 1.00 | |
| 13. Multiply Line 11 by Line 12. Enter each result in the appropriate column. If you checked Part 1, Box C, see instructions. | | | | | |
| 14. Subtract Line 13 from Line 10. Enter each result in the appropriate column. If Line 13 is equal to or greater than Line 10 in any column, enter "0" in that column. | | | | | |
| 15. Enter the estimated tax payments. See instructions. | | | | | |
| 16. Underpayments - Subtract Line 15 from Line 14. Enter each result in the appropriate column. If Line 15 is equal to or greater than Line 14 in any column, enter "0" in that column. | | | | | |
| 17. Interest - Use Worksheets A, B, C, and D of <i>Schedule B</i> and enter each result in the appropriate column. Add Columns A, B, C, and D. Enter the total in the Total Column and on the appropriate line of your Connecticut income tax return. | | | | | |

Attach this form to the back of your Connecticut income tax return.

Keep a copy of this worksheet for your records.

Schedule A
Annualized Income Installment Schedule

| | | (a) | (b) | (c) | (d) |
|---|----|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| Trusts and estates should not use the period ending dates shown to the right. Instead, use 2-28-2009, 4-30-2009, 7-31-2009, and 11-30-2009. | | 1-1-2009 to 3-31-2009 | 1-1-2009 to 5-31-2009 | 1-1-2009 to 8-31-2009 | 1-1-2009 to 12-31-2009 |
| 1. Enter your Connecticut adjusted gross income for each period. See instructions. | 1 | | | | |
| 2. Annualization amounts: Trusts and estates, see instructions. | 2 | 4 | 2.4 | 1.5 | 1 |
| 3. Annualized income: Multiply Line 1 by Line 2. | 3 | | | | |
| 4. Enter the tax for the amount on Line 3. See instructions. | 4 | | | | |
| 5. Credit for income taxes paid to qualifying jurisdictions: Residents and part-year residents only, see instructions. | 5 | | | | |
| 6. Subtract Line 5 from Line 4. | 6 | | | | |
| 7. Connecticut alternative minimum tax: See instructions. | 7 | | | | |
| 8. Add Line 6 and Line 7. | 8 | | | | |
| 9. Credit for property taxes paid on your primary residence or motor vehicle, or both: Residents only, see instructions. | 9 | | | | |
| 10. Subtract Line 9 from Line 8. If less than zero, enter "0." | 10 | | | | |
| 11. Adjusted net Connecticut minimum tax credit: See instructions. | 11 | | | | |
| 12. Subtract Line 11 from Line 10. | 12 | | | | |
| 13. Applicable percentages | 13 | 0.225 | 0.45 | 0.675 | 0.90 |
| 14. Multiply Line 12 by Line 13. | 14 | | | | |

Complete Lines 15 - 25 in one column before going to the next column.

| | | | | | |
|---|----|--|--|--|--|
| 15. Add the amounts in all preceding columns of Line 21. | 15 | | | | |
| 16. Annualized income installment: Subtract Line 15 from Line 14. If zero or less, enter "0." | 16 | | | | |
| 17. Enter 25% (.25) of your required annual payment from Form CT-2210, Part II, Line 6, in each column. | 17 | | | | |
| 18. Enter amount from Line 20 of the preceding column of this schedule. | 18 | | | | |
| 19. Add Line 17 and Line 18 and enter the total. | 19 | | | | |
| 20. Subtract Line 16 from Line 19. If less than zero, enter "0." | 20 | | | | |
| 21. Enter the smaller of Line 16 or Line 19. | 21 | | | | |
| 22. Enter the amount from Line 21, Column (a) here and on Form CT-2210, Part III, Line 10, Column A. | 22 | | | | |
| 23. Add Line 21, Column (b) and Line 22, Column (a). Enter here and on Form CT-2210, Part III, Line 10, Column B. | 23 | | | | |
| 24. Add Line 21, Column (c) and Line 23, Column (b). Enter here and on Form CT-2210, Part III, Line 10, Column C. | 24 | | | | |
| 25. Add Line 21, Column (d) and Line 24, Column (c). Enter here and on Form CT-2210, Part III, Line 10, Column D. | 25 | | | | |

If you completed this schedule, attach it to Form CT-2210. Keep a copy of this schedule for your records.

**Schedule B
Interest Calculation**

Worksheet A — For period beginning after April 15, 2009, and ending on or before June 15, 2009.

| | Date | Amount | Interest Rate | Interest |
|-------------------------------|------------------------|---------------|----------------------|-----------------|
| | 1 | 2 | 3 | 4 |
| Line a - Underpayment | | | .01 | |
| Line b - Late payment | 4-16-2009 to 5-15-2009 | | | |
| Line c - Revised underpayment | | | .01 | |
| Line d - Late payment | 5-16-2009 to 6-15-2009 | | | |
| Line e - Total interest | | | | |

Worksheet B — For period beginning after June 15, 2009, and ending on or before September 15, 2009.

| | 1 | 2 | 3 | 4 |
|-------------------------------|------------------------|----------|----------|----------|
| Line a - Underpayment | | | .01 | |
| Line b - Late payment | 6-16-2009 to 7-15-2009 | | | |
| Line c - Revised underpayment | | | .01 | |
| Line d - Late payment | 7-16-2009 to 8-15-2009 | | | |
| Line e - Revised underpayment | | | .01 | |
| Line f - Late payment | 8-16-2009 to 9-15-2009 | | | |
| Line g - Total interest | | | | |

Worksheet C — For period beginning after September 15, 2009, and ending on or before January 15, 2010.

| | 1 | 2 | 3 | 4 |
|-------------------------------|--------------------------|----------|----------|----------|
| Line a - Underpayment | | | .01 | |
| Line b - Late payment | 9-16-2009 to 10-15-2009 | | | |
| Line c - Revised underpayment | | | .01 | |
| Line d - Late payment | 10-16-2009 to 11-15-2009 | | | |
| Line e - Revised underpayment | | | .01 | |
| Line f - Late payment | 11-16-2009 to 12-15-2009 | | | |
| Line g - Revised underpayment | | | .01 | |
| Line h - Late payment | 12-16-2009 to 1-15-2010 | | | |
| Line i - Total interest | | | | |

Worksheet D — For period beginning after January 15, 2010, and ending on or before April 15, 2010.

| | 1 | 2 | 3 | 4 |
|-------------------------------|------------------------|----------|----------|----------|
| Line a - Underpayment | | | .01 | |
| Line b - Late payment | 1-16-2010 to 2-15-2010 | | | |
| Line c - Revised underpayment | | | .01 | |
| Line d - Late payment | 2-16-2010 to 3-15-2010 | | | |
| Line e - Revised underpayment | | | .01 | |
| Line f - Late payment | 3-16-2010 to 4-15-2010 | | | |
| Line g - Total interest | | | | |

Keep a copy of this schedule for your records.

Part IV – Required Annual Payment If Subject to 6.5% Marginal Tax Rate

Complete Part IV to determine your required annual payment for the first three periods if you are subject to the 6.5% marginal tax rate.

1. 2009 Connecticut income tax:
(Form CT-1040, Line 6; Form CT-1040NR/PY, Line 8; Form CT-1041, greater of Line 2 or Line 3) 1. _____
2. If your filing status is:
Single or filing separately, enter \$24,800;
Head of household, enter \$39,680; **or**
Filing jointly or qualifying widow(er), enter \$49,600.
Trusts and estates: Enter "0." 2. _____
3. Subtract Line 2 from Line 1. 3. _____
4. Multiply Line 3 by .769231. 4. _____
5. Add Line 2 and Line 4. 5. _____
6. Residents: Enter 1.0000.
Nonresidents and part-year residents: Enter the decimal amount from CT-1040NR/PY, Line 9.
Trusts and estates: Enter 1.0000. 6. _____
7. Multiply Line 5 by the decimal on Line 6. 7. _____
8. Enter the credit for income taxes paid to other jurisdictions
(Form CT-1040, Line 7; Form CT-1040NR/PY, Line 11; CT-1041, Line 4). 8. _____
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter "0." 9. _____
10. Connecticut alternative minimum tax:
(Form CT-1040, Line 9; Form CT-1040NR/PY, Line 13; Form CT-1041, Line 6) 10. _____
11. Add Line 9 and Line 10. 11. _____
12. Adjusted net Connecticut minimum tax credit:
(Form CT-1040, Line 13; Form CT-1040NR/PY, Line 15; Form CT-1041, Line 8) 12. _____
13. Connecticut income tax at 5% rate: Subtract Line 12 from Line 11.
If Line 12 is greater than Line 11, enter "0." 13. _____
14. Multiply Line 13 X 90% (.90).
Enter the result here and in Part III, Line 8, Columns A, B, and C, **or** *Schedule A*, Line 17,
Columns (a), (b), and (c). Use the amount from Part II, Line 6, for the fourth period.
Trusts and estates: Only use this amount for any estimates due before 10/5/09. 14. _____

Form CT-2210 Instructions

Do **not** file this form **unless**:

- You checked one of the boxes in Part I; **or**
- You wish to calculate and pay the interest you owe with your return.

If you do not file this form, the Department of Revenue Services (DRS) will calculate interest on any underpayment of estimated tax you owe and send you a bill. The interest on the underpayment of estimated tax will stop accruing on the **earlier** of the date you pay your total tax liability or April 15, 2010.

Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

Any reference in these instructions to filing jointly includes **filing jointly for federal and Connecticut** and **filing jointly for Connecticut only**. Likewise, filing separately includes **filing separately for federal and Connecticut** and **filing separately for Connecticut only**.

When My Payments Are Due: In general, four equal installments of estimated tax are required on April 15, June 15, September 15, and January 15. Fiscal year filers should follow federal filing dates. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Estates and certain trusts are required to make estimated income tax payments as stated above for any taxable year ending two or more years after the date of the decedent's death. For additional information on when certain trusts are required to make estimated income tax payments, see I.R.C. §671 through 679.

Special Rules for Farmers and Fishermen: If you are a farmer or fisherman, as defined in I.R.C. §6654(i)(2), your required annual payment is the lesser of:

- 66 ²/₃% of the income tax shown on your 2009 Connecticut income tax return; **or**
- 100% of the income tax shown on your 2008 Connecticut income tax return, if you filed a 2008 income tax return that covered a 12-month period.

Farmers and fishermen are required to make only one installment of estimated income tax for the taxable year. If you are a farmer or fisherman, you must do one of the following:

- Pay the required installment on or before January 15, 2010; **or**
- File your 2009 Connecticut income tax return on or before March 1, 2010, and pay the full amount computed on the return. In this case, do not make an estimated income tax payment for 2009.

See the instructions for Box D.

Part I: Reasons for Filing

Complete Part I **only** if one of the following boxes applies to you. By checking the box that applies to you, you may be able to reduce or eliminate interest charges that would otherwise accrue if we calculated the interest for you under the normal requirements for making estimated tax payments. If you checked any of the boxes in Part I, also be sure to check the box for **Form CT-2210** on the front page of your **Form CT-1040**, **Form CT-1041**, or **Form CT-1040NR/PY**.

You may only use 100% of your 2008 Connecticut income tax to calculate your required annual payment if:

- You filed a 2008 Connecticut income tax return that covered a 12-month period; **or**
- During the 2008 taxable year, you were a resident, part-year resident, or nonresident with Connecticut-sourced income and you did not file a 2008 Connecticut income tax return because you did not have a Connecticut income tax liability. See Part II, Line 5, for instructions on calculating your required annual payment.

Box A: Check this box if you are using the annualized income installment method. If your income fluctuated during the year, this method may reduce or eliminate the amount of one or more required quarterly payments. See instructions for *Schedule A*.

If you were a part-year resident who moved into Connecticut in 2009 and you cannot use the prior year tax liability as the basis of the required annual payment, you may benefit by using the annualized installment method to report Connecticut-sourced income in the period(s) in which it was earned.

Box B: Check this box if your estimated tax payments were based on the tax shown on your 2008 Connecticut income tax return **and** your filing status changed from last year. See *Changes in Filing Status* in Part II, Line 5.

Box C: Check this box if you want income tax withheld in 2009 to be applied when it was **actually withheld** rather than in four equal installments. See instructions for Part III, Line 11 and Line 13.

Box D: Check this box if you are a farmer or fisherman and:

- You are required to make only one installment of estimated Connecticut income tax; **or**
- You have filed your tax return for the taxable year on or before March 1, 2010, and have paid the amount computed on the return as payable for the taxable year. Stop here and do not complete Part II and Part III.

Attach Form CT-2210 to your Connecticut income tax return and check the box for Form CT-2210 on the front of Form CT-1040 or CT-1040NR/PY.

Box E: Check this box if you were a part-year resident or nonresident of Connecticut during the 2008 taxable year, did not have Connecticut-sourced income, and were not required to file a Connecticut income tax return. If you check Box E, you must use 90% of your 2009 income tax as your required annual payment.

Box F: Check this box if you were a Connecticut resident during the entire 2008 taxable year and you did not file a 2008 Connecticut income tax return because you did not have a Connecticut income tax liability.

Box G: Check this box if you were a part-year resident or nonresident of Connecticut during the 2008 taxable year and you had Connecticut-sourced income in 2008, but you did not file a 2008 Connecticut income tax return because you did not have a Connecticut income tax liability.

See the instruction booklet for Form CT-1040 or Form CT-1040NR/PY for filing requirements and the gross income test. The instructions for Form CT-1040NR/PY also lists examples of Connecticut-sourced income.

Part II: Required Annual Payment

Line 1: Enter the amount of income tax shown on your 2009 Connecticut income tax return (Form CT-1040, Line 14; Form CT-1040NR/PY, Line 16; or Form CT-1041, Line 9). Do not subtract estimated payments or Connecticut tax withheld in 2009.

Line 2: Farmers and fishermen multiply Line 1 by 66²/₃% (.6667).

Line 3: Enter **Connecticut** income tax withheld in 2009. Do not enter any estimated tax payments or taxes withheld for the Internal Revenue Service (IRS) or other jurisdictions.

Line 5: If your filing status was the same on your 2008 and 2009 Connecticut income tax returns and your 2008 Connecticut income tax return covered a 12-month period, enter 100% of the income tax shown on your 2008 Connecticut income tax return (Form CT-1040, Line 14, or Form CT-1040NR/PY, Line 16, CT-1041, Line 9).

If you did not file a 2008 Connecticut income tax return because you did not have a Connecticut income tax liability and you were a resident, nonresident, or part-year resident in 2008 with Connecticut-sourced income, enter "0."

If you were a Connecticut part-year resident or nonresident in 2008 and you did not have Connecticut-sourced income during the 2008 taxable year, leave Line 5 blank and enter the amount from Line 2 as your required annual payment on Line 6.

Changes in Filing Status From 2008 to 2009: If you are filing a joint Connecticut return for 2009 but filed separate Connecticut returns for 2008 as single, filing separately for federal and Connecticut, filing separately for Connecticut only, or head of household, you must combine your 2008 separate tax liabilities to determine your combined 2008 income tax. If either you or your spouse did not file a 2008 Connecticut income tax return, see the instructions for Part I, Box E, to determine if you can use the prior year tax as the basis for your required annual payment.

If you are filing Connecticut returns as filing separately for 2009 but filed a joint Connecticut return for 2008, you must determine your share of the 2008 tax (Form CT-1040, Line 14, or Form CT-1040NR/PY, Line 16). First calculate the 2008 tax both you and your spouse would have paid had you filed separate Connecticut returns for 2008 as married persons filing separately or civil union filing separately. Then complete the following calculation:

| |
|--|
| $\frac{\text{Your separate 2008 tax liability}}{\text{Both spouses' separate 2008 tax liabilities}} \times \text{Your 2008 joint tax liability}$ |
|--|

Examples

The following taxpayers, after subtracting Connecticut income tax withheld, have a 2009 Connecticut income tax liability of more than \$1,000 and may be liable for interest on the underpayment of their estimated Connecticut income tax.

Anita, a resident of Connecticut during the entire 2008 taxable year, filed a 2008 resident income tax return.

Anita's 2009 required annual payment is the lesser of 100% of the income tax shown on her 2008 Connecticut income tax return or 90% of the income tax shown on her 2009 Connecticut income tax return.

If none of the reasons on CT-2210 Part 1 apply to her, Anita is liable for interest on the underpayment of estimated Connecticut income tax. Anita is not required to complete Form CT-2210. DRS will calculate the interest and bill her.

Bill, a resident of Connecticut during the entire 2008 taxable year, did not file a 2008 Connecticut income tax return because he had no 2008 Connecticut income tax liability. Bill's 2009 required annual payment is zero.

Bill must check Box F on Form CT-2210, check the box on Page 1 of Form CT-1040 that he completed Form CT-2210, and attach Form CT-2210 to his 2009 Connecticut income tax return.

Jim, a part-year resident or nonresident of Connecticut during the 2008 taxable year, had Connecticut-sourced income in 2008 but did not file a 2008 Connecticut income tax return because he had no 2008 Connecticut income tax liability. Jim's 2009 required annual payment is zero.

Jim must check Box G on Form CT-2210, check the box on Page 1 of Form CT-1040 or Form CT-1040NR/PY that he completed Form CT-2210, and attach Form CT-2210 to his 2009 Connecticut income tax return.

Sara, a nonresident or part year resident of Connecticut during the 2008 taxable year, had no Connecticut-sourced income in 2008 and did not file a 2008 Connecticut income tax return because she had no 2008 Connecticut income tax liability. Sara's 2009 required annual payment is 90% of the income tax shown on her 2009 Connecticut income tax return.

Sara must check Box E on Form CT-2210, check the box on Page 1 of Form CT-1040 or Form CT-1040NR/PY that she completed Form CT-2210, and attach Form CT-2210 to her 2009 Connecticut income tax return.

David, a resident, part-year resident, or nonresident of Connecticut during the 2008 taxable year, had a Connecticut income tax liability in 2008 but in error did not file a 2008 Connecticut income tax return.

David must complete and submit his 2008 Connecticut income tax return to DRS before filing his 2009 Connecticut income tax return.

David's 2009 required annual payment is the lesser of 90% of the income tax shown on his 2009 Connecticut income tax return or 100% of the income tax shown on his 2008 Connecticut income tax return. Since David did not file a 2008 Connecticut income tax return, David's required annual payment is 90% of the income tax shown on his 2009 Connecticut income tax return.

Eric, a nonresident of Connecticut during the 2008 taxable year, had no Connecticut-sourced income in 2008 and did not file a 2008 Connecticut income tax return because he had no Connecticut income tax liability. Eric moved to Connecticut in June 2009 and, as a part-year resident of Connecticut in 2009, files a 2009 Form CT-1040NR/PY.

Eric's 2009 required annual payment is 90% of the income tax shown on his 2009 Connecticut income tax return.

Eric must check Box E on Form CT-2210. Because Eric moved to Connecticut in June, he may benefit by checking Box A and using the annualized income installment method to compute the interest.

Kim, a part-year resident of Connecticut during the 2008 taxable year, filed a 2008 Form CT-1040NR/PY that covered a 12-month period and files a 2009 Form CT-1040.

Kim's 2009 required annual payment is the lesser of 90% of the income tax shown on her 2009 Connecticut income tax return or 100% of the income tax shown on her 2008 Connecticut income tax return.

If none of the reasons on CT-2210 Part 1 apply to Kim, Kim is liable for interest on the underpayment of estimated Connecticut income tax. Kim is not required to complete Form CT-2210. DRS will calculate the interest and bill her.

Tom, a resident of Connecticut during the 2008 taxable year, filed as married filing jointly on his 2008 Form CT-1040 and as single on his 2009 Form CT-1040.

Tom's 2009 required annual payment is the lesser of 90% of his 2009 Connecticut income tax liability or 100% of his separate 2008 Connecticut income tax liability as computed using the formula on the left.

If Tom is using 100% of his separate 2008 Connecticut income tax liability, Tom must check Box B, check the box on Page 1 of Form CT-1040 that he completed Form CT-2210, and attach Form CT-2210 to his 2009 Connecticut income tax return.

Part III - Calculate Your Underpayment and Interest

New for 2009: If you are subject to the highest marginal tax rate of 6.5% and using 90% of your 2009 income tax liability to determine your required annual payment, see Part IV on Page 5 to compute the required annual payment for the first three periods. Use the amount from Part II, Line 6, for the fourth period.

Trusts and estates: The amount from Part II, Line 6, applies to any estimates due on or after 10/5/09.

Line 8: If you are using the annualized income installment method, skip Line 8 and Line 9 and **go on to Line 10**. Be sure you also check Part I, Box A.

If you checked Part I, Box D, because you are a **farmer** or **fisherman** and you have made only one installment of estimated income tax, complete Column D **only**.

Line 10: If you checked Part I, Box A, because you are using the annualized income installment method, enter the amounts from *Schedule A, Annualized Income Installment Schedule* Lines 22 through 25, in the appropriate columns. Attach *Schedule A* to Form CT-2210 and also include your computations of your Connecticut adjusted gross income for each period.

Line 11: Enter the total amount of **Connecticut** income tax withheld in 2009 in Columns A, B, C, and D. **Do not** enter estimated tax payments or taxes withheld for the IRS or other jurisdictions.

Example: If your total 2009 Connecticut income tax withheld was \$1,300, enter \$1,300 in Columns A, B, C, and D.

If you want Connecticut income tax withholding to apply when it was actually withheld, skip Line 11 and Line 12 and **go on to Line 13**. Be sure you also check Part I, Box C.

Line 13: If you want Connecticut income tax withholding to apply when it was actually withheld, enter the actual cumulative withholding amounts on Line 13.

Example: If \$600 was withheld in March, \$200 in May, \$200 in August, and \$300 in November, enter \$600 in Column A, \$800 in Column B, \$1,000 in Column C, and \$1,300 in Column D.

Line 15: Enter in the appropriate columns all timely installment payments you made. Timely installment payments are all payments (**other than any tax withheld**) made on or before the estimated payment due date(s) including any previous installment payments.

Example: If estimated Connecticut income tax payments of \$100 each were made on April 15, June 15, September 15, 2009, and January 15, 2010, enter \$100 in Column A, \$200 in Column B, \$300 in Column C, and \$400 in Column D.

Schedule A Annualized Income Installment

General Instructions

You may benefit from using the annualized income installment method if your income varied throughout the year because you earned more money later in the year than you did in the early part of the year, such as from lottery winnings, investment income, or self-employment income.

By using this method, you may be able to reduce or eliminate the amount of one or more required installments.

For information on filing estimated tax payments using the annualized income installment method, see **Informational Publication 2009(30), *A Guide to Calculating Your Annualized Estimated Income Tax Installments and Worksheet CT-1040AES***. This publication is available from the DRS website at www.ct.gov/DRS.

If you use the annualized income installment method for any installment due date, you must use this method for all installment due dates. Form CT-2210, *Schedule A*, automatically selects the smaller of the annualized income installment or regular installment increased by the amount saved by using the annualized income installment method in computing earlier installments.

If you use the annualized income installment method, you are required to complete **all** of the following steps:

1. Check Box A on Form CT-2210, Part I;
2. Enter the amounts from *Schedule A*, Lines 22 through 25 in the appropriate columns on Form CT-2210, Part III, Line 10;
3. Attach Form CT-2210 and *Schedule A* to your return;
4. Attach your calculations of your Connecticut adjusted gross income for each period; **and**
5. Check the box for Form CT-2210 on the front of your Connecticut income tax return.

Line Instructions

Line 1: Attach a schedule showing how you computed your Connecticut adjusted gross income for each period.

Trusts and estates must enter their Connecticut taxable income and use the following period ending dates: 2-28-2009, 4-30-2009, 7-31-2009, and 11-30-2009.

Line 2: Trusts and estates do not use the amounts shown in Columns (a) through (d). Instead, use 6, 3, 1.71429, and 1.09091, as the annualization amounts.

Line 4: Resident individuals must compute the tax on the amount shown on Line 3 using the *Tax Tables* or the *Tax Calculation Schedule*.

Resident individuals subject to the highest marginal rate of 6.5% compute the tax for Columns (a), (b), and (c) using the marginal rate of 5%. See *Part IV* on Page 5.

Resident trusts and estates must multiply Line 3 by 5% for any estimates due before 10/5/09. Multiply Line 3 by 6.5% for any estimates due on or after 10/5/09.

Nonresidents and part-year resident individuals must use the schedules and worksheets for Form CT-1040NR/PY to determine Connecticut-sourced income. Nonresident trusts and estates and part-year resident trusts must use the schedules and worksheets for Form CT-1041 to determine Connecticut-sourced income. To calculate the tax, complete the worksheet below for each column.

| | |
|--|---|
| a. Annualized income from Line 3 of this schedule | |
| b. Annualized Connecticut-sourced income | |
| c. Enter the greater of Line a or Line b. | |
| d. Enter the tax due on Line c using the tax tables or the Tax Calculation Schedule. Nonresident and part-year resident individuals subject to the highest marginal rate of 6.5% (.065) compute the tax for Columns (a), (b), and (c) using the marginal rate of 5% (.05). See <i>Part IV</i> . Trusts and estates: Multiply Line c by 5% (.05) for any estimates due before 10/5/09 and by 6.5% (.065) any estimates due on or after 10/5/09. | |
| e. Divide Connecticut-sourced income for the period by Connecticut adjusted gross income (Connecticut taxable income for trusts and estates) for the period. This is your allocated Connecticut income tax percentage. If Line b is greater than Line a, enter 1.0000. | • |
| f. Multiply Line d by Line e. Enter here and on <i>Schedule A</i> , Line 4. | |

Line 5: The credit for tax paid to a qualifying jurisdiction is based wholly or partly on the annualized income for each period.

Line 7: You must annualize your adjusted federal alternative minimum taxable income using the annualization amounts on Line 2. Use Form CT-6251 as a guide.

Line 9: Resident Individuals - Enter the credit for property taxes paid on your primary residence, motor vehicle, or both, as calculated on your 2009 Form CT-1040, *Schedule 3*.

The credit may not exceed **\$500** and may be further reduced. Refer to Form CT-1040, *Schedule 3*, and instructions when calculating the credit.

Line 11: The adjusted net Connecticut minimum tax credit is based wholly or partly on the annualized income for each period.

Lines 15 through 25: You **must** complete Lines 15 through 25 in one column before continuing to the next column.

Schedule B
Interest Calculation

General Instructions

Complete the worksheet for any period where an underpayment is shown on Form CT-2210, Part III, Line 16.

Example: If the underpayment is shown in Part III, Line 16, Column A, complete Worksheet A. If no underpayment is shown in Part III, Line 16, Column B, but an underpayment is shown in Part III, Line 16, Column C, skip Worksheet B and complete Worksheet C.

Interest at 1% per month or fraction of a month will continue to accrue until the earlier of April 15, 2010, or the date on which the underpayment is paid. A month is measured from the sixteenth day of the first month to the fifteenth day of the next month. Any fraction of a month is considered a whole month.

Line Instructions

Before calculating your interest, list all estimated payments and Connecticut tax withholding for 2009 on a separate sheet of paper. For Connecticut income tax withheld, you are considered to have paid 25% of this amount on each payment due date (4/15, 6/15, 9/15, and 1/15) unless you can show otherwise.

Worksheet A

Line a: Enter in Column 2 the underpayment shown on Form CT-2210, Part III, Line 16. Multiply Column 2 by Column 3 and enter the result in Column 4.

Line b: Enter in Column 2 the amount paid during the period listed in Column 1. If multiple payments were made during the period listed, combine those payments and enter the total.

Line c: Subtract Line b from Line a in Column 2 and enter the result in Column 2. Multiply Column 2 by Column 3 and enter the result in Column 4.

Line d: Follow the instructions for Line b.

Line e: Add all amounts in Column 4. Enter the total on Form CT-2210, Part III, Line 17, Column A.

Worksheets B and D

Lines a through d: Follow the instructions for Lines a through d on Worksheet A.

Line e: Subtract Line d from Line c in Column 2 and enter the result in Column 2. Multiply Column 2 by Column 3 and enter the result in Column 4.

Line f: Enter in Column 2 the amount paid during the period listed in Column 1. If multiple payments were made during the period listed, combine those payments and enter the total.

Line g: Add all amounts in Column 4. Enter the total on Form CT-2210, Part III, Line 17, Column B, or Part III, Line 17, Column D.

Worksheet C

Lines a through d: Follow the instructions for Lines a through d on Worksheet A.

Lines e and f: Follow the instructions for Lines e and f on Worksheets B and D.

Line g: Subtract Line f from Line e in Column 2 and enter the result in Column 2. Multiply Column 2 by Column 3 and enter the result in Column 4.

Line h: Enter in Column 2 the amount paid during the period listed in Column 1. If multiple payments were made during the period listed, combine those payments and enter the total.

Line i: Add all amounts in Column 4. Enter the total on Form CT-2210, Part III, Line 17, Column C.

Form CT-1127

Application for Extension of Time for Payment of Income Tax

Place this form on top of your completed Connecticut income tax return. Complete in blue or black ink only.

This form is not an extension of time to file. See *How to Get an Extension of Time to File* (on back) for additional information.

You must file this form on or before the due date of your return or your extension request will be denied.

Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

| | | | | | | |
|--|---|-----------|----------|--|--|--|
| Taxpayer Please type or print. | Your first name and middle initial | Last name | | Your Social Security Number | | |
| | If a joint return, spouse's first name and middle initial | Last name | | Spouse's Social Security Number | | |
| | Name of estate, trust, partnership, or entity | | | Federal Employer Identification Number | | |
| | Mailing address (number and street), apartment number, PO box | | | Daytime telephone number () | | |
| | City, town, or post office | State | ZIP code | DRS use only - 20 | | |

I request a **six-month extension** of time to **October 15, 2010**, to pay my Connecticut income tax of \$ _____ for the year beginning January 1, 2009, and ending December 31, 2009.

If you are **not** a calendar year taxpayer, complete the following statement:

I request a six-month extension of time to _____, to pay my Connecticut income tax of \$ _____ for the year beginning _____ and ending _____.

This extension is necessary and payment of the tax at this time will cause me undue hardship because: (If more space is needed, attach a separate sheet.) _____

I am unable to borrow money to pay the tax because: _____

As evidence of the need for the extension, I am attaching: (1) a statement of assets including all bank accounts, receivables, notes, stocks, bonds, cash value life insurance, automobiles, and real estate and liabilities as of the last day of the preceding month showing book and market values of assets and whether any securities are listed or unlisted; and (2) an itemized list of receipts (income) and disbursements (expenses) for the three months before the date the tax is due.

You will be notified only if your extension request is denied.

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | |
|-------------------------------|------------------------------------|------|------------------|------------------------|
| Sign Here | Your signature | | | Date |
| | Spouse's signature | | | Date |
| Keep a copy for your records. | Paid preparer's signature | Date | Telephone () | Preparer's SSN or PTIN |
| | Firm's name, address, and ZIP code | | | FEIN |

Form CT-1127 Instructions

Purpose: The Commissioner of Revenue Services may grant an extension of time for payment of your Connecticut income tax and your individual use tax if you can show it will cause you undue hardship to pay the tax on the date it is due. Form CT-1127 must be filed with the Commissioner on or before the fifteenth day of the fourth month following the close of your taxable year. This is April 15 if your taxable year is the calendar year. We will notify you only if your request is denied.

If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Undue hardship means more than mere inconvenience. You must show that you will have substantial financial loss if you pay your tax on the date it is due. (For example, a loss could be caused by having to sell property at a sacrifice price.) You must show you do not have enough cash above necessary working capital to pay the tax. In determining cash available, include anything you can convert into cash and show current market prices. Also show you are unable to borrow money to pay the tax except under terms that will cause you severe loss and hardship.

Who May File Form CT-1127: Filers of the following forms may file Form CT-1127:

- **Form CT-1040**, *Connecticut Resident Income Tax Return*;
- **Form CT-1040NR/PY**, *Connecticut Nonresident and Part-Year Resident Income Tax Return*;
- **Form CT-1041**, *Connecticut Income Tax Return for Estates and Trusts*; and
- **Form CT-1065/CT-1120SI**, *Composite Income Tax Return*.

Limitation: As a general rule, an extension of time to pay any part of income tax shown on a return is limited to six months from the date that payment is due.

Security: Security satisfactory to the Commissioner may be required as a condition for granting an extension. This is to assure that the risk of loss to the State of Connecticut will be no greater at the end of the extension period than it was at the beginning. The determination of the type of security, if any is required, will depend on the circumstances in each case. You will be contacted by the Department of Revenue Services (DRS) Collection and Enforcement Division if any security is required.

Interest and Penalty: If the extension of time for payment is approved, no penalty will be assessed if the tax due is paid on or before the end of the extension period. If the extension of time for payment is not granted or the tax due is not paid on or before the end of the extension period, a penalty of 10% of the amount of tax underpaid will be applied. In either case, monthly billing statements will be issued to you until the balance is paid in full.

If after the extension period you are subject to a penalty that you believe was unjustly assessed, you may request a penalty waiver. Requests for a penalty waiver must be in writing and contain a clear and complete explanation. Include your name, Social Security Number (SSN), name of original form filed or billing notice received, and taxable filing period on all correspondence. Mail your penalty waiver request to:

Department of Revenue Services
Penalty Waiver Unit
PO Box 5089
Hartford CT 06102-5089

Interest cannot be waived. Before a penalty waiver can be granted, you must **pay all tax and interest** due.

Where the time for payment of Connecticut income tax is extended, interest will accrue at 1% per month or fraction of a month on any balance due from the original due date of the Connecticut income tax return, determined without regard to any extension of time to file, to the date of actual payment.

How to Get an Extension of Time to Pay: To request a Connecticut extension of time to pay your Connecticut income tax, you must complete Form CT-1127 in its entirety.

If you are requesting an extension of time to file your Connecticut income tax return, attach Form CT-1127 on top of your request.

If you are not requesting an extension of time to file your Connecticut income tax return, attach Form CT-1127 on top of your Connecticut income tax return.

How to Get an Extension of Time to File

- File **Form CT-1040 EXT**, if you need additional time to file Form CT-1040 or Form CT-1040NR/PY. You can file Form CT-1040 EXT online at www.ct.gov/DRS.
- File **Form CT-1041 EXT** if you need additional time to file Form CT-1041.
- File **Form CT-1065/CT-1120SI EXT** if you need additional time to file Form CT-1065/CT-1120SI.

Signature: You **must** sign this form. If you are filing a joint return, both you and your spouse must sign.

Others Who Can Sign for You: Anyone with a signed Power of Attorney may sign on your behalf.

If a taxpayer is unable by reason of illness, absence, or other good cause to sign a request for an extension, any person standing in a close personal or business relationship (including attorneys, accountants, and enrolled agents) to the taxpayer may sign the request on his or her behalf and is considered as a duly authorized agent for this purpose provided the request states the reasons for signature other than by the taxpayer and the relationship existing between the taxpayer and the signer.

Paid Preparer's Signature: Anyone you pay to prepare your return **must** sign and date it. Paid preparers **must also** enter their SSN or Personal Tax Identification Number (PTIN) and their firm's Federal Employer Identification Number (FEIN) in the spaces provided.

For More Information: Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut call outside Greater Hartford calling area); or
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

Form CT-8379

Nonobligated Spouse Claim

2009

(Rev. 12/09)

Place this form on top of your completed Connecticut income tax return
 and check the box for Form CT-8379 on the front of your return.
 Complete in blue or black ink only.

Taxpayer Information as Shown on Joint Connecticut Income Tax Return

| | | | |
|--|-----------|---|---|
| Your first name and middle initial | Last name | Your Social Security Number ____-____-____ | Nonobligated spouse <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spouse's first name and middle initial | Last name | Spouse's Social Security Number ____-____-____ | Nonobligated spouse <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home address (number and street), apartment number, PO box | | | Your daytime telephone number () |
| City, town, or post office | State | ZIP code | DRS use only - - 20 |

You may file this form if:

- The filing status claimed on your 2009 Connecticut income tax return is filing jointly for federal and Connecticut or filing jointly for Connecticut only;
- You do not want your share of a joint Connecticut income tax refund to be applied against your spouse's past-due child support, debt to any Connecticut state agency, or tax debt due to other states; **and**
- You meet all of the requirements under *Am I a Nonobligated Spouse?* on the back of this form.

Do not use this form if you are requesting relief from a joint Connecticut income tax liability you believe should be paid only by your spouse (or former spouse). See **Form CT-8857, Request for Innocent Spouse Relief (And Separation of Liability and Equitable Relief)**.

Do not use this form to claim your share of a Connecticut income tax refund that was applied to federal taxes owed to the Internal Revenue Service (IRS) by your spouse. For information about IRS offsets, contact the IRS Office of the Local Taxpayer Advocate in Hartford, Connecticut, at 860-756-4555.

Attach W-2 or 1099 forms here.

| Allocation Items <i>See Specific Instructions</i> on the back of this form. | Joint | Nonobligated Spouse | Obligated Spouse |
|---|-------|---------------------|------------------|
| a. Connecticut adjusted gross income | \$ | \$ | \$ |
| b. Total tax | \$ | | |
| c. Connecticut income tax withheld: W-2 and 1099 forms must be attached. | \$ | \$ | \$ |
| d. Separate estimated Connecticut tax payments (if any) | | \$ | \$ |
| e. Joint estimated Connecticut tax payments (if any) | \$ | | |
| f. Payments made with extension request (if any) | \$ | | |
| g. Joint amount overpaid | \$ | | |

The Department of Revenue Services (DRS) will calculate the amount of the refund owed to the nonobligated spouse.

Declaration: 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 or document 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.

| | | | | |
|---|--------------------------------------|------|-------------------------|------------------------|
| Sign Here Keep a copy for your records. | Your signature (nonobligated spouse) | | Date | |
| | Paid preparer's signature | Date | Telephone number () | Preparer's SSN or PTIN |
| | Firm's name, address, and ZIP code | | | FEIN |

Form CT-8379 Instructions

Purpose: Use **Form CT-8379, Nonobligated Spouse Claim**, if:

- You are a nonobligated spouse and all or part of your overpayment was (or is expected to be) applied against:
 - Your spouse's past due State of Connecticut debt (such as child support, student loan, or any debt to any Connecticut state agency); **or**
 - A tax debt due to other states; **and**
- You want your share of the joint overpayment refunded to you.

Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

General Instructions

Am I a Nonobligated Spouse?

You are a nonobligated spouse, if you meet **all** of the following requirements:

- You filed a joint Connecticut income tax return with a spouse who owes past-due child support, a debt to any Connecticut state agency, or a tax debt due to other states (the obligated spouse);
- You received income (such as wages, interest, etc.) reported on the joint return;
- You made Connecticut income tax payments (such as withholding or estimated tax payments) reported on the joint return;
- You do not owe past-due child support, a debt to any Connecticut state agency, or a tax debt due to other states; **and**
- You filed a joint return reporting an overpayment of Connecticut income tax, all or part of which was or is expected to be applied against past-due child support, a debt to any Connecticut state agency, or a tax debt due to other states owed by the obligated spouse.

Filing the Return: You must file Form CT-8379 with **Form CT-1040, Form CT-1040NR/PY, or Form CT-1040X**. Remember to check the box for Form CT-8379 on the front of your Connecticut income tax return.

You must place this form on **top** of the completed Connecticut income tax return. If you previously filed your 2009 Connecticut income tax return, mail this form separately to: Department of Revenue Services, PO Box 5035, Hartford CT 06102-5035.

Important: Attach copies of all forms W-2 and 1099 showing Connecticut income tax withheld to Form CT- 8379.

Specific Instructions

Taxpayer Information: Enter the taxpayer information exactly as it appears on your Connecticut income tax return. The name and Social Security Number (SSN) entered first on the joint tax return must also be entered first on Form CT-8379.

Allocation Items

- a. **Connecticut adjusted gross income:** Enter the joint amount as reported on your joint Connecticut income tax return (Form CT-1040, Line 5, or Form CT-1040NR/PY, Line 5). Then separately allocate the individual income according to which spouse earned the income. The sum of these **must** equal the amount reported as joint income.

Nonresidents and Part-Year Residents only - Complete the following chart. Enter the joint amount of your **Connecticut-sourced income** as reported on your Form CT-1040NR/PY. Separately allocate the Connecticut-sourced income according to which spouse earned the income. The sum of these **must** equal the amount reported as joint Connecticut source income.

| Nonresidents and Part-Year Residents Only | Connecticut-Sourced Income (Form CT-1040NR/PY, Line 6) |
|---|--|
| Allocation Item | |
| Joint | |
| Nonobligated Spouse | |
| Obligated Spouse | |

- b. **Total tax:** Enter the joint Connecticut tax liability as reported on your joint Connecticut income tax return (Form CT-1040, Line 16, or Form CT-1040NR/PY, Line 18).
- c. **Connecticut income tax withheld:** Enter the joint Connecticut withholding as reported on your joint Connecticut income tax return (Form CT-1040, Line 18, or Form CT-1040NR/PY, Line 20). List each spouse's share separately as shown on your individual withholding forms (such as W-2s or 1099s).
- d. **Separate estimated Connecticut tax payments:** Enter any separately paid estimated Connecticut income tax payments in the appropriate spaces.
- e. **Joint estimated Connecticut tax payments:** Enter the total amount of any joint estimated Connecticut income tax payments. Include overpayments applied from a previous year.
- f. **Payments made with extension request:** Enter the joint amount as reported on your joint Connecticut income tax return (Form CT-1040, Line 20, or Form CT-1040NR/PY, Line 22).
- g. **Joint amount overpaid:** Enter the joint amount overpaid as reported on your joint Connecticut income tax return (Form CT-1040, Line 22, or Form CT-1040NR/PY, Line 24). DRS will compute the separate overpayments for the nonobligated spouse and the obligated spouse.

Nonobligated Spouse Refund: DRS will calculate the amount of the nonobligated spouse's refund. The nonobligated spouse's share of the joint Connecticut tax overpayment cannot exceed the joint overpayment.

Signature: The **nonobligated spouse must sign** this form.

Others Who May Sign for the Nonobligated Spouse: Anyone with a signed Power of Attorney may sign on behalf of the nonobligated spouse. Attach a copy of the Power of Attorney.

Paid Preparer's Signature: Anyone you pay to prepare your return **must** sign and date it. Paid preparers **must** also enter their SSN or Personal Tax Identification Number (PTIN), and their firm's Federal Employer Identification Number (FEIN) in the spaces provided.

Form CT-8857

Request for Innocent Spouse Relief

(And Separation of Liability and Equitable Relief)

Do not file this form if:

- You did not file a joint return for the year(s) for which you are requesting relief.
- All or part of your overpayment was, or is expected to be, applied against your spouse's past-due debt such as child support. Instead, file **Form CT-8379, Nonobligated Spouse Claim**, to apply to have your share of the overpayment refunded to you.

Do not file Form CT-8857 with your tax return. Complete in blue or black ink only.

| | | |
|---|---|---|
| Part I | Your current name (See instructions.) | Your Social Security Number ____ : ____ : ____ |
| See <i>Spousal Notification</i> in the Specific Instructions. | Your current home address (number and street), apartment number, PO box | Daytime telephone number () |
| | City, town, or post office | State ZIP code |
| | DRS use only - - 20 | |
| Check this box if you filed federal Form 8857. <input type="checkbox"/> Date you filed federal Form 8857: _____ | | |

Part II

1. Enter the year(s) for which you are requesting relief from liability of Connecticut income tax: _____
2. Information about the person with whom you were married or in a civil union as of the end of the taxable year(s) listed on Line 1.

| | |
|--|--|
| Name | Social Security Number ____ : ____ : ____ |
| Current home address (number and street), apartment number, PO box | |
| City, town, or post office | State ZIP code Daytime telephone number () |
3. Do you have an **understatement of tax** (that is, the Department of Revenue Services (DRS) has determined there is a difference between the tax shown on your return and the tax that should have been shown)?

Yes. Go to Part III. No. Go to Part V.

Part III

4. Are you divorced from the person listed on Line 2 or has that person died?

Yes. Go to Line 7. No. Go to Line 5.
5. Are you legally separated from the person listed on Line 2?

Yes. Go to Line 7. No. Go to Line 6.
6. Have you lived apart from the person listed on Line 2 at all times during the 12-month period prior to filing this form?

Yes. Go to Line 7. No. Go to Part IV.
7. If Line 4, 5, or 6 is **Yes**, you may request **separation of liability by attaching a statement**. See instructions. Check here and go to Part IV.

Part IV

8. Is the understatement of tax due to the **erroneous items** of your spouse? See instructions.

Yes. You may request **innocent spouse relief by attaching a statement**. See instructions. Go to Part V.

No. You may request **equitable relief** for the understatement of tax. Check **Yes** in Part V.

Part V

9. Do you have an **underpayment of tax** (that is, tax properly shown on your return but not paid) or another tax liability that qualifies for **equitable relief**? See instructions.

Yes. You may request **equitable relief by attaching a statement**. See instructions.

No. You cannot file this form unless Line 3 is **Yes**.

Declaration: I declare under penalty of law that I have examined this statement (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 statement 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.

| | | | |
|--|------------------------------------|------|-------------------------|
| Sign Here Keep a copy of this return for your records. | Your signature | Date | |
| | Paid preparer's signature | Date | Telephone Number () |
| | Firm's name, address, and ZIP code | | FEIN |

Form CT-8857 Instructions

General Instructions

Purpose

Use **Form CT-8857, Request for Innocent Spouse Relief (And Separation of Liability and Equitable Relief)**, to request relief from liability for tax, plus related penalties and interest, for which you believe only your spouse or former spouse should be held liable. **You must have filed a joint return for the year(s) for which you are requesting relief.** DRS will evaluate your request and tell you if you qualify.

You may be allowed one or more of these three types of relief:

- Separation of liability;
- Innocent spouse relief; **or**
- Equitable relief.

Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

Definitions

Underpayment of Tax

An **underpayment** is tax that is properly shown on your return but has not been paid.

Example: Beth and Jack filed a joint return that properly reflects their income and credits, but showed an unpaid balance of \$400. Beth and Jack are getting divorced. Beth gave Jack \$200 and Jack promised to pay the full \$400, but did not. Beth and Jack are both liable for the \$400 tax not paid (underpayment).

Understatement of Tax

An **understatement of tax**, or deficiency, is the difference between the total amount of tax that DRS determines should have been shown on the Connecticut income tax return and the amount actually shown on the return.

Example: Mary and Matt filed a joint return showing \$400 tax due which they fully paid. DRS later audits their return and finds \$4,000 of income that Mary earned but did not report. This understatement results in an additional \$180 in tax. Mary and Matt are both liable for the additional tax (understatement) due to Mary's unreported income.

Joint and Several Liability

Generally, joint and several liability applies to all joint returns. This means both you and your spouse or former spouse are jointly and individually responsible for any underpayment of tax plus any understatement of tax that may become due later. This is true even if a divorce decree states your former spouse is responsible for any amounts due on previously-filed joint returns.

If you have both an underpayment and understatement of tax, you may have to request different types of relief. If you have an underpayment of tax, you may only request equitable relief. Complete Parts III and IV to see which type(s) of relief you can request for the understatement of tax.

Attachment

You **must attach a statement** to Form CT-8857 explaining why you qualify for relief. Complete the statement using the best information you have available. Include your name and Social Security Number (SSN) on the statement.

If you are requesting relief for more than one taxable year, you only need to file one Form CT-8857. However, you must include a separate statement for each year. Clearly indicate in the statement(s) the type(s) of relief you are requesting for each year. You must provide certain information for each type of relief you are requesting. See the *Specific Instructions* for Parts III, IV, and V for details on the information to include with your statement(s).

Generally, DRS will request additional information from you. You can help the processing of your request for relief by attaching a copy of the information you submitted with your request to the IRS. If you have been granted innocent spouse relief by the IRS, attach a copy of your IRS Determination Letter.

When to File

File Form CT-8857 as soon as you become aware of a Connecticut income tax liability for which you believe only your spouse or former spouse should be held liable. You may become aware of a liability if:

- DRS has examined your tax return and is proposing an understatement of tax; **or**
- DRS has sent you a notice.

You must file Form CT-8857 no later than two years after DRS first began collection activity against you.

Examples of attempts to collect the tax from you are garnishment of your wages or applying your income tax refund to the tax due.

Where to File

Mail Form CT-8857 and your statement (if applicable) to:

Department of Revenue Services
Audit Division - Compliance Support Unit
25 Sigourney St Ste 2
Hartford CT 06106-5032

Do not file Form CT-8857 with your tax return.

Specific Instructions

Part I

Enter your current name. If your current name is different from your name as shown on your tax return for any year for which you are requesting relief, enter it in parentheses after your current name. For example, enter "Jane Maple (formerly Jane Oak)."

Spousal Notification

The law requires DRS to inform your spouse or former spouse of the request for relief from liability. DRS is also required to allow your spouse or former spouse to provide information that may assist in determining the amount of relief from liability. DRS will **not** provide information to your spouse or former spouse that could infringe on your privacy. DRS will not provide your new name, address, information about your employer, phone number, or any other information that does not relate to making a determination about your request for relief from liability.

Part II

Line 1: Enter the taxable year(s) for which you have an understatement or underpayment. **Do not** enter any year(s) that DRS used your refund to offset the understatement or underpayment.

Example: You were due a refund for taxable year 2008 on your single return but DRS applied the refund to unpaid joint taxes for taxable year 2007. You enter "2007" on Line 1.

Line 2: Enter the current name and SSN of the person to whom you were married as of the end of the taxable year(s) listed on Line 1. If the name of the person shown on that year's tax return(s) is different from the current name, enter it in parentheses after the current name. For example, enter "Jane Maple (formerly Jane Oak)." Also enter the current home address and daytime telephone number if you know it.

Part III – Separation of Liability

You may request separation of liability for any understatement of tax shown on the joint return(s) you filed with the person listed on Line 2 if that person died or you and that person:

- Are divorced;
- Are legally separated; **or**
- Have lived apart at all times during the 12-month period prior to the date you file Form CT-8857.

Separation of liability applies only to amounts owed that are not paid. DRS will not issue you a refund of amounts already paid.

How to Request Separation of Liability

Attach a statement to Form CT- 8857 that shows the total amount of the understatement of tax. For each item that resulted in an understatement of tax, explain whether the item is attributable to you, the person listed on Line 2, or both of you. For example, unreported income earned by the person listed on Line 2 would be allocated to that person.

Exception: If, at the time you signed the joint return, you knew about any item that resulted in part or all of the understatement, then your request will not apply to that part of the understatement.

Part IV – Innocent Spouse Relief

You may be allowed innocent spouse relief if **all** of the following apply:

- You filed a joint return for the year(s) entered on Line 1;
- There is an understatement of tax on the return(s) due to erroneous items of the person listed on Line 2;
- You can show that when you signed the return(s) you did not know and had no reason to know the understatement of tax existed (or the extent to which the understatement existed); **and**
- Taking into account all the facts and circumstances, it would be unfair to hold you liable for the understatement of tax.

Erroneous Items

Any income, deduction, or credit is an erroneous item if it is omitted from or incorrectly reported on the joint return.

Partial Innocent Spouse Relief

If you knew about any of the erroneous items, but did not know the full extent of the item(s), you may be allowed relief for the part of the understatement you did not know about. Explain in your statement attached to Form CT- 8857 how much you knew and why you did not know, and had no reason to know, the full extent of the item(s).

How to Request Innocent Spouse Relief

Attach a statement to Form CT-8857 of why you believe you qualify. The statement will vary depending on your circumstances, but should include **all** of the following:

- The amount of the understatement of tax for which you are liable and are seeking relief;
- The amount and a detailed description of each erroneous item, including why you had no reason to know about the item or the extent to which you knew about the item; **and**
- Why you believe it would be unfair to hold you liable for the understatement of tax.

Part V – Equitable Relief

You may be allowed equitable relief if, taking into account all the facts and circumstances, DRS determines you should not be held liable for any understatement or underpayment of tax.

Equitable relief generally applies only to:

- An underpayment of tax; **or**
- Part or all of any understatement of tax that does not qualify for both separation of liability and innocent spouse relief.

You should request separation of liability or innocent spouse relief for any understatement of tax if you are eligible. DRS will consider equitable relief for any understatement of tax if it determines innocent spouse relief and separation of liability do not apply.

How to Request Equitable Relief

Attach an explanation to Form CT-8857 of why you believe it would be unfair to hold you liable for the tax instead of the person listed on Line 2. If you are attaching a statement for separation of liability or innocent spouse relief, only include any additional information you believe supports your request for equitable relief.

For More Information: Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only), **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911

Forms and Publications: Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Form CT-19IT
Title 19 Status Release

Place this form on top of your completed Connecticut income tax return. Complete in blue or black ink only.

| | | |
|---|-----------|---|
| Your first name and middle initial | Last name | Social Security Number _ _ _ _ : _ _ _ : _ _ _ _ |
| Mailing address (number and street), apartment number, PO box | | Telephone () |
| City, town, or post office | State | ZIP code |

Purpose

Use Form CT-19IT to authorize the Department of Revenue Services (DRS) to contact the Department of Social Services to verify your Title 19 status for the 2009 taxable year. Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

Who May File Form CT-19IT

If you are required to file a Connecticut income tax return, you may file Form CT-19IT if you meet all the following conditions:

1. You were a Title 19 recipient during the taxable year;
2. Medicaid assisted in the payment of your long-term care in a nursing or convalescent home or under the Connecticut Home Care for Elders; **and**
3. You do not have the funds to pay your Connecticut income tax or income available from future earnings to pay the tax.

Who May Not File Form CT-19IT

You **may not use** this form if you filed a joint return with your spouse. As joint filers, you are jointly and severally liable for payment of the tax. If one spouse is on Title 19, this does not relieve the other spouse from paying the full amount of tax due.

General Information

You are required to file a Connecticut income tax return if you meet any of the following conditions:

1. You meet the gross income test (See the instructions for **Form CT-1040** or **Form CT-1040NR/PY**.);
2. You had Connecticut income taxes withheld;
3. You made estimated tax payments to Connecticut or made a payment with **Form CT-1040 EXT**, *Application for Extension of Time to File Connecticut Income Tax Return for Individuals*; **or**
4. You had a federal alternative minimum tax liability.

Complete Form CT-19IT and place it on top of your completed Connecticut income tax return.

If the recipient has given power of attorney to another person to file Connecticut income tax returns or other Connecticut tax forms on the recipient's behalf, attach a copy of the Power of Attorney.

| | |
|---|------|
| Signature of recipient | Date |
| Signature of person with power of attorney | Date |
| Name of person with power of attorney (print or type) | |

Form CT-1040CRC

Claim of Right Credit

2009

Place this form on top of your completed Connecticut income tax return. Complete in blue or black ink only.
 Remember to check the box for Form CT-1040CRC on the front of your Connecticut income tax return.

| | | |
|---|-----------|--|
| Your first name and middle initial | Last name | Your Social Security Number _____ : _____ : _____ |
| If joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number _____ : _____ : _____ |

Purpose: If you have claim of right income for federal tax purposes and are claiming the federal claim of right credit on your 2009 federal return, you may also be entitled to a claim of right credit for Connecticut income tax purposes.

If during your 2009 taxable year you had to repay income you included in your Connecticut adjusted gross income for an earlier taxable year, and the amount you repaid is more than \$3,000, you may be able to claim a credit against your Connecticut income tax for your 2009 taxable year. If you are eligible for the *Connecticut Claim of Right Credit*, complete this schedule to claim a credit equal to the Connecticut income tax you would not have had to pay if the repaid amount had not been included in your Connecticut adjusted gross income in the earlier taxable year.

Eligibility for the Connecticut Claim of Right Credit

You are eligible for the Connecticut claim of right credit if you meet **all** of the following conditions:

- You were a resident, nonresident, or part-year resident individual who included income in Connecticut adjusted gross income for an earlier taxable year(s) (year(s) of receipt). A trust or estate is not eligible to claim relief for Connecticut income tax purposes;
- You were required to repay the income during your 2009 taxable year (year of repayment);
- The amount of the repayment exceeds \$3,000; **and**
- You determined your federal income tax liability for the year of repayment under I.R.C. §1341(a)(4) (see *Exceptions*) or I.R.C. §1341(a)(5).

Exceptions: I.R.C. §1341(a) requires you to determine your federal income tax liability by whichever of the following two methods results in the lesser federal income tax liability.

1. If you are required to determine your federal income tax liability using the **deduction method** (I.R.C. §1341(a)(4)), you may be eligible for the Connecticut claim of right credit. For the deduction method, you deduct the repayment on your federal income tax return for the year of repayment. Depending on the type of income you repaid, you either deduct the repayment in determining your federal adjusted gross income or in determining your federal taxable income. If the repayment is deducted in determining your federal adjusted gross income, you are **not eligible** for the Connecticut claim of right credit. See *Example 2* on the back of this form. If the repayment is deducted in determining your federal taxable income and reported on federal Form 1040, Schedule A, you are eligible for the Connecticut claim of right credit. See *Example 1* on the back of this form.

If the deduction results in a net operating loss for federal income tax purposes carried back to a taxable year or years preceding the year of repayment, no claim for refund is allowable for Connecticut income tax purposes for the preceding year or years on account of the loss carryback.

2. If you are required to determine your federal income tax liability using the **credit method** (I.R.C. §1341(a)(5)), you are eligible for the Connecticut claim of right credit. See *Example 1* on the back of this form.

1. Provide the following information for the item of income repaid during the 2009 taxable year.

| Taxable Year(s) in Which You Received the Income (Year(s) of receipt) | Type of Income Repaid | Reason(s) for Repayment | Amount of Income Repaid During the 2009 Taxable Year |
|---|--------------------------|-------------------------|--|
| | | | |

If the total amount repaid is \$3,000 or less, stop here and do not file this form. You are not entitled to this credit.

2. Which method did you use to determine your 2009 federal income tax liability? See *Exceptions* above.

- Deduction Method
 Credit Method: If you check the credit method, skip Line 3 and go to Line 4.

3. Was the repayment reported as a deduction on Schedule A of the 2009 federal Form 1040?

- Yes
 No If No, stop here and do not file this form. You are not entitled to this credit.

| | | |
|--|----|--|
| 4. Enter the Connecticut income tax liability reported on your Connecticut income tax return for the year(s) of receipt. | 4. | |
| 5. Enter your Connecticut income tax liability for the year(s) of receipt after excluding the income you were required to repay during the 2009 taxable year. | 5. | |
| 6. Subtract Line 5 from Line 4. This is your 2009 claim of right credit. Include this amount on your 2009 Form CT-1040 , Line 13; Form CT-1040NR/PY , Line 15; or Form CT-1040X , Line 17. | 6. | |

Nonresidents or Part-Year Residents

If you are a nonresident or part-year resident in the year of receipt and repaid income during your 2009 taxable year, you determine the decrease in your Connecticut income tax liability for the year of receipt by excluding the repaid income from your Connecticut adjusted gross income. To the extent the repayment is derived from or connected with sources within this state, you also exclude this repayment from your Connecticut-sourced income.

Documentation Needed to Prove Eligibility for the Connecticut Claim of Right Credit

You must submit **all** of the following documentation with your 2009 Connecticut income tax return:

- A completed Form CT-1040CRC (placed on top of your completed Connecticut income tax return);
- A copy of your completed 2009 federal income tax return, including all schedules and attachments, that you signed and filed for your 2009 taxable year;
- Proof you were required to repay income you included in Connecticut adjusted gross income for the year(s) of receipt, such as a letter from your employer requiring you to repay sales commissions;
- A copy of your completed federal income tax return, including all schedules and attachments, that you signed and filed for the year(s) of receipt; **and**
- Proof you repaid the income during your 2009 taxable year, such as a copy of your cancelled check.

How to Compute the Connecticut Claim of Right Credit

Your Connecticut income tax liability for the year of repayment is an amount equal to:

- The tax for the year of repayment computed as if there was no Connecticut claim of right credit; **minus**
- The decrease in tax for the year(s) of receipt that would result solely from the exclusion of the amount of income you were subsequently required to repay from your Connecticut adjusted gross income for the year(s) of receipt.

Line Instructions

Line 1: If you repaid income during your 2009 taxable year that you included in your Connecticut adjusted gross income for an earlier taxable year(s), enter:

- The year(s) of receipt;
- A description of the type of income repaid;
- The reason for the repayment; **and**
- The amount of income repaid. This income **must have been included** in your Connecticut adjusted gross income for the year(s) of receipt.

Line 2: Check the box to indicate if you used the deduction method or the credit method to determine your 2009 federal income tax liability. See *Exceptions* on the front for more information. If you checked the credit method, skip Line 3 and go to Line 4.

Line 3: Check the box to indicate if you reported the repayment as a deduction on Schedule A of your 2009 federal Form 1040.

Line 4: Enter the amount of your Connecticut income tax liability reported on your Connecticut income tax return for the year(s) of receipt. Enter the amount as originally filed, as adjusted by the Department of Revenue Services (DRS), or as you later amended it.

Line 5: Compute the amount of your Connecticut income tax liability for the year(s) of receipt after you exclude from your Connecticut adjusted gross income for the year(s) of receipt the income you repaid during your 2009 taxable year.

Repayments of Social Security benefits may require the recalculation of your taxable benefits to determine the amount to exclude from Connecticut adjusted gross income.

Line 6: Subtract Line 5 from Line 4. Include this amount on your 2009 Form CT-1040, Line 13; Form CT-1040NR/PY, Line 15; or Form CT-1040X, Line 17. This amount is considered a tax payment and will be credited against your Connecticut income tax liability for your 2009 taxable year on the due date for payment of your 2009 Connecticut income tax liability. Remember to check the box for Form CT-1040CRC on the front of your Connecticut return.

Example 1: In December 2008, James, a Connecticut resident, was advanced commissions by his employer. These commissions were included in his 2008 Connecticut adjusted gross income of \$45,000. In May 2009, James's employer advised him that some of his customers had decided to cancel their purchases and he must repay \$4,000 of the commissions he received during 2008. If James was required to determine his federal income tax liability for the 2009 taxable year using the **deduction method** (I.R.C. §1341(a)(4)), he would deduct the \$4,000 as an itemized deduction on federal Form 1040, Schedule A. Assuming James's filing status on his 2008 and 2009 Connecticut income tax returns is filing separately and his 2009 Connecticut adjusted gross income is \$50,000, he computes his 2009 Connecticut income tax liability as follows:

| | |
|---|-----------|
| 2009 Connecticut income tax liability on \$50,000 | \$2,161 |
| Minus difference between: | |
| 2008 tax payable on \$45,000 | = \$1,844 |
| and | |
| 2008 tax payable on \$41,000 (\$45,000 - \$4,000) | = \$1,664 |
| Claim of right credit | - \$ 180 |
| 2009 Connecticut income tax liability | \$1,981 |

If James was required to determine his federal income tax liability for the 2009 taxable year using the **credit method** (I.R.C. §1341(a)(5)), he would also compute his Connecticut income tax liability as shown above.

Example 2: In February 2008, Donna, a nonresident individual who works in Connecticut, realized a capital gain of \$5,000 from the sale of a capital asset. The gain was not derived from or connected with Connecticut sources. Donna included the gain in her 2008 Connecticut adjusted gross income of \$35,000. In September 2009, Donna was required to repay the purchaser of the assets \$5,000 as a result of failure to fulfill conditions of the purchase agreement. If Donna was required to determine her federal income tax liability for the 2009 taxable year using the **deduction method** (I.R.C. §1341(a)(4)), she would deduct the repayment as a capital loss on her federal Form 1040, Schedule D. For Connecticut income tax purposes, Donna is not eligible for the claim of right credit because she deducted the repayment under I.R.C. §1341(a)(4) in determining her federal adjusted gross income.

If Donna was required to determine her federal income tax liability using the **credit method** (I.R.C. §1341(a)(5)), she is eligible for the Connecticut claim of right credit to the extent that her 2008 tax liability would be decreased as a result of excluding the \$5,000 she subsequently repaid.

Form CT-1041

Connecticut Income Tax Return for Trusts and Estates

For residents, nonresidents, and part-year residents

2009 CT-1041

Complete this form in blue or black ink only. Read the complete instructions in the **Form CT-1041 instruction booklet** before completing this form.
For calendar year 2009, or other taxable year beginning _____, 2009, and ending _____, 20__

| | | |
|-------------------------|--|---|
| Name and Address | Name of trust or estate ▶ _____ | Federal Employer Identification Number (FEIN) ____ : ____ : ____ - ____ |
| | Name and title of fiduciary ▶ _____ | DRS use only - - - - - - 20 |
| | Address of fiduciary Number and street PO Box ▶ _____ | Decedent's Social Security Number (SSN): For estates only ____ : ____ : ____ : ____ |
| | City, town, or post office State ZIP code ▶ _____ | Check applicable box: ▶ <input type="checkbox"/> Final return ▶ <input type="checkbox"/> Amended return: See reverse. |

Check here if you meet the Form CT-1041 Quick-File Requirements. See *Form CT-1041 Quick-File Requirements* on Page 13. ▶
Check here if you checked any of the boxes on Form CT-2210, Part 1. ▶

Resident Status

Date trust was created or, for an estate, date of decedent's death: ▶ _____
If estate was closed or trust terminated, enter date: ▶ _____

Check applicable box: ▶ Resident estate ▶ Full-year resident trust ▶ Part-year resident trust
 ▶ Nonresident estate ▶ Nonresident trust

Type of Entity

Check applicable box: ▶ Decedent's estate ▶ Bankruptcy estate ▶ Simple trust ▶ Complex trust
 ▶ Pooled income fund ▶ ESBT ▶ Grantor type trust filing federal Form 1041

Indicate if: ▶ Trust was created by the will of a decedent ▶ Inter vivos trust: Complete Question A on reverse.

| | | | | |
|--------------------------------|--|----|-----------------------|----|
| Full-Year Resident Only | 1. Connecticut taxable income from Schedule CT-1041C, Line 14, or to Quick-File, see federal Form 1041, Line 22. ▶ | 1 | | 00 |
| | 2. Connecticut income tax: Multiply Line 1 by 6.5% (.065). ▶ | 2 | | 00 |
| Nonresident Part-Year | 3. Allocated Connecticut income tax from Schedule CT-1041FA, Part 1, Line 12, for nonresident estates, nonresident trusts, or part-year resident trusts only. ▶ | 3 | | 00 |
| Computation of Tax | 4. Credit for income tax paid to qualifying jurisdictions by resident estates, resident trusts, or part-year resident trusts only: See instructions. ▶ | 4 | | 00 |
| | 5. Subtract Line 4 from Line 2 or Line 3. See instructions. ▶ | 5 | | 00 |
| | 6. Connecticut alternative minimum tax from Form CT-1041, Schedule I, Part I, Line 23 ▶ | 6 | | 00 |
| | 7. Add Line 5 and Line 6. ▶ | 7 | | 00 |
| | 8. Adjusted net Connecticut minimum tax credit from Form CT-8801 ▶ | 8 | | 00 |
| | 9. Connecticut income tax: Subtract Line 8 from Line 7. ▶ | 9 | | 00 |
| Payments | 10. Connecticut income tax withheld: Attach supporting documents. See instructions. ▶ | 10 | | 00 |
| | 11. All 2009 estimated tax payments and any overpayment applied from a prior year ▶ | 11 | | 00 |
| | 12. Payments made with extension request (on Form CT-1041 EXT) ▶ | 12 | | 00 |
| | 13. Total payments: Add Lines 10, 11, and 12. ▶ | 13 | | 00 |
| Refund or Amount Due | 14. If Line 13 is greater than Line 9, enter amount overpaid. Subtract Line 9 from Line 13. ▶ | 14 | | 00 |
| | 15. Amount of Line 14 you want to be applied to the 2010 estimated tax ▶ | 15 | | 00 |
| | 16. Balance of overpayment: Subtract Line 15 from Line 14. ▶ | 16 | | 00 |
| | 17. <i>Reserved for future use.</i> ▶ | 17 | | 00 |
| | 18. Amount to be refunded : Enter the amount from Line 16. ▶ | 18 | Refund | 00 |
| | 19. If Line 9 is greater than Line 13 , enter the amount of tax due . Subtract Line 13 from Line 9. ▶ | 19 | | 00 |
| | 20. If late, enter penalty. See instructions. ▶ | 20 | | 00 |
| | 21. If late, enter interest. See instructions. ▶ | 21 | | 00 |
| | 22. Interest on underpayments of estimated tax from Form CT-2210 ▶ | 22 | | 00 |
| | 23. Amount due : Add Lines 19 through 22. ▶ | 23 | Amount you owe | 00 |

Due date for calendar year filers: April 15, 2010



Visit the Department of Revenue Services (DRS) **Taxpayer Service Center (TSC)** website at www.ct.gov/TSC to electronically file your return and to make a direct tax payment or to download and print returns.

Mail paper return to: Department of Revenue Services, State of Connecticut, PO Box 2934, Hartford CT 06104-2934

Make check payable to: **Commissioner of Revenue Services**. Write the FEIN of the trust or estate and **"2009 Form CT-1041"** on the front of the check. DRS may submit your check to your bank electronically. It is not necessary to attach federal Form 1041 or federal Schedule K-1.

Taxpayers must sign declaration on reverse.

Schedule A - Connecticut Fiduciary Adjustments: See instructions.

Additions

| | | | |
|--|-----|--|----|
| 1. Interest on state and local government obligations other than Connecticut | ▶ 1 | | 00 |
| 2. Mutual fund exempt-interest dividends from state or municipal government obligations other than Connecticut | ▶ 2 | | 00 |
| 3. Loss on sale of Connecticut state and local government bonds: Enter as a positive number. | ▶ 3 | | 00 |
| 4. Connecticut income tax payments deducted in determining federal taxable income prior to deductions relating to distributions to beneficiaries | ▶ 4 | | 00 |
| 5. Other (Specify) _____ | ▶ 5 | | 00 |
| 6. Total additions: Add Lines 1 through 5. | ▶ 6 | | 00 |

Subtractions

| | | | |
|--|------|--|----|
| 7. Interest on U.S. government obligations | ▶ 7 | | 00 |
| 8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | ▶ 8 | | 00 |
| 9. Gain on sale of Connecticut state and local government bonds | ▶ 9 | | 00 |
| 10. Refunds of Connecticut income tax | ▶ 10 | | 00 |
| 11. Other (Specify) _____ | ▶ 11 | | 00 |
| 12. Total subtractions: Add Lines 7 through 11. | ▶ 12 | | 00 |
| 13. Connecticut fiduciary adjustment: Subtract Line 12 from Line 6. This amount may be positive or negative. Enter on Schedule CT-1041B, Part 1, Line f, Column 5. | ▶ 13 | | 00 |

Resident estates or full year resident trusts, except for those that meet the Quick-File Requirements, must attach Schedule CT-1041C and, if applicable, Schedule CT-1041FA.

Questions

- A. If the trust is an inter vivos trust, enter name, address, and Social Security Number of grantor:

- B. If you checked "Part-year resident trust" on the front of this return, enter the date on which the trust became irrevocable: _____
- C. Does the trust or estate have an interest in real property or tangible personal property located in Connecticut? Yes No

Completed CT-1041 schedules **must** be attached to the back of Form CT-1041 in the following order unless the trust or estate meets the Quick-File Requirements.

- Schedule CT-1041B
- Schedule CT-1041C
- Schedule CT-1041FA
- Form CT-1041 Schedule I

Also **attach** the following, if applicable:

- Form CT-8801;
- Forms W-2, W-2G, 1099, and Schedule CT K-1 if Connecticut income tax was withheld or the tax withheld will be disallowed; **and**
- Copies of all income tax returns filed with qualifying jurisdictions or the credit for income taxes paid to a qualifying jurisdiction will be disallowed.

Amended return: Attach a statement explaining the reason for filing an amended return.

Declaration: 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 or document 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.

| | | | |
|---|--|------|--|
| Sign Here Keep a copy of this return for your records. | Signature of fiduciary or officer representing fiduciary | Date | Telephone number () |
| | Paid preparer's signature | | Preparer's Tax Identification Number (PTIN) or SSN |
| | Firm's name and address | | FEIN ▶ Telephone number () |

Check this box if you used a paid preparer and do not want forms sent to you next year. This does not relieve you of your responsibility to file.

Schedule CT-1041B

2009

Complete this schedule in blue or black ink only.
 See Page 20 in the **Form CT-1041 instruction booklet** before completing this schedule.

| | |
|-------------------------|---|
| Name of trust or estate | Federal Employer Identification Number (FEIN) _____ _____ _____ _____ |
|-------------------------|---|

If you have a Connecticut fiduciary adjustment, complete Schedule CT-1041B, Part 1, to calculate the trust or estate's and each beneficiary's share of the Connecticut fiduciary adjustment. Schedule CT-1041B, Part 2, should only be completed by full-year or part-year resident inter vivos trusts with one or more nonresident, noncontingent beneficiaries to calculate the resident, noncontingent beneficiary percentage. Attach Schedule CT-1041B to the back of **Form CT-1041**, *Connecticut Income Tax Return for Trust and Estates*.

Part 1 – Shares of Connecticut Fiduciary Adjustment of a Resident or a Nonresident Estate or a Resident Trust, Part-Year Resident Trust, or Nonresident Trust

| (1) Name and Address of Each Beneficiary Check box below if beneficiary is a nonresident of Connecticut. | (2) Identifying Number of Each Beneficiary | Shares of Federal Distributable Net Income: See instructions. | | (5) Shares of Connecticut Fiduciary Adjustment | |
|--|--|--|----------------|--|----|
| | | (3) Amount | (4) Percent | | |
| a) <input type="checkbox"/> | | 00 | | | 00 |
| b) <input type="checkbox"/> | | 00 | | | 00 |
| c) <input type="checkbox"/> | | 00 | | | 00 |
| d) <input type="checkbox"/> | | 00 | | | 00 |
| e) Trust or estate Resident estate or full-year resident trust Carry the amount from Column 5 to Schedule CT-1041C, Line 5; or Nonresident estate or trust or a part-year resident trust Carry the amount from Column 5 to Schedule CT-1041FA, Part 1, Line 2. | | 00 | | | 00 |
| f) Total The amount entered on Schedule CT-1041B, Part 1, Line f, Column 5, should be the same as the amount entered on Form CT-1041, <i>Schedule A</i> , Line 13. See instructions. | | 00 | | | 00 |

The fiduciary must provide each beneficiary with a schedule of amounts of modifications for inclusion on the applicable income tax return.

Part 2 – Percentage of Resident Noncontingent Beneficiaries: See instructions.

| | | |
|--|---|---|
| 1. Enter the number, if any, of resident , noncontingent beneficiaries. | 1 | |
| 2. Enter the number of nonresident , noncontingent beneficiaries. | 2 | |
| 3. Add Line 1 and Line 2. | 3 | |
| 4. Divide Line 1 by Line 3 and enter as a decimal. Round to four decimal places. See instructions. | 4 | . |

If a full-year resident inter vivos trust, enter the percentage from Line 4 above on Schedule CT-1041C, Line 11.
 If a part-year resident inter vivos trust, enter the percentage from Line 4 above on Schedule CT-1041FA, Part 1, Line 5.

Complete this schedule in blue or black ink only.

Read the instructions in the **Form CT-1041 instruction booklet** before completing this schedule.

| | |
|-------------------------|--|
| Name of trust or estate | Federal Employer Identification Number (FEIN) _____ : _____ |
|-------------------------|--|

All resident estates and full-year resident trusts, **except for those that meet the Quick-File Requirements**, must complete this schedule to determine the status of any nonresident beneficiaries and to calculate Connecticut taxable income. Attach Schedule CT-1041C to the back of **Form CT-1041**, *Connecticut Income Tax Return for Trust and Estates*.

Type of Trust or Estate: Check applicable box.

1. Resident estate without any nonresident beneficiaries or full-year resident trust without any nonresident beneficiaries: Complete Lines 4 through 6 and Line 14.

Resident estates or full-year resident trusts that meet the Quick-File Requirements, see Page 13.

2. Resident estate with one or more nonresident beneficiaries, full-year resident testamentary trust with one or more nonresident beneficiaries, or full-year resident inter vivos trust with one or more nonresident beneficiaries but without any nonresident, noncontingent beneficiaries:
 First complete and attach Schedule CT-1041FA, Part 3 and Part 2. Then complete Lines 4 through 6 and Line 14.
3. Full-year resident inter vivos trust with one or more nonresident, noncontingent beneficiaries:
 First complete and attach Schedule CT-1041FA, Part 3 and Part 2. Then complete Lines 4 through 14.

| | | | |
|---|---|---|----|
| 4. Federal taxable income of the trust or estate from federal Form 1041, Line 22, and federal ESBT worksheet | ▶ | 4 | 00 |
| 5. Trust or estate's share of Connecticut fiduciary adjustment from Schedule CT-1041B, Part 1, Line e, Column 5 | ▶ | 5 | 00 |
| 6. Connecticut gross taxable income as modified: Add Line 4 and Line 5 | | 6 | 00 |

Full-year resident inter vivos trusts with one or more nonresident, noncontingent beneficiaries, complete Lines 7 through 14. All others go to Line 14.

| | | |
|--|------|----|
| 7. Enter the trust or estate's share of income from Connecticut sources. See instructions. | 7 | 00 |
| 8a. Enter the amount from Schedule CT-1041FA, Part 3, Line 4, Column B. | 8a | 00 |
| 8b. Enter the amount from Schedule CT-1041FA, Part 3, Line 18, Column B. | 8b | 00 |
| 8c. Subtract Line 8b from Line 8a. | 8c | 00 |
| 9. Income from Connecticut sources as modified: Add Line 7 and Line 8c. | 9 | 00 |
| 10. Connecticut taxable income from non-Connecticut sources as modified: Subtract Line 9 from Line 6. | ▶ 10 | 00 |
| 11. Enter as a decimal the percentage of resident, noncontingent beneficiaries from Schedule CT-1041B, Part 2, Line 4. | ▶ 11 | . |
| 12. Connecticut taxable portion of non-Connecticut sourced income: Multiply Line 10 by Line 11. | 12 | 00 |
| 13. Connecticut taxable income of a resident inter vivos trust with one or more nonresident, noncontingent beneficiaries: Add Line 9 and Line 12. | 13 | 00 |
| 14. Connecticut taxable income: If an inter vivos trust with one or more nonresident, noncontingent beneficiaries, enter the amount from Line 13 above. Otherwise, enter the amount from Line 6 above. The amount entered on Line 14 must also be entered on Form CT-1041, Line 1. | ▶ 14 | 00 |

Schedule CT-1041FA Fiduciary Allocation

2009

Complete this schedule in blue or black ink only.

| | |
|-------------------------|--|
| Name of trust or estate | Federal Employer Identification Number (FEIN) <div style="text-align: center;"> : _ _ _ _ _ </div> |
|-------------------------|--|

Complete this schedule as follows:

- Resident estate or trust with one or more nonresident beneficiaries: Complete Part 3, then complete Part 2.
- Nonresident estate or trust and part-year resident trust: Complete Part 3, then Part 2, and then Part 1.
 Attach Schedule CT-1041FA to the back of **Form CT-1041**, *Connecticut Income Tax Return for Trust and Estates*.

Part 1 - Computation of Connecticut Tax of a Nonresident Estate or Trust and Part-Year Resident Trust

| | | | | |
|---|---|---|--|----|
| 1. Federal taxable income of trust or estate from federal Form 1041, Line 22, and federal ESBT worksheet | ▶ | 1 | | 00 |
| 2. Trust or estate's share of Connecticut fiduciary adjustment from Schedule CT-1041B, Part 1, Line e, Column 5 | ▶ | 2 | | 00 |
| 3. Connecticut gross taxable income as modified: Add Line 1 and Line 2. | | 3 | | 00 |
| 4. Connecticut taxable income from Connecticut sources: See instructions. | | 4 | | 00 |

Complete Lines 5 through 8 only if a part-year resident inter vivos trust with one or more nonresident, noncontingent beneficiaries. Otherwise, go to Line 9.

| | | | | |
|---|---|----|---|----|
| 5. Enter as a decimal the percentage of resident, noncontingent beneficiaries from Schedule CT-1041B, Part 2, Line 4. | ▶ | 5 | . | |
| 6. Connecticut taxable income from non-Connecticut sources during the residency portion of the taxable year as modified: See instructions. | ▶ | 6 | | 00 |
| 7. Connecticut taxable portion of non-Connecticut-sourced income during the residency portion of the taxable year: Multiply Line 6 by Line 5. | | 7 | | 00 |
| 8. Connecticut taxable income of a part-year resident inter vivos trust with nonresident, noncontingent beneficiaries: Add Line 4 and Line 7. | | 8 | | 00 |
| 9. If a part-year resident inter vivos trust with one or more nonresident, noncontingent beneficiaries, enter the amount from Line 8. Otherwise, enter the greater of Line 3 or Line 4. | | 9 | | 00 |
| 10. Connecticut income tax: Multiply Line 9 by 6.5% (.065). If Line 9 is zero or less, enter "0." | | 10 | | 00 |
| 11. Part-year resident inter vivos trusts with one or more nonresident, noncontingent beneficiaries: If Line 9 is greater than zero, enter 1.0000. If Line 9 is zero or less, enter "0." All others: If Line 4 is greater than zero and greater than or equal to Line 3, enter 1.0000. If Line 4 is less than Line 3, divide Line 4 by Line 3 and enter the result as a decimal on Line 11. Round to four decimal places. If Line 4 is zero or less, enter "0." | | 11 | . | |
| 12. Allocated Connecticut tax: Multiply Line 10 by Line 11. Enter here and on Form CT-1041, Line 3. | ▶ | 12 | | 00 |

Part 2 - Trust or Estate's and Beneficiary's Share of Income From Connecticut Sources: See instructions.

| Beneficiary List in same order as on Schedule CT-1041B, Part 1. | | Connecticut Resident | | Shares of Federal Distributable Net Income: See instructions. | | (3) Shares of Income From Connecticut Sources | |
|--|--|----------------------|----|---|----------------|--|----|
| Name and Address | Identifying Number of Each Beneficiary | Yes | No | (1) Amount | (2) Percent | | |
| a) | | | | 00 | | | 00 |
| b) | | | | 00 | | | 00 |
| c) | | | | 00 | | | 00 |
| d) | | | | 00 | | | 00 |
| e) Trust or estate | | | | 00 | | | 00 |
| Total | | | | 00 | 100% | | 00 |

Enter the amount from Schedule CT-1041B, Part 1, Line f, Column 3, on the Total line of Schedule CT-1041FA, Part 2, Column 1. Enter the amount from Schedule CT-1041FA, Part 3, Line 24, Column B, on the Total line of Schedule CT-1041FA, Part 2, Column 3.

The fiduciary must provide each nonresident beneficiary with a schedule of amounts of Connecticut-sourced income for inclusion by the nonresident beneficiary on Form CT-1040NR/PY, Schedule CT-SI.

Part 3 - Details of Federal Distributable Net Income and Amounts From Connecticut Sources

See instructions.

| Lines 1 - 17, Column (A), are based on the entries on federal Form 1041, Page 1, with modifications as specified in instructions. | | (A) Federal Amount as Modified | (B) Amount of Column (A) From Connecticut Sources |
|---|--|--------------------------------------|---|
| I N C O M E | 1. Interest income: See instructions for modifications. | 1 | 00 |
| | 2. Dividends: See instructions for modifications. | 2 | 00 |
| | 3. Business income (loss) | 3 | 00 |
| | 4. Capital gain (loss) | 4 | 00 |
| | 5. Rents, royalties, partnerships, S corporations, other trusts, and estates | 5 | 00 |
| | 6. Farm income (loss) | 6 | 00 |
| | 7. Ordinary gain (loss) | 7 | 00 |
| | 8. Other income (specify): _____ See instructions for modifications. | 8 | 00 |
| | 9. Total income: Add Lines 1 through 8. | 9 | 00 |
| D E D U C T I O N S | 10. Interest | 10 | 00 |
| | 11. Taxes | 11 | 00 |
| | 12. Fiduciary fees | 12 | 00 |
| | 13. Charitable deductions from federal Form 1041, Schedule A, Line 7 | 13 | 00 |
| | 14. Attorney, accountant, and return preparer's fees | 14 | 00 |
| | 15. Other deductions | 15 | 00 |
| | 16. Total deductions: Add Lines 10 through 15. | 16 | 00 |
| | 17. Adjusted total income (loss): Subtract Line 16 from Line 9. | 17 | 00 |

Lines 18 through 24 are based on entries from federal Form 1041 schedules.

| | | |
|--|----|----|
| 18. Enter the amount from federal Form 1041, Schedule B, Line 3. | 18 | 00 |
| 19. Enter long-term capital gain and short-term capital gain included on federal Form 1041, Schedule B, Line 5. | 19 | 00 |
| 20. Enter the amount from federal Form 1041, Schedule B, Line 4. | 20 | 00 |
| 21. If amount on Line 4 above is a loss, enter amount here as a positive number. | 21 | 00 |
| 22. Total: Add Lines 17 through 21. | 22 | 00 |
| 23. If amount on Line 4 above is a gain, enter amount here. | 23 | 00 |
| 24. Distributable net income: Subtract Line 23 from Line 22. Enter Column B amount on Part 2, Column 3, Total line. | 24 | 00 |

Form CT-1041 Schedule I

2009

Connecticut Alternative Minimum Tax Computation of Trusts or Estates

Any trust or estate subject to and required to pay federal alternative minimum tax must complete and attach this schedule to Form CT-1041. Complete this form in blue or black ink only. Read the complete instructions before completing this form.

| | |
|-------------------------|---|
| Name of trust or estate | Federal Employer Identification Number (FEIN) ____ : _____ |
|-------------------------|---|

Part I - Computation of Connecticut Alternative Minimum Tax for Trusts and Estates

| | | | |
|--|---|--|----|
| 1. Trust or estate's share of federal alternative minimum taxable income from federal Form 1041 Schedule I, Line 29. See instructions. | 1 | | 00 |
| 2. Enter the Connecticut modifications attributable to the trust or estate. See instructions. | 2 | | 00 |
| 3. Combine Line 1 and Line 2. | 3 | | 00 |
| 4. Enter the sum of the trust or estate's share of Connecticut income tax and tax-exempt interest from private activity bonds. See instructions. | 4 | | 00 |
| 5. Tentative adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. | 5 | | 00 |

Complete Lines 5a through 5d if you are a full-year resident or part-year resident inter vivos trust with one or more nonresident, noncontingent beneficiaries. All others, go to Line 5e and enter the amount from Line 5 above.

| | | | |
|---|----|----------|----|
| 5a. Enter the amount of Connecticut-sourced income included in Line 5. See instructions. | 5a | | 00 |
| 5b. Enter the amount from non-Connecticut sources. See instructions. | 5b | | 00 |
| 5c. Percentage of nonresident, noncontingent beneficiaries: Divide the number on Schedule CT-1041B , Part 2, Line 2, by the number on Schedule CT-1041B, Part 2, Line 3. Enter the decimal here. Round to 4 decimal places. | 5c | • | |
| 5d. Multiply Line 5b by Line 5c. | 5d | | 00 |
| 5e. Adjusted federal alternative minimum taxable income: See instructions. | 5e | | 00 |
| 6. Exemption amount | 6 | \$22,500 | 00 |
| 7. Phaseout of exemption amount | 7 | \$75,000 | 00 |
| 8. Subtract Line 7 from Line 5e. If zero or less, enter "0." | 8 | | 00 |
| 9. Multiply Line 8 by 25% (.25). | 9 | | 00 |
| 10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." | 10 | | 00 |
| 11. Subtract Line 10 from Line 5e. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22. | 11 | | 00 |
| 12. If you completed Part IV of federal Form 1041 Schedule I, complete Part II of this schedule and enter the amount from Line 42 here. However, if Lines 2 and 4 are zero, enter the amount from federal Form 1041 Schedule I, Line 75, here and skip Form CT-1041 Schedule I, Part II. All others: If Line 11 is \$175,000 or less, multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract \$3,500 from the result. | 12 | | 00 |
| 13. Alternative minimum tax foreign tax credit from federal Form 1041 Schedule I, Line 53. | 13 | | 00 |
| 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. | 14 | | 00 |
| 15. Multiply Line 14 by 19% (.19). | 15 | | 00 |
| 16. Multiply Line 5e by 5.5% (.055). | 16 | | 00 |
| 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. | 17 | | 00 |
| 18. Apportionment factor: Connecticut residents, enter 1.0000; nonresidents and part-year residents, see instructions. | 18 | • | |
| 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. | 19 | | 00 |
| 20. Connecticut income tax from Form CT-1041, Line 2 or Line 3 | 20 | | 00 |
| 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." | 21 | | 00 |
| 22. Credit for alternative minimum tax paid to qualifying jurisdictions for full-year and part-year Connecticut residents only from Part III, Line 51, on the back of this schedule. | 22 | | 00 |
| 23. Connecticut alternative minimum tax: Subtract Line 22 from Line 21. If zero or less, enter "0." Enter the amount here and on Form CT-1041, Line 6. | 23 | | 00 |

Part II

| | | | | | |
|--|----|---------|----|--|----|
| 24. Enter the amount from Line 11. | | | 24 | | 00 |
| 25. Enter the amount from federal Form 1041 Schedule I, Line 58. See instructions. | 25 | | 00 | | |
| 26. Enter the amount from federal Form 1041 Schedule I, Line 59. See instructions. | 26 | | 00 | | |
| 27. Enter the amount from federal Form 1041 Schedule I, Line 60. See instructions. | 27 | | 00 | | |
| 28. Enter the smaller of Line 24 or Line 27. | | | 28 | | 00 |
| 29. Subtract Line 28 from Line 24. | | | 29 | | 00 |
| 30. If Line 29 is \$175,000 or less, multiply Line 29 by 26% (.26). Otherwise, multiply Line 29 by 28% (.28) and subtract \$3,500 from the result. | | | 30 | | 00 |
| 31. Maximum amount subject to the 0% (.00) rate is \$2,300. | 31 | \$2,300 | 00 | | |
| 32. Enter the amount from federal Form 1041 Schedule I, Line 65. See instructions. | 32 | | 00 | | |
| 33. Subtract Line 32 from Line 31. If zero or less, enter "0." | 33 | | 00 | | |
| 34. Enter the smaller of Line 24 or Line 25. | 34 | | 00 | | |
| 35. Enter the smaller of Line 33 or Line 34. | 35 | | 00 | | |
| 36. Subtract Line 35 from Line 34. | 36 | | 00 | | |
| 37. Multiply Line 36 by 15% (.15). | | | 37 | | 00 |
| If Line 26 is zero or blank, skip Lines 38 and 39 and go to Line 40. Otherwise, go to Line 38. | | | | | |
| 38. Subtract Line 34 from Line 28. | 38 | | 00 | | |
| 39. Multiply Line 38 by 25% (.25). | | | 39 | | |
| 40. Add Lines 30, 37, and 39. | | | 40 | | 00 |
| 41. If Line 24 is \$175,000 or less, multiply Line 24 by 26% (.26). Otherwise, multiply Line 24 by 28% (.28) and subtract \$3,500 from the result. | | | 41 | | 00 |
| 42. Enter the smaller of Line 40 or Line 41 here and on Line 12. | | | 42 | | 00 |

Part III - Credit for Alternative Minimum Tax Paid to Qualifying Jurisdictions

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

| | | | |
|---|----|--|----|
| 43. Modified adjusted federal alternative minimum taxable income: See instructions. | 43 | | 00 |
|---|----|--|----|

| For each column, enter the following: | | Column A | | Column B | |
|--|----|----------|------|----------|------|
| | | Name | Code | Name | Code |
| 44. Enter qualifying jurisdiction's name and two-letter code. See below. | 44 | | | | |
| 45. Enter the non-Connecticut adjusted federal alternative minimum taxable income included on Line 43 which is subject to a qualifying jurisdiction's alternative minimum tax. | 45 | | 00 | | 00 |
| 46. Divide Line 45 by Line 43. Round to four decimal places. | 46 | . | | . | |
| 47. Enter the net Connecticut minimum tax from Line 21 on the front of this schedule. Part-year residents, see instructions. | 47 | | 00 | | 00 |
| 48. Multiply Line 46 by Line 47. | 48 | | 00 | | 00 |
| 49. Alternative minimum tax paid to a qualifying jurisdiction: See instructions. | 49 | | 00 | | 00 |
| 50. Enter the lesser of Line 48 or Line 49. | 50 | | 00 | | 00 |
| 51. Total Credit: Add Line 50, all columns. Enter amount here and on Line 22 on the front of this schedule. | 51 | | | | 00 |

If you claim credit for alternative minimum tax paid to another state of the United States, a political subdivision within another state, or the District of Columbia, enter the appropriate two-letter code. See Page 24 of the instruction booklet for **2009 Form CT-1040** for a list of the standard two-letter codes.

Instructions for Form CT-1041 Schedule I

Purpose: Trusts or estates subject to and required to pay the federal alternative minimum tax are subject to the Connecticut alternative minimum tax. Use this schedule to calculate the trust or estate's Connecticut alternative minimum tax liability and attach it to **Form CT-1041**, *Connecticut Income Tax Return for Trusts and Estates*. Complete the form in blue or black ink only.

Where the calculation of any individual federal item is subject to limitations, such as an alternative tax net operating loss deduction, that item may have to be recalculated if Connecticut modifications apply.

Part I

Line 1 - Trust or Estate's Share of Federal Alternative Minimum Taxable Income

Enter the trust or estate's share of federal alternative minimum taxable income from federal Form 1041 Schedule I, Line 29. The fiduciary of a part-year resident trust must also include or exclude any tax preference items and adjustments attributable to a future year which accrued up to the time of a change in residence. If the amount on Line 1 is \$22,500 or less, **do not** complete this schedule. The trust or estate is not liable for either federal or Connecticut alternative minimum tax.

Line 2 - Connecticut Modifications Attributable to the Trust or Estate

Enter the Connecticut modifications attributable to the trust or estate. Generally, this figure may be obtained from **Schedule CT-1041B**, Part I, Line e, Column 5 (the fiduciary adjustment). This amount can be a positive or negative number. **Do not** include amounts already included on Line 1.

Do not include the trust or estate's share of any amount that relates to interest or dividend income on obligations or securities of any authority, commission, or instrumentality of the United States which federal law exempts from federal income tax, but does not exempt from state income taxes, that was included on Form CT-1041, *Schedule A*, Line 5.

Line 4

Enter the trust or estate's share of the amount of federally tax-exempt interest or exempt-interest dividends, as defined in the Internal Revenue Code (I.R.C.) §852(b)(f), from private activity bonds issued after August 7, 1986, and included on federal Form 1041 Schedule I, Part I, Line 8.

Line 5 - Tentative Adjusted Federal Alternative Minimum Taxable Income.

Subtract Line 4 from Line 3 and enter the result.

Lines 5a through 5d should be completed by full-year or part-year resident inter vivos trusts with one or more nonresident, noncontingent beneficiaries. All others, go to Line 5e and enter the amount from Line 5.

5a. Enter the amount from Line 5 that is from Connecticut sources.

Full-Year Resident Trusts: Enter the amount from **Schedule CT-1041C**, Line 9, **plus** any Connecticut-sourced exclusions and deferral items from federal Form 1041 Schedule I, Part I.

Part-Year Resident Trusts: Enter the amount from **Schedule CT-1041FA**, *Fiduciary Allocation*, Line 4, **plus** any Connecticut-sourced exclusions and deferral items from federal Form 1041 Schedule I, Part I, during the residency portion of the taxable year.

5b. Full-Year Resident Trusts: Subtract Line 5a from Line 5. This equals the non-Connecticut-sourced income for full-year resident trusts.

Part-Year Resident Trusts: Enter the amount from Line 5 above from non-Connecticut sources during the residency portion of the taxable year.

Generally, this would include the amount from Schedule CT-1041FA, Part I, Line 6, **plus** any deferral items and exclusion items from non-Connecticut sources during the residency portion of the taxable year included on federal Form 1041 Schedule I, Part I. In addition, include any of the appropriate modifications to Connecticut income in determining the tentative adjusted federal alternative minimum taxable income, such as private activity bonds.

5c. Percentage of Nonresident Noncontingent Beneficiaries

| | |
|--|---|
| a. Enter the amount from Schedule CT-1041B, Part 2, Line 2. | |
| b. Enter the amount from Schedule CT-1041B, Part 2, Line 3. | |
| c. Divide Line a by Line b and enter as a decimal on Form CT-1041 Schedule I, Line 5c. Round to four places. | . |

5e. Adjusted Federal Alternative Minimum Taxable Income

Resident and part-year resident inter vivos trusts with one or more nonresident, noncontingent beneficiaries subtract Line 5d from Line 5 and enter the result. **All others enter the amount from Line 5.**

Line 18 - Apportionment Factor

Nonresident Trusts and Estates and Part-Year Resident Trusts: Determine the amount of Line 5e derived from or connected with Connecticut sources. Then divide the Connecticut-sourced portion of Line 5e by the **total** on Line 5e and enter the result. Round to four decimal places.

Part II

If you completed Part IV of federal Form 1041 Schedule I, complete this part and enter on Line 12 the amount from Form CT-1041 Schedule I, Line 42.

Lines 25, 26, 27, and 32

When entering an amount on Lines 25, 26, 27, and 32, include the Form CT-1041, *Schedule A*, modification for the gain or loss on the sale of Connecticut state and local government bonds from Form CT-1041, *Schedule A*, Line 3 or Line 9.

Part III

Form CT-1041 Schedule I, Part III, may be used by Connecticut resident trusts and estates and part-year resident trusts only.

Resident Trusts and Estates: Use Form CT-1041 Schedule I, Part III, to claim a credit against the net Connecticut minimum tax liability for alternative minimum tax paid during the taxable year to a qualifying jurisdiction.

Part-Year Resident Trusts: Use Form CT-1041 Schedule I, Part III, to claim a credit against the net Connecticut minimum tax liability for alternative minimum tax paid to a qualifying jurisdiction for the residency portion of the taxable year on items of income, gain, loss, or deduction attributable to that jurisdiction during the period of Connecticut residency.

A **qualifying jurisdiction** includes another state of the United States, a local government within another state, or the District of Columbia. A qualifying jurisdiction does not include the State of Connecticut, the United States, or a foreign country or its provinces (for example, Canada and Canadian Provinces).

No credit is allowed for **any** of the following:

- Alternative minimum tax paid to a jurisdiction that is not a qualifying jurisdiction;
- Alternative minimum tax paid to a qualifying jurisdiction if you claimed credit for alternative minimum tax paid to Connecticut on that qualifying jurisdiction's alternative minimum tax return or income tax return; **or**
- Payments of alternative minimum tax made to a qualifying jurisdiction on income not subject to the Connecticut alternative minimum tax.

The allowed credit must be computed separately for each qualifying jurisdiction. Use separate columns for each qualifying jurisdiction for which you are claiming a credit. You **must** attach a copy of all alternative minimum tax returns filed with qualifying jurisdictions directly following Form CT-1041 Schedule I.

Form CT-1041 Schedule I, Part III, provides two columns, A and B, to compute the credit for two qualifying jurisdictions. If you need more than two columns, create a worksheet identical to Part III and attach it to the back of the Form CT-1041 Schedule I.

If you are claiming credit for alternative minimum tax paid to a qualifying jurisdiction **and** to one of its political subdivisions, follow these rules to determine the credit:

- A. If the **same amount** of adjusted alternative minimum taxable income is taxed by both the city and the state:
1. Use only **one** column of Form CT-1041 Schedule I, Part III, to calculate your credit;
 2. Enter the same amount of adjusted alternative minimum taxable income taxed by both the city and the state in that column on Form CT-1041 Schedule I, Part III; **and**
 3. Combine the amounts of alternative minimum tax paid to the city and the state and enter the total on Line 49 of that column.
- B. If the **amounts** of adjusted alternative minimum taxable income taxed by both the city and the state **are not the same**:
1. Use **two** columns on Form CT-1041 Schedule I, Part III;
 2. Include only the same amount of adjusted alternative minimum taxable income taxed by both jurisdictions in the first column; **and**
 3. Include the excess amount of adjusted alternative minimum taxable income taxed by only one of the jurisdictions in the next column.

Line 43 - Modified Adjusted Federal Alternative Minimum Taxable Income

Resident Trusts and Estates: Enter the amount of adjusted federal alternative minimum taxable income from Form CT-1041 Schedule I, Part I, Line 5e. However, if this amount includes a net loss derived from or connected with sources in more than one qualifying jurisdiction, the taxpayer must add the net loss to the amount of adjusted federal alternative minimum taxable income from Line 5e and enter the result.

Part-Year Resident Trusts: Enter the amount of adjusted federal alternative minimum taxable income from Form CT-1041 Schedule I, Part I, Line 5e, attributable to the residency portion of the taxable year. However, if a part-year resident trust's adjusted federal alternative minimum taxable income includes a net loss derived from or connected with sources in more than one qualifying jurisdiction, the taxpayer must add the net loss to the amount of adjusted federal alternative minimum taxable income from Line 5e attributable to the residency portion of the taxable year and enter the result.

Line 44 - Qualifying Jurisdiction(s)

Enter the name and two-letter code of each qualifying jurisdiction to which you paid alternative minimum tax for which you are claiming credit. These codes are found on Page 24 of the instruction booklet for 2009 Form CT-1040.

Line 45 - Non-Connecticut Adjusted Federal Alternative Minimum Taxable Income

Enter the amount of the non-Connecticut adjusted federal alternative minimum taxable income included on Line 43 subject to a qualifying jurisdiction's alternative minimum tax.

Line 46

Divide the amount on Line 45 by the amount on Line 43. The result may not exceed 1.0000. Round to four decimal places.

Line 47 - Net Connecticut Minimum Tax

Resident Trusts and Estates: Enter the amount from Form CT-1041 Schedule I, Line 21.

Part-Year Resident Trusts: Enter the portion of the 2009 net Connecticut minimum tax liability attributable to the residency portion of the taxable year.

Line 49 - Alternative Minimum Tax Paid to Qualifying Jurisdiction

Resident Trusts and Estates: Enter the total amount of **alternative minimum tax paid** to a qualifying jurisdiction.

Part-Year Resident Trusts: Enter the amount of alternative minimum tax paid to a qualifying jurisdiction on items of income, gain, loss, or deduction derived from or connected with sources in that jurisdiction during the residency portion of the taxable year.

If the alternative minimum tax paid to that jurisdiction was also based on income earned during the nonresidency portion of the taxable year, you must prorate the amount of tax for which you are claiming credit. The proration is based upon the relationship that the income earned in that jurisdiction during the period of Connecticut residency bears to the total amount of income that the trust earned in that jurisdiction in the taxable year.

Alternative minimum tax paid means the lesser of the tax liability to that jurisdiction or the tax paid to that jurisdiction, excluding penalties and interest.

Line 51 - Total Credit

Add the amounts from Line 50A, Line 50B, and Line 50 of any additional worksheets. The amount on Line 51 cannot exceed Line 48. Enter the total on Line 51 and Line 22.

Attach a copy of the alternative minimum tax return filed with each qualifying jurisdiction to the back of Form CT-1041 Schedule I.

2009 FORM CT-1041

This booklet
contains:

- Form CT-1041
- Schedule CT-1041B
- Schedule CT-1041C
- Schedule CT-1041FA
- Form CT-1041 EXT
- Form CT-1041ES

Tax information is
available on the DRS
website at
www.ct.gov/DRS

Connecticut Income Tax Return for Trusts and Estates

- Resident Trusts and Estates
- Nonresident Trusts and Estates
- Part-Year Resident Trusts



File Form CT-1041, Form CT-1041EXT,
or Form CT-1041ES using the *TSC*.

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|---|--|

What's New

Increase in Flat Income Tax Rate

For taxable years beginning on or after January 1, 2009, the flat income tax rate for trust and estates is increased from 5.0% to 6.5%.

Payment Option

Pay Electronically: Visit www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to make a direct tax payment. After logging onto the **TSC**, select the *Make Payment Only* option and choose a tax type from the drop down box. Using this option authorizes the Department of Revenue Services (DRS) to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must file your return on or before the due date. Tax not paid on or before the due date will be subject to penalty and interest.



Electing Small Business Trust (ESBT)

An ESBT checkbox has been added to **Form CT-1041, Connecticut Income Tax Return for Trusts and Estates**. If a trust or estate has elected to be treated as an ESBT for federal income tax purposes, check this checkbox and attach the federal and Connecticut ESBT worksheets to the return.

Domestic Production Activity Deduction

Connecticut decoupled from Internal Revenue Code (I.R.C.) §199, Domestic Production Activity Deduction. For taxable years beginning on or after January 1, 2009, a trust or estate, in calculating the Connecticut fiduciary adjustment, is required to add back any I.R.C. §199 deduction it claimed on its federal return. This modification is required to the extent the amount is deductible in determining federal taxable income prior to deductions relating to distributions to beneficiaries.

Other Taxes for Which the Trust or Estate May Be Liable

The following information is a general description of other Connecticut taxes for which a trust or estate may be liable. Failure to pay these or any other taxes may subject the trust or estate to civil and criminal penalties.

Controlling Interest Transfer Taxes

A tax is imposed on the transfer of a controlling interest in an entity where the entity owns, directly or indirectly, an interest in Connecticut real property. This tax is reported on **Form AU-330, Controlling Interest Transfer Taxes**. See **Special Notice 2003(11)**, 2003 *Legislation Affecting the Controlling Interest Transfer Tax*.

Connecticut Income Tax Withholding

Any trust or estate that maintains an office or transacts business in Connecticut (regardless of the location of the payroll department) and is an employer for federal income tax withholding purposes must withhold Connecticut income tax from Connecticut wages as defined in Conn. Agencies Regs. §12-706(b)-1. See **Informational Publication 2010(1)**, *Connecticut Employer's Tax Guide - Circular CT*.

To register for Connecticut income tax withholding, as well as most other Connecticut taxes administered by DRS, the fiduciary of the trust or estate must complete **Form REG-1, Business Taxes Registration Application**. Visit the DRS website at www.ct.gov/DRS to register online. If the trust or estate already has a Connecticut Tax Registration Number, the fiduciary may register for any additional taxes for which the trust or estate is liable by contacting the DRS Registration Unit at 860-297-4885.

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Definitions

For Connecticut income tax purposes, an **estate** is either a resident estate or a nonresident estate. A **trust** is either a resident trust, nonresident trust, or part-year resident trust. **The residence of the fiduciary or the beneficiary does not affect the status of a trust or estate as resident or nonresident.**

Fiduciary applies to a person who occupies a position of special confidence toward others, such as a trustee, executor, or administrator. A fiduciary is a person who holds in trust property in which another person has a beneficial interest or who receives and controls the income of another.

Any reference to “you” in this booklet refers to the fiduciary.

Resident estate is where a decedent was a resident of Connecticut at the time of his or her death. A resident estate also includes a bankruptcy estate of an individual who at the beginning of the bankruptcy case is a Connecticut resident.

Nonresident estate is an estate that is not a resident estate for any part of the year.

Trust means an arrangement ordinarily created either by a will or by an inter vivos declaration where a trustee or trustees take title to property to protect or conserve it for beneficiaries and classified and treated as a trust for federal income tax purposes.

Testamentary trust is a trust or portion of a trust created by the will of a decedent.

Inter vivos trust is a trust created other than by the will of a decedent.

Electing small business trust (ESBT) has the same meaning as for federal income tax purposes.

Resident trust means:

- A testamentary trust or a portion of the trust if the decedent was a resident individual at the time of death.
- An inter vivos trust or a portion of the trust consisting of the property of: 1) a person who was a resident of this state at the time the property was transferred to the trust if the trust was then irrevocable; 2) a person who, if the trust was revocable at the time the property was transferred to the trust and has not subsequently become irrevocable, was a resident of this state at the time the property was transferred to the trust; or 3) a person who, if the trust was revocable when the property was transferred to the trust but the trust has subsequently become irrevocable, was a resident of this state at the time the trust became irrevocable.

For this purpose, a trust is **revocable** if it is subject to a power, exercisable immediately or at any future time, to revest title in the person (the grantor) whose property constitutes the trust. A trust becomes **irrevocable** when the possibility that the power may be exercised has ended.

An irrevocable inter-vivos trust consisting of property of a grantor who is a resident of this state when the property was transferred to the trust remains irrevocable and a resident trust.

The criteria used to determine whether a decedent or grantor is a resident of this state, for Connecticut income tax purposes, are the same criteria used to determine whether an individual is a resident of this state.

Nonresident trust is a trust that is not a resident trust for any part of the year.

Part-year resident trust is a trust that meets the definition of resident trust or nonresident trust for only part of the year.

Grantor trust is a legal trust under applicable state law that is not recognized as a separate taxable entity for income tax purposes because the grantor or other substantial owners have not relinquished complete dominion and control over the trust.

Connecticut alternative minimum tax is a tax imposed on certain individuals, trusts, and estates in addition to their regular income tax. Fiduciaries who have a federal alternative minimum tax liability are subject to the Connecticut alternative minimum tax. The tax rate is the lesser of 19% of adjusted federal tentative minimum tax **or** 5½% of adjusted federal alternative minimum taxable income. For information on how to calculate the adjusted federal alternative minimum taxable income of an inter vivos trust with one or more nonresident, noncontingent beneficiaries, see *Connecticut Taxable Income for Certain Inter Vivos Trusts* on Page 7.

The **residency status of each beneficiary** is determined as of the last day of the trust or estate’s taxable year.

Distributable net income means distributable net income for federal income tax purposes.

Noncontingent beneficiary is a beneficiary whose interest is not subject to a condition precedent and includes every individual to whom a trustee of an inter vivos trust during the taxable year: 1) is required to currently distribute income or corpus, or both; or 2) properly pays or credits income or corpus, or both; or 3) may, in the trustee’s discretion, distribute income or corpus, or both. Noncontingent beneficiary includes every beneficiary to whom or to whose estate any of the trust’s income for the taxable year must be distributed at a specified future date or event **and** every beneficiary who has the unrestricted lifetime or testamentary power, exercisable currently or at some future specified date or event, to withdraw any of the trust’s income for the taxable year or to appoint the income to any person including the estate of the beneficiary. This also applies to a noncontingent beneficiary which is a trust or an estate. Wherever reference is made to an individual who is a noncontingent beneficiary, that reference includes a trust or estate that is a noncontingent beneficiary, but does not include a corporation that is a noncontingent beneficiary.

Contingent beneficiary is an individual (or trust or estate) who is a beneficiary, but not a noncontingent beneficiary of a resident inter vivos trust.

General Information

How to Get Help

The Department of Revenue Services (DRS) is ready to help you get answers to Connecticut tax questions. Visit the DRS website at www.ct.gov/DRS or call 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere) during business hours, 8:30 a.m. to 4:30 p.m. For walk-in assistance, visit the DRS office at 25 Sigourney St, Hartford. If you visit, be sure to bring:

- **Schedule CT-K1, Copy 2** of federal Forms W-2, and any other form showing Connecticut income tax withheld; **and**
- The **completed** federal Form 1041, U.S. Income Tax Return for Estates and Trusts.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications at anytime. You may also download the *2009 Connecticut Package X* from the DRS website.

Where to File

File Electronically

Generally, **Form CT-1041**, *Connecticut Income Tax Return for Trusts and Estates*, **Form CT-1041 EXT**, *Application for Extension of Time to File Connecticut Income Tax Return for Trusts and Estates*, and **Form CT-1041ES**, *2010 Estimated Connecticut Income Tax Payment Coupon for Trusts and Estates*, can be filed electronically through the DRS **Taxpayer Service Center (TSC)**. The *TSC* allows taxpayers to electronically file, pay, and manage state tax responsibilities. Visit www.ct.gov/TSC to make electronic transactions or administer your tax account online. If you file electronically, you are expected to pay electronically at the time of filing.

File a Paper Return

Mail paper return to:

Department of Revenue Services
State of Connecticut
PO Box 2934
Hartford CT 06104-2934

Who Must File Form CT-1041

The fiduciary of a Connecticut **resident trust** or **estate** or **part-year resident trust** must file Form CT-1041 if the trust or estate:

- Is required to file a federal Form 1041 for the taxable year; **or**
- Had any Connecticut taxable income for the taxable year.

The fiduciary of a **nonresident trust** or **estate** must file Form CT-1041 if the trust or estate:

- Had income derived from or connected with sources within Connecticut;
- Incurred a net operating loss for Connecticut income tax purposes, but not for federal income tax purposes; **or**

- Incurred a net passive activity loss or net capital loss for Connecticut income tax purposes, but did not incur a net passive activity loss or net capital loss, respectively, for federal income tax purposes.

Nonresident trusts or estates that are members of a partnership or S corporation that receive Connecticut-sourced income from pass-through entities, and where the Connecticut income tax was paid on their behalf by the pass-through entity, are required to file Form CT-1041.

Income derived from or connected with sources within Connecticut includes income:

- Attributable to ownership or disposition of real or tangible personal property within Connecticut including but not limited to the income from the rental or sale of the property;
- Attributable to compensation for services performed in Connecticut or income from a business, trade, profession, or occupation carried on in Connecticut;
- From a partnership doing business in Connecticut;
- From an S corporation doing business in Connecticut;
- From a trust or estate with income derived from or connected with sources within Connecticut; **or**
- From reportable Connecticut Lottery winnings. Winnings from the Connecticut Lottery, including Powerball, are reportable if the winner was issued a federal Form W-2G by the Connecticut Lottery Corporation. In general, the Connecticut Lottery Corporation is required to issue a federal Form W-2G to a winner if the Connecticut Lottery winnings, including Powerball, are \$600 or more and at least 300 times the amount of the wager. See **Informational Publication 2005(16)**, *Connecticut Income Tax Treatment of State Lottery Winnings Received by Residents and Nonresidents of Connecticut*.

A trust or estate carries on a business, trade, profession, or occupation within Connecticut if:

- It maintains or operates desk space, an office, shop, store, warehouse, factory, agency, or other place in Connecticut where its affairs are systematically and regularly carried on; **or**
- Business activities are conducted in Connecticut with a fair measure of permanency and continuity for livelihood or profit as distinguished from isolated or incidental transactions.

A **grantor trust** required to file federal Form 1041 must file Form CT-1041 in the same manner.

Federal Form 1041-A and 5227 Filers

A fiduciary required to file federal Form 1041-A or federal Form 5227, or both, is not required to file Form CT-1041. However, the fiduciary must give appropriate information to the beneficiaries to enable them to complete their individual Connecticut income tax returns. The fiduciary must disclose to the nonresident beneficiaries the amount of income derived from or connected with Connecticut sources.

Connecticut Tax Returns for Individuals

Every fiduciary who acts for an individual whose entire income is in his or her control (for example, a guardian or conservator for an incompetent person) must file a return for a resident individual on **Form CT-1040**, *Connecticut Resident Income Tax Return*, or for a nonresident or part-year resident on **Form CT-1040NR/PY**, *Connecticut Nonresident and Part-Year Resident Income Tax Return*. In these cases, the fiduciary must pay the tax due.

Tax Returns for Decedents

The executor, administrator, or other representative of a taxpayer who died during the taxable year must file Form CT-1040 or Form CT-1040NR/PY depending upon the decedent's resident status.

Change of Residence of the Grantor of a Revocable Trust

If the grantor of a revocable trust changes his or her domicile from or to Connecticut between the time of transfer of the property to the trust and the time it becomes irrevocable, the residence of the trust is considered changed at the date it ceases to be revocable. In this case the fiduciary must, for the taxable year in which the change of status of the trust occurs, file **Schedule CT-1041FA**, *Fiduciary Allocation*. The change of residency of a beneficiary does not affect the status of the trust.

Connecticut Taxable Income for Certain Inter Vivos Trusts

If any resident trust or portion of a resident trust other than a testamentary trust has one or more nonresident, noncontingent beneficiaries, the Connecticut taxable income of the trust is the sum of all income derived from or connected with sources within this state **and** that portion of all other income derived by applying a fraction to all other income. The numerator of the fraction is the number of resident, noncontingent beneficiaries and the denominator is the total number of noncontingent beneficiaries.

How Part-Year Resident Trusts Are Taxed

The income of a part-year resident trust derived from or connected with sources within Connecticut is the sum of the following:

1. The trust's share of Connecticut taxable income for the period of residence computed as if the taxable year for federal income tax purposes was limited to the period of residence;
2. The trust's share of Connecticut taxable income derived from or connected with sources within Connecticut for the period of nonresidence determined as if the taxable year for federal income tax purposes was limited to the period of nonresidence; **and**
3. The amount of special accruals. See *Special Accruals* on Page 8.

Connecticut Income Taxation of Bankruptcy Estates

Cases under Chapter 7 or Chapter 11 of the Bankruptcy Code: The passage by Congress of the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 (BAPCPA) has harmonized the state income tax treatment of bankruptcy estates with the federal income tax treatment of bankruptcy estates. Where the debtor is an individual, the commencement of a case under Chapter 7 or Chapter 11 of the Bankruptcy Code creates a bankruptcy estate for federal and Connecticut income tax purposes.

The estate's Connecticut income tax liability is computed on its Connecticut taxable income, but the starting point in computing the estate's Connecticut taxable income is its federal taxable income. In computing the estate's Connecticut taxable income, not all items of income or gain taxable to the estate for federal income tax purposes are taxable for Connecticut income tax purposes and not all items of loss and deduction allowable to the estate for federal income tax purposes are allowable for Connecticut income tax purposes. The computation of an estate's Connecticut fiduciary adjustment takes into account items of income taxable for federal income tax purposes but not for Connecticut income tax purposes or vice versa and items of deduction allowable for federal income tax purposes but not for Connecticut income tax purposes or vice versa. An estate's share of the Connecticut fiduciary adjustment is added to or subtracted from the estate's federal taxable income in computing its Connecticut taxable income. In the case of the bankruptcy estate of a debtor who is an individual, the estate's share of the Connecticut fiduciary adjustment is 100%. The estate is also subject to the Connecticut alternative minimum tax if applicable.

The rates at which Connecticut income tax is imposed on the bankruptcy estate of a debtor who is an individual are the rates generally applicable to estates under Chapter 229 of the Connecticut General Statutes. Except as otherwise provided by BAPCPA, the time and manner of filing tax returns are determined under the Connecticut Income Tax Act. While the federal taxable income of a bankruptcy estate of a debtor who is an individual is computed on a federal Form 1040, with federal Form 1041 being used only as a transmittal for the estate's federal Form 1040, the Connecticut taxable income of the bankruptcy estate of a debtor who is an individual is computed on Form CT-1041. Therefore, where Form CT-1041 is filed for a bankruptcy estate, references on Form CT-1041 to federal taxable income (from federal Form 1041, Line 22) are references to the federal taxable income computed on the estate's federal Form 1040. To determine whether the trustee of a bankruptcy estate is required to file Form CT-1041, see *Who Must File Form CT-1041* on Page 6.

Note: In a case under Chapter 11 of the Bankruptcy Code where the debtor is an individual, earnings from services performed by the debtor after the commencement of the case

and income from property acquired by the debtor after the commencement of the case (but before, in each instance, the case is closed, dismissed, or converted to a case under Chapter 7, 12, or 13 of the Bankruptcy Code, whichever occurs first) are, in general, includible in the estate's gross income rather than in the debtor's gross income for federal and Connecticut income tax purposes. See IRS Notice 2006-83, Individual Chapter 11 Debtors, I.R.B. 2006-40 (October 2, 2006), for more details. This provision does not apply to a case under Chapter 7 of the Bankruptcy Code where the debtor is an individual.

Cases under Chapter 12 or Chapter 13 of the Bankruptcy Code: No Form CT-1041 must be filed where a case under Chapter 12 or Chapter 13 of the Bankruptcy Code has been commenced.

Connecticut Income Taxation of Debtors Who Are Individuals

Taxation of a debtor who is an individual in a case under Chapter 7 or Chapter 11 of the Bankruptcy Code: The income, gain, loss, and deduction taxed to and claimed by the estate for federal income tax purposes will not be taxed to and claimed by the debtor for federal income tax purposes. The Connecticut income tax liability of a debtor who is an individual is computed on his or her Connecticut adjusted gross income, but the starting point in computing the debtor's Connecticut adjusted gross income is his or her federal adjusted gross income. In computing the debtor's Connecticut adjusted gross income, not all items of income or gain taxable to the debtor for federal income tax purposes are taxable for Connecticut income tax purposes and not all items of loss and deduction allowable to the debtor for federal income tax purposes are allowable for Connecticut income tax purposes. To determine whether the debtor is required to file a Connecticut income tax return (Form CT-1040 if a resident individual or Form CT-1040NR/PY if a nonresident or part-year resident individual), see the filing instructions in the booklets for those returns.

Debtors in a case under Chapter 11 of the Bankruptcy Code should review the preceding **Note**.

Taxation of a debtor who is an individual in a case under Chapter 12 or Chapter 13 of the Bankruptcy Code: Where the debtor is an individual, the commencement of a case under Chapter 12 or Chapter 13 of the Bankruptcy Code does not create a bankruptcy estate for federal or Connecticut income tax purposes. The Connecticut income tax liability of a debtor who is an individual is computed on his or her Connecticut adjusted gross income, but the starting point in computing the debtor's Connecticut income tax liability is the amount of his or her federal adjusted gross income. In computing the debtor's Connecticut adjusted gross income, not all items of income, gain, loss, or deduction taxed to and claimed by the debtor for federal income tax purposes are taxed to and claimed by the debtor for Connecticut income tax purposes. To determine whether the debtor is required to file a Connecticut

income tax return (Form CT-1040 if a resident individual, or Form CT-1040NR/PY if a nonresident or part-year resident individual), see the filing instructions in the booklets for those returns.

Qualified Funeral Trusts (QFT)

A trustee that makes the election to be taxed as a QFT for federal income tax purposes and files federal Form 1041-QFT, U.S. Income Tax Return for Qualified Funeral Trusts, will file Form CT-1041 in the same manner as any other inter vivos trust. See *Form CT-1041 Quick-File Requirements* on Page 13. If you do not meet the *Quick-File Requirements*, see *Form CT-1041 Line Instructions* on Page 14. The trustee should write "QFT election" at the top of the front of Form CT-1041.

In the case of a QFT, wherever reference is made in this booklet and on Form CT-1041 to federal Form 1041, Line 22, substitute federal Form 1041-QFT, Line 12.

Composite Return

A trustee that files one aggregate federal Form 1041-QFT for all QFTs of which he or she is the trustee must provide an attachment with Form CT-1041 to provide the following information:

- The number of QFTs included in the aggregate return;
- The name, address, and Social Security Number (SSN) of the grantor(s) for each QFT; **and**
- All corresponding beneficiaries for each QFT.

A trustee may file one aggregate Form CT-1041 for all Connecticut resident QFTs. The trustee must be able to provide to DRS, upon request, detailed information for each separate QFT that would have been reported on **Schedule CT-1041B**, Part 1, and if applicable, Schedule CT-1041B, Part 2, **Schedule CT-1041C**, and Schedule CT-1041FA. A trustee may file one aggregate Form CT-1041 for all nonresident QFTs that have Connecticut-sourced income. The trustee must be able to provide to DRS, upon request, detailed information for each separate QFT that would have been reported on Schedule CT-1041B, Part 1, and Schedule CT-1041FA, Parts 3, 2, and 1.

Reporting for a Portion of a Resident Trust

If a QFT has **both resident and nonresident grantors**, the trustee will show how the resident percentage is arrived at for the QFT. This percentage should be multiplied by the federal taxable income to arrive at the amount to report on Schedule CT-1041C, Line 4.

Special Accruals

A part-year resident trust must recognize and report items of income, gain, loss, or deduction on the accrual basis regardless of the method of accounting normally used. In general, an item of income is subject to special accrual if the right to receive it is fixed and the amount to be paid is determinable with reasonable accuracy at the time the trust changes residency status.

Example: A part-year resident trust sold property on an installment basis prior to changing from a resident trust to a nonresident trust and accrued the entire gain on the sale of that property to the residency portion of the year.

If the trust became a Connecticut resident trust during the taxable year, it must accrue to the nonresidency portion of the year any item of income, gain, loss, or deduction which under an accrual method of accounting would be reportable at the time it changed its residence. No accrual is required or allowed for items of income, gain, loss, or deduction derived from or connected with sources within Connecticut.

If the trust ceases to be a Connecticut resident trust, it must accrue any item of income, gain, loss, or deduction which under an accrual method of accounting would be reportable at the time the residence was changed. This includes income or gain it elected to report on the installment basis.

Surety Bond in Lieu of Special Accruals

The fiduciary may elect to defer payment of Connecticut income tax on items of special accrual by filing a surety bond with DRS for an amount not less than the additional Connecticut income tax that would be payable if no surety bond or other security were filed. If you choose this option, you must file Form CT-1041 for the taxable year when the trust changed its residence and include a separate statement showing the nature and amount of each item of accrual as of the date of change of residence, together with a computation of the additional Connecticut income tax that would be due if the election to file a surety bond had not been made.

For more information on the requirements for a surety bond, contact DRS and request a copy of Conn. Agencies Regs. §12-717(c)(4)-1; **Form CT-12-717A**, *Change of Resident Status - Special Accruals Connecticut Surety Bond Form*; and **Form CT-12-717B**, *Change of Resident Status - Special Accruals Other Acceptable Security Form*.

Taxable Year and Method of Accounting

The fiduciary of a trust or estate must use the same taxable year and method of accounting for Connecticut income tax purposes used for federal income tax purposes.

If the taxable year or method of accounting is changed for federal income tax purposes, the same changes must be made for Connecticut income tax purposes. If a return for a period of less than 12 months is filed for federal income tax purposes, the fiduciary must also file a short period return for Connecticut income tax purposes.

When to File Form CT-1041

Form CT-1041 is due on or before April 15, 2010. If the trust or estate is not a calendar year filer, the return is due no later than the fifteenth day of the fourth month following the close of the taxable year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

The return will meet the timely filed and timely payment rules if it is electronically submitted by midnight on the due date or if the U.S. Postal Service cancellation date or the date recorded or marked by a designated private delivery service (PDS) using a designated type of service is on or before the due date. Not all services provided by these designated PDSs qualify.

The following are the designated PDSs and designated types of service at the time of publication:

| Federal Express (FedEx) | United Parcel Service (UPS) |
|---|---|
| <ul style="list-style-type: none">FedEx Priority OvernightFedEx Standard OvernightFedEx 2DayFedEx International PriorityFedEx International First | <ul style="list-style-type: none">UPS Next Day AirUPS Next Day Air SaverUPS 2nd Day AirUPS 2nd Day Air A.M.UPS Worldwide Express PlusUPS Worldwide Express |

This list is subject to change. To verify the names of designated PDSs and designated types of service, visit the DRS website to see **Policy Statement 2008(3)**, *Designated Private Delivery Services and Designated Types of Service*.

Using the 2009 Form CT-1041 for a Taxable Year Beginning in 2010

The 2009 Form CT-1041 may be used for a taxable year beginning in 2010 if:

1. The trust or estate has a taxable year of less than 12 months that begins and ends in 2010; **and**
2. The 2010 Form CT-1041 is not available by the time the trust or estate is required to file its tax return. However, the trust or estate must enter the beginning and ending dates of the taxable year on the 2009 Form CT-1041 and incorporate any tax law changes effective for taxable years beginning on or after January 1, 2010.

The fiduciary must attach an explanatory note to the front of the return if the return is for a short year beginning and ending in 2010.

If you file your return late or do not pay all the tax due with your return, see *Interest and Penalties* on Page 11 to determine if you must report interest and penalty with this return.

Extension Requests

Extension of Time to File

If the trust or estate cannot meet the filing deadline, the fiduciary must file Form CT-1041 EXT and pay all of the tax the trust or estate expects to owe on or before the due date. Form CT-1041 EXT is included in this booklet. Filing this form will automatically extend the due date for **five months** if a federal Form 7004, Application for Automatic Extension of Time to File Certain Business Income, Information, and Other Returns, has been filed. If federal Form 7004 was not filed, the fiduciary can apply for a five-month extension to file Form CT-1041 provided there is reasonable cause for the request. You are not required to attach a copy of the federal extension request to Form CT-1041 EXT.

Form CT-1041 EXT only extends the time to **file** Form CT-1041; it **does not** extend the time to pay the tax due. See *Interest and Penalties* on Page 11 if you do not pay all the tax due with your request for extension.

If the fiduciary is unable to request an extension because of illness, absence, or other good cause, any person standing in a close personal or business relationship to the fiduciary (including an attorney, accountant, or enrolled agent) may sign the request on the fiduciary's behalf. This person is considered a duly authorized agent for this purpose provided the request states the reason(s) for a signature other than that of the fiduciary and states the relationship existing between the fiduciary and the signer.

If you expect to owe no additional Connecticut income tax in the 2009 taxable year after taking into account any Connecticut income tax withheld or estimated income tax payments you made, or both, and you have requested an extension of time to file your 2009 federal income tax return, you are not required to file Form CT-1041 EXT.

Extension of Time to Pay the Tax

The fiduciary may be eligible for a **six-month** extension of time to pay the tax due if it can be shown that paying the tax by the due date will cause undue hardship. The fiduciary may request an extension by filing **Form CT-1127, Application for Extension of Time for Payment of Income Tax**, on or before the due date of the original return.

Attach Form CT-1127 to the front of Form CT-1041 or Form CT-1041 EXT and send it on or before the due date. As evidence of the need for extension, the fiduciary must attach:

- A statement of assets and liabilities;
- An itemized list of receipts and disbursements for the preceding three months; **and**
- An explanation of why the fiduciary cannot borrow money to pay the tax due.

If an extension of time to pay is granted and the fiduciary pays all the tax due by the end of the extension period, a penalty will not be imposed. However, interest will accrue on any unpaid tax from the original due date. The fiduciary should make payments as soon as possible to reduce the interest the

trust or estate would otherwise owe. Pay the tax electronically or make check payable to: **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "**2009 Form CT-1041**" and the Federal Employer ID Number (FEIN), if applicable, or Social Security Number (SSN), optional, on the front of the check. DRS may submit your check to your bank electronically. Mail payments to:

Department of Revenue Services
Accounts Receivable Unit
PO Box 5088
Hartford CT 06102-5088

Estimated Tax Payments

Generally a payment of estimated Connecticut income tax is required if the Connecticut income tax (after tax credits) **minus** Connecticut tax withheld is **\$1,000 or more** and it is expected the Connecticut income tax withheld will be less than the required annual payment.

Except as provided below, a trust created in 2009 must use 90% of the income tax shown on the 2009 Form CT-1041 as the required annual payment.

Exceptions

Decedent's Estates: For any taxable year ending before the date that is two years after a decedent's death, the decedent's estate is not required to make estimated payments and no underpayment interest will be charged.

Certain Grantor Trusts: For any taxable year ending before the date that is two years after a decedent's death, a trust is not required to make estimated payments and no underpayment interest will be charged if:

- The trust was created under I.R.C. §§671 through 679, inclusive, as owned by the decedent and will receive the residue of the decedent's estate under the will; **or**
- If no will is admitted to probate, the trust is primarily responsible for paying debts, taxes, and expenses of administration.

Required Annual Payment

The required annual income tax payment for the 2010 taxable year is the lesser of:

| 2010 Estimated Tax Due Dates | |
|--|--|
| Due dates of installments and the amount of required payments for 2010 calendar year taxpayers are: | |
| April 15, 2010 | 25% of your required annual payment |
| June 15, 2010 | 25% of your required annual payment (A total of 50% of your required annual payment should be paid by this date.) |
| September 15, 2010 | 25% of your required annual payment (A total of 75% of your required annual payment should be paid by this date.) |
| January 15, 2011 | 25% of your required annual payment (A total of 100% of your required annual payment should be paid by this date.) |
| An estimate is considered timely filed if received on or before the due date, or if the date shown by the U.S. Postal Service cancellation mark is on or before the due date. Taxpayers who report on other than a calendar year basis should use their federal estimated tax installment due dates. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. | |

- **90%** of the income tax shown on the **2010 Connecticut income tax return**; **or**
- **100%** of the income tax shown on the **2009 Connecticut income tax return** if the fiduciary filed a 2009 Connecticut income tax return that covered a full 12-month period.

The fiduciary is not required to make estimated income tax payments if:

- The trust or estate was a resident trust or estate during the entire 2009 taxable year and did not file a 2009 Connecticut income tax return because the trust or estate had no Connecticut income tax liability; **or**
- The estate or trust was a nonresident estate or nonresident or part-year resident trust with Connecticut-sourced income during the 2009 taxable year and did not file a 2009 Connecticut income tax return because the estate or trust had no Connecticut income tax liability.

If a nonresident estate or trust or part-year resident trust did not have Connecticut-sourced income in 2009, the fiduciary must use 90% of the income tax shown on the 2010 Connecticut income tax return as the required annual payment.

A trust created in 2010 must use 90% of the income tax shown on the 2010 Form CT-1041 as the required annual payment.

Use **Form CT-1041ES**, *Estimated Connecticut Income Tax for Trusts and Estates*, to make estimated Connecticut income tax payments for 2010.

Guidelines for Banking Institutions

Banking institutions that wish to file multiple estimated Connecticut income tax payments, see **Informational Publication 2009(26)**, *A Guide for Filers of Multiple Form CT-1041ES*.

Annualized Income Installment Method

If the trust or estate income varies throughout the year, the trust or estate may be able to reduce or eliminate the amount of an estimated tax payment for one or more periods by using the annualized income installment method. See **Informational Publication 2009(30)**, *A Guide to Calculating Your Annualized Estimated Tax Installments and Worksheet CT-1040 AES*, and **Form CT-2210**, *Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates*.

Special Rules for Farmers and Fishermen

If the trust or estate had income from farming or fishing as provided in I.R.C. §6654(i)(2), the required installment is the lesser of 66⅔% of the Connecticut income tax shown on the 2010 Form CT-1041 return or 100% of the Connecticut income tax shown on the 2009 Form CT-1041 if a 2009 Form CT-1041 was filed and it covered a 12-month period.

If the trust or estate is required to make 2010 estimated income tax payments, you must do one of the following:

- Pay the required installment on or before January 15, 2011; **or**

- File Form CT-1041 for 2010 on or before March 1, 2011, and pay the full amount computed on the return. In this case do not make estimated tax payments for 2010.

Farmers or fishermen who use these special rules must complete and attach Form CT-2210 to their Connecticut income tax return to avoid being billed for interest on the underpayment of estimated income tax. Form CT-2210, Part I, Box D, must be checked as well as the box for Form CT-2210 on the front of Form CT-1041. See **Informational Publication 2008(19)**, *Farmer's Guide to Sales and Use Taxes, Motor Vehicle Fuels Tax, Estimated Income Tax, and Withholding Tax*, or **Informational Publication 2009(14)**, *Fisherman's Guide to Sales and Use Taxes and Estimated Income Tax*.

Interest on Underpayment of Estimated Tax

If the fiduciary did not pay enough tax through withholding or estimated payments, or both, by any installment due date, interest may be charged. This is true even if the trust or estate is due a refund on the income tax return. Interest is calculated separately for each installment. Therefore, interest may be owed for an earlier installment even if the fiduciary paid enough tax later to make up the underpayment. Interest at 1% per month or fraction of a month will be added to the tax due until the **earlier of** April 15, 2010, or the date on which the underpayment is paid.

A fiduciary who files a 2009 Connecticut income tax return on or before January 31, 2010, and pays the amount computed on the return as payable in full on or before that date will not be charged interest for failing to make the estimated payment due January 15, 2010.

Filing Form CT-2210

The trust or estate may be charged interest if the 2009 Connecticut income tax after tax credits minus Connecticut tax withheld is \$1,000 or more. Use Form CT-2210 to calculate interest on the underpayment of estimated tax. Form CT-2210 and detailed instructions are available from DRS. However, this is a complex form and you may prefer to have DRS calculate the interest and send you a bill.

Interest and Penalties

Interest

In general, interest applies to any portion of the tax not paid on or before the original due date of the return.

If you do not pay the tax when due, the trust or estate will owe interest at the rate of 1% per month or fraction of a month until the tax is paid in full.

If the fiduciary did not pay enough tax through withholding or estimated payments, or both, by any installment due date, interest may be charged. This is true even if the trust or estate is due a refund when the income tax return is filed. See *Interest on Underpayment of Estimated Tax* above.

Penalty for Late Payment or Late Filing

The penalty for underpayment of tax is 10% of the tax not paid on or before the original due date of the return or \$50, whichever

is greater. If a request for an extension of time has been granted, the trust or estate can avoid a penalty for failure to pay the full amount due by the original due date if the fiduciary:

- Pays at least 90% of the income tax shown to be due on the return on or before the original due date of the return; **and**
- Pays the balance due with the return on or before the extended due date.

The Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report required by law to be filed even if no tax is due.

Penalty for Failure to File

If the fiduciary does not file the return and DRS files a return for the trust or estate, the penalty for failure to file is 10% of the balance due or \$50, whichever is greater. If the fiduciary was required to file an amended Form CT-1041 and failed to do so, a penalty may be imposed. See *Amended Return* on Page 26.

Waiver of Penalty

You may request a waiver of penalty after you have filed the return and paid the tax and interest due. The penalty may be waived if the failure to file or pay tax on time was due to a reasonable cause and was not intentional or due to neglect. Interest **cannot** be waived.

To apply for a waiver of penalty online, visit the DRS website at www.ct.gov/TSC, log into your account, and select *Account Detail*.

If you submit your request in writing, you must include:

- A clear and complete written explanation;
- The name of the trust or estate and FEIN or SSN, if applicable;
- The taxable filing period;
- The name of the original form filed or billing notice received; **and**
- Documentation supporting your explanation.

Attach your request to the **front** of the tax return **or** mail separately with a copy of the tax return to:

Department of Revenue Services
Penalty Waiver Unit
PO Box 5089
Hartford CT 06102-5089

Recordkeeping

Keep a copy of the tax return, worksheets you used, and records of all items appearing on the return (such as W-2 and 1099 forms) until the statute of limitations expires for that return. Usually, this is three years from the date the return was due or filed, whichever is later. You may need this information to prepare future returns or to file amended returns.

Copies of Returns

Copies of previously-filed Connecticut income tax returns may be requested from DRS by completing **LGL-002, Request for Disclosure of Tax Return or Tax Return Information**. Requests are normally processed in three weeks.

Order in Which to Complete Form CT-1041 and Schedules

For trusts or estates that do not meet the Quick-File Requirements: See *Form CT-1041 Quick-File Requirements* on Page 13 for verification.

Complete Form CT-1041 and the schedules for resident and nonresident estates, full-year resident and nonresident trusts, and part-year resident trusts in the following order.

1. Resident trust or estate with resident beneficiaries:

- *Schedule A*;
- Schedule CT-1041B, Part 1;
- Schedule CT-1041C;
- The front of Form CT-1041; **and**
- Form CT-1041 Schedule I, Parts 1 and 2, as necessary.

2. Resident estate or full-year resident testamentary trust with any nonresident beneficiaries or a full-year resident inter vivos trust with nonresident, contingent beneficiaries but without nonresident, noncontingent beneficiaries:

- *Schedule A*;
- Schedule CT-1041B, Part 1;
- Schedule CT-1041FA, Parts 3 and 2;
- Schedule CT-1041C;
- The front of Form CT-1041; **and**
- Form CT-1041 Schedule I, Parts 1 and 2, as necessary.

3. Full-year resident inter vivos trust with nonresident, noncontingent beneficiaries:

- *Schedule A*;
- Schedule CT-1041B, Parts 1 and 2;
- Schedule CT-1041FA, Parts 3 and 2;
- Schedule CT-1041C;
- The front of Form CT-1041; **and**
- Form CT-1041 Schedule I, Parts 1 and 2, as necessary.

4. Nonresident estate, full-year nonresident trust, or part-year resident inter vivos trust without nonresident, noncontingent beneficiaries:

- *Schedule A*;
- Schedule CT-1041B, Part 1;
- Schedule CT-1041FA, Parts 3, 2, and 1;
- The front of Form CT-1041; **and**
- Form CT-1041 Schedule I, Parts 1 and 2, as necessary.

5. Part-year resident inter vivos trust with nonresident, noncontingent beneficiaries:

- *Schedule A*;
- Schedule CT-1041B, Parts 1 and 2;
- Schedule CT-1041FA, Parts 3, 2, and 1;
- The front of Form CT-1041; **and**
- Form CT-1041 Schedule I, Parts 1 and 2, as necessary.

Form CT-8801, Credit for Prior Year's Connecticut Minimum Tax for Individuals, Trusts, and Estates, must be completed as necessary for all types of trusts and estates that expect a credit or credit carryforward of alternative minimum tax paid in a prior year.

Instructions for Form CT-1041

Filing Year

All information on **Form CT-1041**, *Connecticut Income Tax Return for Trusts and Estates*, should be for the calendar year January 1 through December 31, 2009, or any fiscal year beginning in 2009. If filing for a fiscal year or short taxable year, enter the month and day the taxable year began and the month, day, and year it ended at the top of Page 1.

Federal Employer Identification Number (FEIN)

The Department of Revenue Services (DRS) no longer processes income tax returns for trusts and estates without an FEIN. You can no longer write "applied for" in the FEIN field. You must have applied for and been issued an FEIN before you file a return. However, if you have not received the FEIN by April 15 for the calendar year filers or for noncalendar year filers by the fifteenth day of the fourth month following the close of the taxable year, file the return without the FEIN and pay the tax due. DRS will contact you upon receipt of the return and will hold the return until you receive the FEIN and forward the information to DRS. For information on how to obtain an FEIN, contact the IRS. See the back cover.

Name, FEIN, and Address

Enter the name and FEIN of the trust or estate and the name and address of the fiduciary in the spaces on Page 1 of the return.

Enter the name and FEIN of the trust or estate in the spaces provided on all applicable schedules.

Type of Return

Check the applicable box if:

- The trust or estate has been terminated and this is a final return; **or**
- This is an amended return. Attach a statement explaining the reason for filing an amended return.

Resident Status

Enter the date the trust or estate was created and the date the trust or estate was terminated, if applicable, in the space provided.

Check only one applicable box to identify the residency status of the trust or estate.

The trust would be a **part-year resident trust** if:

- It was revocable when property was transferred to it but has become irrevocable subsequently; **and**
- The residency status of the grantor, whether as a resident or nonresident individual, during the taxable year the trust became irrevocable differs from the residency status of the grantor during the taxable year that property was transferred to the trust.

Type of Entity

Check the applicable box to identify the type of trust or estate. Also check the appropriate box to indicate if the trust was created by the will of the decedent or is an inter vivos trust.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Negative Numbers

When entering a negative number, you must precede the number with a minus sign or bracket the amount.

Form CT-1041 Quick-File Requirements

The fiduciary of a resident estate or full-year resident trust may Quick-File Form CT-1041 if the resident estate or full-year resident trust has no:

- Nonresident beneficiaries;
- *Schedule A*, Connecticut fiduciary adjustments;
- Connecticut alternative minimum tax;
- Adjusted net Connecticut minimum tax credit; **and**
- Federal election to be treated as an Electing Small Business Trust (ESBT).

A trustee that files one aggregate federal Form 1041-QFT, U.S. Income Tax Return for Qualified Funeral Trusts, for all qualified funeral trusts (QFT) may Quick-File one aggregate Form CT-1041 for all Connecticut resident QFTs as long as all grantors and all beneficiaries of every QFT are Connecticut residents.

Form CT-1041 Quick-File Line Instructions

Line 1 - Connecticut Taxable Income

Enter federal taxable income of a trust or estate from federal Form 1041, Line 22. If you are the trustee of the bankruptcy estate of a debtor who is an individual in a case under Chapter 7 or Chapter 11 of the Bankruptcy Code, you may, in computing the estate's federal taxable income, deduct the exemption amount under I.R.C. §151(d)(1), but may not deduct the personal exemption under I.R.C. §642(b).

Line 2 - Connecticut Income Tax

Multiply Line 1 by 6.5% and enter the result.

Line 3 - Allocated Connecticut Income Tax

Do not complete Line 3.

Line 4 - Credit for Income Tax Paid to Qualifying Jurisdictions**Resident Estates and Full-Year Resident Trusts Only**

Enter the amount from *Worksheet for Credit for Income Taxes Paid to Qualifying Jurisdictions*, Line 8, on Page 17. You must attach a copy of all income tax returns filed with qualifying jurisdictions to the back of the Form CT-1041 or the credit will be disallowed.

Line 5

Subtract Line 4 from Line 2. If Line 4 is greater than Line 2, enter "0."

Line 6 - Connecticut Alternative Minimum Tax

Do not complete Line 6.

Line 7

Enter the amount from Line 5.

Line 8 - Adjusted Net Connecticut Minimum Tax Credit

Do not complete Line 8.

Line 9 - Connecticut Income Tax

Enter the amount from Line 7.

Lines 10 - 23

To complete Lines 10 through 23, see *Form CT-1041 Line Instructions* below.

See *Who Must Sign the Return, Paid Preparer Signature, and Mailing the Return* on Page 15.

Form CT-1041 Line Instructions

For trusts or estates that do not meet the Quick-File Requirements.

Line 1 - Connecticut Taxable Income**Resident Estate or Full-Year Resident Trust Only**

Enter the amount from Schedule CT-1041C, Line 14.

Line 2 - Connecticut Income Tax**Resident Estate or Full-Year Resident Trust Only**

Multiply Line 1 by 6.5% and enter the result.

Line 3 - Allocated Connecticut Income Tax Nonresident Estates or Trusts and Part-Year Resident Trusts Only

Enter the amount from Schedule CT-1041FA, Part 1, Line 12.

Line 4 - Credit for Income Tax Paid to Qualifying Jurisdictions**Resident Estates and Full or Part-Year Resident Trusts Only**

Enter the amount from *Worksheet for Credit for Income Taxes Paid to Qualifying Jurisdictions*, Line 8. You must attach a copy of all income tax returns filed with qualifying jurisdictions to the back of the Form CT-1041 or the credit will be disallowed. See *Credit for Income Taxes Paid to Qualifying Jurisdictions* on Page 15 and *Worksheet Instructions* on Page 16.

Line 5**Resident Estates and Trusts**

Subtract Line 4 from Line 2.

Part-Year Resident Trusts

Subtract Line 4 from Line 3. If the result is zero or less, enter "0."

Line 6 - Connecticut Alternative Minimum Tax

If the trust or estate was required to pay federal alternative minimum tax for 2009, you must file **Form CT-1041 Schedule I, Connecticut Alternative Minimum Tax Computation of Trusts or Estates**. Enter the amount from Form CT-1041 Schedule I, Part 1, Line 23. To obtain Form CT-1041 Schedule I, see *Forms and Publications* on Page 6.

Line 7

Add Line 5 and Line 6 and enter the total.

Line 8 - Adjusted Net Connecticut Minimum Tax Credit

Enter the amount from the appropriate line of **Form CT-8801, Credit for Prior Year's Connecticut Minimum Tax for Individuals, Trusts, and Estates**. If you did not pay Connecticut alternative minimum tax in a prior year or you entered an amount on Line 6 of this form, enter "0."

Line 9 - Connecticut Income Tax

Subtract Line 8 from Line 7 and enter the result.

Line 10 - Connecticut Income Tax Withheld

This amount must total the Connecticut income taxes withheld as indicated on the copies of W-2, W-2G, Schedule CT K-1, and certain 1099 forms. Enter only Connecticut income tax withheld. Be sure you staple the **copy** of all W-2 forms and any other forms showing Connecticut tax withheld to the front of the return or the claim of amounts withheld will not be allowed.

Line 11 - Estimated Tax Paid

Enter the total of all 2009 estimated income tax payments and any 2008 income tax overpayment credited to 2009. Be sure to include any 2009 estimated income tax payments made in 2010.

Line 12 - Payments Made With Extension Request

If you filed **Form CT-1041 EXT**, *Application for Extension of Time to File Connecticut Income Tax Return for Trusts and Estates*, for 2009, enter the amount you paid with Form CT-1041 EXT.

If this is an amended return, also include the amount paid with the original return.

Line 13 - Total Payments

Add Lines 10, 11, and 12 and enter the total.

Line 14 - Amount Overpaid

If Line 13 is greater than Line 9, subtract Line 9 from Line 13 and enter the result. This is the amount of the overpayment. To properly allocate the overpayment, go to Lines 15 and 18. If Line 13 is less than Line 9, go to Line 19.

Line 15 - Amount of Line 14 to Be Applied to 2010 Estimated Tax

Enter the amount of the 2009 overpayment you wish to apply to the 2010 Connecticut estimated income tax. It will be treated as an estimate filed on April 15, 2010, if the return is filed on time or if you filed a timely request for extension and the return is filed within the extension period. For fiscal year filers, it will be treated as an estimate filed on the fifteenth day of the fourth month of the 2010 taxable year.

Your decision to apply this amount to 2010 estimated income tax is irrevocable.

Line 16 - Balance of Overpayment

Subtract Line 15 from Line 14 and enter the result.

Line 17 - Reserved for Future Use.

Line 18 - Amount to Be Refunded

Enter the amount from Line 16. This is the amount of refund.

Line 19 - Amount of Tax Due

If Line 9 is greater than Line 13, subtract Line 13 from Line 9 and enter the result.

Line 20 - Penalty for Late Payment or Filing

If you are making a late payment or filing the return after the due date of the return, see *Penalty for Late Payment or Late Filing* on Page 11.

Line 21 - Interest for Late Payment

If you fail to pay the tax when due, see *Interest* on Page 11.

Line 22 - Interest on Underpayments of Estimated Tax

If Line 9 minus Line 10 is \$1,000 or more, the trust or estate may owe interest on estimated income tax you either underpaid or paid late. **Form CT-2210**, *Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates*, can help you find out if you did underestimate and help you calculate the interest.

If you prefer to have DRS calculate the interest, do not file Form CT-2210; leave Line 22 blank and we will bill you. Interest on underpayment of estimated income tax stops accruing on the **earlier** of the day you pay the tax or April 15, 2010.

Line 23 - Amount Due

Add Lines 19 through 22 and enter the total. Pay the amount in full with the return. Pay the tax electronically or make check payable to: **Commissioner of Revenue Services**. Write **"2009 Form CT-1041"** and the FEIN on the front of the check. DRS may submit your check to your bank electronically.

Who Must Sign the Return

The fiduciary or an officer representing the fiduciary must sign and date Form CT-1041 on the back of the return.

Paid Preparer Signature

A paid preparer must sign and date Form CT-1041. Paid preparers must also enter their Preparer Tax Identification Number (PTIN) or Social Security Number (SSN), their firm's address, FEIN, and telephone number in the spaces provided.

Mailing the Return

See *Where to File* on Page 6. If you file a paper return, make a copy of this return for the records of the trust or estate. Attach copies of any required schedules and forms to this return. Do **not** attach copies of the federal income tax return or federal schedules.

Credit for Income Taxes Paid to Qualifying Jurisdictions

Resident estates, full-year resident trusts, and part-year resident trusts, use the worksheet on Page 17 to calculate a credit against the Connecticut income tax liability for income taxes paid for the taxable year to another state or a political subdivision of that state or to the District of Columbia. Credit may only be claimed if the income on which taxes were paid was derived from or connected with sources within the qualifying jurisdiction. For part-year resident trusts, the credit is allowed only for that portion of the taxable year in which a taxpayer was a Connecticut resident trust.

No credit is allowed for any of the following:

- Income tax payments made to a qualifying jurisdiction on income not included in Connecticut taxable income;
- Income tax paid to a jurisdiction that is not a qualifying jurisdiction including a foreign country or its provinces (for example, Canada and Canadian provinces);
- Alternative minimum tax paid to a qualifying jurisdiction;
- Income tax paid to a qualifying jurisdiction if the fiduciary claimed credit on that other jurisdiction's income tax return for income taxes paid to Connecticut; **or**
- Penalties or interest on income taxes the fiduciary paid to a qualifying jurisdiction.

The allowable credit must be separately computed for each qualifying jurisdiction. Use separate columns for each jurisdiction for which you are claiming a credit. If you need more than two columns, you should create an identical worksheet. Attach a copy of all income tax returns filed with qualifying jurisdictions to the back of your Form CT-1041 or the credit will be disallowed.

If you are claiming credit for income taxes paid to another state **and** to one of its political subdivisions, follow these rules to determine your credit:

A. If the **same amount** of income is taxed by both the city and state:

1. Use only **one** column of the worksheet to calculate your credit;
2. Enter the same income taxed by both the city and state on Line 2 on the worksheet; **and**
3. Combine the amounts of tax paid to the city and the state on that income and enter the total on Line 6.

B. If the **amounts** of income taxed by both the city and state **are not the same**:

1. Use two columns on the worksheet;
2. Enter only the income taxed by both jurisdictions on Line 2 in the first column; **and**
3. Enter the excess income taxed by only one of the jurisdictions in the next column.

The credit claimed cannot exceed the amount of tax due to Connecticut on that portion of income taxed in another jurisdiction.

Worksheet Instructions

Line 1 - Connecticut Taxable Income of Resident Trust or Estate

Enter:

1. The Connecticut taxable income from Form CT-1041, Line 1; **and**
2. Any net loss derived from or connected with sources in one or more qualifying jurisdiction(s) where you were subject to income taxation whether or not income tax was actually paid to the jurisdiction(s).

Example: Taxpayer B, a resident trust, has taxable income of \$70,000, which includes income of \$15,000 from business activities conducted in Massachusetts and a net loss of \$15,000 from a business conducted in Rhode Island. The fiduciary of this trust must add the \$15,000 net loss to the \$70,000 and enter \$85,000 on Line 1.

Part-Year Resident Trust

Enter the amount from Schedule CT-1041FA, Part 1, Line 9, with the following exceptions:

1. Add to the amount from Schedule CT-1041FA, Part 1, Line 9, any **net** loss derived from or connected with sources in one or more qualifying jurisdiction(s) where you were subject to income taxation whether or not income tax was actually paid to the jurisdiction(s); **and**

2. For the period the trust is a Connecticut resident trust, add back any item of loss or deduction and subtract any item of income or gain that is an item of special accrual.

Enter the modified amount on Line 1 of the worksheet.

Example: Taxpayer L, a part-year resident trust, has taxable income from its residency period of \$60,000, which includes income of \$15,000 from business activities conducted in Massachusetts and a net loss of \$20,000 from a business conducted in Rhode Island. The fiduciary of this trust must add the \$20,000 net loss to the \$60,000 and enter \$80,000 on Line 1.

Line 2 - Non-Connecticut Income Resident Trust or Estate

Enter the total non-Connecticut income included on Line 1 and reported on another jurisdiction's income tax return.

Part-Year Resident Trust

Enter the total non-Connecticut income for the period of Connecticut residency included on Line 1 and reported on another jurisdiction's income tax return.

For the period the trust is a Connecticut resident trust, add back any item of loss or deduction and subtract any item of income or gain that is an item of special accrual.

Line 3

Resident and Part-Year Resident Trust

Divide Line 2 by Line 1. The result cannot exceed 1.0000. Round to four decimal places.

Line 4 - Connecticut Income Tax Liability Resident Trust or Estate

Enter the Connecticut tax liability as shown on Form CT-1041, Line 2.

Part-Year Resident Trust

Enter the allocated Connecticut income tax liability as shown on Schedule CT-1041FA, Line 12. To determine the Connecticut income tax liability of a part-year resident trust, the tax applies to the income derived from or connected with sources within this state. The income derived from or connected with sources within this state for a part-year resident trust is the sum of the trust's Connecticut taxable income during the residency portion of the taxable year **and** the trust's income derived from or connected with sources within Connecticut during the nonresidency portion of the taxable year.

Line 5

Multiply Line 3 by Line 4 and enter the result.

Line 6 - Income Tax Paid to Qualifying Jurisdictions Resident Trust or Estate

Enter the total amount of **income tax paid** to a qualifying jurisdiction for the taxable year.

Worksheet for Credit for Income Taxes Paid to Qualifying Jurisdictions

Resident estates and full or part-year resident trusts only

| | Column A | Column B |
|---|----------|----------|
| 1. Connecticut taxable income 1. Enter name of each qualifying jurisdiction..... | | |
| 2. Non-Connecticut income included on Line 1 above 2. | | |
| 3. Divide Line 2 by Line 1 (may not exceed 1.0000). 3. | . | . |
| 4. Connecticut tax liability 4. | | |
| 5. Multiply Line 3 by Line 4. 5. | | |
| 6. Income tax paid to a qualifying jurisdiction 6. | | |
| 7. Enter the lesser of Line 5 or Line 6. 7. | | |
| 8. Total Credit: Add the amount on Line 7 for each column. 8. | | .00 |

Income tax paid means the lesser of the tax liability to that jurisdiction or the tax the trust or estate paid to that jurisdiction, excluding any penalty or interest, as reported on a return filed with that jurisdiction. Do not report taxes withheld for the qualifying jurisdiction.

Part-Year Resident Trust

Enter the total amount of income tax paid to a qualifying jurisdiction for the period of Connecticut residency only.

Income tax paid means the lesser of the trust's tax liability to the qualifying jurisdiction or the tax the trust paid to that jurisdiction, excluding any penalty or interest, as reported on a return filed with that jurisdiction. Do not report taxes withheld for the qualifying jurisdiction.

If the tax the trust paid to that jurisdiction was also based on income earned during the nonresidency period, prorate the amount of tax for which you are claiming credit. The proration is based upon the relationship that the income earned in that jurisdiction during the period of Connecticut residency bears to the total amount of income the trust earned in that jurisdiction in the taxable year.

Example: Taxpayer H, a part-year resident trust, conducted business in Rhode Island all year and paid \$1,200 in Rhode Island tax in 2009. The trust's total Rhode Island income for 2009 was \$20,000 of which \$15,000 was earned while the trust was a Connecticut resident trust. The income tax paid to Rhode Island during the Connecticut residency period is:

$$\frac{\$15,000}{\$20,000} \times \$1,200 = \$900$$

The fiduciary of this trust should enter \$900 on Line 6.

Line 7

Enter the lesser of Line 5 or Line 6.

Line 8 - Total Credit for Income Taxes Paid to Qualifying Jurisdictions

Add the amounts from Line 7A, Line 7B, and Line 7 of any additional worksheets. The amount on Line 8 cannot exceed the amount on Line 5. Enter the total here and on Form CT-1041, Line 4.

Attach a copy of the income tax return filed with each qualifying jurisdiction to the Connecticut income tax return or the credit will be disallowed.

Connecticut Fiduciary Adjustment

Use *Schedule A* to compute the Connecticut fiduciary adjustment, which is then allocated among the trust or estate and its beneficiaries in Schedule CT-1041B, Part 1. The fiduciary adjustment is the net amount of the additions and subtractions enumerated on *Schedule A*, which relate to items of income, gain, loss, or deduction of the trust or estate.

Amount Paid or Set Aside for Charitable Purposes

When calculating the fiduciary adjustment on *Schedule A*, do not include the modifications for any amount paid or set aside for a charitable purpose during the taxable year. See instructions for federal Form 1041-A, U.S. Information Return Trust Accumulation of Charitable Amounts, and federal Form 5227, Split-Interest Trust Information Return, for information on charitable deductions.

Member of a Pass-Through Entity

If the trust or estate has income as a member of a pass-through entity, any additions or subtractions that apply to the income should be included on *Schedule A*. You may obtain the trust's or estate's share of the entity's items from Schedule CT K-1, *Member's Share of Certain Connecticut Items*.

Beneficiary of Another Trust or Estate

If the trust or estate is a beneficiary of another trust or estate, you may generally obtain the share of the fiduciary adjustment of the other trust or estate to be included on *Schedule A* from its fiduciary.

The trust or estate must make the additions and subtractions for its taxable year within which the taxable year of any S corporation, partnership, or trust or estate of which it is a shareholder, partner, or beneficiary, respectively, ends.

Entering Additions and Subtractions

Enter on Line 11 any expense related to the amounts entered on *Schedule A*, Lines 1 through 4, to the extent deductible in determining federal taxable income prior to the deductions related to distributions to beneficiaries. Do not net the expenses against the amounts entered on Lines 1 through 4.

Enter on Line 5 any expense related to the amounts entered on *Schedule A*, Lines 7 through 10, to the extent deductible in determining federal taxable income prior to the deductions related to distributions to beneficiaries. Do not net the expenses against the amounts entered on Lines 7 through 10.

Example: To the extent deductible in determining federal taxable income prior to the deductions relating to distributions to beneficiaries, interest expenses on indebtedness incurred to purchase:

1. State and local government bonds, the interest from which is subject to Connecticut income tax but exempt from federal income tax, is entered on Line 11 and not netted against the amount entered on Line 1.
2. U.S. government bonds, the interest from which is subject to federal income tax but exempt from Connecticut income tax, is entered on Line 5 and not netted against the amount entered on Line 7.

Instructions for Schedule A

See **Policy Statement 2005(2)**, *Connecticut Income Tax on Bonds or Obligations Issued by the United States Government, by State Governments, or Municipalities*, to determine if you are required to make an adjustment.

Additions to Federal Taxable Income

Enter all amounts as positive numbers.

Line 1 - Interest on State and Local Government Obligations Other Than Connecticut

Enter the total amount of interest income derived from state and municipal government obligations, other than obligations of the State of Connecticut or its municipalities, which is not taxed for federal income tax purposes. Do not enter interest income derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Line 2 - Exempt-Interest Dividends Received From a Mutual Fund Derived From State or Municipal Government Obligations Other Than Connecticut

Enter the total amount of exempt-interest dividends received from a mutual fund derived from state and municipal government obligations other than obligations of the State of Connecticut or its municipalities. If the exempt-interest dividends are derived from obligations of Connecticut or other states, enter only the percentage derived from non-Connecticut obligations. Do not enter exempt-interest dividends derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Example: A fund invests in obligations of many states, including Connecticut. Assuming that 20% of the distribution is from Connecticut obligations, the remaining 80% would be added back on Line 2.

Line 3 - Loss on Sale of Connecticut State and Local Government Bonds

Enter the total amount of losses from the sale or exchange of notes, bonds, or other obligations of the State of Connecticut or its municipalities.

Line 4 - Connecticut Income Tax Payments Deducted in Determining Federal Taxable Income

Add back any Connecticut income tax paid or accrued to the extent deductible in determining federal taxable income prior to deductions relating to distributions to beneficiaries.

Line 5 - Other

Use Line 5 to add back any:

1. Expenses paid or incurred for the production (including management, conservation, and maintenance of property held for the production) or collection of income exempt from Connecticut income tax to the extent deductible in determining federal taxable income prior to deductions relating to distributions to beneficiaries;
2. Amortizable bond premium on bonds producing interest income exempt from Connecticut income tax to the extent deductible in determining federal taxable income prior to deductions relating to distributions to beneficiaries;

3. Interest or dividend income on obligations or securities of any authority, commission, or instrumentality of the United States which federal law exempts from federal income tax but does not exempt from state income taxes;
4. Interest expenses on indebtedness incurred or continued to purchase or carry obligations or securities, the income from which is exempt from Connecticut income tax, to the extent deductible in determining federal taxable income prior to deductions relating to distributions to beneficiaries; **or**
5. Domestic production activity deduction (I.R.C. §199). This modification is allowed to the extent the amount is deductible in determining federal taxable income prior to deductions relating to distributions to beneficiaries.

Line 6 - Total Additions

Add Lines 1 through 5.

Subtractions From Federal Taxable Income

Enter all amounts as positive numbers.

Line 7 - Interest on U.S. Government Obligations

Enter the total of any interest income (to the extent includable in federal taxable income) derived from U.S. government obligations which federal law prohibits states from taxing (for example, U.S. government bonds such as Savings Bonds Series EE and Series HH or U.S. Treasury bills and notes).

Do not enter the amount of interest earned on Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing interest income derived from these obligations and this interest income is taxable for Connecticut income tax purposes. Do not enter the amount of interest paid to you on any federal income tax refund.

Line 8 - Exempt Dividends From Certain Mutual Funds Derived From U.S. Government Obligations

Enter the total amount of exempt dividends received from a qualifying mutual fund derived from U.S. government obligations. A mutual fund is a qualifying fund if, **at the close of each quarter of its taxable year**, at least 50% of the value of its assets consists of U.S. government obligations. The percentage of dividends that are exempt dividends should be reported to you by the mutual fund. See Line 7 instructions above.

Line 9 - Gain on Sale of Connecticut State and Local Government Bonds

Enter the total amount of all gains from the sale or exchange of notes, bonds, or other obligations of the State of Connecticut or its municipalities.

Line 10 - Refunds of Connecticut Income Tax

Enter the amount of taxable refunds of Connecticut income tax reported on federal Form 1041, Line 8.

Line 11 - Other

To the extent not deductible in determining federal taxable income prior to deductions relating to distributions to beneficiaries, use Line 11 to subtract:

- Any interest paid on indebtedness incurred to acquire investments that provide income taxable in Connecticut but not taxable for federal purposes;
- Expenses paid or incurred for the production (including management, conservation, and maintenance of property held for production) or collection of income taxable in Connecticut but exempt from federal income tax;
- Any amortizable bond premium on bonds that provide interest income taxable in Connecticut but exempt from federal income tax; **or**
- Any interest income from notes, bonds, or other obligation of the State of Connecticut included in federal adjusted gross income. This modification includes any Build America Bond tax credit amount if the Build America Bond, as described in Section 1531 of the American Recovery and Reinvestment Act of 2009, was issued by the State of Connecticut or a Connecticut political subdivision and only to the extent the credit amount is treated as interest includable in gross income for federal income tax purposes.

Do **not** use Line 11 to subtract income subject to tax in another jurisdiction. See *Worksheet for Credit for Income Taxes Paid to Qualifying Jurisdictions*, Line 4, on Page 17.

Line 12 - Total Subtractions

Add Lines 7 through 11.

Line 13 - Connecticut Fiduciary Adjustment

Subtract Line 12 from Line 6. Enter here and on Schedule CT-1041B, Part 1, Line f, Column 5. This amount may be positive or negative.

If you have a Connecticut fiduciary adjustment, complete Schedule CT-1041B, Part 1, to calculate the trust or estate's and each beneficiary's share of the Connecticut fiduciary adjustment.

Schedule CT-1041B, Part 2, should only be completed by full-year resident or part-year resident inter vivos trusts with any nonresident, noncontingent beneficiaries to calculate the percentage of resident, noncontingent beneficiaries. The status of the beneficiaries is determined as of year end.

Form CT-1041, Questions A, B, and C

The fiduciary **must** complete Form CT-1041, Questions A, B, and C. All inter vivos trusts claiming a resident, noncontingent beneficiary percentage on Schedule CT-1041B, Part 2, **must** complete Form 1041, Question A, or this percentage could be disallowed.

Instructions for Schedule CT-1041B

Part 1 - Shares of Connecticut Fiduciary Adjustment

Part 1 shows the distribution of the Connecticut fiduciary adjustment among the beneficiaries and the trust or estate. The shares of the beneficiaries and of the trust or estate in *Schedule A, Connecticut Fiduciary Adjustment*, Line 13, of Form CT-1041 are in proportion to their respective shares of federal distributable net income of the trust or estate.

Report on Part 1 the names and addresses of all beneficiaries, both resident and nonresident, to whom income is distributable whether or not the income is taxable to the nonresident beneficiaries. **Complete this section even if there is no distribution to the beneficiaries.**

Columns 1 and 2

Enter the name, address, and identifying number of each beneficiary of the trust or estate. If the mailing address differs from the home address, give both. If a beneficiary is a nonresident, check the appropriate box to the right of the beneficiary's name. If there are more than four beneficiaries, attach a schedule identical to Part 1 for the additional beneficiaries.

Column 3

Enter the respective share of federal distributable net income of each beneficiary and of the trust or estate on the appropriate lines. Entries must be made for all resident and nonresident beneficiaries.

If the distributable net income of a trust or estate for the taxable year is zero or less than zero, each beneficiary's share in the Connecticut fiduciary adjustment is in proportion to that beneficiary's share of the income of the trust or estate for the taxable year and any other amounts properly paid or credited or required to be distributed during the taxable year. Any balance of the fiduciary adjustment not allocable to any beneficiary is allocated to the trust or estate.

Column 4

Determine the percentage interest of each beneficiary and of the trust or estate in federal distributable net income of the trust or estate based upon amounts in Column 3. Enter that percentage on the appropriate line of Column 4.

Column 5

Enter the amount of the Connecticut fiduciary adjustment from *Schedule A*, Line 13, as the total on Line f, Column 5. The share of each beneficiary and of the trust or estate in the total amount is determined by multiplying the total fiduciary adjustment by the Column 4 percentage.

If the trust or estate has no federal distributable net income, each beneficiary's share in the fiduciary adjustment must be in proportion to his or her share of the trust or estate income for the taxable year under local law or the governing instrument, which is required to be distributed currently, and any amounts of the income distributed during the year. Any balance of the fiduciary adjustment not allocable to beneficiaries must be allocated to the trust or estate. If the shares in the Connecticut fiduciary adjustment are apportioned in accordance with this paragraph, show the apportionment in a schedule attached to the return.

The fiduciary must provide each beneficiary with a schedule of modifications to include on *Schedule 1* of Form CT-1040 or Form CT-1040NR/PY.

Part 2 - Percentage of Resident, Noncontingent Beneficiaries

Complete Part 2 to calculate the resident, noncontingent beneficiary percentage of a full-year resident or part-year resident inter vivos trust with nonresident, noncontingent beneficiaries. These trusts are taxed on income derived from or connected with sources within Connecticut and all other income earned during the period of residency multiplied by the resident, noncontingent beneficiary percentage. The percentage is a fraction. The numerator is the total number of resident, noncontingent beneficiaries and the denominator is the sum of both resident, noncontingent and nonresident, noncontingent beneficiaries. An example follows the line instructions. For an explanation of inter vivos trust and noncontingent beneficiary, see *Definitions* on Page 5.

Line 1

Enter the number of resident, noncontingent beneficiaries if any.

Line 2

Enter the number of nonresident, noncontingent beneficiaries.

Line 3

Add Line 1 and Line 2.

Line 4

Divide Line 1 by Line 3 and enter the result as a decimal. Round to four decimal places.

If the trust is a full-year resident inter vivos trust, enter this decimal on Schedule CT-1041C, Line 11.

If the trust is a part-year resident inter vivos trust, enter this decimal on Schedule CT-1041FA, Part 1, Line 5.

Example: Mr. Jones, a Connecticut resident, established an irrevocable trust in 2002 for the benefit of his three grandchildren, Beneficiaries A, B, and C. Since the trust consists of property transferred from a Connecticut resident, the trust is considered a resident trust. Because the trust was not created by the will of the decedent, the trust is an inter vivos trust. The trust agreement permits the trustee to distribute income or corpus, or both, to all three beneficiaries during the year. This makes all three beneficiaries noncontingent beneficiaries. Beneficiaries A and B are Connecticut residents, but Beneficiary C is a Vermont resident. Since there are one or more nonresident, noncontingent beneficiaries, the fiduciary of this trust must complete Schedule CT-1041B, Part 2, as follows:

| | |
|---|--------|
| 1. Indicate the number of resident noncontingent beneficiaries, if any. | 2 |
| 2. Indicate the number of nonresident noncontingent beneficiaries. | 1 |
| 3. Add Lines 1 and 2. | 3 |
| 4. Divide Line 1 by Line 3 and enter decimal to four places. | 0.6667 |

The decimal on Line 4, rounded to four decimal places, is entered on Schedule CT-1041C, Line 11.

If the trust in the example is a part-year resident trust, the amount on Line 4 is entered on Schedule CT-1041FA, Part 1, Line 5.

Instructions for Schedule CT-1041C

Verify line references from federal Form 1041 at the time you complete this schedule.

Resident estates or full-year resident trusts must complete this schedule to calculate Connecticut taxable income.

Resident estates or full year resident trusts with nonresident beneficiaries must complete and attach Connecticut ESBT worksheet, if applicable.

Resident Trust or Estate With or Without Nonresident Beneficiaries

Each **resident estate** or **full-year resident trust**, except for Quick-Filers, must select the applicable box pertaining to the status of its beneficiaries. Inter vivos trusts with nonresident, noncontingent beneficiaries calculate Connecticut taxable income differently than other trusts. See *Connecticut Taxable Income for Certain Inter Vivos Trusts* on Page 7.

Type of Trust or Estate

Line 1

Resident trust or estate without nonresident beneficiaries: Check the box and complete Lines 4 through 6 and Line 14.

Line 2

Resident estate or a resident testamentary trust with one or more nonresident beneficiaries or an inter vivos trust with nonresident, contingent beneficiaries but without nonresident, noncontingent beneficiaries: Check the box, complete Schedule CT-1041FA, Parts 3 and 2, and complete Lines 4 through 6 and Line 14.

Line 3

Resident inter vivos trust with one or more nonresident, noncontingent beneficiaries: Check the box and complete Schedule CT-1041FA, Parts 2 and 3. Then complete Lines 4 through 14.

Line 4 - Federal Taxable Income

Enter the amount of federal taxable income from federal Form 1041, Line 22, and federal ESBT taxable income. Attach federal ESBT worksheet.

Line 5 - Trust or Estate's Share of Connecticut Fiduciary Adjustment

Enter the fiduciary's share of the Connecticut fiduciary adjustment from Schedule CT-1041B, Part 1, Line e, Column 5. This may be a positive or negative number.

Line 6 - Connecticut Gross Taxable Income as Modified

Add Line 4 and Line 5.

Full-year resident inter vivos trusts with one or more nonresident, noncontingent beneficiaries, complete Lines 7 through 14. All others go to Line 14.

Line 7 - Trust or Estate's Share of Income From Connecticut Sources

Enter the trust or estate's share of income derived from or connected with sources within Connecticut from Schedule CT-1041FA, Part 2, Line e, Column 3, and Connecticut ESBT worksheet. Attach Connecticut ESBT worksheet.

Line 8a

Enter the amount from Schedule CT-1041FA, Part 3, Line 4, Column B.

Line 8b

Enter the amount from Schedule CT-1041FA, Part 3, Line 18, Column B.

Line 8c

Subtract Line 8b from Line 8a.

Line 9 - Income From Connecticut Sources as Modified

Add Line 7 and Line 8c.

Line 10 - Connecticut Taxable Income From Non-Connecticut Sources as Modified

Subtract Line 9 from Line 6.

Line 11 - Percentage of Resident, Noncontingent Beneficiaries

Enter the decimal, rounded to four places, from Schedule CT-1041B, Part 2, Line 4.

Line 12 - Connecticut Taxable Portion of Non-Connecticut-Sourced Income

Multiply Line 10 by Line 11.

Line 13 - Connecticut Taxable Income of a Resident Inter Vivos Trust With One or More Nonresident, Noncontingent Beneficiaries

Add Line 9 and Line 12.

Line 14 - Connecticut Taxable Income

If the taxpayer is a resident inter vivos trust with one or more nonresident, noncontingent beneficiaries, enter the amount from Line 13. Otherwise, enter the amount from Line 6.

The amount on Line 14 must also be entered on Form CT-1041, Line 1.

Instructions for Schedule CT-1041FA

Verify line references from federal Form 1041 at the time you complete this schedule.

Connecticut ESBT worksheet, if applicable, and Schedule CT-1041FA must be completed and attached to Form CT-1041 filed for a:

1. Nonresident trust or estate having income derived from or connected with sources within Connecticut;
2. Part-year resident trust;
3. Resident trust or estate with a nonresident beneficiary; **or**
4. Resident inter vivos trust with one or more nonresident, noncontingent beneficiaries.

Refer to the front page of Schedule CT-1041FA to determine which parts must be completed and in what order.

Part 1 - Computation of Connecticut Tax of a Nonresident Estate or Trust and Part-Year Resident Trust

Line 1 - Federal Taxable Income

Enter the federal taxable income from federal Form 1041, Line 22, and federal ESBT worksheet. Attach federal ESBT worksheet.

Line 2 - Trust or Estate’s Share of Connecticut Fiduciary Adjustment

Enter the amount from Schedule CT-1041B, Part 1, Line e, Column 5. This may be a positive or negative number.

Line 3 - Gross Taxable Income as Modified

Add Line 1 and Line 2.

Line 4 - Connecticut Taxable Income From Connecticut Sources

Part-year resident inter vivos trusts with nonresident, noncontingent beneficiaries complete Lines a through i of *Schedule CT-1041FA-Line 4 Worksheet*. All others, enter Subtotal from Line c on Schedule CT-1041FA, Part 1, Line 4, and Connecticut ESBT worksheet and go to Line 9 of Schedule CT-1041FA. Attach Connecticut ESBT worksheet.

The amount entered on Line c includes the trust or estate’s share of distributable net income and certain gains derived from or connected with Connecticut sources for the residency and nonresidency portions of the taxable year. The share for the residency portion of the taxable year may include income not from Connecticut sources. If so, complete Lines d through i to determine the amount to be subtracted from the amount entered on Line c.

To determine the Connecticut taxable income of the trust or estate from Connecticut sources, complete the worksheet below.

| Schedule CT-1041FA - Line 4 Worksheet | |
|--|-----|
| a. Trust or estate’s share of income from Connecticut sources from Schedule CT-1041FA, Part 2, Line e, Column 3, and federal ESBT worksheet. | |
| b. Subtract the amount on Schedule CT-1041FA, Part 3, Line 18, Column B, from the amount on Part 3, Line 4, Column B. Enter result here. | |
| c. Subtotal: Add Line a and Line b. | .00 |
| d. Enter the portion of the amount on Schedule CT-1041FA, Part 3, Line 24, Column B, that was non-Connecticut-sourced income during the residency portion of the taxable year. | |
| e. Enter the percentage from Schedule CT-1041B, Part 1, Line e, Column 4. | |
| f. Multiply Line d by Line e. | .00 |
| g. Enter the portion of Line b that was non-Connecticut-sourced income during the residency portion of the taxable year. | |
| h. Subtotal: Add Line f and Line g. | |
| i. Total: Subtract Line h from Line c and enter the result here and on Schedule CT-1041FA, Part 1, Line 4. | .00 |

Complete Lines 5 through 8 only for part-year resident inter vivos trusts with nonresident, noncontingent beneficiaries.

Line 5 - Percentage of Resident, Noncontingent Beneficiaries

Enter the decimal rounded to four places from Schedule CT-1041B, Part 2, Line 4.

Line 6 - Connecticut Taxable Income From Non-Connecticut Sources During the Residency Portion of the Taxable Year as Modified

Enter the amount from *Schedule CT-1041FA - Line 4 Worksheet*, Line h, on Page 22.

Line 7 - Connecticut Taxable Portion of Non-Connecticut-Sourced Income

Multiply Line 6 by Line 5 and enter the result.

Line 8 - Connecticut Taxable Income of a Part-Year Resident Inter Vivos Trust With Nonresident, Noncontingent Beneficiaries

Add Line 4 and Line 7.

Line 9

For a part-year resident inter vivos trust with nonresident, noncontingent beneficiaries, enter the amount from Line 8. Otherwise, enter the greater of Line 3 or Line 4.

Line 10 - Connecticut Income Tax

Multiply Line 9 by 6.5% and enter the result. If Line 9 is zero or less, enter "0."

Line 11

Part-year resident inter vivos trusts with one or more nonresident, noncontingent beneficiaries:

- If Line 9 is greater than zero, enter 1.0000.
- If Line 9 is zero or less, enter "0."

All others:

- If Line 4 is greater than zero and Line 4 is greater than or equal to Line 3, enter 1.0000.
- If Line 4 is greater than zero and less than Line 3, divide Line 4 by Line 3 and enter the result as a decimal. Round to four decimal places.
- If Line 4 is zero or less, enter "0."

Line 12 - Allocated Connecticut Tax

Multiply Line 10 by Line 11. Enter the result here and on Form CT-1041, Line 3.

Part 2 - Trust or Estate's and Beneficiary's Share of Income From Connecticut Sources

The federal distributable net income derived from or connected with sources within Connecticut (Part 3, Line 24, Column B) is allocated in Part 2 to the trust or estate and its beneficiaries in proportion to their respective shares in the federal distributable net income of the trust or estate. Do not complete Part 2 if Part 3, Line 24, Column B, is zero.

Columns 1 and 2

Using Schedule CT-1041B, Part 1, Columns 3 and 4, enter the respective amount and percentage of federal distributable net income of each beneficiary and of the trust or estate on the appropriate lines of Columns 1 and 2. List beneficiaries in the same order as used on Schedule CT-1041B, Part 1, Column 1. The entries on Schedule CT-1041B, Part 1, Columns 3 and 4, and Schedule CT-1041FA, Part 2, Columns 1 and 2, are identical.

For resident beneficiaries, their entire distributable share of trust or estate income, not just the portion derived from or connected with Connecticut sources, is included in their Connecticut adjusted gross income.

Column 3

Enter on the Total line of Column 3 the amount entered on Part 3, Line 24, Column B.

Determine the share of each nonresident beneficiary or of the trust or estate of a nonresident estate or trust or part-year resident trust in the total amount by multiplying the total in Column 3 by the percent in Column 2. For part-year resident trusts, the amounts in Column 3 for nonresident beneficiaries should not include amounts received during the residency portion of the taxable year not derived from or connected with sources within Connecticut.

The fiduciary must provide each nonresident beneficiary with a schedule of income derived from or connected with sources within Connecticut to include on his or her Form CT-1040NR/PY, **Schedule CT-SI, Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources**.

Part 3 - Details of Federal Distributable Net Income and Amounts of Income Derived From or Connected With Sources Within Connecticut

Enter in Column A the amount reported on federal Form 1041 as modified for the applicable items reported on *Schedule A*. For information on federal amounts which may be modified, such as the gain or loss on the sale of Connecticut state and local government bonds, see *Instructions for Schedule A* on Page 18. Enter in Column B the portion of each amount in Column A that is income or deductions derived from or connected with sources within Connecticut.

Passive Activity Loss Limitations

In completing Column B, recompute any deduction for passive activity losses to determine the amounts that would be allowed if the federal taxable income took into account only items of income, gain, loss, or deduction of income derived from or connected with sources within Connecticut.

Part-Year Resident Trusts Only

For a part-year resident trust, include in Column B all income during the residency portion of the taxable year and all income derived from or connected with sources within Connecticut

during the nonresidency portion of the taxable year. If the trust was a part-year resident trust, include in Column B all items of special accruals. See *Special Accruals* on Page 8.

Part-year resident inter vivos trusts with one or more nonresident, noncontingent beneficiaries should create a worksheet for Schedule CT-1041FA, Part 3, Column B. This worksheet should indicate the amount from Column B attributable to non-Connecticut-sourced income during the residency portion of the taxable year. Use this determination to complete the worksheet for Schedule CT-1041FA, Part 1, Line 4.

Line 1 and Line 2 - Interest Income and Dividends

Report on Line 1 and Line 2, Column B, income from interest and dividends included in Column A from a trade or business carried on in Connecticut. Also include amounts which relate to items of income, gain, loss, or deduction of the trust or estate derived from or connected with sources within Connecticut. Include in Column A and, if applicable, Column B interest on state and local obligations other than Connecticut and exempt-interest dividends on state and local obligations other than Connecticut.

However, do not include in Column A or Column B any income exempt from state taxes under the laws of the United States or of Connecticut, such as interest on U.S. government bonds or dividends from qualifying mutual funds derived from U.S. government obligations. A mutual fund is a qualifying fund if at the close of each quarter of its taxable year at least 50% of the value of its assets consists of U.S. government obligations.

Line 3 - Business Income (Loss)

Enter in Column B the net income (loss) from a trade or business carried on in Connecticut by the trust or estate. If business is carried on both within and outside of Connecticut and the Connecticut income can be adequately determined from the books and records of the business, enter on Line 3, Column B, the net income (loss) from business carried on in Connecticut. If the Connecticut income cannot be adequately determined from the books and records of the business, refer to **Schedule CT-1040BA, Nonresident Business Apportionment**, for instructions on how to determine the portion related to the Connecticut business operations. This form is available on the DRS website at www.ct.gov/DRS.

Line 4 - Capital Gain (Loss)

Enter in Column B the amount of capital gain (loss) from income derived from or connected with sources within Connecticut.

Line 5 - Rents, Royalties, Pass-Through Entities (Partnerships, S Corporations), and Other Trusts and Estates

Include in Column B net rents and royalties from:

1. Real property situated in Connecticut whether or not used in or connected with a business;

2. Tangible personal property not used in or connected with a business if the property has an actual location in Connecticut; **and**
3. Tangible and intangible personal property used in or connected with a trade or business carried on in Connecticut by the trust or estate.

If the estate or trust received a federal Schedule K-1 and a Schedule CT K-1 from a partnership, S corporation, or other pass-through entity, use the corresponding lines on Form CT-1041FA to report the income from the pass-through entity (for example, interest, dividends, capital gains).

Line 6 - Farm Income (Loss)

Enter in Column B the net income (loss) from farming carried on in Connecticut by the trust or estate. If farming is carried on both within and outside of Connecticut and the Connecticut income can be adequately determined from the books and records of the farm, enter on Line 6, Column B, the net income (loss) from farming carried on in Connecticut. If the Connecticut income cannot be adequately determined from the books and records of the farm, refer to Schedule CT-1040BA for instructions on how to determine the portion related to the Connecticut business operations.

Line 7 - Ordinary Gain (Loss)

Enter in Column B the amount of any ordinary gain (loss) from federal Form 4797 derived from or connected with sources within Connecticut.

Line 8 - Other Income

Enter in Column B any income derived from or connected with sources within Connecticut not reportable elsewhere in Part 3.

Line 9

Add Lines 1 through 8.

Lines 10 through 14

Enter in Column B only that portion of each item of deduction reported in Column A that relates to income derived from or connected with sources within Connecticut as reported in Column B on Lines 1 through 8.

Line 15

Enter on Line 15, Column A, the deduction allowed to trusts and estates under I.R.C. §642(b). Use the following calculation to determine the amount of the §642 deduction to be reported on Line 15, Column B:

$$\text{Line 15, Column B} = \frac{\text{Part 3, Line 9, Column B}}{\text{Part 3, Line 9, Column A}} \times \text{Line 15, Column A}$$

Line 16

Add Lines 10 through 15.

Line 17 - Adjusted Total Income (Loss)

Subtract Line 16 from Line 9 and enter the result.

For Lines 18 through 24, enter in Column B only that portion of Column A that relates to Connecticut sources.

Line 18

Enter on Line 18, Column A, the amount from federal Form 1041, Schedule D, Line 15(1).

Line 19

Enter on Line 19, Column A, the amount from federal Form 1041, Schedule A, Line 1 (long term and short term capital gain portion only).

Line 20

Enter on Line 20, Column A, the amount from federal Form 1041, Schedule A, Line 4.

Line 21

If the amount on Line 4 of this schedule is a loss, enter that amount on Line 21, Column A, as a positive figure. Otherwise, enter "0."

Line 22

Add Lines 17 through 21.

Line 23

If Line 4 of this schedule is a gain, enter that amount. Otherwise, enter "0."

Line 24 - Distributable Net Income

Subtract Line 23 from Line 22. Enter the amount from Part 3, Line 24, Column B, on Part 2, Total line, Column 3.

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Amended Return

Use Form CT-1041 to amend a previously-filed Connecticut income tax return for trusts and estates. Check the *Amended Return* box on the front of Form CT-1041. Enter the amount paid with the original return on Line 12. If an amended Form CT-1041 is filed to have an overpayment of Connecticut income tax refunded or credited, it must be filed before the Connecticut statute of limitations expires. Generally, the Connecticut statute of limitations for refunding or crediting any Connecticut income tax overpayment expires three years after the due date of the return, but if a timely request for

an extension of time to file a return was filed, the statute of limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If an amended return is not timely filed, a penalty may be imposed. If additional tax is due, interest will apply. See *Interest and Penalties* on Page 11.

Do not file an amended Form CT-1041 to have an overpayment refunded instead of applied to next year's estimated tax. The elections you made on the original return cannot be changed by filing an amended Form CT-1041.

The following circumstances require the filing of an amended Form CT-1041. **Attach** a statement explaining the reason for filing an amended return.

| | |
|---|---|
| <p>1. The IRS or federal courts change or correct the federal income tax return and the change or correction results in the trust's or estate's Connecticut income tax being overpaid or underpaid.</p> | <p>File no later than 90 days after the final determination. If the fiduciary files an amended Form CT-1041 no later than 90 days after the final determination, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to the trust or estate even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. The fiduciary of the trust or estate filed a timely amended federal income tax return and the amendment results in the Connecticut income tax being overpaid or underpaid.</p> | <p>File no later than 90 days after the date you filed a timely amended federal income tax return. If the fiduciary files an amended Form CT-1041 no later than 90 days after the date of filing the timely amended federal income tax return, any Connecticut income tax overpayment resulting from filing the timely amended federal income tax return will be refunded or credited to the trust or estate even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. The fiduciary claimed a credit for income tax paid to a qualifying jurisdiction on the original income tax return and the tax officials or courts of that qualifying jurisdiction made a change or correction to the income tax return and the change or correction results in the Connecticut income tax being overpaid or underpaid by increasing or decreasing the amount of the allowable credit.</p> | <p>File no later than 90 days after the final determination. If the fiduciary files an amended Form CT-1041 no later than 90 days after the final determination and the fiduciary claimed credit for income tax paid to a qualifying jurisdiction on the original income tax return, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to the trust or estate even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>4. The fiduciary claimed a credit for income tax paid to a qualifying jurisdiction on the original income tax return and the fiduciary filed a timely amended income tax return with that qualifying jurisdiction and the amendment results in the Connecticut income tax being overpaid or underpaid by increasing or decreasing the amount of the allowable credit.</p> | <p>File no later than 90 days after the date you filed an amended return with the qualifying jurisdiction. If the fiduciary files an amended Form CT-1041 no later than 90 days after the final determination and the fiduciary claimed credit for income tax paid to a qualifying jurisdiction on the original income tax return, any Connecticut income tax overpayment resulting from the final determination will be refunded or credited to the trust or estate even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>5. None of the above circumstances apply, but the fiduciary made a mistake or omission on the Connecticut income tax return and the mistake or omission results in the Connecticut income tax being overpaid or underpaid.</p> | <p>File no later than three years after the due date of the return, or if you filed a timely request for an extension of time to file, three years after the date of filing the return or three years after the extended due date, whichever is earlier.</p> |

Notes

DRS Is Going Green ... And So Can You

E-Filing Is Green Filing

Eliminate the use of paper and fuel used to transport returns through the mail. File and pay electronically instead. Visit www.ct.gov/TSC to create an account and eliminate the paper clutter in your life.

Connecticut tax filers can file most tax returns, extensions, and estimates using the **Taxpayer Service Center (TSC)** at www.ct.gov/TSC for free.

Greener Money With Direct Deposit

Stop those paper checks and driving to the bank to deposit your Connecticut income tax refund by choosing direct deposit! **A direct deposit refund when filing through TSC is the fastest way to get your tax refund into your account!**

Green Means Stop ... Receiving Paper Returns

If you file a paper return using commercial software or a tax practitioner, check the box to stop receiving a paper return. Mark your electronic calendar to remind you to purchase new software or contact your preparer.

| | | | |
|--|---|---|-----------------|
| Internet | Tax Information | Forms and Publications | Internet |
| | The <i>TSC</i> includes a comprehensive <i>FAQ</i> database with more than 600 searchable answers. Search by category, tax type, keyword, or phrase. | Connecticut forms and publications may be viewed, downloaded, or printed by visiting www.ct.gov/DRS the DRS website. | |
| Phone | For telephone assistance, call our Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere). | 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) and select Option 2 ; or 860-297-4753 (from anywhere). | Phone |
| Email | Send routine tax questions to drs@po.state.ct.us (do not send account related inquiries). For account-related questions, including bill and refund inquiries, use the Secure Mailbox feature by logging into the DRS electronic <i>TSC</i> . | Email requests, including your name, address (street, city, state, and ZIP code), and the name or number of the tax product to ctforms.drs@po.state.ct.us | Email |
| Walk-In | Free personal taxpayer assistance and forms are available by visiting our Hartford office at 25 Sigourney Street, Hartford CT. Walk-in assistance is available Monday through Friday, 8:30 a.m. to 4:00 p.m. Directions to DRS Hartford office are available using our phone menu or visiting the DRS website. If you require special accommodations, please advise the DRS representative. | | Walk-In |
| Federal Tax Information | | Statewide Services | |
| For questions about federal taxes , visit www.irs.gov or call the Internal Revenue Service (IRS) at 1-800-829-1040. To order federal tax forms , call 1-800-829-3676. | | Visit the <i>ConneCT</i> website at www.ct.gov for information on statewide services and programs. | |

Form CT-1041 EXT
Application for Extension of Time to File
Connecticut Income Tax Return for Trusts and Estates

2009

Complete this form in blue or black ink only. Read instructions on reverse before completing this application.

| | | | |
|-------------------------|-----------------------------|---|----------|
| Name and Address | Name of trust or estate | Federal Employer Identification Number (FEIN) | |
| | Name and title of fiduciary | DRS use only - - 20 | |
| Please type or print. | Address of fiduciary | Number and street | PO Box |
| | City, town, or post office | State | ZIP code |
| | | Decedent's Social Security Number (SSN): For estates only | |



Electronically file Form CT-1041 EXT

This is not an extension of time to pay your tax. You must include payment of any tax due or penalty and interest may apply. See instructions. However, if you expect to owe **no additional** Connecticut income tax for the 2009 taxable year, after taking into account any Connecticut income tax withheld or estimated Connecticut income tax payments you made, or both, and you **requested an extension of time to file your 2009 federal income tax return**, you are not required to file **Form CT-1041 EXT**.

I request a **five-month extension** of time to **September 15, 2010**, to file my Connecticut income tax return for trusts and estates for calendar year 2009 or until _____, _____, for fiscal year ending ► _____, _____.

I have requested a federal extension on federal Form 7004, Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, for calendar year 2009 or fiscal year beginning _____, _____ and ending _____, _____. Yes No

If **No**, the reason for the Connecticut extension is _____

You will be notified only if your extension request is denied.

| | | |
|---|-----|----|
| 1. Total Connecticut income tax liability for 2009: You may estimate this amount. An amount must be entered on Line 1. If you do not expect to owe income tax, enter "0."..... | 1 | 00 |
| 2. Connecticut income tax withheld..... | 2 | 00 |
| 3. 2009 estimated Connecticut income tax payments including any 2008 overpayments credited to 2009..... | 3 | 00 |
| 4. Add Line 2 and Line 3. | 4 | 00 |
| 5. Connecticut income tax balance due: Subtract Line 4 from Line 1. Pay in full with this form. If Line 4 is greater than Line 1, enter "0." | ► 5 | 00 |

Visit the Department of Revenue Services (DRS) **Taxpayer Service Center (TSC)** website at www.ct.gov/TSC to electronically file your return and to make a direct tax payment or to download and print the return.

Pay by Mail: Make check payable to: **Commissioner of Revenue Services**. To ensure payment is applied to your account, write the FEIN of the trust or estate and "**2009 Form CT-1041 EXT**" on the front of the check. The DRS may submit your check to your bank electronically.

Mail paper return and check to: Department of Revenue Services, State of Connecticut, PO Box 2934, Hartford CT 06104-2934

Declaration: 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 or document 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.

| | | | |
|--|--|------|--|
| Sign Here | Signature of fiduciary or officer representing fiduciary | Date | Telephone number () |
| | Paid preparer's signature | Date | Preparer's Tax Identification Number (PTIN) or SSN |
| Keep a copy of this form for your records. | Firm's name and address | | Firm's FEIN |
| | | | Telephone number |

Form CT-1041 EXT Instructions

Purpose: Use **Form CT-1041 EXT** to request a **five-month extension to file** your Connecticut income tax return for trusts and estates. Complete the return in blue or black ink only. It is not necessary to include a reason for the Connecticut extension request if you have already filed an extension on federal Form 7004 with the Internal Revenue Service (IRS). If federal Form 7004 was not filed, the fiduciary can apply for a five-month extension to file a Connecticut income tax return provided there is reasonable cause for the request.

Exception

If you expect to owe no additional Connecticut income tax for the 2009 taxable year, after taking into account any Connecticut income tax withheld or any estimated Connecticut income tax payments you have made, or both, and you have requested an extension of time to file your 2009 federal income tax return, you are not required to file Form CT-1041 EXT.

Federal Employer Identification Number (FEIN)

The Department of Revenue Services (DRS) no longer processes income tax returns for trusts and estates without an FEIN. You can no longer write "applied for" in the FEIN field. You must have applied for and been issued an FEIN before you file a return. However, if you have not received the FEIN by April 15 for the calendar year filers or by the fifteenth day of the fourth month following the close of the taxable year for noncalendar year filers, file the return without the FEIN and pay the tax due. DRS will contact you upon receipt of the return and will hold the return until you receive the FEIN and forward the information to DRS. For information on how to obtain an FEIN, contact the IRS. See the back cover of the Form CT-1041 instruction booklet.

Where to File

File electronically: Form CT-1041EXT can be filed electronically through the DRS **Taxpayer Service Center (TSC)**. The **TSC** allows taxpayers to electronically file, pay, and manage state tax responsibilities. Visit www.ct.gov/TSC to make electronic transactions or administer your tax account online. If you file electronically, you are expected to pay electronically at the time of filing.



File a Paper Return

Mail paper returns to:
Department of Revenue Services
State of Connecticut
PO Box 2934
Hartford CT 06104-2934

Pay Electronically: Visit www.ct.gov/TSC to make a direct tax payment. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. If you pay electronically, you must still file your return on or before the due date.

How to Get an Extension to File and Pay

To obtain a Connecticut extension of time to file if the exception above does not apply, the fiduciary **must**:

1. Complete Form CT-1041 EXT in its entirety;
2. File it on or before the due date of the return; **and**
3. Pay the amount shown on Line 5.

DRS will notify you **only** if your request is denied.

Form CT-1041 EXT **only** extends the **time to file** the Connecticut income tax return. Form CT-1041 EXT **does not** extend the **time** to pay the income tax.

Trust or estates may qualify for a six-month extension of time to pay the tax. To request this extension, you must file **Form CT-1127, Application for Extension of Time for Payment of Income Tax**, with the timely-filed Connecticut income tax return or extension request.

Interest and Penalty

Interest: In general, interest applies to any portion of the tax not paid on or before the original due date of the return.

If the tax is not paid when due, the trust or estate will owe interest at the rate of 1% per month or fraction of a month until the tax is paid in full.

Late Payment Penalty: The penalty for underpayment of tax is 10% of the tax not paid on or before the original due date of the return or \$50, whichever is greater.

Late Filing Penalty: The Commissioner of Revenue Services may impose a \$50 penalty for failure to file any return or report that is required by law to be filed.

When to File Form CT-1041 EXT

File Form CT-1041 EXT on or before April 15, 2010. If the taxable year is other than the calendar year, file Form CT-1041 EXT on or before the fifteenth day of the fourth month following the close of the taxable year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Required Information

The following information must be provided when completing Form CT-1041 EXT:

1. Name of the trust or estate;
2. FEIN of the trust or estate;
3. Name and title of the fiduciary;
4. Address of the fiduciary; **and**
5. Decedent's Social Security Number (SSN) for estates only.

Signature

The fiduciary or an officer representing the fiduciary must sign this form.

Paid Preparer Information

A paid preparer must sign and date Form CT-1041 EXT. Paid preparers must also enter their Preparer Tax Identification Number (PTIN) or SSN and their firm's FEIN in the spaces provided.

Others Who May Sign

Anyone with a signed Power of Attorney on file may sign on your behalf.

If a fiduciary is unable by reason of illness, absence, or other good cause to sign a request for an extension, any person standing in a close personal or business relationship to the fiduciary, including attorneys, accountants, and enrolled agents, may sign the request on his or her behalf and is considered a duly authorized agent for this purpose provided the request establishes the reasons for a signature other than that of the fiduciary and states the relationship existing between the fiduciary and the signer.

Form CT-1041ES

(Rev. 12/09)

2010 Estimated Connecticut Income Tax Payment Coupon for Trusts and Estates

General Instructions

Complete this form in blue or black ink only.

Who Should File This Coupon: Use this coupon if you must make estimated income tax payments for 2010.

Nonresident Trusts and Estates and Part-Year Resident Trusts: Nonresident trusts and estates are subject to Connecticut income tax on their Connecticut-sourced income. Part-year resident trusts are taxed on all income received while a resident trust of Connecticut and on income received from Connecticut sources while a nonresident trust. Connecticut-sourced income includes but is not limited to income from a business, profession, occupation, or trade conducted in this state as well as income from the rental or sale of real or tangible property located in Connecticut.

Who Must Make Estimated Payments: In most cases, a payment of estimated income tax is required if your Connecticut income tax (after tax credit) minus Connecticut tax withheld is \$1,000 or more and you expect your Connecticut income tax withheld to be less than your required annual payment.

The required annual payment is the **lesser** of:

- 90% of the income tax shown on the 2010 Connecticut income tax return; **or**
- 100% of the income tax shown on the 2009 Connecticut income tax return if the fiduciary filed a 2009 Connecticut income tax return that covered a 12-month period.

The fiduciary does not have to make estimated income tax payments if:

- The trust or estate was a resident trust or estate during the 2009 taxable year and did not file a 2009 Connecticut income tax return because the trust or estate had no Connecticut income tax liability; **or**
- The estate or trust was a nonresident estate or nonresident or part-year resident trust with Connecticut-sourced income during the 2009 taxable year and did not file a 2009 Connecticut income tax return because the estate or trust had no Connecticut income tax liability.

If a nonresident estate or trust or part-year resident trust did **not** have Connecticut-sourced income in 2009, the fiduciary **must** use 90% of the income tax shown on the 2010 Connecticut income tax return as the required annual payment.

Except as provided below, a trust created in 2010 must use 90% of the income tax shown on the 2010 **Form CT-1041**, *Connecticut Income Tax Return for Trust and Estates*, as the required annual payment.

Exceptions

Decedent's Estates: For any taxable year ending before the date that is two years after a decedent's death, the decedent's estate is not required to make estimated payments and no underpayment interest will be charged.

Certain Grantor Trusts: For any taxable year ending before the date that is two years after a decedent's death, a trust is not required to make

estimated payments and no underpayment interest will be charged if:

- The trust was created under Internal Revenue Code (I.R.C.) §§671 through 679, inclusive, as owned by the decedent and will receive the residue of the decedent's estate under the will; **or**
- If no will is admitted to probate, the trust primarily responsible for paying debts, taxes, and expenses of administration.

When to File: Estimated payments for the 2010 taxable year are due April 15, June 15, September 15, 2010, and January 15, 2011. Fiscal year filers should follow federal filing due dates. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. An estimate is considered timely filed if received or if the date shown by the U.S. Postal Service cancellation mark is on or before the due date.

Your return will meet the timely filed and timely payment rules if the U.S. Postal Service cancellation date, or the date recorded or marked by a designated private delivery service (PDS) using a designated type of service, is on or before the due date. Not all services provided by these designated PDSs qualify. This list is subject to change. See **Policy Statement 2008(3)**, *Designated Private Delivery Services and Designated Types of Service*.

How Much Should I Pay: Complete the *2010 Estimated Connecticut Income Tax Worksheet* on the back to calculate your required annual payment.

Estimated Payment Rules for Farmers or Fishermen: If the trust or estate had income from farming or fishing as provided in I.R.C. §6654(i)(2), the required installment is the lesser of 66⅔% of the Connecticut income tax shown on the 2010 Form CT-1041 return or 100% of the Connecticut income tax shown on the 2009 Form CT-1041 if a 2009 Form CT-1041 was filed and it covered a 12-month period.

If the trust or estate is required to make 2010 estimated income tax payments, you must do one of the following:

- Pay the required installment on or before January 15, 2011; **or**
- File Form CT-1041 for 2010 on or before March 1, 2011, and pay the full amount computed on the return. In this case, do not make estimated tax payments for 2010.

See **Informational Publication 2008(19)**, *Farmer's Guide to Sales and Use Taxes, Motor Vehicles Fuels Tax, Estimated Income Tax, and Withholding Tax*, or **Informational Publication 2009(14)**, *Fisherman's Guide to Sales and Use Tax and Estimated Income Tax*.

Annualized Income Installment Method: If the income from the trust or estate varies throughout the year, using the **annualized income installment method** may help you reduce or eliminate the amount of the estimated tax payment for one or more periods. See **Informational Publication 2009(30)**, *A Guide to Calculating Your Annualized Estimated Income Tax Installments and Worksheet CT-1040 AES*.

Interest: If enough tax is not paid through withholding or estimated payments, or both, by any installment due date, the trust or estate will be charged interest even if a refund is due when you file the tax return.

Completing the Payment Coupon

Complete the attached payment coupons. Be sure to enter all the required taxpayer identification information. Enter the payment amount on Line 1 of this coupon. In determining your payment amount, you may subtract from your installment amount any **available** overpayment of 2009 income tax.

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| (Rev. 12/09) Estimated Connecticut Income Tax Payment for Trusts and Estates | | 2010 CT-1041ES | |
|---|---------|---|-------------------------|
| Complete this form in blue or black ink only. | | Payment | For taxable year ending |
| Federal Employer Identification Number (FEIN) | ▶ _____ | 4 | |
| Name of trust or estate | | DRS use only | _____ 20 |
| Name and title of fiduciary | | 1. Payment amount | ▶ _____ 00 |
| Address (number and street) | PO Box | <ul style="list-style-type: none"> • See instructions for filing requirements. Print all information. • DRS may submit your check to your bank electronically. • Make check payable to: Commissioner of Revenue Services. • Write the FEIN of the trust or estate and "2010 Form CT-1041ES" on the check. If you do not have an FEIN, see Page 13 of the 2009 instruction booklet for Form CT-1041. | |
| City or town, state, and ZIP code | | | |

Send completed coupon and payment to:
Department of Revenue Services
State of Connecticut
PO Box 2934
Hartford CT 06104-2934



Interest is figured separately for each installment. Therefore, you may owe interest for an earlier installment even if you paid enough tax later to make up for the underpayment. Interest at 1% per month or fraction of a month will be added to the tax due until the earlier of April 15, 2011, or the date on which the underpayment is paid.

If you file your income tax return for the 2010 taxable year on or before January 31, 2011, and pay the full amount computed on the return as payable for the taxable year, no interest will be calculated on the underpayment of estimated income tax for the fourth required installment. This does not apply to taxpayers paying estimated Connecticut income taxes as farmers or fishermen.

How to File and Pay: Visit www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to electronically file your return and make a direct tax payment or to download and print the return. If you choose, you can mail the completed payment coupon to the address listed on the coupon.



For More Information: Call the Department of Revenue Services (DRS) during business hours, Monday through Friday, at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911.

2010 Estimated Connecticut Income Tax Worksheet

| | | | |
|---|-----|---|----|
| 1. Federal taxable income of trust or estate you expect in 2010 | 1. | | 00 |
| 2. Allowable Connecticut fiduciary adjustments: Additions or subtractions, see instructions. | 2. | | 00 |
| 3. Connecticut taxable income: Add Line 1 and Line 2. Nonresident trusts and estates and part-year resident trusts without any nonresident, noncontingent beneficiaries: Enter your income from Connecticut sources if greater than your Connecticut taxable income. | 3. | | 00 |
| 4. Connecticut income tax: Multiply Line 3 by 6.5% (.065). | 4. | | 00 |
| 5. Apportionment factor: Connecticut resident trusts and estates, enter 1.0000. Nonresident trusts and estates and part-year resident trusts, see instructions. | 5. | . | |
| 6. Multiply Line 4 by Line 5. | 6. | | 00 |
| 7. Net credit for income taxes due to qualifying jurisdictions: See instructions. | 7. | | 00 |
| 8. Subtract Line 7 from Line 6. | 8. | | 00 |
| 9. Estimated Connecticut alternative minimum tax: See instructions. | 9. | | 00 |
| 10. Add Line 8 and Line 9. | 10. | | 00 |
| 11. Adjusted net Connecticut minimum tax credit: See instructions. | 11. | | 00 |
| 12. Total estimated income tax: Subtract Line 11 from Line 10. | 12. | | 00 |
| 13. Multiply Line 12 by 90% (0.90). | 13. | | 00 |
| 14. Enter 100% of the income tax shown on your 2009 Connecticut income tax return. See instructions. | 14. | | 00 |
| 15. Enter the lesser of Line 13 or Line 14. If Line 14 is blank, enter the amount from Line 13. This is your required annual payment. See caution below. | 15. | | 00 |

Caution: Generally, if you do not prepay (through timely estimates or withholding, or both) the lesser of 100% of the income tax shown on your 2009 Connecticut income tax return or 90% of the income tax shown on your 2010 Connecticut income tax return, you may owe interest. To avoid interest charges, make sure your estimate is as accurate as possible. You may prefer to pay 100% of the income tax shown on your 2009 Connecticut income tax return.

| | | | |
|--|-----|------------|----|
| 16. Connecticut income tax withheld or expected to be withheld in 2010: If Line 12 minus Line 16 is \$1,000 or less, no estimated payment is required. | 16. | | 00 |
| 17. Subtract Line 16 from Line 15. If the result is zero or less, no estimated payment is required. | 17. | | 00 |
| 18. Installment percentage | 18. | .25 | |
| 19. Multiply Line 17 by Line 18. Pay this amount for each installment. | 19. | | 00 |

Instructions for Completing Worksheet

Line 2: Enter the total of your estimated allowable Connecticut fiduciary adjustments. See the Form CT-1041 instruction booklet for information about allowable adjustments.

Line 3: Nonresident trusts and estates and part-year resident trusts without any nonresident, noncontingent beneficiaries: If the trust or estate's Connecticut-sourced income is greater than the Connecticut gross taxable income, enter the Connecticut-sourced income on this line.

Resident or part-year resident inter vivos trusts with nonresident, noncontingent beneficiaries:

$$\text{CT Taxable Income} = \text{CT-Sourced Income} + \left(\frac{\text{Non-CT-Sourced Income During Total Period of CT Residency}}{\text{Total Noncontingent Beneficiaries}} \times \frac{\text{Resident, Noncontingent Beneficiaries}}{\text{Total Noncontingent Beneficiaries}} \right)$$

Line 5: Nonresident trusts and estates and part-year resident trusts without any nonresident, noncontingent beneficiaries: If the trust or estate's Connecticut-sourced income is less than the Connecticut gross taxable income, complete the calculation below and enter the result on Line 5.

$$\frac{\text{Connecticut-Sourced Income}}{\text{Connecticut Taxable Income (Line 3)}} = \text{Line 5}$$

Do not enter a number less than zero or greater than 1. If the result is zero or less, enter "0." If greater than 1, enter 1.0000. Round to four decimal places.

Line 7: Resident estates, resident trusts, and part-year resident trusts only: Enter estimated allowable net credit for income taxes due and paid to other jurisdictions. Enter "0" if not applicable. See *Credit for Income Taxes Paid to Qualifying Jurisdictions* and *Worksheet Instructions* in the Form CT-1041 instruction booklet.

Line 9: If the trust or estate expects to owe federal alternative minimum tax in 2010, it may also owe Connecticut alternative minimum tax. Enter the estimated Connecticut alternative minimum tax liability. See instructions for **Form CT-1041 Schedule I, Connecticut Alternative Minimum Tax Return Computation of Trusts and Estates**.

Line 11: Enter estimated allowable adjusted net Connecticut minimum tax credit. Enter "0" if the trust or estate is not entitled to a credit or if you entered an amount on Line 9. See instructions for **Form CT-8801, Credit for Prior Year's Connecticut Minimum Tax for Individuals, Trusts, and Estates**.

Line 14: If the 2009 Connecticut income tax return covered a 12-month period, enter the amount from the 2009 Form CT-1041, Line 9. If the trust or estate was a resident in 2009 and did not file a 2009 Connecticut income tax return because it had no Connecticut income tax liability, enter "0." If the trust or estate was a nonresident or part-year resident in 2009 with Connecticut-sourced income and did not file a 2009 Connecticut income tax return because it had no Connecticut income tax liability, enter "0." All other taxpayers must leave Line 14 blank.

| | |
|---|---|
| (Rev. 12/09) Estimated Connecticut Income Tax Payment for Trusts and Estates 2010 Complete this form in blue or black ink only. CT-1041ES | |
| Federal Employer Identification Number (FEIN) ▶ _____ | Payment 3 For taxable year ending _____ |
| Name of trust or estate | DRS use only ▶ _____ 20 |
| Name and title of fiduciary | 1. Payment amount ▶ _____ 00 |
| Address (number and street) PO Box | <ul style="list-style-type: none"> See instructions for filing requirements. Print all information. DRS may submit your check to your bank electronically. Make check payable to: Commissioner of Revenue Services. Write the FEIN of the trust or estate and "2010 Form CT-1041ES" on the check. If you do not have an FEIN, see Page 13 of the 2009 instruction booklet for Form CT-1041. |
| City or town, state, and ZIP code | |

Send completed coupon and payment to:
 Department of Revenue Services
 State of Connecticut
 PO Box 2934
 Hartford CT 06104-2934



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| | |
|---|---|
| (Rev. 12/09) Estimated Connecticut Income Tax Payment for Trusts and Estates 2010 Complete this form in blue or black ink only. CT-1041ES | |
| Federal Employer Identification Number (FEIN) ▶ _____ | Payment 2 For taxable year ending _____ |
| Name of trust or estate | DRS use only ▶ _____ 20 |
| Name and title of fiduciary | 1. Payment amount ▶ _____ 00 |
| Address (number and street) PO Box | <ul style="list-style-type: none"> See instructions for filing requirements. Print all information. DRS may submit your check to your bank electronically. Make check payable to: Commissioner of Revenue Services. Write the FEIN of the trust or estate and "2010 Form CT-1041ES" on the check. If you do not have an FEIN, see Page 13 of the 2009 instruction booklet for Form CT-1041. |
| City or town, state, and ZIP code | |

Send completed coupon and payment to:
 Department of Revenue Services
 State of Connecticut
 PO Box 2934
 Hartford CT 06104-2934



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| | |
|---|---|
| (Rev. 12/09) Estimated Connecticut Income Tax Payment for Trusts and Estates 2010 Complete this form in blue or black ink only. CT-1041ES | |
| Federal Employer Identification Number (FEIN) ▶ _____ | Payment 1 For taxable year ending _____ |
| Name of trust or estate | DRS use only ▶ _____ 20 |
| Name and title of fiduciary | 1. Payment amount ▶ _____ 00 |
| Address (number and street) PO Box | <ul style="list-style-type: none"> See instructions for filing requirements. Print all information. DRS may submit your check to your bank electronically. Make check payable to: Commissioner of Revenue Services. Write the FEIN of the trust or estate and "2010 Form CT-1041ES" on the check. If you do not have an FEIN, see Page 13 of the 2009 instruction booklet for Form CT-1041. |
| City or town, state, and ZIP code | |

Send completed coupon and payment to:
 Department of Revenue Services
 State of Connecticut
 PO Box 2934
 Hartford CT 06104-2934



Form CT-1065/CT-1120SI
Connecticut Composite Income Tax Return

2009

Complete this form in blue or black ink only. See instructions before completing this return.
 Visit www.ct.gov/TSC to file and pay this return electronically.

For calendar year 2009, or other taxable year ▶ beginning _____, 2009, and ▶ ending _____.

| | | | | |
|---|------------------|---------------------|--|--|
| Name of pass-through entity (PE) ▶ _____ | | | Federal Employer ID Number (FEIN) ▶ _____ | |
| Number and street ▶ _____ | | PO Box ▶ _____ | DRS use only - - 20 | |
| City or town ▶ _____ | State ▶ _____ | ZIP code ▶ _____ | Connecticut Tax Registration Number ▶ _____ | |

Type of PE

- ▶ Electing large partnership (ELP) ▶ General partnership (GP) ▶ S corporation
 ▶ Limited liability partnership (LLP) ▶ Limited partnership (LP) ▶ Partnership (LLC treated as a partnership)

Pass-Through Entity Information

Complete this section first and then complete Part I, *Schedule C*.

- A. Check here if ▶ Final return (out of business in Connecticut) Date of dissolution: _____ / ____ / 20 ____
 Amended return Short period return Explanation: _____
- B. Change of address. See instructions, Page 15.
- C. Total number of noncorporate members as of the close of the PE's taxable year:
 Resident (RI, RE, RT) ▶ _____ Nonresident (NI, NE, NT, PE) ▶ _____
- D. Enter the six-digit Business Code Number from federal Form 1065 or federal Form 1120S.
 Business Code Number ▶ _____
- E. Date business began: _____ / ____ / ____ Date business began in Connecticut: _____ / ____ / ____
- F. Does this PE own, directly or indirectly, an interest in Connecticut real property? ▶ Yes ▶ No
- G. Was a controlling interest in this PE transferred? If **Yes**, enter transferor name and Social Security Number (SSN) or FEIN below. ▶ Yes ▶ No
 Transferor name: _____ SSN or FEIN: _____
- H. Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? If **Yes**, enter name and FEIN below. ▶ Yes ▶ No
 Name: _____ FEIN: _____

Part I Schedule A – PE Computation of Composite Tax Due

| | | | |
|---|-----|--|----|
| 1. Total Connecticut-sourced income included in composite return from Part I, <i>Schedule B</i> , Line 10, Column C. ▶ | 1. | | 00 |
| 2. Tax liability: Multiply Line 1 by 6.5% (.065). ▶ | 2. | | 00 |
| 3. <i>Reserved for future use.</i> ▶ | 3. | | |
| 4. Payment made with Form CT-1065/CT-1120SI EXT ▶ | 4. | | 00 |
| 5. Parent PE only: Enter amount from Part I, <i>Schedule D</i> , Line 10, Column C. ▶ | 5. | | 00 |
| 6. Add Line 4 and Line 5. ▶ | 6. | | 00 |
| 7. Amount to be refunded to PE: If Line 6 is more than Line 2, subtract Line 2 from Line 6. ▶ | 7. | | 00 |
| 8. Amount of tax owed: If Line 2 is more than Line 6, subtract Line 6 from Line 2. ▶ | 8. | | 00 |
| 9. If late, enter penalty. See instructions. ▶ | 9. | | 00 |
| 10. If late, enter interest. Multiply the amount on Line 8 by 1% (.01). Multiply the result by the number of months or fraction of a month late. ▶ | 10. | | 00 |
| 11. Balance due with this return: Add Lines 8 through 10 ▶ | 11. | | 00 |

Partnership: Attach a complete copy of federal Form 1065 (excluding federal K-1s).
S corporation: Attach a complete copy of federal Form 1120S (excluding federal K-1s).

Part I Schedule B – PE Member Composite Return Attach supplemental attachment(s), if needed.

| Column A | | Column B | Column C | | Column D | |
|---|---------------------|--|---|----|---|----|
| Member # From Part IV | Member Type Code | Identification Number See instructions. | Connecticut-Sourced Income See instructions. | | Connecticut Income Tax Liability Column C X .065 | |
| 1. | | ▶ | | 00 | | 00 |
| 2. | | ▶ | | 00 | | 00 |
| 3. | | ▶ | | 00 | | 00 |
| 4. | | ▶ | | 00 | | 00 |
| 5. | | ▶ | | 00 | | 00 |
| 6. | | ▶ | | 00 | | 00 |
| 7. | | ▶ | | 00 | | 00 |
| 8. | | ▶ | | 00 | | 00 |
| 9. Subtotal(s) from supplemental attachment(s) | | | | 00 | | 00 |
| 10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, Schedule A, Line 1. | | | | 00 | | |
| 11. Total composite return tax liability: Add Lines 1 through 9, Column D. | | | | | | 00 |

Part I Schedule C – Federal Schedule K Information (Form 1065 or Form 1120S)

| All PEs must complete this schedule. | | Column A Amounts Reported by This PE on Federal Schedule K | Column B Amount From Subsidiary PE(s) | Column C Column A minus Column B |
|---|-------|---|---|--|
| 1. Ordinary business income (loss)..... | 1. ▶ | 00 | 00 | 00 |
| 2. Net rental real estate income (loss)..... | 2. ▶ | 00 | 00 | 00 |
| 3. Other net rental income (loss)..... | 3. ▶ | 00 | 00 | 00 |
| 4. Guaranteed payments..... | 4. ▶ | 00 | 00 | 00 |
| 5. Interest income..... | 5. ▶ | 00 | 00 | 00 |
| 6a. Ordinary dividends | 6a. ▶ | 00 | 00 | 00 |
| 6b. Qualified dividends..... | 6b. ▶ | 00 | 00 | 00 |
| 7. Royalties..... | 7. ▶ | 00 | 00 | 00 |
| 8. Net short-term capital gain (loss) | 8. ▶ | 00 | 00 | 00 |
| 9a. Net long-term capital gain (loss)..... | 9a. ▶ | 00 | 00 | 00 |
| 9b. Collectibles (28%) gain (loss)..... | 9b. ▶ | 00 | 00 | 00 |
| 9c. Unrecaptured section 1250 gain | 9c. ▶ | 00 | 00 | 00 |
| 10. Net section 1231 gain (loss)..... | 10. ▶ | 00 | 00 | 00 |
| 11. Other income (loss): Attach statement. | 11. ▶ | 00 | 00 | 00 |
| 12. Section 179 deduction..... | 12. ▶ | 00 | 00 | 00 |
| 13. Other deductions: Attach statement. | 13. ▶ | 00 | 00 | 00 |

Part I Schedule D – Connecticut-Sourced Income From Subsidiary PE(s) Attach supplemental attachment(s), if needed.

Only a parent PE must complete this schedule.

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, and C.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

| Name of Subsidiary PE | FEIN | Column A Amount Reported on Federal K-1 | Column B Amount From Connecticut Sources | Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1 | |
|---|------|---|--|--|----|
| 1. | ▶ | 00 | 00 | ▶ 00 | |
| 2. | ▶ | 00 | 00 | ▶ 00 | |
| 3. | ▶ | 00 | 00 | ▶ 00 | |
| 4. | ▶ | 00 | 00 | ▶ 00 | |
| 5. | ▶ | 00 | 00 | ▶ 00 | |
| 6. | ▶ | 00 | 00 | ▶ 00 | |
| 7. | ▶ | 00 | 00 | ▶ 00 | |
| 8. | ▶ | 00 | 00 | ▶ 00 | |
| 9. Subtotal(s) from supplemental attachment(s) | | 00 | 00 | 00 | |
| 10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, Schedule A, Line 5. | | | | | 00 |

Part II Allocation and Apportionment of Income

Complete only if all of the following apply:

- There are one or more nonresident noncorporate members or one or more members that are PEs;
- The PE carries on business both within and outside Connecticut; **and**
- The PE does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

| | Column A Totals Everywhere | | Column B Connecticut Only | | Column C Fraction Enter as a decimal. |
|---|-------------------------------|----|------------------------------|----|---|
| 1. Real property owned..... | 1. | 00 | | 00 | Divide Column B by Column A |
| 2. Real property rented from others..... | 2. | 00 | | 00 | |
| 3. Tangible personal property owned or rented | 3. | 00 | | 00 | |
| 4. Property owned or rented: Add Lines 1, 2, and 3. | 4. ▶ | 00 | ▶ | 00 | |
| 5. Employee wages and salaries | 5. ▶ | 00 | ▶ | 00 | |
| 6. Gross income from sales and services..... | 6. ▶ | 00 | ▶ | 00 | |
| 7. Total: Add Lines 4, 5, and 6, Column C. | 7. | | ▶ | . | |
| 8. Apportionment fraction: Divide Line 7 by three or actual number of fractions. | 8. | | ▶ | . | |

Part III Place(s) of Business

Complete only if the PE carries on business both **within and outside** Connecticut.

| Location | Description | Owned or Rented to PE | Activity |
|----------|-------------|-----------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part IV Member Information Attach supplemental attachment(s), if needed.

| Member # | Member Name and Address See instructions for order in which to list and for member type codes. | Member Type Code | FEIN or SSN | % Ownership Enter as a decimal. |
|----------|---|------------------|-------------|------------------------------------|
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |

Part V Member's Share of Connecticut Modifications Attach supplemental attachment(s), if needed.

| | Member | | | Member | | | Member | | | Totals for All Members |
|---|--------|---|----|--------|----|---|--------|---|----|------------------------|
| | # | | | # | | | # | | | |
| 1. Interest on state and local government obligations other than Connecticut | 1. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 2. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 3. Certain deductions relating to income exempt from Connecticut income tax | 3. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 4. Cancellation of debt income | 4. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 5. Other - specify: | 5. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |

Subtractions: Enter all amounts as positive numbers.

| | | | | | | | | | | |
|---|-----|---|----|---|----|---|----|---|----|----|
| 6. Interest on U.S. government obligations | 6. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 7. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax | 8. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 9. Reserved for future use. | 9. | | | | | | | | | |
| 10. Other - specify: | 10. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |

Part VI Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S.

Include member's share of Connecticut modifications from Part V. Attach supplemental attachment(s), if needed.

| | Member | | | Member | | | Member | | | Totals for All Members |
|---|--------|---|----|--------|----|---|--------|---|----|------------------------|
| | # | | | # | | | # | | | |
| 1. Ordinary business income (loss) | 1. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 2. Net rental real estate income (loss) | 2. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 3. Other net rental income (loss) | 3. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 4. Guaranteed payments | 4. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 5. Interest income | 5. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 6a. Ordinary dividends | 6a. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 6b. Qualified dividends | 6b. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 7. Royalties | 7. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 8. Net short-term capital gain (loss) | 8. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 9a. Net long-term capital gain (loss) | 9a. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 9b. Collectibles (28%) gain (loss) | 9b. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 9c. Unrecaptured section 1250 gain | 9c. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 10. Net section 1231 gain (loss) | 10. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 11. Other income (loss): Attach statement. | 11. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 12. Section 179 deduction | 12. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |
| 13. Other deductions: Attach statement. | 13. | ▶ | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 | 00 |

The PE must furnish Schedule CT K-1 to each corporate member, noncorporate member, and each member that is a PE.

Visit the Department of Revenue Services (DRS) website at www.ct.gov/TSC to use the Taxpayer Service Center (TSC) to file and pay this return electronically. To pay by mail, make check payable to Commissioner of Revenue Services. Mail return with payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019. Mail return without payment to: Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

Declaration: 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 or document 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.

| | | | | |
|--|---|----------------------------|---|--|
| Sign Here Keep a copy of this return for your records. | Signature of general partner or corporate officer | Date | May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions, Page 27.) | |
| | Title | Telephone number () | | |
| | Paid preparer's signature | Date | | Preparer's SSN or PTIN <input type="checkbox"/> SSN <input type="checkbox"/> PTIN |
| | Firm's name and address | FEIN ▶ | | Telephone number () |

2009
FORM
CT-1065/
CT-1120SI

Connecticut Composite Income Tax

Return and Instructions

This booklet
contains:

Form CT-1065/
CT-1120SI

Form CT-1065/
CT-1120SI EXT

Schedule CT K-1

Form CT K-1T

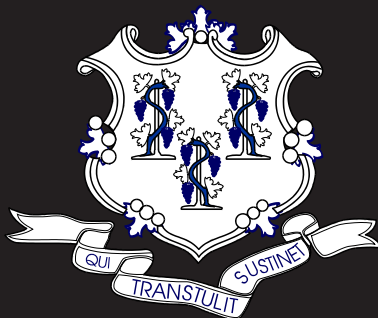
Form CT-1065/
CT-1120SI
Supplemental
Attachment

File Electronically

www.ct.gov/DRS



Taxpayer Service Center



NOTES

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Other Taxes For Which the Pass-Through Entity May Be Liable

The information that follows is a general description of other Connecticut taxes for which a pass-through entity (PE) may be liable. Failure to pay these or any taxes for which the PE is liable may subject the PE to civil and criminal penalties.

Connecticut Income Tax Withholding

Any PE that maintains an office or transacts business in Connecticut (regardless of the location of the payroll department) and is considered an employer for federal income tax withholding purposes must withhold Connecticut income tax from Connecticut wages as defined in Conn. Agencies Reg. §12-706(b)-1. See **Informational Publication 2010(1)**, *Connecticut Employer's Tax Guide - Circular CT*.

Business Entity Tax (BET)

The business entity tax (BET) is an annual tax of \$250 imposed on the following business types:

- S corporations (Qualified subchapter S subsidiaries (QSSS) are not liable for the BET.);
- Limited liability companies (LLCs or SMLLCs) that are, for federal income tax purposes, either:
 - Treated as a partnership, if it has two or more members; **or**
 - Disregarded as an entity separate from its owner, if it has a single member;
- Limited liability partnerships (LLPs); **and**
- Limited partnerships (LPs).

The BET applies to those business entities listed above if either: 1) the entity was formed under Connecticut law; or 2) the entity was not formed under Connecticut law but is required to register with or obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in the state (regardless of whether or not the entities have complied with the requirement). See **Special Notice 2006(12)**, *2006 Legislative Changes Affecting the Business Entity Tax*, and **Informational Publication 2008(26)**, *Q & A on the Business Entity Tax*.

Connecticut Sales and Use Taxes

A PE may be responsible for filing sales and use tax returns. Sales tax is due if the company sells taxable goods or services. Use tax is due on the purchase of taxable goods or services from out-of-state retailers or Connecticut retailers who have not collected the sales tax. Both taxes are reported on **Form OS-114**, *Sales and Use Tax Return*.

Controlling Interest Transfer Taxes

There is a tax imposed on the transfer of a controlling interest in an entity where the entity owns, directly or indirectly, an interest in Connecticut real property. This tax is reported on **Form AU-330**, *Controlling Interest Transfer Taxes*. See **Special Notice 2003(11)**, *Legislation Affecting the Controlling Interest Transfer Tax*.

Real Estate Conveyance Tax

If a PE transfers real estate in Connecticut, it must complete and file **Form OP-236**, *Real Estate Conveyance Tax Return*, in the town in which the real estate is situated.

Registration

A PE must register with the Department of Revenue Services (DRS) for sales and use taxes and Connecticut income tax withholding, as well as most other Connecticut taxes administered by DRS. Visit the DRS website at www.ct.gov/DRS to register online or complete **Form REG-1**, *Business Taxes Registration Application*. If a PE already has a Connecticut Tax Registration Number, additional taxes for which the PE is liable may be added to the registration by contacting the DRS Registration Unit at **860-297-4885**.

Abusive Tax Shelters

Any individual or business entity that fails to disclose their participation in an abusive tax shelter designated by the Internal Revenue Service (IRS) as a *listed transaction* is subject to audit penalties of 75% of the tax deficiency that results from the tax shelter activity. To fulfill the Connecticut disclosure requirement, any taxpayer (individual or entity) that has participated in a listed transaction must file a completed **Form CT-8886**, *Connecticut Listed Transaction Disclosure Statement*, with DRS. Form CT-8886 must be filed for each taxable year for which a taxpayer participates in, or receives a benefit from, a listed transaction.

What's New

Requirement to Attach Copies of Federal Forms

Taxpayers completing a paper **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, are required to attach a copy of **completed** federal Form 1065, U.S. Return of Partnership Income, or federal Form 1120S, U.S. Income Tax Return for an S Corporation. Do **not** attach copies of federal Schedule K-1 (Form 1065), Partner's Share of Income, Deductions, Credits, etc., or Schedule K-1 (Form 1120S), Shareholders Share of Income, Deductions, Credits, etc.

Cancellation of Debt Income

Section 1231 of the American Recovery and Reinvestment Act of 2009 allows a taxpayer, at the taxpayer's election, to defer the inclusion in federal gross income of cancellation of debt income realized in connection with a reacquisition of an applicable debt instrument after December 31, 2008, and before January 1, 2011. For taxable years ending after December 31, 2008, a partnership or S corporation making the federal deferral election must enter on Form CT-1065/CT-1120SI, Part V, Line 4, each member's share of the deferred cancellation of debt income for the 2009 taxable year. See **Special Notice 2009(3)**, *2009 Legislative Changes Affecting the Income Tax*.

Domestic Production Activity Deduction

For taxable years beginning on or after January 1, 2009, the domestic production activity deduction allowed under Internal Revenue Code (I.R.C.) §199 is not allowed for Connecticut income tax purposes. See SN 2009(3).

Substantial Economic Presence

For taxable years beginning on or after January 1, 2010, a partnership, limited liability company treated as a partnership for federal income tax purposes, or S corporation having a substantial economic presence in Connecticut will be deemed to be doing business in Connecticut. A partnership, limited liability company, or S corporation has substantial economic presence in Connecticut if it purposefully directs business

toward the state. The purpose can be determined by the frequency, quantity, and systematic nature of its economic contact with Connecticut.

Composite Payment of Tax

The annual income tax payment that a PE is required to make on behalf of nonresident noncorporate members must be calculated using the new highest marginal rate of 6.5%.

Requirement to Identify Exempt Members

If a subsidiary pass-through entity (PE) is not making complete Connecticut income tax payments on behalf of a parent PE because one or more members of the parent PE are corporate members or resident noncorporate members, the subsidiary PE must attach a statement listing the parent PE's corporate and resident noncorporate members. The statement must include each exempt member's name, Social Security Number (SSN) or Federal Identification Number (FEIN), ownership percentage, and share of income.

Requirement for PE's to Provide Schedule CT K-1s to Corporate Members

For taxable years beginning on or after January 1, 2009, a PE must furnish **Schedule CT K-1, Member's Share of Certain Connecticut Items**, to each corporate member, noncorporate member, and each member that is a PE.

Form CT-1065/CT-1120SI, Part VI, must be completed for corporate members in addition to nonresident noncorporate members and each member that is a PE.

Requirement to Separately Submit Copies of All Schedule CT K-1s Issued

For taxable years beginning on or after January 1, 2009, copies of all Schedule CT K-1s issued by a PE must be filed with DRS. Schedule CT K-1s should be attached to **Form CT K-1T, Transmittal of Schedule CT K-1, Member's Share of Certain Connecticut Items**,

and sent separately to DRS. **Do not** file Form CT K-1T and Schedule CT K-1s if Form CT-1065/CT-1120SI is electronically filed with DRS. Schedule CT K-1 must still to be issued to each member. Use Form CT K-1T even if only one paper Schedule CT K-1 is being submitted. See Form CT K-1T and Schedule CT K-1 *Instructions*.

Taxpayer Service Center Direct Access

You may directly access the DRS **Taxpayer Service Center (TSC)** online at www.ct.gov/TSC. The *TSC* allows taxpayers to electronically file, pay, and manage state tax responsibilities.

Definitions

Pass-through entity (PE) means a partnership or an S corporation.

Partnership means and includes a general partnership, limited partnership, limited liability partnership, publicly traded partnership, limited liability company (LLC) treated as a partnership for federal income tax purposes, or other entity treated as a partnership for federal income tax purposes.

Parent pass-through entity (parent PE) is a PE which is a member of another PE. A PE may be both a parent PE (with respect to one or more PEs) and a subsidiary PE (with respect to one or more PEs).

Subsidiary pass-through entity (subsidiary PE) is a PE which has at least one member which is itself a PE. A PE may be both a subsidiary PE (with respect to one or more PEs) and a parent PE (with respect to one or more PEs).

S corporation means a corporation which is an S corporation for federal income tax purposes.

Member means and includes a partner of a partnership, a member of an LLC treated as a partnership for federal income tax purposes, or a shareholder of an S corporation.

Member's share means a partner's distributive share of partnership income, gain, loss, or deduction; a

member's distributive share of LLC income, gain, loss, or deduction; or a shareholder's pro rata share of S corporation income, gain, loss, or deduction.

Noncorporate member means each member that is a resident individual, resident trust, resident estate, nonresident individual, nonresident trust, nonresident estate, part-year resident individual, or part-year resident trust.

Nonresident noncorporate member means each noncorporate member who is a nonresident individual, nonresident trust, nonresident estate, part-year resident individual, or part-year resident trust.

Resident noncorporate member means each noncorporate member who is a resident individual, resident trust, or resident estate.

Corporate member means each member which is a C corporation for federal income tax purposes, LLC which has elected to be taxed as a C corporation for federal income tax purposes, real estate investment trust, real estate mortgage investment conduit, regulated investment company, individual retirement account described in 26 U.S.C. §408(a), trust described in 26 U.S.C. §401(a), or organization exempt from federal income tax (including organizations described in 26 U.S.C. §501(c) or (d)).

General Information

How to Get Help

DRS is ready to help you get answers to Connecticut tax questions. Visit the DRS website at www.ct.gov/DRS or call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere) during business hours. For personal assistance, visit the DRS office at 25 Sigourney Street, Hartford. Be sure to bring your completed federal return if applicable.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications anytime. You may also download the 2009 Connecticut Package X.

Taxpayer Service Center

DRS encourages Connecticut composite income tax filers to use the electronic **Taxpayer Service Center (TSC)** to file and pay their CT-1065/CT-1120SI tax return. The **TSC** is an interactive electronic services site that provides a fast, free, accurate, and secure way to electronically file eligible tax returns and pay the tax due or to initiate a payment-only transaction. Additionally, the **TSC** offers a secure mailbox for information sharing, multi-level access to your account by tax type, the ability to view transactions, and the ability to cancel your electronic payments. The **TSC** also offers an easy way to get answers to most frequently-asked questions and enables taxpayers to send queries for additional information. You may access the **TSC** online at www.ct.gov/TSC.

Estimated/Advanced Payments

A pass-through entity (PE) is not required to make estimated Connecticut income tax payments on behalf of its nonresident members.

Who Must File

Every PE that does business in Connecticut or has income derived from or connected with sources within Connecticut must file Form CT-1065/CT-1120SI regardless of the amount of its income (loss). The PE must first complete either federal Form 1065, U.S. Return of Partnership Income, or federal Form 1120S, U.S. Income Tax Return for an S corporation. Information on the federal return is needed to complete Form CT-1065/CT-1120SI.

An electing large partnership (ELP) that completes federal Form 1065-B, U.S. Return of Income for Electing Large Partnerships, must still use Form CT-1065/CT-1120SI. Connecticut does not conform to the electing large partnership provisions.

Substantial Economic Presence

For taxable years beginning on or after January 1, 2010, a partnership, limited liability company treated as a partnership for federal income tax purposes, or S corporation having a substantial economic presence in Connecticut will be deemed to be doing business in Connecticut. A partnership, limited liability company, or S corporation has substantial economic presence in Connecticut if it purposefully directs business towards the state. The purpose can be determined by the frequency, quantity, and systematic nature of its economic contact with Connecticut.

Special Filing Requirements for Form CT-1040NR/PY

If the member's only income derived from or connected with Connecticut sources is from one or more PEs and each PE is required to make a Connecticut income tax payment on his or her behalf because the member's share of each PE's income derived from or connected with Connecticut sources is \$1,000 or more, the member is **not required** to file **Form CT-1040NR/PY**, *Connecticut Nonresident and Part-Year Resident Income Tax Return*. Except as otherwise provided in **Informational Publication 2006(22)**, *Connecticut Income Tax Changes Affecting Pass-Through Entities*, Question 10, with respect to a member's payment obligations, the Connecticut income

tax payment made by each PE on the member's behalf satisfies the member's Connecticut income tax filing and payment obligations. If the Connecticut income tax payment made on the member's behalf by a PE exceeds the amount of the member's Connecticut income tax liability as reported on Schedule CT K-1, Part III, Line 1, issued to the member by the PE, DRS will refund the excess to the PE.

Income Tax Overpayment

A member's Connecticut income tax overpayment will be refunded only to the PE.

Overpayments From 2004 and 2005

For refund information regarding tax years 2004 and 2005 refer to **Informational Publication 2005(13.1)**, *Connecticut Income Tax Changes Affecting Pass-Through Entities*.

Extension of Time to File

The extension of time to file Form CT-1065/CT-1120SI has been reduced from six months to five months for any tax returns and forms that are due on or after April 15, 2010. If you are requesting an extension of time to file Form CT-1065/CT-1120SI, the extended due date of your return is September 15, 2010, if you are a calendar year filer.

What Information Must Be Provided to the Members

On or before the fifteenth day of the fourth month following the close of the taxable year (April 15 for calendar year filers), the PE must furnish Schedule CT K-1 to each corporate member, noncorporate member, and to each member that is a PE. See *Schedule CT K-1 Instructions* on Page 26.

How Members Report Income

Resident Noncorporate Member

If the member is a resident individual, his or her share of PE income or loss is included in his or her federal adjusted gross income and, therefore, is includable in the federal adjusted gross income reported on the member's **Form CT-1040**, *Connecticut Resident Income Tax Return*. The PE must provide the member with Schedule CT K-1 reporting Connecticut modifications the member must include on Form CT-1040, *Schedule 1*.

If the member is a resident trust or estate, its share of PE income or loss is included in its federal taxable income and, therefore, is includable in the federal taxable income reported on the member's **Form CT-1041, Connecticut Income Tax Return for Trusts and Estates**. The PE must provide the member with a Schedule CT K-1 reporting Connecticut modifications the member must include on Form CT-1041, *Schedule A*.

Nonresident Noncorporate Member

If the member is a nonresident individual, his or her share of PE income or loss is included in federal adjusted gross income and, therefore, is includable in the federal adjusted gross income reported on the member's Form CT-1040NR/PY. The PE must provide the member with a Schedule CT K-1 reporting Connecticut modifications the member must include on Form CT-1040NR/PY, *Schedule 1*, and amounts of PE income or loss derived from or connected with Connecticut sources the member must include on **Schedule CT-SI, Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources**, assuming the member is required to file Form CT-1040NR/PY.

A member who is a nonresident individual is expressly relieved of the obligation to file his or her own Connecticut income tax return if the member's only Connecticut-sourced income is from one or more PEs and the total is less than \$1,000.

If a nonresident member's Connecticut-sourced income from one or more PEs is not the member's only Connecticut-sourced income, the filing of a composite income tax return by the PE and the making of an income tax payment by the PE on the member's behalf does not excuse the member from the obligation to file his or her own separate Connecticut income tax return.

If a nonresident member's only Connecticut-sourced income is from one or more PEs, the filing of a composite income tax return by each PE and the making of an income tax payment by each PE on the member's behalf fulfills the Connecticut income tax filing and payment requirements otherwise separately imposed on the member by Chapter 229 of the Connecticut General Statutes.

If the member is a nonresident trust or estate, its share of PE income or loss is included in federal taxable income and, therefore, is includable in the federal taxable income reported on the member's Form CT-1041. The PE must provide the member with

a Schedule CT K-1 reporting Connecticut modifications the member must include on Form CT-1041, *Schedule A*, and amounts of PE income or loss derived from or connected with Connecticut sources that the member must include on **Schedule CT-1041FA, Fiduciary Allocation**.

For filing requirements of a nonresident trust or estate, see **Form CT-1041 Booklet, Connecticut Income Tax Return for Trusts and Estates**.

Corporate Member

If the member is a corporate member, its share of PE income or loss may need to be reported on the member's **Form CT-1120, Connecticut Corporation Business Tax Return**, depending on the member's filing requirements.

If the member is an exempt organization, its share of PE income or loss may need to be reported on **Form CT-990T, Connecticut Unrelated Business Income Tax Return**, depending on the member's filing requirements.

Member That Is Itself a Pass-Through Entity

If the member is a PE, it is referred to as a parent PE and the PE of which it is a member is referred to as a subsidiary PE. The parent PE's share of the subsidiary PE's income or loss is included in the income or loss reported on the parent PE's federal Form 1065 or federal Form 1120S, as the case may be, and is, therefore, included in the income or loss reported on the parent PE's Form CT-1065/CT-1120SI. The subsidiary PE must furnish a Schedule CT K-1 to the parent PE and report:

- Connecticut modifications that the parent PE must include on Form CT-1065/CT-1120SI, Part V;
- Amounts of the subsidiary PE's income or loss derived from or connected with Connecticut sources that the parent PE must report on its Form CT-1065/CT-1120SI, Part I, *Schedule D*, Column B, and must include on its Form CT-1065/CT-1120SI, Part VI; **and**
- The Connecticut income tax liability that the parent PE must report on its Form CT-1065/CT-1120SI, Part I, *Schedule D*, Column C.

The parent PE must, in turn, provide its members with a Schedule CT K-1 reporting their share of the Connecticut modifications as reported on the parent PE's Form CT-1065/CT-1120SI, Part V; their share of

the amounts of the parent PE's income or loss derived from or connected with Connecticut sources as reported on the parent PE's Form CT-1065/CT-1120SI, Part VI; and their share of the Connecticut income tax liability paid by the parent PE on behalf of its members as reported on the parent PE's Form CT-1065/CT-1120SI, Part I, *Schedule B*, Column D.

Composite Payment of Tax

For taxable years beginning on or after January 1, 2008, the PE should not rely or act on a statement made by a member that a Connecticut income tax payment, including estimated Connecticut income tax payments, have been made by the member for the taxable year. The PE must make an annual Connecticut income tax payment on behalf of the member where the following criteria are met regardless of any instructions to the contrary by the member to the PE:

- The member is a nonresident noncorporate member or a PE; **and**
- The member's share of the PE's income derived from or connected with Connecticut sources is \$1,000 or more.

The annual income tax payment that a PE is required to make on behalf of nonresident noncorporate or PE members must be calculated using the highest marginal rate of 6.5%. Interest and penalty will be assessed on the Connecticut income tax payment required to be made but not made by the PE on behalf of a member.

Accounting Period and Method of Accounting

A PE's accounting period and method of accounting for Connecticut income tax purposes must be the same as its accounting period and method of accounting for federal income tax purposes.

If a PE's accounting period or method of accounting is changed for federal income tax purposes, the same change must be made for Connecticut income tax purposes.

When to File Form CT-1065/CT-1120SI

Form CT-1065/CT-1120SI is due on or before the fifteenth day of the fourth month following the close of the taxable year (April 15 for calendar year filers). If the due date falls on a Saturday, Sunday, or legal

holiday, the next business day is the due date. The return will meet the timely filed and timely payment rules if the U.S. Postal Service cancellation date, or the date recorded or marked by a designated private delivery service (PDS) using a designated type of service, is on or before the due date. Not all services provided by these designated PDSs qualify.

The following are the designated PDSs and designated types of service at the time of publication:

| Federal Express (FedEx) | United Parcel Service (UPS) |
|---|---|
| <ul style="list-style-type: none">• FedEx Priority Overnight• FedEx Standard Overnight• FedEx 2Day• FedEx International Priority• FedEx International First | <ul style="list-style-type: none">• UPS Next Day Air• UPS Next Day Air Saver• UPS 2nd Day Air• UPS 2nd Day Air A.M.• UPS Worldwide Express Plus• UPS Worldwide Express |

This list is subject to change. To verify the names of designated PDSs and designated types of service, check the DRS website at www.ct.gov/DRS for **Policy Statement 2008(3)**, *Designated Private Delivery Services and Designated Types of Service*.

If Form CT-1065/CT-1120SI is filed late or all the tax due is not paid with the return, see *Interest and Penalties* on Page 12 to determine if interest and penalty must be reported with this return.

Extension Request

To get a five-month extension of time to file Form CT-1065/CT-1120SI and the same extension of time to furnish Schedule CT K-1 to its members, the PE must file **Form CT-1065/CT-1120SI EXT**, *Application for Extension of Time to File Connecticut Composite Income Tax Return*, on or before the fifteenth day of the fourth month following the close of the taxable year together with payment of the total tax due. Timely filing this form automatically extends the due date for five months only if federal Form 7004, *Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns*, has been filed with the Internal Revenue Service (IRS). If federal Form 7004 was not filed, a PE may apply for a five-month extension to file Form CT-1065/CT-1120SI only if there is reasonable cause for the request.

Form CT-1065/CT-1120SI EXT extends only the time to file a return. It does not extend the time to pay the amount of income tax due. See *Interest and Penalties* on Page 12.

Amended Returns

Check the Amended Return box on the front of Form CT-1065/CT-1120SI to amend a previously-filed Form CT-1065/CT-1120SI. If an amended return is filed to have an overpayment of Connecticut income tax refunded, the overpayment will be refunded to the PE. However, the amended Form CT-1065/CT-1120SI must be filed before the Connecticut statute of limitations expires. Generally, the statute of limitations for refunding any Connecticut income tax overpayment expires three years after the due date of the return, but if a timely request for an extension of time to file a return was filed, the statute of limitations expires three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. If an amended return is filed to report an underpayment of Connecticut income tax, interest will apply and, if the amended return is not timely filed, a penalty may be imposed. See *Interest and Penalties* on Page 12. An amended Form CT-1065/CT-1120SI must be filed under the following circumstances

| | |
|--|--|
| 1. The IRS or federal courts change or correct the PE's federal income tax return and the change or correction results in the Connecticut income tax being overpaid or underpaid. | File no later than 90 days after the final determination. |
| 2. The PE files a timely amended federal income tax return and the amendment results in the Connecticut income tax being overpaid or underpaid. | File no later than 90 days after the date of filing the timely amended federal income tax return. |
| 3. If neither of the circumstances above apply, but the PE made a mistake or omission on its Form CT-1065/CT-1120SI and the mistake or omission results in the Connecticut income tax being overpaid or underpaid. | File no later than three years after the due date of the return or, if a timely request for an extension of time to file the return was filed, three years after the extended due date of the return or three years after the date of filing the return, whichever is earlier. |

If a general partner or corporate officer is unable, by reason of illness, absence, or other good cause, to request an extension, any person standing in a close personal or business relationship (including attorneys, accountants, and enrolled agents) to the general partner or corporate officer may sign the request on his or her behalf and is considered a duly authorized agent for this purpose provided the request states the reasons for a signature other than that of a general partner or corporate officer and the relationship existing between the general partner or corporate officer and the signer.

Extension Request With Credit or Debit Card Payments

Do not send in Form CT-1065/CT-1120SI EXT if payment is made with a credit card (American Express®, Discover®, MasterCard®, or VISA®) or comparable debit card. All credit or debit card payments with extension requests will be accepted by the credit card service provider. However, if your payment is late, DRS will notify you in writing that your extension request is denied. See *Pay by Credit Card or Debit Card* on Page 12.

Extension of Time to Pay the Tax

A PE making a composite income tax payment may be eligible for a six-month extension of time to pay the tax due if the PE can show that paying the tax on or before the due date will cause undue hardship. The PE may request an extension by filing **Form CT-1127, Application for Extension of Time for Payment of Income Tax**, on or before the due date of the original return.

Attach Form CT-1127 to the front of Form CT-1065/CT-1120SI or Form CT-1065/CT-1120SI EXT and send it on or before the due date. As evidence of the need for extension, the PE **must** attach:

- A statement of its assets and liabilities;
- An itemized list of its receipts and disbursements for the preceding three months; **and**
- An explanation of why it could not borrow money to pay the tax due.

If an extension of time to pay is granted and the PE pays all the tax due in full by the end of the extension period, a penalty will not be imposed. However, interest will accrue on any unpaid tax from the original due date. The PE should make payments as soon as

possible to reduce the interest it would otherwise owe. Write “**2009 Form CT-1065/CT-1120SI**” and the PE’s FEIN on the front of the check. DRS may submit your check to your bank electronically.

Where to File

File Electronically: This return can be filed electronically through the DRS *TSC*. The *TSC* allows taxpayers to electronically file, pay, and manage state tax responsibilities. Visit www.ct.gov/TSC to make electronic transactions or administer your tax account online. If you file electronically, you are expected to pay electronically at the time of filing.



File a Paper Return

Mail paper return **with payment** to:

Department of Revenue Services
Accounts Receivable Unit
PO Box 5019
Hartford CT 06102-5019

Mail paper return **without payment** to:

Department of Revenue Services
State of Connecticut
PO Box 2967
Hartford CT 06104-2967

Payment Options

Pay Electronically: Visit www.ct.gov/TSC to use the *TSC* to make a direct tax payment. After logging into the *TSC*, select the *Make Payment Only* option and choose a tax type from the drop down box. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest. You must pay the balance due on or before April 15, 2010, to avoid penalty and interest.

Pay by Credit Card or Debit Card: You may elect to pay your expected 2009 composite tax liability using a credit card (American Express®, Discover®, MasterCard®, or VISA®) or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

There are three ways to pay by credit card or debit card:

- Log in to your account in the *TSC* and select *Make Payment by Credit Card*;
- Visit www.officialpayments.com and select *State Payments*; or
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

Pay by Mail: Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write “**2009 Form CT-1065/CT-1120SI**” and the PE’s Federal Employer Identification Number (FEIN) on the front of your check. Be sure to sign your check and paper clip it to the front of your return. Do not send cash. DRS may submit your check to your bank electronically.

Income Tax Deficiency Assessment

A Connecticut income tax deficiency may, at the discretion of DRS, be assessed against the PE or the member provided any Connecticut income tax deficiency assessed against the member is limited to the member’s share. Except as provided in Conn. Gen. Stat. §12-733, the deficiency assessment is required to be made not later than three years after the PE’s composite income tax return is filed.

Interest and Penalties

In general, interest and penalty apply to any portion of the tax not paid on or before the original due date of the return.

Interest

If the PE does not pay the tax when due, it will owe interest at the rate of 1% per month or fraction of a month until the tax is paid in full.

Interest on underpayment or late payment of tax **cannot** be waived.

Penalty for Late Payment or Late Filing

The penalty for late payment or underpayment of tax is 10% of the tax not paid on or before the original due date of the return. The PE can avoid a penalty for failure to pay the full amount due by the original due date if:

- The PE files Form CT-1127;

- An extension of time to pay is granted; **and**
- The PE pays all the tax due in full by the end of the extension period.

See *Extension of Time to Pay the Tax* on Page 11.

If no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report required by law to be filed.

Penalty for Failure to File

If the PE does not file its return and the Commissioner of Revenue Services files a return for it, the penalty for failure to file is 10% of the balance due or \$50, whichever is greater.

If the PE is required to file an amended Form CT-1065/CT-1120SI and fails to timely do so, a penalty may be imposed.

Penalty for Willful Failure to File or Pay

If you willfully fail to pay the tax or file a return, you may be fined up to \$1,000 or imprisoned up to one year, or both, in addition to any other penalty.

Penalty for Willful Filing of a Fraudulent or Materially False Return

If you willfully file a tax return you know to be fraudulent or false in any material matter, you may be fined up to \$5,000 or imprisoned from one to five years, or both.

Offset Against Debts

If the PE is due a refund, all or part of the overpayment may be used to pay outstanding debts or taxes. The overpayment will be applied in the following order: penalty and interest owed, other taxes owed DRS, or debts to other Connecticut state agencies. Any remaining balance will be refunded to the PE. If the refund is reduced, DRS will mail an explanation for the reduction.

Waiver of Penalty

A PE may request a waiver of penalty after it has filed a return and paid the tax and interest due. The penalty may be waived if the failure to file or pay tax on time was due to a reasonable cause and was not intentional or due to neglect. Interest **cannot** be waived.

To apply for a penalty waiver online, visit the DRS website at www.ct.gov/TSC, log into your account, and select *Account Detail*.

If the PE submits a request in writing, it must include:

- A clear and complete written explanation;
- The entity's name and FEIN;
- The taxable filing period;
- The name of the original form filed or billing notice received; **and**
- Documentation supporting the explanation.

Attach the request to the **front** of the tax return **or** mail separately with a copy of the tax return to:

Department of Revenue Services
Penalty Waiver Unit
PO Box 5089
Hartford CT 06102-5089

Recordkeeping

Keep a copy of the tax return, worksheets used, and records of all items appearing on the return until the statute of limitations expires for that return. Usually, this is three years from the date the return was due or filed, whichever is later. This information may be needed to prepare future returns or to file amended returns.

Copies of Returns

A PE can request copies of previously-filed Connecticut tax returns from DRS by completing **LGL-002, Request for Disclosure of Tax Return or Tax Return Information**. Requests are normally processed in three weeks.

Form CT-1065/CT-1120SI Instructions

Order in Which to Complete Schedules

Complete the schedules for **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return* in the following order:

- Pass-Through Entity (PE) Information;
- Part I *Schedule C* – Federal Schedule K Information;
- Part I *Schedule D* – Connecticut-Sourced Income From Subsidiary PE(s) if applicable;
- Part II Allocation and Apportionment of Income if applicable;
- Part III Place(s) of Business if applicable;
- Part IV Member Information;
- Part V Member's Share of Connecticut Modifications;
- Part VI Connecticut-Sourced Portion of Items From Federal Schedule K-1;
- Part I *Schedule B* – PE Member Composite Return;
- Part I *Schedule A* – PE Computation of Composite Tax Due; **and**
- Attach a completed copy of federal Form 1065 or federal Form 1120S.

Pass-Through Entity Information

Enter the PE's name, address, Federal Identification Number (FEIN), and Connecticut Tax Registration Number.

Type of PE: Check the box to indicate type of PE: Electing large partnership (ELP), General partnership (GP), S corporation, Limited liability partnership (LLP), Limited partnership (LP), or Partnership.

Item A: Check the appropriate box(es) for an amended return, final return, or short period return. Provide an explanation for each checked box.

Item B: Check the change of address box and complete **Form CT-8822**, *Change of Address*, to indicate a change in the PE's physical or mailing address. If the change of address box is checked, you **must** attach a completed Form CT-8822 to Form CT-1065/CT-1120SI.

Item C: Enter the total number of resident noncorporate members as of the close of the PE's taxable year. Enter the total number of nonresident noncorporate members

as of the close of the PE's taxable year. Include PEs and part-year noncorporate members as nonresidents.

Item D: Enter the Business Code Number as reported on federal Form 1065 or the Business Activity Code Number on federal Form 1120S.

Item E: Enter the date the PE first began business and the date the PE first began business in Connecticut.

Item F: Indicate whether the PE owns, directly or indirectly, an interest in Connecticut real property.

Item G: Indicate if a controlling interest in the PE was transferred. If the answer is **Yes** and the PE owned, directly or indirectly, Connecticut real property, the transferor(s) is liable for the controlling interest transfer tax. Enter the name and Social Security Number (SSN) or FEIN of the transferor(s).

Item H: Indicate if the PE transferred a controlling interest. If the answer is **Yes**, the PE is liable for the controlling interest transfer tax. Enter the name of the entity in which a controlling interest was transferred and its FEIN in the applicable spaces.

See *Controlling Interest Transfer Taxes* on Page 4.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Part I Schedule A – PE Computation of Composite Tax Due

Do not complete Part I, *Schedule A* and *Schedule B*, for members who are:

- Resident noncorporate members; **or**
- Corporate members.

All other members, including members that are PEs, must be included in Part I, *Schedule A* and *Schedule B*. If a subsidiary PE is not making complete Connecticut

income tax payments on behalf of a parent PE because one or more members of the parent PE are corporate members or resident noncorporate members, the subsidiary PE must attach a statement listing the parent PE's corporate and resident noncorporate members. The statement must include each member's name, SSN or FEIN, ownership percentage, and share of income.

Line 1: Total Connecticut-Sourced income included in composite return

Enter the amount from Part I, *Schedule B*, Line 10, Column C.

Line 2: Tax liability

Multiply the amount entered on Line 1 by 6.5% to compute the amount of tax liability. The amount computed should equal the amount entered on Part I, *Schedule B*, Line 11, Column D.

Line 4: Payment made with Form CT-1065/CT-1120SI EXT

If Form CT-1065/CT-1120SI EXT was filed, enter the amount of tax paid with Form CT-1065/CT-1120SI EXT.

Line 5: Parent PE only

Enter the amount from Part I, *Schedule D*, Line 10, Column C.

Do **not** enter on Line 4 or Line 5 any amount of Connecticut income tax withholding reported to the PE by a designated withholding agent from:

- **Form CT-592, Athlete or Entertainer Withholding Tax Statement**, Part 5, Line 2; **or**
- Federal Form 1099-MISC, Miscellaneous Income, Box 16.

Athlete and entertainer withholding tax cannot be applied to the Connecticut composite income tax return on Form CT-1065/CT-1120SI. Performing entities receiving federal Form 1099-MISC must determine how much of the aggregate income and Connecticut income tax withholding reported on federal Form 1099-MISC is attributable to each member or participant and prepare Form CT-592 for each member or participant accordingly. The individual receiving Form CT-592 must report the income and claim the withholding as it appears on Form CT-592 on his or her Connecticut income tax return. See **Policy Statement 2009(1), Income Tax Withholding for Athletes or Entertainers**.

Line 6:

Add Line 4 and Line 5 and enter the total.

Line 7: Overpayment

If Line 6 is more than Line 2, subtract Line 2 from Line 6 and enter the result.

Income Tax Overpayment: A member's Connecticut income tax overpayment will be refunded only to the PE.

Line 8: Amount of tax owed

If Line 2 is more than Line 6, subtract Line 6 from Line 2 and enter the result.

Line 9: Late payment or late filing penalty

The penalty for late payment of the tax due is 10% of the amount due. In the event that no tax is due, the Commissioner of Revenue Services **may** impose a \$50 penalty for the late filing of any return or report required by law to be filed. However, if a request for extension of time to file a tax return has been granted, no late payment penalty will be imposed if:

- The amount of tax shown to be due on the return, minus the amount of tax paid on or before the due date of the return, equals an amount not greater than 10% of the amount of the tax shown to be due on the return; **and**
- The balance due is remitted with the return on or before the extended due date of the return.

Line 10: Late payment interest

If the tax is not paid by the due date, interest is charged at the rate of 1% per month or fraction of a month from the due date until the tax is paid in full.

Line 11: Balance due with this return

Add Lines 8 through 10 and enter the total. Pay the balance due with this return. Visit www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to file and pay this return or make a direct tax payment. Make check payable to **Commissioner of Revenue Services**. Write the PE's FEIN and "**2009 Form CT-1065/CT-1120SI**" on the front of the check. Be sure to sign the check and paper clip it to the front of the return. Do not send cash. DRS may submit your check to your bank electronically.

Part I Schedule B – PE Member Composite Return

See *Composite Payment of Tax* on Page 10.

Do not complete Part I, *Schedule A* and *Schedule B*, for members who are:

- Resident noncorporate members; **or**
- Corporate members.

All other members, including members that are PEs, must be included in Part I, *Schedule A* and *Schedule B*. If the PE filing the return has a member that is a PE (parent PE) which in turn has exempt members, such as corporate members or resident noncorporate members, and is not making Connecticut income tax payments on all of the parent PE's members' share of total Connecticut-sourced income, then the PE filing the return must attach a statement listing each member's name, SSN or FEIN, ownership percentage, and share of income. If there are more than eight members entered in Part I, *Schedule B*, use **Form CT-1065/CT-1120SI Supplemental Attachment** (included in this booklet) and enter the subtotal on Line 9, Column C and Column D.

Column A: Member Number and Member Type Code

Enter the assigned member number with the member type code of each nonresident noncorporate member or PE in Part IV.

Column B: Identification Number

Enter the FEIN or SSN of members who are nonresident noncorporate members or PEs.

Column C: Connecticut-Sourced Income

Enter the member's Connecticut-sourced income. This amount is the total of the amounts entered for the member on Form CT-1065/CT-1120SI, Part VI, Lines 1 through 13. **Federal rules apply** for restrictions in netting only similar characters of income. If a member's Connecticut-sourced income is less than \$1,000, enter "0" for the member. Enter the total for all members on Line 10, Column C, and Part I, *Schedule A*, Line 1.

Column D: Tax Liability

Multiply Column C by 6.5% and enter the total for all members on Line 11, Column D.

Part I Schedule C – Federal Schedule K Information

All PEs must complete this schedule.

Refer to Schedule K of federal Form 1065 or federal Form 1120S for the amounts to enter on Line 1 through Line 13.

Column A: Enter the amounts from federal Form 1065, Schedule K, or federal Form 1120S, Schedule K.

Column B: If you are a parent PE, refer to the federal Schedule K-1 issued to you by a subsidiary PE or PEs. Enter in Column B the portion of Column A attributable to the subsidiary PE or PEs. If none of the income (loss) in Column A is from a subsidiary PE or PEs, enter "0." If reporting amounts from more than one subsidiary PE, attach a statement indicating the income or loss from each PE and enter the sum.

Column C: Subtract the amount in Column B from the amount in Column A. If the amount in Column B is a loss, add the amount in Column B to the amount in Column A.

If the PE carries on business in Connecticut only, the amounts in Column C represent Connecticut-sourced income (loss) and must be used in Part VI to determine each member's Connecticut-sourced income (loss).

If the PE carries on business both within and outside Connecticut **and** it maintains books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources, those amounts, as disclosed in the books and records, must be used in Part VI to determine each member's Connecticut-sourced income (loss).

If the PE carries on business both within and outside Connecticut **and it does not** maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources, the amounts in Column C are multiplied by the apportionment fraction computed in Part II. The apportioned amounts are used in Part VI to determine each member's Connecticut-sourced income (loss).

Line 1: Ordinary business income (loss)

Column A - Enter the amount of ordinary business income or loss derived from the PE's trade or business activities. This is the amount reported on federal Form 1065 or 1120S, Schedule K, Line 1.

Column B - Enter the portion of the Column A amount that is from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is "0," enter the amount from Column A.

Line 2: Net rental real estate income (loss)

Column A - Enter the net income or loss from rental real estate activities from federal Form 8825, Rental Real Estate Income and Expenses of a Partnership or an S Corporation. This is the amount reported on federal Form 1065 or federal Form 1120S, or Schedule K, Line 2.

Attach a statement indicating the kind and location of each property reported on Form 8825.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is "0," enter the amount from Column A.

Line 3: Other net rental income (loss)

Column A - Enter the net income or loss from rental activities other than those reported on federal Form 8825. This is the amount reported on federal Form 1065 or 1120S, Schedule K, Line 3. Attach a statement indicating the exact location of each rental activity.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is "0," enter the amount from Column A.

Line 4: Guaranteed payments

Column A - Enter the amount of guaranteed payments reported on federal Form 1065, Schedule K, Line 4.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is "0," enter the amount from Column A.

Line 5: Interest income

Column A - Enter the amount of taxable interest income reported on federal Form 1065, Schedule K, Line 5, or federal Form 1120S, Schedule K, Line 4.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is "0," enter the amount from Column A.

Line 6a: Ordinary dividends

Column A - Enter the amount of taxable ordinary dividends reported on federal Form 1065, Schedule K, Line 6a, or federal Form 1120S, Schedule K, Line 5a.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is "0," enter the amount from Column A.

Line 6b: Qualified dividends

Column A - Enter the amount of qualified dividends reported on federal Form 1065, Schedule K, Line 6b, or federal Form 1120S, Schedule K, Line 5b.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is "0," enter the amount from Column A.

Line 7: Royalties

Column A - Enter the amount of royalty income reported on federal Form 1065, Schedule K, Line 7, or federal Form 1120S, Schedule K, Line 6.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is "0," enter the amount from Column A.

Line 8: Net short-term capital gain (loss)

Column A - Enter the amount of short-term capital gain or loss reported on federal Form 1065, Schedule K, Line 8, or federal Form 1120S, Schedule K, Line 7.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is “0,” enter the amount from Column A.

Line 9a: Net long-term capital gain (loss)

Column A - Enter the amount of long-term capital gain or loss reported on federal Form 1065, Schedule K, Line 9a, or federal Form 1120S, Schedule K, Line 8a.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is “0,” enter the amount from Column A.

Line 9b: Collectibles (28%) gain (loss)

Column A - Enter the amount of collectibles gain or loss reported on federal Form 1065, Schedule K, Line 9b, or federal Form 1120S, Schedule K, Line 8b.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is “0,” enter the amount from Column A.

Line 9c: Unrecaptured section 1250 gain

Column A - Enter the amount of unrecaptured section 1250 gain reported on federal Form 1065, Schedule K, Line 9c, or federal Form 1120S, Schedule K, Line 8c.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is “0,” enter the amount from Column A.

Line 10: Net section 1231 gain (loss)

Column A - Enter the amount of net section 1231 gain or loss reported on federal Form 1065, Schedule K, Line 10, or federal Form 1120S, Schedule K, Line 9.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is “0,” enter the amount from Column A.

Line 11: Other income (loss)

Column A - Enter the amount of other income or loss (not included on Lines 1 through 10 above) reported

on federal Form 1065, Schedule K, Line 11, or federal Form 1120S, Schedule K, Line 10. Attach a statement that separately identifies the type and amount of income or loss.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is “0,” enter the amount from Column A.

Line 12: Section 179 deduction

Column A - Enter the amount of section 179 deduction reported on federal Form 1065, Schedule K, Line 12, or federal Form 1120S, Schedule K, Line 11.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is “0,” enter the amount from Column A.

Line 13: Other deductions

Column A - Enter the other deductions reported on federal Form 1065, Schedule K, Line 13, or federal Form 1120S, Schedule K, Line 12. Attach a statement that separately identifies the type and amount of each deduction.

Column B - Enter the portion of the Column A amount from a subsidiary PE(s).

Column C - Subtract the amount reported in Column B from the amount reported in Column A. If Column B is “0,” enter the amount from Column A.

Part I Schedule D – Connecticut-Sourced Income From Subsidiary PE(s)

Only parent PEs must complete this schedule.

Refer to the federal Schedule K-1, Shareholder’s Share of Income, Deductions, Credits, etc., issued to you by the subsidiary PE for the amount to enter in Column A of this schedule.

Refer to the **Schedule CT K-1, Member’s Share of Certain Connecticut Items**, issued to you by the subsidiary PE for the amounts to enter in Column B and Column C of this schedule. The amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and federal capital loss limitations.

If there are more than eight PEs entered in Part I, *Schedule D*, use Form CT-1065/CT-1120SI Supplemental Attachment, (included in this booklet) and enter the subtotal(s) on Line 9, Columns A, B, and C.

Name of Subsidiary PE: Enter the name and the Federal Employer Identification Number (FEIN) of the subsidiary PE.

Column A: Amount Reported on Federal K-1

Refer to the federal Schedule K-1 issued to you by the subsidiary PE and enter the sum of the amounts reported on the schedule and included in Part I, *Schedule C*, Column B, for this PE.

Column B: Amount From Connecticut Sources

Refer to Part II of the Schedule CT K-1 issued to you by the subsidiary PE and enter the Connecticut-sourced income from the subsidiary PE. Take into account passive activity limitations, at-risk limitations, and federal capital loss limitations. The amount reported in this column represents Connecticut-sourced income. **Connecticut-sourced income should not be allocated or apportioned using the Form CT-1065/CT-1120SI, Part II, apportionment fraction.** It should be used to complete Part VI to determine each member's Connecticut-sourced income (loss).

Column C: Connecticut Tax Liability

Refer to Part III of the Schedule CT K-1 issued to you by the subsidiary PE and enter the Connecticut tax liability as reported by the subsidiary PE on Schedule CT K-1, Part III, Line 1. Add Lines 1 through 9 and enter the total on Line 10, Column C, and on Part I, *Schedule A*, Line 5.

Part II – Allocation and Apportionment of Income

Complete Part II only if **all** of the following apply:

- The PE has at least one member who is a nonresident noncorporate member or a PE;
- The PE carries on business both within and outside Connecticut; **and**
- The PE does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

The apportionment fraction calculated on Line 8 is used to complete Part VI unless the PE maintains books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived

from or connected with Connecticut sources, in which case those amounts must be used to complete Part VI.

The apportionment fraction is calculated using only those factors directly related to the PE filing the return. Factors from subsidiary PEs should not be used.

Part II must be completed even if an approved alternative apportionment method under Conn. Agencies Regs. §§12-711(b)-15 and 12-712(d)-1 is used. Attach a detailed explanation of the approved alternative apportionment method used to determine the Connecticut income.

Line 1: Real property owned

Enter in Column A the average value of all real property, wherever located, owned by the PE. Do not include in Column A the average value of real property rented to others or sold, exchanged, or otherwise disposed of during taxable year. Enter in Column B the average value of real property owned by the PE and located in Connecticut. Do not include in Column B the average value of Connecticut real property rented to others or sold, exchanged, or otherwise disposed of during the taxable year.

To determine the average value of real property owned by the PE, add its fair market value at the beginning and the end of the taxable year and divide the sum by two.

Line 2: Real property rented from others

Enter in Column A the value of all real property rented from others by the PE, wherever located. Enter in Column B the value of Connecticut real property rented from others by the PE.

The value of real property rented by the PE from others and included on Line 2 is eight times the gross rent payable during the taxable year for which the return is filed.

Gross rent includes:

- Any amount payable for the use or possession of real property, or any part of it, whether designated as a fixed sum of money or as a percentage of sales, profits, or otherwise;
- Any amount payable as additional rent or in lieu of rent such as interest, taxes, insurance, repairs, or any other amount required to be paid by the terms of a lease or other agreement; **and**
- The yearly amortization applicable to any improvement to real property made by or on behalf of the PE which reverts to the owner or lessor upon termination of a lease or other arrangement.

However, if a building is erected on leased land by or on behalf of the PE, the value of the building is determined in the same manner as if it were owned by the PE.

Line 3: Tangible personal property owned or rented from others

Enter in Column A the average value of all tangible personal property, wherever located and owned by the PE, and the value of all tangible personal property, wherever located and rented from others by the PE.

Enter in Column B the average value of tangible personal property owned by the PE and located in Connecticut and the value of tangible personal property rented from others by the PE and located in Connecticut.

To determine the average value of tangible personal property owned by the PE, add its book value at the beginning and at the end of the taxable year and divide the sum by two.

To determine the value of tangible personal property rented from others, multiply by eight the gross rents payable during the taxable year for which the return is filed.

Line 4: Property owned or rented from others

Add Lines 1, 2, and 3 in Column A and Column B. Enter the result on Line 4 in Column A and Column B. On Line 4, divide the Column B amount by the Column A amount. Carry the result to four decimal places and enter on Line 4 in Column C.

If zeros are entered on Line 4 in both Column A and Column B, do not enter any amount in Column C.

Line 5: Employee wages and salaries

Enter in Column A the total compensation paid to employees during the taxable year in connection with business operations carried on everywhere. Enter in Column B the total compensation paid to employees during the taxable year in connection with business operations carried on in Connecticut. Only enter wages, salaries, and other personal service compensation paid to employees of the PE. Do not include payments to independent contractors, independent sales agents, etc. The compensation paid for services is in connection with operations carried on in Connecticut if the employee works in or travels out of an office or other place of business located in Connecticut.

Divide the Column B amount by the Column A amount. Carry the result to four decimal places and enter in Column C.

If zeros are entered on Line 5 in both Column A and Column B, do not enter any amount in Column C.

Line 6: Gross income from sales and services

Enter in Column A total gross sales made and charges for services performed by the PE or by its employees, agents, agencies, or independent contractors of the PE everywhere. Enter in Column B the portion of total gross sales or charges that represents the sales made or services performed by the PE or by its employees, agents, agencies, or independent contractors of the PE in Connecticut. This includes sales made or services performed by employees, agents, agencies, or independent contractors situated at, connected with, or sent out from offices of the PE (or its agencies) located in Connecticut.

Example: If the sales territory of a salesperson working out of the Connecticut office of the business covers Connecticut, Massachusetts, and Rhode Island, all sales made by the salesperson are allocated to Connecticut and included on Line 6, Column B.

Divide the Column B amount by the Column A amount. Carry the result to four decimal places and enter in Column C.

If zeros are entered on Line 6 in both Column A and Column B, do not enter any amount in Column C.

Line 7: Total (of percentages)

Add Lines 4, 5, and 6 in Column C and enter the total on Line 7, Column C.

Line 8: Apportionment fraction

Divide Line 7 by three or by the actual number of fractions if less than three. Carry the result to four decimal places and enter on Line 8, Column C. The actual number of fractions is less than 3 if zero was entered on Lines 4, 5, or 6 in both Column A and Column B.

Part III – Place(s) of Business

Complete Part III only if the PE carries on business both within and outside Connecticut. List the exact location of each place where the PE carries on business. Briefly describe each place, such as sales office, agency, or factory, and indicate whether the location is rented by the PE or owned by the PE. Briefly describe the activity at the location shown such as storage, administration, manufacturing, etc.

Part IV – Member Information

Complete Part IV for all members.

Assign each member a number and a member type code and list in sequential order. **Each member must be assigned the same “Member #” for Part I, Schedule B, Parts IV, V, and VI.** Assign numbers to each member in the following order:

| | Member Type Code |
|--|---------------------|
| 1. Nonresident or part-year resident individual..... | NI |
| 2. Nonresident or part-year resident trust | NT |
| 3. Nonresident estate..... | NE |
| 4. Pass-through entity | PE |
| 5. Resident individual..... | RI |
| 6. Resident trust | RT |
| 7. Resident estate | RE |
| 8. Corporate member..... | CM |

Use corporate member code for each member which is a: C corporation for federal income tax purposes, LLC which has elected to be taxed as a C corporation for federal income tax purposes, real estate investment trust, real estate mortgage investment conduit, regulated investment company, individual retirement account described in 26 U.S.C. §408(a), trust described in 26 U.S.C. §401(a), or organization exempt from federal income tax (including organizations described in 26 U.S.C. §501(c) or (d)).

Enter each member’s name and address, Member Type Code, FEIN or SSN (whichever is applicable), and percentage of ownership. Enter as a decimal and carry to four places.

The PE must use the same member number assigned to a member in Part IV when providing information for that member in other Parts of Form CT-1065/CT-1120SI. The residency status of the member will determine which Part(s) of Form CT-1065/CT-1120SI must be completed for that member.

Example 1: Mary Smith is a resident individual and is identified as Member #15 in Part IV. Mary must also be identified as Member #15 in Part V. However, because Mary is a resident individual, there is no entry in Part I and Part VI for Member # 15.

Example 2: X Inc. is a corporate member and is identified as Member # 49 in Part IV. Because X Inc. is a C corporation, there is no entry in Part I and Part V for Member # 49.

If there are more than eight members, use Form CT-1065/CT-1120SI, Supplemental Attachment. The supplemental attachment is included in this booklet.

Part V – Member’s Share of Connecticut Modifications

Complete Part V for all noncorporate members or PEs. **Assign each member the same number** for Part I, Schedule B, Parts IV, V, and VI.

Enter each member’s share of Lines 1 through 10.

If there are more than three members, use Form CT-1065/CT-1120SI Supplemental Attachment. Regardless of whether Form CT-1065/CT-1120SI Supplemental Attachment is used, add and enter the totals for all members on Form CT-1065/CT-1120SI Composite Return, Part V, Totals for All Members column.

Additions

Enter the amount of each member’s share as a positive number.

Line 1: Interest on state and local government obligations other than Connecticut

Enter the amount of each member’s share of interest income derived from state and municipal government obligations, other than obligations of the State of Connecticut or its municipalities, which interest income is not taxed for federal income tax purposes. Do not enter interest income derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Line 2: Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations

Enter the amount of each member’s share of exempt-interest dividends received from a mutual fund derived from state and municipal government obligations other than obligations of the State of Connecticut or its municipalities. If the exempt-interest dividends are derived from obligations of Connecticut and other states, enter only the percentage derived from non-Connecticut obligations. Do not enter exempt-interest dividends derived from government obligations of Puerto Rico, Guam, American Samoa, or U.S. Virgin Islands.

Example: A fund invests in obligations of many states, including Connecticut. Assuming that 20% of the distribution is from Connecticut obligations, the remaining 80% is added back on this line.

Line 3: Certain deductions relating to income exempt from Connecticut income tax

Enter the amount of each member's share of the amount deducted for federal income tax purposes for:

- Interest expense on loans used to buy bonds and securities whose interest is exempt from Connecticut income tax;
- Expenses related to income exempt from Connecticut income tax; **and**
- Amortizable bond premium on any bond, the interest from which is exempt from Connecticut income tax.

Line 4: Cancellation of debt income

Enter each member's share of cancellation of debt income realized in connection with a reacquisition of an applicable debt instrument after December 31, 2008, and before January 1, 2011, and deferred for federal income tax purposes.

Line 5: Other

Use Line 5 to report the amount of each member's share of additions to income not listed on Lines 1 through 4. For example, include the amount of each member's share of:

- Any loss recognized on the sale or exchange of bonds or other obligations of the State of Connecticut or its municipalities;
- The PE's share of any positive Connecticut fiduciary adjustment received from a trust or estate of which the PE is a beneficiary;
- Any interest or dividend income on federal obligations or securities exempt from federal income tax and which federal law does not exempt from state income taxes;
- Income taxes imposed under Chapter 229 of the Connecticut General Statutes and paid to Connecticut by the PE with a composite return on behalf of nonresident members to the extent deductible by the nonresident members in determining their federal adjusted gross income; **and**

- To the extent deductible in determining federal adjusted gross income, expenses paid for the production or collection of Connecticut tax-exempt income or paid for the management, conservation, or maintenance of property held for the production of the income.

Subtractions

Enter the amount of each member's share as a positive number.

Line 6: Interest on U.S. government obligations

Enter the amount of each member's share of interest income derived from U.S. government obligations, to the extent included in federal adjusted gross income, that federal law prohibits states from taxing, for example, all U.S. government bond interest such as Savings Bonds Series EE and Series HH or U.S. Treasury bills and notes.

Do not enter the amount of interest earned on Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing income derived from these obligations and this interest is taxed by Connecticut. See **Policy Statement 2005(2)**, *Connecticut Income Tax on Bonds or Obligations Issued by the United States Government, by State Governments, or Municipalities*.

Line 7: Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations

Enter the amount of each member's share of exempt dividends received from a qualifying mutual fund and derived from U.S. government obligations. A mutual fund is a qualifying fund if, **at the close of each quarter of its taxable year**, at least 50% of the value of its assets consists of U.S. government obligations. The percentage of dividends that are exempt dividends should be reported to the PE by the mutual fund.

Do not enter the amount of income derived from Federal National Mortgage Association (Fannie Mae) bonds, Government National Mortgage Association (Ginnie Mae) bonds, and Federal Home Loan Mortgage

Corporation (Freddie Mac) securities. Federal law does not prohibit states from taxing income derived from these obligations and this income is taxable for Connecticut income tax purposes.

Example: A qualifying mutual fund pays a dividend of \$100. Of the \$100 distribution, 55% is attributable to U.S. Treasury bills and 45% to other investments. The amount reported on Line 7 is \$55.

Line 8: Certain expenses related to income exempt from federal income tax but subject to Connecticut tax

Enter the amount of each member's share of interest expense on money borrowed to purchase or carry bonds or securities, whose interest income is subject to Connecticut income tax but exempt from federal income tax, provided this interest was a business expense for the federal taxable year and was not deducted in determining the PE's income.

Line 10: Other

Report the amount of each member's share of subtractions not listed on Lines 6 through 8. For example, include the amount of each member's share of:

- Any gain recognized on the sale or exchange of bonds or other obligations issued by the State of Connecticut or its municipalities;
- Interest income from federally taxable Connecticut bonds include any Build America Bond tax credit amount if the Build America Bond, as described in section 1531 of the American Recovery and Reinvestment Act of 2009, was issued by the State of Connecticut or a Connecticut political subdivision, and only to the extent the credit amount is treated as interest includible in gross income for federal income tax purposes.
- The PE's share of any negative Connecticut fiduciary adjustment received from a trust or estate of which the PE is a beneficiary;
- Any refund or credit for the overpayment of income taxes imposed by any state of the United States, a political subdivision of the United States, or the District of Columbia to the extent the amount was included in federal adjusted gross income;
- Business expenses incurred in connection with the income or property held to produce income subject to Connecticut income tax but exempt from federal income tax provided these expenses were not deducted in determining PE income; **and**

- Amortization of bond premium on any bond that provides interest income taxable in Connecticut but exempt from federal income tax provided this amortization was business expense for the taxable year and was not deductible in determining PE income.

Part VI – Connecticut-Sourced Portion of Items From Federal Schedule K-1, Form 1065, or Form 1120S

Complete Part VI for all corporate members, nonresident noncorporate members, and each member that is a PE. Assign each member the same number for Part I, *Schedule B*, Parts IV, V, and VI.

If there are more than three members, use Form CT-1065/CT-1120SI Supplemental Attachment. Regardless of whether Form CT-1065/CT-1120SI Supplemental Attachment is used, add and enter the totals for all members on Form CT-1065/CT-1120SI Part VI, Total for All Members column.

Any PE carrying on business in Connecticut only must combine the amounts reported in Part I, *Schedule C*, Column C, with the income from subsidiary PEs (Part I, *Schedule D*, Column B), if any, to calculate the amount of each member's Connecticut-sourced income (loss) to be reported in Part VI.

Any PE carrying on business both within and outside Connecticut must apportion the amounts reported in Part I, *Schedule C*, Column C, and then combine the apportioned amounts with the income from subsidiary PEs (Part I, *Schedule D*, Column B), if any, to calculate the amount of each member's Connecticut-sourced income (loss) to be reported in Part VI.

If the PE maintains books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources, combine the amount disclosed in the books and records with the income from subsidiary PEs (Part I, *Schedule D*, Column B) to calculate the amount of each member's Connecticut-sourced income (loss) reported in Part VI.

The character of the income (loss) for Connecticut income tax purposes must mirror the character of the income (loss) for federal income tax purposes.

The amounts entered on Lines 1 through 13 should also reflect the amount of the member's share of Connecticut modifications as reported on Part V, Lines 1 through 10, to the extent the modifications are derived from or connected with Connecticut sources.

Line 1: Ordinary business income (loss)

Enter the Connecticut portion of each member's share of nonseparately stated income or loss.

A PE that maintains books and records that satisfactorily disclose the portion of its nonseparately stated income or loss derived from or connected with Connecticut sources must enter on Line 1 in the appropriate column the amount of each member's share of that nonseparately stated income or that nonseparately stated loss as determined from those books and records. The portion of the PE's nonseparately stated income or loss derived from or connected with Connecticut sources, as determined from the PE's books and records, is multiplied by the member's share (%) of that income or loss.

A PE that does not maintain books and records that satisfactorily disclose the portion of its nonseparately stated income or loss derived from or connected with Connecticut sources must use the apportionment fraction computed on Part II, Line 8, or an authorized alternative apportionment method to determine the portion of any item derived from or connected with Connecticut sources. Multiply the amount of each member's share of nonseparately stated income or nonseparately stated loss by the PE's apportionment fraction as reported on Part II, Line 8, and enter the result on Part VI.

Example 1: Assume that a PE, whose nonseparately stated income is entirely derived from its retail business, maintains books and records that satisfactorily disclose the portion of the income derived from or connected with each of its retail stores (including its stores in Connecticut). Assume the PE has nonseparately stated income of \$500,000. Member #1's share of the PE's nonseparately stated income is 10% and the PE's books and records disclose that the portion of its nonseparately stated income derived from or connected with Connecticut sources is \$150,000. The PE must enter \$15,000 ($\$150,000 \times .10$) on Line 1 as the amount of Member #1's share of the PE's nonseparately stated income derived from or connected with Connecticut Sources.

Example 2: The facts are the same as in Example 1 except that the PE does not maintain books and records that satisfactorily disclose the portion of its nonseparately stated income derived from or connected with each of its retail stores. Assume that the PE's apportionment fraction as reported on Part II, Line 8, is 40%. The PE must enter \$20,000 ($(\$500,000 \times .10) \times .40 = \$20,000$) on Line 1 as the amount of Member #1's share of the PE's nonseparately stated income derived from or connected with Connecticut sources.

Line 2: Net rental real estate income (loss)

Enter the Connecticut portion of the amount of the member's share attributable to rental activities (gain or loss). The Connecticut portion of amounts attributable to real property located in Connecticut is 100%. The Connecticut portion of amounts attributable to real property located outside Connecticut is 0%.

Line 3: Other net rental income (loss)

Enter the Connecticut portion of the amount of the member's share attributable to rental activities (gain or loss). Unless the PE maintains books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources, the Connecticut portion is calculated by multiplying the amount of the member's share of the amount from federal Schedule K-1 by the apportionment fraction on Part II, Line 8.

Line 4: Guaranteed payments (partnerships and LLCs treated as partnerships only)

Enter the Connecticut portion of the amount of each member's share of guaranteed payments made to the member. Unless the PE maintains books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources, the Connecticut portion is calculated by multiplying the amount of the member's distributive share of guaranteed payments from federal Form 1065, Schedule K-1, by the apportionment fraction on Part II, Line 8.

Line 5: Interest income

Enter the Connecticut portion of the member's share of interest income. Items of income, gain, loss, and deduction derived from or connected with sources within Connecticut do not include items attributable to intangible personal property except to the extent the intangible personal property is employed in a business, trade, profession, or occupation carried on in Connecticut. Unless the PE maintains books and records that satisfactorily disclose the portion of the interest income derived from or connected with Connecticut sources, the Connecticut portion is calculated by multiplying the amount of the member's share of the income from federal Schedule K-1 by the apportionment fraction entered on Part II, Line 8.

Line 6a: Ordinary dividends

Enter the Connecticut portion of the member's share of dividend income. Items of income, gain, loss, and deduction derived from or connected with sources within Connecticut do not include items attributable to intangible personal property except to the extent

the intangible personal property is employed in a business, trade, profession, or occupation carried on in Connecticut. For example, dividends from stock used as collateral to secure a business loan (for a Connecticut business) would be income from intangible personal property employed in a Connecticut trade or business and therefore would be subject to Connecticut income tax. Unless the PE maintains books and records that satisfactorily disclose the portion of the dividend income derived from or connected with Connecticut sources, calculate the Connecticut portion by multiplying the amount of the member's share of the income from federal Schedule K-1 by the apportionment fraction entered on Part II, Line 8.

Line 6b: Qualified dividends

Enter the Connecticut portion of the member's share of qualified dividends from Line 6a above.

Line 7: Royalties

Enter the Connecticut portion of the member's share of royalty income. Items of income, gain, loss, and deduction derived from or connected with sources within Connecticut do not include items attributable to intangible personal property except to the extent the intangible personal property is employed in a business, trade, profession, or occupation carried on in Connecticut. Unless the PE maintains books and records that satisfactorily disclose the portion of the royalties income derived from or connected with Connecticut sources, calculate the Connecticut portion by multiplying the amount of the member's share of the income from federal Schedule K-1 by the apportionment fraction entered on Part II, Line 8.

Line 8: Net short-term capital gain (loss)

Enter the Connecticut portion of the member's share of net short-term capital gain (loss). If the amount relates to the sale of rental property located in Connecticut, the capital gain (loss) is 100% sourced to Connecticut. Items of capital gain (loss) attributable to intangible personal property (such as the sale of stock) are not sourced to Connecticut except to the extent the intangible personal property is employed in a business, trade, profession, or occupation carried on in Connecticut.

Line 9a: Net long-term capital gain (loss)

Enter the Connecticut portion of the member's share of net long-term capital gain (loss). If the amount relates to the sale of rental property located in Connecticut, the capital gain (loss) is 100% sourced

to Connecticut. Items of capital gain (loss) attributable to intangible personal property, such as the sale of stock, are not sourced to Connecticut except to the extent the intangible personal property is employed in a business, trade, profession, or occupation carried on in Connecticut.

Line 9b: Collectibles (28%) gain (loss)

Enter the Connecticut portion of the member's share of collectibles gain (loss).

Line 9c: Unrecaptured section 1250 gain

Enter the Connecticut portion of the member's share of I.R.C. §1250 gain.

Line 10: Net section 1231 gain (loss)

Enter the Connecticut portion of the member's share of gain (loss) under I.R.C. §1231.

The Connecticut portion of amounts attributable to real property located in Connecticut is 100%. The Connecticut portion of amounts attributable to real property located outside Connecticut is 0%.

If the amount relates to a trade or business activity, unless the PE maintains books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources, the Connecticut portion of the member's share of the gain (loss) is calculated by multiplying the amount of the member's share of gain (loss) under I.R.C. §1231 from federal Schedule K-1 by the apportionment fraction on Part II, Line 8.

Line 11: Other income (loss)

Enter the Connecticut portion of the member's share of other items of income, gain, loss, or deduction not included on Lines 1 through 10 above. Attach a statement that separately identifies the type and amount of income or loss.

Line 12: Section 179 deduction

Enter the Connecticut portion of the member's share of the deduction allowed under I.R.C. §179.

Unless the PE maintains books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources, the Connecticut portion is calculated by multiplying the amount of the member's share of the deduction from federal Schedule K-1 by the apportionment fraction on Part II, Line 8.

Line 13: Other deductions

Enter the Connecticut portion of the member's share of other deductions not deducted in arriving at

ordinary income (loss) from trade or business activities and separately stated on the federal Schedule K-1. Domestic production activities information, qualified production activity income (QPAI) and W-2 wages amounts reported to a member on federal Schedule K-1 under I.R.C. §199, domestic production activity deduction, should **not** be included on this line.

Unless the PE maintains books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources, the Connecticut portion is calculated by multiplying the amount of the member's share of the deduction from federal Schedule K-1 by the apportionment fraction on Part II, Line 8.

Attach a statement that separately identifies the type and amount of each deduction.

Schedule CT K-1 Instructions

Complete Schedule CT K-1 for each member listed on **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, Part IV, as follows:

| If Member Type Code is: | Complete Schedule CT K-1 Parts: |
|-------------------------|---------------------------------|
| NI | I, II, and III |
| NT | I, II, and III |
| NE | I, II, and III |
| PE | I, II, and III |
| RI | I |
| RT | I |
| RE | I |
| CM | II |

Part I: Transfer entries for that member from Form CT-1065/CT-1120SI, Part V, Lines 1 through 10.

Part II: Transfer entries for that member from Form CT-1065/CT-1120SI, Part VI, Lines 1 through 13.

Part III, Line 1: Transfer the amount of Connecticut income tax liability as reported by the PE for that member on Form CT-1065/CT-1120SI, Part I, *Schedule B*, Column D.

Signature

Form CT-1065/CT-1120SI must be signed by a general partner or corporate officer. Provide a phone number.

Paid Preparer Signature

A paid preparer must sign and date Form CT-1065/CT-1120SI. Paid preparers must also enter their Social Security Number (SSN) or Personal Taxpayer Identification Number (PTIN), their firm's Federal Employer Identification Number (FEIN), and their firm's address and telephone number in the spaces provided.

Paid Preparer Authorization

If the PE wishes to authorize DRS to contact the paid preparer who signed the 2009 tax return to discuss it, check the **Yes** box in the signature area of the return. This authorization applies only to the individual whose signature appears in the paid preparer's signature section of the return. It does not apply to the firm, if any, shown in that section.

If the **Yes** box is checked, the PE authorizes DRS to call the paid preparer to answer questions that may arise during the processing of the 2009 Form CT-1065/CT-1120SI. The PE also authorizes the paid preparer to:

- Give DRS any information missing from the return;
- Call DRS for information about processing the PE's return or the status of the PE's refund or payment; **and**
- Respond to certain DRS notices the PE may have shared with the preparer regarding math errors, offsets, and return preparation. The notices will not be sent to the preparer.

The PE is **not** authorizing the paid preparer to receive any refund check, bind the PE to anything (including additional tax liability), or otherwise represent the PE before DRS. The authorization cannot be revoked. However, the authorization will automatically end no later than the due date (without regard to extensions) for filing the 2010 Connecticut Composite Income Tax Return. This is on or before the fifteenth day of the fourth month following the close of the taxable period.

Keep a copy of this return for the PE's records.

NOTES

Electronic Filing!



Free and secure!

DRS Is Going Green ... And So Can You

E-Filing Is Green Filing

Eliminate the use of paper and fuel used to transport returns through the mail. File and pay electronically instead. Visit www.ct.gov/TSC to create an account and eliminate the paper clutter in your life.

Connecticut tax filers can file most tax returns, extensions, and estimates using the **Taxpayer Service Center (TSC)** at www.ct.gov/TSC for free.

Greener Money With Direct Deposit

Stop those paper checks and driving to the bank to deposit your Connecticut income tax refund by choosing direct deposit! **A direct deposit refund when filing through TSC is the fastest way to get your tax refund into your account!**

Green Means Stop ... Receiving Paper Returns

If you file a paper return using commercial software or a tax practitioner, check the box to stop receiving a paper return. Mark your electronic calendar to remind you to purchase new software or contact your preparer.

| | | | |
|--|---|---|-----------------|
| Internet | Tax Information | Forms and Publications | Internet |
| | The <i>TSC</i> includes a comprehensive <i>FAQ</i> database with more than 600 searchable answers. Search by category, tax type, keyword, or phrase. | Connecticut forms and publications may be viewed, downloaded, or printed by visiting www.ct.gov/DRS the DRS website. | |
| Phone | For telephone assistance, call our Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere). | 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) and select Option 2 ; or 860-297-4753 (from anywhere). | Phone |
| Email | Send routine tax questions to drs@po.state.ct.us (do not send account related inquiries). For account-related questions, including bill and refund inquiries, use the Secure Mailbox feature by logging into the DRS electronic <i>TSC</i> . | Email requests, including your name, address (street, city, state, and ZIP code), and the name or number of the tax product to ctforms.drs@po.state.ct.us | Email |
| Walk-In | Free personal taxpayer assistance and forms are available by visiting our Hartford office at 25 Sigourney Street, Hartford CT. Walk-in assistance is available Monday through Friday, 8:30 a.m. to 4:00 p.m. Directions to DRS Hartford office are available using our phone menu or visiting the DRS website. If you require special accommodations, please advise the DRS representative. | | Walk-In |
| Federal Tax Information | | Statewide Services | |
| For questions about federal taxes , visit www.irs.gov or call the Internal Revenue Service (IRS) at 1-800-829-1040. To order federal tax forms , call 1-800-829-3676. | | Visit the <i>ConneCT</i> website at www.ct.gov for information on statewide services and programs. | |

Form CT-1065/CT-1120SI Supplemental Attachment

Complete this form in blue or black ink only.

Part I Schedule B – PE Member Composite Return

| Column A Member # From Part IV | Column B Identification Number See instructions. | Column C Connecticut Source Income See instructions. | Column D Connecticut Income Tax Liability Column C X .05 |
|---|--|--|--|
| | ▶ | ▶ | 00 |
| | ▶ | ▶ | 00 |
| | ▶ | ▶ | 00 |
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| | ▶ | ▶ | 00 |
| | ▶ | ▶ | 00 |
| Subtotal for Supplemental Attachment Total Column C and Column D and enter here. Enter the total of all supplemental attachments on Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Line 9. | | | 00 |

Part I Schedule D - Connecticut Source Income From Subsidiary PE(s)

Only a parent PE must complete this schedule.

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, and C.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

| Name of Subsidiary PE | FEIN | Column A Amount Reported on Federal K-1 | | Column B Amount From Connecticut Sources | | Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1 | |
|--|------|---|----|--|----|--|----|
| | | | | | | | |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
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| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| | ▶ | | 00 | | 00 | ▶ | 00 |
| Subtotal for Supplemental Attachment | | | 00 | | 00 | | 00 |
| Total Columns A, B, and C and enter here. Enter the total of all supplemental attachments on Form CT-1065/CT-1120SI, Part I, <i>Schedule D</i> , Line 9. | | | 00 | | 00 | | 00 |

Part IV – Member Information

| Member # | Member Name and Address See instructions for order in which to list and for Member Type Codes. | Member Type Code | FEIN or SSN | % Ownership Enter as a decimal |
|----------|---|------------------|-------------|-----------------------------------|
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |
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| ▶ # | ▶ | ▶ | ▶ | ▶ . |
| ▶ # | ▶ | ▶ | ▶ | ▶ . |

Part V Member's Share of Connecticut Modifications

| | | Member ▶# ____ | Member ▶# ____ | Member ▶# ____ | Member ▶# ____ |
|---|-------|-------------------|-------------------|-------------------|-------------------|
| Additions: Enter all amounts as positive numbers. | | | | | |
| 1. Interest on state and local government obligations other than Connecticut | 1. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 2. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 3. Certain deductions relating to income exempt from Connecticut income tax | 3. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 4. <i>Reserved for future use</i> | 4. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 5. Other - specify: _____ | 5. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| Subtractions: Enter all amounts as positive numbers. | | | | | |
| 6. Interest on U.S. government obligations | 6. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 7. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax | 8. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 9. Special depreciation allowance for qualified property placed in service during the preceding year(s) | 9. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 10. Other - specify: _____ | 10. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |

Part VI Connecticut Source Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S

Include member's share of Connecticut modifications from Part V

| | | Member ▶# ____ | Member ▶# ____ | Member ▶# ____ | Member ▶# ____ |
|---|-------|-------------------|-------------------|-------------------|-------------------|
| 1. Ordinary business income (loss) | 1. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 2. Net rental real estate income (loss) | 2. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 3. Other net rental income (loss) | 3. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 4. Guaranteed payments | 4. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 5. Interest income | 5. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 6a. Ordinary dividends | 6a. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 6b. Qualified dividends | 6b. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 7. Royalties | 7. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 8. Net short-term capital gain (loss) | 8. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 9a. Net long-term capital gain (loss) | 9a. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 9b. Collectibles (28%) gain (loss) | 9b. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 9c. Unrecaptured section 1250 gain | 9c. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 10. Net section 1231 gain (loss) | 10. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 11. Other income (loss): Attach statement | 11. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 12. Section 179 deduction | 12. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |
| 13. Other deductions: _____ | 13. ▶ | 00 ▶ | 00 ▶ | 00 ▶ | 00 ▶ |

Schedule CT K-1 Member's Share of Certain Connecticut Items

2009

For calendar year 2009 or other taxable year beginning _____, 2009, and ending _____, 20____.
 Complete in blue or black ink only.

| Pass-through entity (PE) information | | | Member information | | |
|---|---------------------------------|--|--|-------|----------|
| Federal Employer ID Number (FEIN) ▶ | CT Tax Registration Number ▶ | Member's Social Security Number (SSN) or FEIN ▶ | ▶ <input type="checkbox"/> SSN ▶ <input type="checkbox"/> FEIN | | |
| Name ▶ | | | Name ▶ | | |
| Number and street address ▶ | | PO Box | Number and street address ▶ | | PO Box |
| City or town ▶ | State | ZIP code | City or town ▶ | State | ZIP code |
| Check the box if this is an amended or a final Schedule CT K-1. ▶ <input type="checkbox"/> Amended Schedule CT K-1 ▶ <input type="checkbox"/> Final Schedule CT K-1 | | | Type of member (check one): ▶ <input type="checkbox"/> RI ▶ <input type="checkbox"/> RE ▶ <input type="checkbox"/> RT ▶ <input type="checkbox"/> PE ▶ <input type="checkbox"/> NI ▶ <input type="checkbox"/> NE ▶ <input type="checkbox"/> NT ▶ <input type="checkbox"/> CM | | |

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

| | | |
|---|----|--|
| 1. Interest on state and local obligations other than Connecticut.....▶ | 1. | |
| 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations.....▶ | 2. | |
| 3. Certain deductions relating to income exempt from Connecticut income tax.....▶ | 3. | |
| 4. Cancellation of debt income.....▶ | 4. | |
| 5. Other - specify _____▶ | 5. | |

Subtractions Enter all amounts as positive numbers.

| | | |
|--|-----|--|
| 6. Interest on U.S. government obligations.....▶ | 6. | |
| 7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations.▶ | 7. | |
| 8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax..▶ | 8. | |
| 9. <i>Reserved for future use.</i>▶ | 9. | |
| 10. Other – specify _____▶ | 10. | |

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

From Form CT-1065/CT-1120SI, Part VI

| | | | |
|--|-----|--|----|
| 1. Ordinary business income (loss).....▶ | 1. | | 00 |
| 2. Net rental real estate income (loss).....▶ | 2. | | 00 |
| 3. Other net rental income (loss).....▶ | 3. | | 00 |
| 4. Guaranteed payments.....▶ | 4. | | 00 |
| 5. Interest income.....▶ | 5. | | 00 |
| 6a. Ordinary dividends.....▶ | 6a. | | 00 |
| 6b. Qualified dividends.....▶ | 6b. | | 00 |
| 7. Royalties.....▶ | 7. | | 00 |
| 8. Net short-term capital gain (loss).....▶ | 8. | | 00 |
| 9a. Net long-term capital gain (loss).....▶ | 9a. | | 00 |
| 9b. Collectibles 28% gain (loss).....▶ | 9b. | | 00 |
| 9c. Unrecaptured section 1250 gain.....▶ | 9c. | | 00 |
| 10. Net section 1231 gain (loss).....▶ | 10. | | 00 |
| 11. Other income (loss): Attach statement.▶ | 11. | | 00 |
| 12. Section 179 deduction.....▶ | 12. | | 00 |
| 13. Other deductions: Attach statement.▶ | 13. | | 00 |

Part III - Connecticut Income Tax Information

| | | |
|---|----|--|
| 1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Column D.....▶ | 1. | |
|---|----|--|

Schedule CT K-1 Instructions

Complete the return in blue or black ink only.

A pass-through entity (PE) must furnish **Schedule CT K-1, Member's Share of Certain Connecticut Items**, to each corporate member, noncorporate member, and each member that is a PE.

General Instructions for PEs: A PE must complete Part I for resident noncorporate members, nonresident noncorporate members, and members that are pass-through entities. A PE must also complete Part II and Part III for nonresident noncorporate members and members that are pass-through entities. A PE must only complete Part II for corporate members.

A PE must furnish Schedule CT K-1 on or before the fifteenth day of the fourth month following the close of the taxable year (April 15 if the PE's taxable year for federal income tax purposes is the calendar year). If the PE requested an extension of time to file **Form CT-1065/CT-1120SI, Connecticut Composite Income Tax Return**, by timely filing **Form CT-1065/CT-1120SI EXT, Application for Extension of Time to File Connecticut Composite Income Tax Return**, the deadline for furnishing Schedule CT K-1 to members is automatically extended to the fifteenth day of the ninth month following the close of the taxable year (September 15 if the PE's taxable year for federal income tax purposes is the calendar year).

For taxable years beginning on or after January 1, 2009, copies of all Schedule CT K-1s issued by a PE must be filed with Department of Revenue Services (DRS). Do not file Schedule CT K-1s with the composite income tax return. Schedule CT K-1s should be attached to **Form CT K-1T, Transmittal of Schedule CT K-1, Member's Share of Certain Connecticut Items**, and sent separately to DRS. **Do not** file Form CT K-1T and Schedule CT K-1s if Form CT-1065/CT-1120SI was electronically filed with DRS. See Form CT K-1T *Instructions*.

Specific Instructions for Schedule CT K-1: Complete the member information section, including the member's Social Security Number (SSN) or Federal Employer Identification Number (FEIN). Check the box to indicate if the number is an SSN or FEIN.

Part I: Transfer entries for that member from Form CT-1065/CT-1120SI, Part V, Lines 1 through 10.

Part II: Transfer entries for that member from Form CT-1065/CT-1120SI, Part VI, Lines 1 through 13.

Part III, Line 1: Transfer the amount of Connecticut income tax liability reported by the PE for that member from Form CT-1065/CT-1120SI, Part I, *Schedule B*, Column D.

General Instructions for Recipients: Do not attach Schedule CT K-1 to your Connecticut income tax return.

Recipients Who Are Resident Individuals: Enter amounts from Schedule CT K-1, Part I, Lines 1, 2, 3, and 5, on **Form CT-1040, Connecticut Resident Income Tax Return, Schedule 1**, Lines 31 through 38. Enter amounts from Schedule CT K-1, Part I, Lines 6 through 10, on Form CT-1040, *Schedule 1*, Lines 40 through 49.

Recipients Who Are Nonresident or Part-Year Resident Individuals: Enter amounts from Schedule CT K-1, Part I, Lines 1 through 5, on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, Lines 33 through 40. Enter amounts from Schedule CT K-1, Part I, Lines 6 through 10, on Form CT-1040NR/PY, Lines 42 through 51.

Enter amounts from Schedule CT K-1, Part II, Lines 1 through 13, on the appropriate lines of Form CT-1040NR/PY, Schedule CT-SI.

Enter the amount from Schedule CT K-1, Part III, Line 1, on Form CT-1040NR/PY, on one of the lines for income tax withheld (Lines 20a through 20g). Also enter the PE's FEIN and the Connecticut-sourced income. Check the box to indicate that the information is from Schedule CT K-1.

When Recipients That Are Nonresident or Part-Year Resident Individuals Are Required to File Form CT-1040NR/PY

- If a member has income derived from or connected with Connecticut sources other than from one or more PEs, the member **is required to file** Form CT-1040NR/PY.
- If a member's only income derived from or connected with Connecticut sources is from one or more PEs, but at least one of the PEs is not required to make a Connecticut income tax payment on the member's behalf because the member's share of that PE's income derived from or connected with Connecticut sources is less than \$1,000, the member **is required to file** Form CT-1040NR/PY if the sum of the member's income from all PEs is \$1,000 or more. If the sum is less than \$1,000, the member is not required to file Form CT-1040NR/PY.
- If a member's only income derived from or connected with Connecticut sources is from one or more PEs and each PE is required to make a Connecticut income tax payment on the member's behalf because the member's share of each PE's income derived from or connected with Connecticut sources is \$1,000 or more, the member **is not required to file** Form CT-1040NR/PY.

Recipients That Are Trusts or Estates: Enter amounts from Schedule CT K-1, Part I, Lines 1 through 5, on **Form CT-1041, Connecticut Income Tax Return for Trusts and Estates, Schedule A**, Lines 1 through 5. Enter amounts from Schedule CT K-1, Part I, Lines 6 through 10, on Form CT-1041, *Schedule A*, Lines 7 through 11.

Enter amounts from Schedule CT K-1, Part II, Lines 1 through 13, on the appropriate lines of Schedule CT-1041FA, Part III, Column B.

Enter the amount from Schedule CT K-1, Part III, Line 1, on Form CT-1041, Line 10. You are required to attach Schedule CT K-1 to Form CT-1041.

Recipients That Are Parent PEs: Include the following for each of your members:

- The amounts from Schedule CT K-1, Part I, Lines 1 through 10, in the amounts entered on the parent PE's Form CT-1065/CT-1120SI, Part V, Lines 1 through 10.
- The amounts from Schedule CT K-1, Part II, Lines 1 through 13, in the amounts entered on the parent PE's Form CT-1065/CT-1120SI, Part VI, Lines 1 through 13.

Recipients that are parent PEs must also enter the amount from Schedule CT K-1, Part III, Line 1, on the parent PE's Form CT-1065/CT-1120SI, Part I, *Schedule D*, Column C.

Recipients That Are Corporate Members: Enter amounts from Schedule CT K-1, Part II, Lines 1 through 13, on the appropriate lines of **Form CT-1120, Connecticut Corporation Business Tax Return**, depending on the member's filing requirements.

Recipients That Are Exempt Organizations: Enter amounts from Schedule CT K-1, Part II, Lines 1 through 13, on the appropriate lines of **Form CT-990T, Connecticut Unrelated Business Income Tax Return**, depending on the member's filing requirements.

Form CT K-1T
Transmittal of Schedule CT K-1,
Member's Share of Certain Connecticut Items

| |
|----------------------------|
| For DRS use only - - 20 |
|----------------------------|

Complete this form in blue or black ink only.

Pass-Through Entity Information

| | | |
|-------------------------------------|----------------------------|----------|
| ▶ Federal Employer ID Number (FEIN) | CT Tax Registration Number | |
| ▶ Pass-through entity name | | |
| ▶ Number and street address | PO Box | |
| ▶ City or town | State | ZIP code |

Schedule CT K-1s Submitted

| | | |
|---|---|--|
| Total number of Schedule CT K-1s submitted with this Form CT K-1T | ▶ | |
|---|---|--|

Number of Members

| | | |
|------------------------------------|---|--|
| Resident (RI, RT, RE) | ▶ | |
| Nonresident (NI, NT, NE, PE) | ▶ | |
| Corporate (CM) | ▶ | |

Summary of Schedule CT K-1 Information

| | | | |
|---|---|--|----|
| Total Connecticut-sourced income (NI, NT, NE) | ▶ | | 00 |
| Total Connecticut-sourced income (PE) | ▶ | | 00 |
| Total Connecticut-sourced income (CM) | ▶ | | 00 |
| Connecticut-sourced income: Enter amount from Form CT-1065/1120SI, Part I, <i>Schedule A</i> , Line 1. | ▶ | | 00 |
| Connecticut tax liability: Enter amount from Form CT-1065/1120SI, Part I, <i>Schedule A</i> , Line 2. | ▶ | | 00 |

Declaration: I declare under the 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 or document to the Department of Revenue Services (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.

| | | |
|--|-----------|-----------------------------|
| Sign Here Keep a copy of this return for your records. | Signature | Date |
| | Title | Telephone number () |

Form CT K-1T

Instructions

Complete this form in blue or black ink only

Complete **Form CT K-1T**, *Transmittal of Schedule CT K-1, Member's Share of Certain Connecticut Items*, to file all forms **Schedule CT K-1**, *Member's Share of Certain Connecticut Items*, issued by a PE.

For taxable years beginning on or after January 1, 2009, copies of all forms Schedule CT K-1 issued by a PE **must** be filed with the Department of Revenue Services (DRS). Copies of all forms Schedule CT K-1 being filed must be attached to Form CT K-1T and sent to DRS.

All forms Schedule CT K-1 submitted with each Form CT K-1T must show the correct tax year and the PE's Federal Identification Number (FEIN).

Use Form CT K-1T if only one Schedule CT K-1 was completed.

Electronically Filed Forms and Schedules

If **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, was electronically filed using the DRS **Taxpayer Service Center (TSC)**, then you are not required to file Form CT K-1T and paper copies of Schedule CT K-1 with DRS.

However, Schedule CT K-1 is still required to be issued to the members.

Do **not** send any payment (cash, checks, or money orders, etc.) with this form.

Signature

Sign and date Form CT K-1T. Include title and provide a contact telephone number.

When to File

Form CT K-1T and forms Schedule CT K-1 must be submitted on or before the fifteenth day of the fourth month following the close of the taxable year (April 15 if the PE's taxable year for federal income tax purposes is the calendar year). If the PE requested an extension of time to file Form CT-1065/CT-1120SI by timely filing **Form CT-1065/CT-1120SI EXT**, *Application for Extension of Time to File Connecticut Composite Income Tax Return*, the deadline is automatically extended to the fifteenth day of the ninth month following the close of the taxable year (September 15 if the PE's taxable year for federal income tax purposes is the calendar year).

Where to File

Attach Form CT K-1T to forms Schedule CT K-1 and **mail to:**

Department of Revenue Services
State of Connecticut
PO Box 150420
Hartford CT 06106 - 0420

Form CT-1065/CT-1120SI EXT
Application for Extension of Time to File
Connecticut Composite Income Tax Return

2009

(Rev. 12/09)

See instructions on back before completing this form. Complete this form in blue or black ink only.

Visit www.ct.gov/TSC to file and pay this return electronically.

| | | |
|--|--|---|
| Taxpayer Please Type or Print. | Name of pass-through entity (PE) ▶ | Federal Employer Identification Number (FEIN) |
| | Number and street ▶ PO Box | DRS use only — — 20 |
| | City or town ▶ State ▶ ZIP code ▶ | Connecticut Tax Registration Number |

This is not an extension of time to pay your tax.

Payment must be included if any tax is due or interest and penalties may apply.

An extension granted by the Internal Revenue Service does not automatically extend the Connecticut filing date.

Type of PE

- Electing large partnership (ELP)
 General partnership (GP)
 S corporation
 Limited liability partnership (LLP)
 Limited partnership (LP)
 Partnership (LLC treated as a partnership)

I request a five-month **extension** of time to **September 15, 2010**, to file **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, and the same extension of time to furnish **Schedule CT K-1**, *Member's Share of Certain Connecticut Items*, to members for calendar year 2009 or until _____ for taxable year ending ▶ _____.

A federal extension has been requested on federal Form 7004, Application for an Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, for calendar year 2009 or taxable year beginning _____, 2009, and ending _____. Yes No

If **No**, the reason for the Connecticut extension is: _____

Notification will be sent only if the extension request is denied.

| | | | |
|--|---|--|----|
| 1. Reserved for future use. | 1 | | |
| 2. Reserved for future use. | 2 | | |
| 3. Connecticut composite income tax liability for 2009: You may estimate this amount. An amount must be entered on Line 3. If no tax is due, enter zero "0". Pay in full with this form.▶ | 3 | | 00 |

Visit the Department of Revenue Services (DRS) website at www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to file and pay this return electronically.



To pay by mail: Make check payable to **Commissioner of Revenue Services**. Write the PE's FEIN and "**2009 Form CT-1065/CT-1120SI EXT**" on the check. DRS may submit your check to your bank electronically. Mail form with payment to Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019. Mail form without payment to Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

Declaration: 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 or document 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.

| | | | | |
|---|---|-------|------|----------------------------|
| Sign Here Keep a copy of this return for your records. | Signature of general partner or corporate officer | Title | Date | Telephone number () |
| | Paid preparer's signature | | Date | Preparer's SSN or PTIN |
| | Firm's name and address | | | FEIN |
| | | | | Telephone number () |

Form CT-1065/CT-1120SI EXT Instructions

Complete this form in blue or black ink only.

Partnerships and S Corporations

Use **Form CT-1065/CT-1120SI EXT**, *Application for Extension of Time to File Connecticut Composite Income Tax Return*, to request a **five-month extension of time to file Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, and the same five-month extension of time to furnish **Schedule CT K-1**, *Member's Share of Certain Connecticut Items*, to members.

It will not be necessary to include a reason for the Connecticut extension request if an extension request has already been filed with the Internal Revenue Service for the PE on federal Form 7004, *Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns*.

If federal Form 7004 was not filed, the PE can apply for a five-month extension to file Form CT-1065/CT-1120SI if there is reasonable cause for the request.

How to Get an Extension of Time to File

To get a Connecticut filing extension, the PE **must** complete and file Form CT-1065/CT-1120SI EXT on or before the due date of the return and pay the amount shown on Line 3.

We will notify you only if the extension request is denied.

Form CT-1065/CT-1120SI EXT **only extends the time to file** Form CT-1065/CT-1120SI and the time to furnish Schedule CT K-1 to members. Form CT-1065/CT-1120SI EXT **does not extend the time to pay** the amount of tax due.

Form CT-1127, *Application for Extension of Time for Payment of Income Tax*, must be filed to extend the due date for any payment due with this extension.

When to File Form CT-1065/CT-1120SI EXT

If you are filing a calendar-year Form CT-1065/CT-1120SI, file Form CT-1065/CT-1120SI EXT on or before April 15, 2010. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. If you are filing Form CT-1065/CT-1120SI for a taxable year other than the calendar year, file Form CT-1065/CT-1120SI EXT on or before the fifteenth day of the fourth month following the close of the taxable year.

Where to File

File Electronically: This return can be filed electronically through the Department of Revenue services (DRS) **Taxpayer Service Center (TSC)**. The **TSC** allows taxpayers to electronically file, pay, and manage state tax responsibilities. Visit www.ct.gov/TSC to make electronic transactions or administer your tax account online. If you file electronically, you are expected to pay electronically at the time of filing.



File a Paper Return

Mail paper returns **with payment** to:
Department of Revenue Services
State of Connecticut
PO Box 5019
Hartford CT 06102-5019

Mail paper returns **without payment** to:
Department of Revenue Services
State of Connecticut
PO Box 2967
Hartford CT 06104-2967

Payment Options

Pay Electronically: Visit www.ct.gov/TSC to use the **TSC** to make a direct tax payment. After logging into the **TSC**, select the *Make Payment Only* option and choose a tax type from the drop down box. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must still file

your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.

Pay by Credit Card or Debit Card: You may elect to pay your expected 2009 composite tax liability using a credit card (American Express®, Discover®, MasterCard®, or VISA®) or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records. There are three ways to pay by credit card or debit card:

- Log in to your account in the **TSC** and select *Make Payment by Credit Card*;
- Visit www.officialpayments.com and select *State Payments*; or
- Call Official Payments Corporation toll-free **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge. Do not send in Form CT-1065/CT-1120SI EXT if payment is made through the credit card service provider. All credit or debit card payments for extension requests will be accepted by the credit card service provider. However, if your payment is late, DRS will notify you in writing that your request is denied.

Pay by Mail: Make your check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2009 Form CT-1065/CT-1120SI EXT" and the PE's Federal Employer Identification Number (FEIN) on the front of the check. Be sure to sign your check and paper clip it to the front of your return. Do not send cash. DRS may submit your check to your bank electronically.

Interest and Penalty

In general, interest and penalty apply to any portion of the tax not paid on or before the original due date of the return. Interest is computed on the underpayment of tax at the rate of 1% per month or fraction of a month until the tax is paid in full.

Late Payment Penalty: The penalty for underpayment of tax is 10% of the tax not paid on or before the original due date of the return.

Late Filing Penalty: If no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

Signature

This form must be signed by a general partner or corporate officer.

Paid Preparer Signature

A paid preparer must sign and date Form CT-1065/CT-1120SI EXT. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) and their firm's FEIN in the spaces provided.

Others Who May Sign

Anyone with a signed Power of Attorney on file may sign on your behalf.

If a general partner or corporate officer is unable, by reason of illness, absence, or other good cause, to sign a request for an extension, any person standing in a close personal or business relationship (including attorneys, accountants, and enrolled agents) to the general partner or corporate officer may sign the request on his or her behalf and will be considered a duly authorized agent for this purpose provided the request sets forth the reasons for a signature other than that of a general partner or corporate officer and states the relationship existing between the general partner or corporate officer and the signer.

Form OP-424 (DRS/N) Business Entity Tax Return

2009

Entities are liable for the BET until their official dissolution with the Connecticut Secretary of the State.

Business Entity Tax

The business entity tax (BET) is an annual tax of \$250 imposed on:

- S corporations (Qualified subchapter S subsidiaries (QSSS) are not liable for the BET.);
- Limited liability companies (LLCs) or single member limited liability companies (SMLLCs) that are, for federal income tax purposes, either:
 - Treated as a partnership if there is more than one member; **or**
 - Disregarded as an entity separate from its owner if there is only one member;
- Limited liability partnerships (LLPs); **and**
- Limited partnerships (LPs).

The BET is imposed on the business entities listed above if either: 1) the entity was formed under Connecticut law; or 2) the entity was not formed under Connecticut law but is required to register with or obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in the state, whether the entity obtained the certificate or is registered. Visit the Department of Revenue Services (DRS) website at www.ct.gov/BET for additional information regarding the BET.

Required Information: Enter the entity's taxable year, Connecticut Tax Registration Number, Federal Employer Identification Number (FEIN) and Connecticut Secretary of the State Business Identification Number in the spaces provided at the top of Form OP-424.

Due Date: The business entity tax must be paid to DRS on or before the fifteenth day of the fourth month (April 15 for calendar year filers) following the close of each taxable year of the entity. An entity's taxable year is its taxable year for federal income tax purposes. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Interest: If the tax is not paid by the due date, interest is computed on any unpaid tax at the rate of 1% per month or fraction of a month until the tax is paid in full.

Penalty: The penalty for late payment of the tax due is \$50.

Signature: This return must be signed by a general partner if the entity is a partnership, or, if the entity is a limited liability company, by anyone with authority to sign the return. If the entity is an S corporation, an officer must sign the return.

Waiver of Penalty: You may request a waiver of penalty after you have filed a return and paid the tax and interest due. Your penalty may be waived if the failure to file or pay tax on time was due to a reasonable cause and was not intentional or due to neglect. Interest **cannot** be waived. Visit the DRS website at www.ct.gov/TSC, log into your account, and select *Account Detail*.

If you submit your request in writing, you must include:

- A clear and complete written explanation;
- Your name and Social Security Number;
- The taxable filing period;
- The name of the original form filed or billing notice received; **and**
- Documentation supporting your explanation.

Attach your request to the front of your tax return or mail separately with a copy of your tax return to Department of Revenue Services, Penalty Waiver Unit, PO Box 5089, Hartford CT 06102-5089.

Where to File

File Electronically: This return can be filed electronically through the **Taxpayer Service Center (TSC)**. The **TSC** allows taxpayers to electronically file, pay, and manage state tax responsibilities. Visit www.ct.gov/TSC to make electronic transactions or administer your tax account online. If you file electronically, you are expected to pay electronically at the time of filing.

File a Paper Return: Mail this return to Department of Revenue Services, State of Connecticut, PO Box 2936, Hartford CT 06104-2936.

Payment Options

Pay Electronically: Visit www.ct.gov/TSC to make a direct tax payment. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. If you pay electronically, you must still file your return on or before the due date.

Pay by Mail: Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2009 Form OP-424" and the entity's Connecticut Tax Registration Number on the front of your check. Do not send cash. DRS may submit your check to your bank electronically.

For More Information: Call DRS during business hours, Monday through Friday: **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only), or **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.anytime by calling 860-297-4911.

Detach and return bottom portion.

State of Connecticut (Rev. 12/09) **Form OP-424 (DRS/N) – Business Entity Tax Return** **2009**

| | | | | |
|-------------------------|-------------------------------------|----------------------------|--------------------------------|--------------|
| For taxable year ending | Connecticut Tax Registration Number | Federal Employer ID Number | Secretary of State Business ID | DRS use only |
| ▶ | ▶ | ▶ | | ▶ - - 20 |

| | | | |
|--|----|-------|----|
| 1. Business entity tax | 1. | \$250 | 00 |
| 2. If late: Enter penalty. See <i>Penalty</i> above. ▶ | 2. | | 00 |
| 3. If late: Enter interest. See <i>Interest</i> above. ▶ | 3. | | 00 |
| 4. Total amount due: Add Lines 1, 2, and 3. ▶ | 4. | | 00 |

Enter business name and address. Please print or type.

| | | | |
|---------------|-------------------|----------|--|
| Business name | | | |
| Address | Number and street | PO Box | |
| City or town | State | ZIP code | |

Visit www.ct.gov/TSC to file and pay OP-424 using the TSC.

Mail to: Department of Revenue Services
 State of Connecticut
 PO Box 2936
 Hartford CT 06104-2936

Declaration: I declare under penalty of law that I have examined this return 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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Sign here _____ Date _____

Form CT-WH (DRS)

Connecticut Withholding Tax Payment Form

2010

EMPLOYER'S RECORD OF PAYMENT

| | |
|--|---|
| Weekly Remitters: Enter date payroll was paid. <div style="text-align: right;"> _ _ / _ _ / 2010 </div> | |
| 1. Enter quarter (1, 2, 3, or 4) See instructions. | <input style="width: 100%; height: 20px;" type="text"/> |
| 2. Connecticut tax withheld | <input style="width: 100%; height: 20px;" type="text"/> |

General Instructions

Form CT-WH (DRS) may be used by new employers or employers who have not received the *2010 Employer's Withholding Remittance Coupon Book*. Once the withholding book is received, use only the preprinted coupons contained in the book.

Payers of nonpayroll amounts must use **Form CT-8109 (DRS)**, *Connecticut Withholding Tax Payment Form for Nonpayroll Amounts*.

All employers are required to withhold Connecticut income tax from employee wages at the time wages are paid. Use Form CT-WH (DRS) to make payments to the Connecticut Department of Revenue Services (DRS).

Filing Frequency

Each calendar year DRS classifies employers for Connecticut income tax withholding purposes as a weekly, monthly, or quarterly remitter. Most new employers will be classified as monthly remitters.

The filing frequency is based on the employer's reported liability for the tax required to be deducted and withheld during the 12-month look-back period. The 12-month look-back period for calendar year 2010 is the 12-month period that ended on June 30, 2009.

See **Special Notice 2004(9)**, *2004 Legislation Affecting Connecticut Income Tax Withholding by Employers on Wages Paid on or After January 1, 2005*, and the *Connecticut Withholding Tax Payment Schedule* on back.

Household employers registered to withhold Connecticut income tax from their household employees wages must file one **Form CT-941 (DRS/P)**, *Connecticut Reconciliation of Withholding for Household Employers*, for the entire calendar year. See **Informational Publication 2010(1)**, *Connecticut Employer's Tax Guide*, *Circular CT*.

Line Instructions

Complete this return in blue or black ink only.

Enter name, address, and identification numbers.

Weekly remitters: Enter the date the payroll was paid not the due date of the coupon.

Line 1: Enter the number of the quarter to which this payment applies. Enter **1** for the first quarter (January 1 through March 31); **2** for the second quarter (April 1 through June 30); **3** for the third quarter (July 1 through September 30); or **4** for the fourth quarter (October 1 through December 31).

If the tax liability was incurred during one quarter and paid to DRS in another quarter, **enter the quarter in which the tax liability was incurred**. For example, if the tax liability was incurred in March and paid to DRS in April, enter **1**.

Line 2: Weekly remitters: Enter total Connecticut income tax withheld from wages paid on the date entered above Line 1.

Monthly remitters: Enter total Connecticut income tax withheld from wages for the month.

Quarterly remitters: Quarterly remitters are required to make their payments using **Form CT-941 (DRS)**, *Connecticut Quarterly Reconciliation of Withholding*.

Pay the amount on Line 2.

Do not file Form CT-WH (DRS) if no payment is due, or your payment was made by electronic funds transfer (EFT) or through the **Taxpayer Service Center (TSC)**.

Where to File

Use the **TSC** to electronically file this return. See **TSC** on back.

If paying by mail, make your check payable to: **Commissioner of Revenue Services**. Write your Connecticut Tax Registration Number and the calendar quarter to which the payment applies on your check. DRS may submit your check to your bank electronically. Mail the completed coupon to the address on the coupon.

✂ Separate here and mail coupon to DRS. Make a copy for your records. ✂

| | | | | |
|---|--|---|---|---------------------|
| CT-WH (DRS) | | Connecticut Withholding Tax Payment | | 2010 |
| Connecticut Tax Registration Number | | Federal Employer ID Number | | Year 2010 |
| Enter name and address below. Please print or type. | | | | |
| Name | | Weekly Remitters: Enter date payroll was paid. <div style="text-align: right;"> _ _ / _ _ / 2010 </div> | | |
| Address | | 1. Enter quarter (1, 2, 3, or 4). See instructions. | <input style="width: 100%; height: 20px;" type="text"/> | |
| City | | 2. Connecticut tax withheld | <input style="width: 100%; height: 20px;" type="text"/> | |
| State | | File electronically at www.ct.gov/TSC . Do not file Form CT-WH (DRS) if no payment is due. Pay the amount on Line 2. If filing by mail, send payment to: DRS, PO Box 2931, Hartford CT 06104-2931 Make check payable to: Commissioner of Revenue Services . Write your Connecticut Tax Registration Number on your check. | | |
| Zip code | | DO NOT FOLD OR BEND COUPON | | |

Connecticut Withholding Tax Payment Schedule

| Reported Liability | Payment Frequency | Due Dates |
|---|--------------------|--|
| \$2,000 or less | Quarterly remitter | Last day of the month following the calendar quarter during which the wages were paid. Make payments using Form CT-941 (DRS) , <i>Connecticut Quarterly Reconciliation of Withholding</i> . |
| More than \$2,000 but not more than \$10,000 | Monthly remitter | Fifteenth day of the month following the month during which the wages were paid. Make payments using Form CT-WH (DRS) , <i>Connecticut Withholding Tax Payment Form</i> . |
| More than \$10,000 | Weekly remitter | Wednesday following the weekly period during which the wages were paid. Weekly period means the seven-day period beginning on a Saturday and ending on the following Friday. Make payments using Form CT-WH (DRS). Weekly remitters are required to file electronically. See TSC below. |

Taxpayer Service Center

The **Taxpayer Service Center (TSC)** allows taxpayers to electronically file, pay, and manage state tax responsibilities. To make electronic transactions or administer your tax account online, visit www.ct.gov/TSC and select *Business*.



For More Information

Call the Department of Revenue Services (DRS) during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Form CT-941 (DRS)

Connecticut Quarterly Reconciliation of Withholding

2010

General Instructions

Complete this return in blue or black ink only.

Form CT-941 (DRS) may be used by new employers or employers who have not received their *2010 Employer's Withholding Remittance Coupon Book*. Form CT-941 (DRS) is used to reconcile quarterly Connecticut income tax withholding from wages only.

Payers of nonpayroll amounts must use **Form CT-945 (DRS)**, *Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts*.

Amended returns: Use **Form CT-941X**, *Amended Connecticut Reconciliation of Withholding*, to amend Form CT-941 (DRS).

Rounding Off to Whole Dollars: You must round off cents to the nearest whole dollar on your returns and schedules. If you do not round, the Department of Revenue Services (DRS) will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

When to File

First quarter, April 30, 2010; second quarter, July 31, 2010; third quarter, October 31, 2010; and fourth quarter, January 31, 2011. If your withholding payments for the quarter were made on time and paid in full, you may file the return on or before the tenth day of the second calendar month following the end of the quarter. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Employers who are registered for Connecticut income tax withholding (other than household employers, agricultural employers granted annual filer status, and seasonal filers) are required to file Form CT-941 (DRS) for each calendar quarter **even if no tax is due** or if no tax was required to be withheld.

Household employers registered to withhold Connecticut income tax from their household employee wages must file one **Form CT-941 (DRS/P)**, *Connecticut Reconciliation of Withholding for Household Employers*, for the entire calendar year, which is due April 15, 2011. See **Informational Publication 2010(1)**, *Connecticut Employer's Tax Guide, Circular CT*.

Seasonal and annual filers (including agricultural employers) may request permission from DRS to file Form CT-941 (DRS) for only the calendar quarters in which they pay Connecticut wages. Certain agricultural employers may request permission to file one Form CT-941 (DRS) for the entire calendar year. See IP 2010(1).

Coupon Instructions

Complete all requested information on the front and back of this return. See instructions on back. Sign and date the return in the space provided. If payment is due, remit payment with this return.

Where to File

Use the **Taxpayer Service Center (TSC)** to electronically file this return. See **TSC** on back.



If filing by mail, make check payable to: **Commissioner of Revenue Services**. Write your Connecticut Tax Registration Number and the calendar quarter to which the payment applies on your check. DRS may submit your check to your bank electronically. Mail the completed return and payment (if applicable) to the address on the coupon.

✂ Separate here and mail coupon to DRS. Make a copy for your records. ✂

CT-941 (DRS) Connecticut Quarterly Reconciliation of Withholding ▶ 2010

| | | | |
|---|--|--|----------|
| Connecticut Tax Registration Number ▶ | Federal Employer ID Number | Enter reporting quarter (1, 2, 3, or 4) ▶ | Due date |
| <i>Enter name and address below. Please print or type.</i> | | | |
| Name | 1. Gross wages | ▶ 1 | 00 |
| | 2. Gross Connecticut wages | ▶ 2 | 00 |
| | 3. Connecticut tax withheld | ▶ 3 | 00 |
| Address | 4. Credit from prior quarter | ▶ 4 | 00 |
| | 5. Payments made for this quarter | ▶ 5 | 00 |
| | 6. Total payments: Add Line 4 and Line 5. | ▶ 6 | 00 |
| City State ZIP code | 7. Net tax due (or credit): Subtract Line 6 from Line 3. | ▶ 7 | 00 |
| If you no longer have employees in Connecticut, enter date of last payroll: _____ | 8a. Penalty: ▶ + 8b. Interest: ▶ = 8 | | 00 |
| | 9. Amount to be credited | ▶ 9 | 00 |
| Mail to: Department of Revenue Services PO Box 2931 Hartford CT 06104-2931 | 10. Amount to be refunded | ▶ 10 | 00 |
| | 11. Total amount due: Add Line 7 and Line 8. | ▶ 11 | 00 |

Use Form CT-941X to amend this return.

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.

Signature _____
 Title _____ Date _____
 Telephone number () _____

Line Instructions

Line 1: Enter gross wages, for federal income tax withholding purposes, paid to all employees during this quarter.

Line 2: Enter gross **Connecticut wages** paid during this quarter. **Connecticut wages** are all wages paid to employees who are residents of Connecticut, even if those wages are paid for work performed outside Connecticut by those resident employees, and wages paid to employees who are nonresidents of Connecticut if those wages are paid for work performed in Connecticut by those nonresident employees.

Line 3: Enter total Connecticut income tax withheld on wages during this quarter. This should equal *Summary of Connecticut Tax Liability for the Calendar Quarter*, Line 8 below.

Line 4: Enter credit from your prior quarter Form CT-941 (DRS), Line 9. However, if any portion of that amount was over withheld from employees during a prior quarter and not repaid to those employees prior to the end of that quarter or prior to filing the return for that quarter, whichever is earlier, subtract the portion not repaid from Line 9 of your prior quarter Form CT-941 (DRS). Enter the difference on Line 4.

Line 5: Enter the sum of all payments made for this quarter.

Line 6: Add Line 4 and Line 5. This is your total payments and credits for this quarter.

Line 7: Subtract Line 6 from Line 3 and enter the difference on Line 7. If Line 3 is more than Line 6, complete Line 8a and Line 8b if necessary, then go to Line 11. If Line 6 is more than Line 3, complete Line 9 and Line 10.

Line 8: Enter penalty on Line 8a, interest on Line 8b, and the total on Line 8.

Late Payment Penalty: The penalty for paying all or a portion of the tax late is 10% of the tax paid late.

Late Filing Penalty: If no tax is due, Department of Revenue Services (DRS) may impose a \$50 penalty for the late filing of this return.

Interest: Interest is computed on the tax paid late at the rate of 1% per month or fraction of a month.

Line 9 and Line 10: Enter the amount from Line 7 you want credited to the next quarter on Line 9. Enter the amount from Line 7 you want refunded on Line 10. However, if any portion of the amount on Line 7 was over withheld from your employee(s) during the 2010 calendar year and not repaid to your employee(s) prior to the end of the 2010 calendar year or prior to filing the fourth quarter return, whichever is earlier, the amount not repaid must be subtracted from the amount on Line 7. Enter the difference on Line 9 or Line 10.

If you over withheld Connecticut income tax from your employee(s), the amount over withheld should be repaid or reimbursed to the employee in the same calendar year the over collection occurred.

Line 11: If the amount on Line 7 is net tax due, add Line 7 and Line 8. This is the total amount due.

This form may be filed using the **Taxpayer Service Center (TSC)**. See **TSC** below.

Instructions for Form CT-941 (DRS) Back

Quarterly remitters: Enter total liability on Line 7 and Line 8 of the *Third Month* column. This should equal Line 3 on the front of Form CT-941 (DRS). Quarterly remitters are required to make payments with this form.

Monthly remitters: Enter total liability for each month on Line 7 of that month. Add the Line 7 amounts and enter the total on Line 8. This should equal Line 3 on the front of Form CT-941 (DRS).

Weekly remitters: Enter the liability for each week on Line 1 through Line 6 for each month. Enter the total for the month on Line 7. Add the Line 7 amounts and enter the total on Line 8. This should equal Line 3 on the front of Form CT-941 (DRS).

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Taxpayer Service Center

The **TSC** allows taxpayers to electronically file, pay, and manage state tax responsibilities. To make electronic transactions or administer your tax account online, visit www.ct.gov/TSC and select *Business*.



✂ Separate here and mail coupon to DRS. Make a copy for your records. ✂

Summary of Connecticut Tax Liability for the Calendar Quarter

| First Month | Second Month | Third Month |
|--|--------------|-------------|
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 Total liability for the calendar quarter | 8 | 00 |

Form CT-8109 (DRS) Connecticut Withholding Tax Payment Form for Nonpayroll Amounts

2010

General Instructions

Form CT-8109 (DRS) may be used by new payers or payers who have not received their *2010 Withholding Remittance Coupon Book for Payers of Nonpayroll Amounts*. Once the withholding book is received, use only the preprinted coupons in that book.

All payers of nonpayroll amounts subject to Connecticut income tax withholding are required to withhold Connecticut income tax at the time payments of nonpayroll amounts are made.

See **Informational Publication 2010(8)**, *Connecticut Tax Guide for Payers of Nonpayroll Amounts*.

Use Form CT-8109 (DRS) to make your payments to the Department of Revenue Services (DRS). See back of return for nonpayroll amounts subject to withholding.

Filing Frequency

Each calendar year DRS classifies payers for Connecticut income tax withholding purposes as a weekly, monthly, or quarterly remitter. Most new payers will be classified as monthly remitters.

The filing frequency is based on the payer's reported liability for the tax required to be deducted and withheld during the look-back calendar year. The look-back calendar year for calendar year 2010 is calendar year 2008. See **Special Notice 2004(10)**, *2004 Legislation Affecting Connecticut Income Tax Withholding by Payers From Nonpayroll Amounts Paid on or After January 1, 2005*, and the *Connecticut Withholding Tax Payment Schedule* on back.

Line Instructions

Complete this return in blue or black ink only. Enter name, address, and identification numbers.

Weekly remitters enter the date the nonpayroll amount was paid, not the due date of the coupon.

Line 1: Enter the number of the quarter to which this payment applies. Enter **1** for the 1st quarter (January 1 through March 31); **2** for the 2nd quarter (April 1 through June 30); **3** for the 3rd quarter (July 1 through September 30); or **4** for the 4th quarter (October 1 through December 31).

If the tax liability was incurred during one quarter and paid to DRS in another quarter, enter the quarter in which the tax liability was incurred. For example, if the tax liability was incurred in March and paid to DRS in April, enter **1**.

Line 2: Weekly remitters: Enter total Connecticut income tax withheld from nonpayroll amounts paid on the date entered above Line 1.

Monthly and Quarterly remitters: Enter total Connecticut income tax withheld from nonpayroll amounts for the month or quarter.

Pay the amount on Line 2.

Where to File

Do not file Form CT-8109 (DRS) if no payment is due or payment was made by electronic funds transfer (EFT) or through the Taxpayer Service Center (TSC).

Use the **TSC** to electronically file this return. See **TSC** on back.

If paying by mail, make your check payable to: **Commissioner of Revenue Services**. Write your Connecticut Tax Registration Number and the calendar quarter to which the payment applies on your check. DRS may submit your check to your bank electronically. Mail the completed coupon to the address on the coupon.

PAYER'S RECORD OF PAYMENT

| | |
|--|---|
| Weekly Remitters: Enter date nonpayroll amount was paid. ___ ___ / ___ ___ / 2010 | |
| 1. Enter quarter (1, 2, 3, or 4). See instructions. | <input style="width: 100%; height: 20px;" type="text"/> |
| 2. Connecticut tax withheld | <input style="width: 100%; height: 20px;" type="text"/> |

Do not file Form CT-8109 (DRS) if no payment is due.

✂ Separate here and mail coupon to DRS. Make a copy for your records. ✂

| | | | | |
|---|--|--|---|-------------|
| CT-8109 (DRS) | | Connecticut Withholding Tax Payment Form for Nonpayroll Amounts | | 2010 |
| Connecticut Tax Registration Number ▶ | Federal Employer ID Number | Year ▶ | 2010 | |
| Enter name and address below. Please print or type. | | Weekly Remitters: Enter date nonpayroll amount was paid. ___ ___ / ___ ___ / 2010 | | |
| Name | 1. Enter quarter (1, 2, 3, or 4). See instructions. ▶ | <input style="width: 100%; height: 20px;" type="text"/> | | |
| Address | 2. Connecticut tax withheld ▶ | <input style="width: 100%; height: 20px;" type="text"/> | | |
| City | State | ZIP code | <ul style="list-style-type: none"> File electronically at www.ct.gov/TSC. Do not file Form CT-8109 (DRS) if no payment is due. Pay amount on Line 2. If filing by mail, send payment to: DRS, PO Box 2931, Hartford CT 06104-2931 Make check payable to: Commissioner of Revenue Services. Write your Connecticut Tax Registration Number on your check. | |
| DO NOT FOLD OR BEND COUPON | | | | |

Nonpayroll Amounts Subject to Connecticut Income Tax Withholding

The following are Connecticut nonpayroll amounts subject to Connecticut income tax withholding:

- Connecticut lottery winnings if reportable for federal income tax withholding purposes whether or not federal income tax withholding is required. See **Informational Publication 2005(16)**, *Connecticut Income Tax Treatment of State Lottery Winnings Received by Residents and Nonresidents of Connecticut*;
- Gambling winnings if the payment is subject to federal income tax withholding and the payment is made to a resident, part-year resident, or someone receiving the payment on behalf of a resident. See **Informational Publication 2008(13)**, *Connecticut Income Tax Treatment of Gambling Winnings Other Than State Lottery Winnings*;
- Pension and annuity distributions if the recipient is a Connecticut resident and has requested Connecticut income tax withholding;
- Military retirement pay if the recipient is a Connecticut resident and has requested Connecticut income tax withholding;
- Unemployment compensation payments if the recipient has requested Connecticut income tax withholding; **and**
- Payments made to athletes or entertainers if the payments are not wages for federal income tax withholding purposes, but Connecticut income tax withholding is required. See **Policy Statement 2009(1)**, *Income Tax Withholding for Athletes or Entertainers*.

Connecticut Withholding Tax Payment Schedule

| Reported Liability | Payment Frequency | Due Dates |
|--|--------------------|---|
| \$2,000 or less | Quarterly remitter | Last day of the month following the calendar quarter during which the nonpayroll amounts were paid. Make payments using Form CT-8109 , <i>Connecticut Withholding Tax Payment Form for Nonpayroll Amounts</i> . |
| More than \$2,000 but not more than \$10,000 | Monthly remitter | Fifteenth day of the month following the month during which the nonpayroll amounts were paid. Make payments using Form CT-8109. |
| More than \$10,000 | Weekly remitter | Wednesday following the weekly period during which the nonpayroll amounts were paid. Weekly period means the seven-day period beginning on a Saturday and ending on the following Friday. Weekly remitters are required to file electronically. See TSC below. |

Taxpayer Service Center

The **Taxpayer Service Center (TSC)** allows taxpayers to electronically file, pay, and manage state tax responsibilities. To make electronic transactions or administer your tax account online, visit www.ct.gov/TSC and select *Business*.



For More Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms.

Form CT-945 (DRS)

Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts

2010

General Instructions

Complete this return in blue or black ink only.

Form CT-945 (DRS) may be used by new payers of nonpayroll amounts or payers who have not received their *2010 Withholding Remittance Coupon Book for Payers of Nonpayroll Amounts*.

Payers of nonpayroll amounts who are registered for Connecticut income tax withholding are required to file Form CT-945 (DRS) **even if no tax is due**, tax was not required to be withheld, or federal Form 945 is not required to be filed.

See **Informational Publication 2010(8)**, *Connecticut Tax Guide for Payers of Nonpayroll Amounts*.

Use **Form CT-941X**, *Amended Connecticut Reconciliation of Withholding*, to amend Form CT-945 (DRS).

Rounding Off to Whole Dollars: You must round off cents to the nearest whole dollar on your returns and schedules. If you do not round, the Department of Revenue Services (DRS) will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Nonpayroll Amounts Subject to Connecticut Income Tax Withholding

The following are Connecticut nonpayroll amounts subject to Connecticut income tax withholding:

- Connecticut Lottery winnings if reportable for federal income tax withholding purposes whether or not subject to federal income tax withholding. See **Informational Publication 2005(16)**, *Connecticut Income Tax Treatment of State Lottery Winnings Received by Residents and Nonresidents of Connecticut*,

- Gambling winnings if the payment is subject to federal income tax withholding and the payment is made to a resident, part-year resident, or someone receiving the payment on behalf of a resident. See **Informational Publication 2008(13)**, *Connecticut Income Tax Treatment of Gambling Winnings Other Than State Lottery Winnings*;
- Pension and annuity distributions if the recipient is a Connecticut resident and has requested Connecticut income tax withholding;
- Military retirement pay if the recipient is a Connecticut resident and has requested Connecticut income tax withholding;
- Unemployment compensation payments if the recipient has requested Connecticut income tax withholding; **and**
- Payments made to athletes or entertainers if the payments are not wages for federal income tax withholding purposes, but Connecticut income tax withholding is required under **Policy Statement 2009(1)**, *Income Tax Withholding for Athletes or Entertainers*.

When to File

Form CT-945 (DRS) is due **January 31, 2011**. However, a payer that has made timely deposits of Connecticut withholding tax in full payment of taxes due for the 2010 calendar year may file Form CT-945 (DRS) on or before February 10, 2011. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Coupon Instructions

Complete all requested information on the front and back of this return. See instructions on back. Sign and date the return in the space provided. If payment is due, remit payment with this return.

Where to File

Use the **Taxpayer Service Center (TSC)** to electronically file this return. See **TSC** on back. If filing by mail, make check payable to: **Commissioner of Revenue Services**. Write your Connecticut Tax Registration Number on your check. DRS may submit your check to your bank electronically. Mail your completed return and payment, if applicable, to the address on the coupon.



✂ Separate here and mail coupon to DRS. Make a copy for your records. ✂

CT-945 (DRS) Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts ▶2010

| | | | |
|--|---|---------------------------|------------------------------|
| Connecticut Tax Registration Number ▶ | Federal Employer ID Number | Calendar year ending ▶ | Due date January 31, 2011 |
| <i>Enter name and address below. Please print or type.</i> | | | |
| Name | 1. Gross nonpayroll amounts | ▶ 1 | 00 |
| | 2. Gross Connecticut nonpayroll amounts | ▶ 2 | 00 |
| | 3. Connecticut tax withheld | ▶ 3 | 00 |
| Address | 4. Credit from prior year | ▶ 4 | 00 |
| | 5. Payments made for this year | ▶ 5 | 00 |
| City State ZIP code | 6. Total payments: Add Line 4 and Line 5. | ▶ 6 | 00 |
| | 7. Net tax due (or credit): Line 3 minus Line 6. | ▶ 7 | 00 |
| If you are no longer making payments of nonpayroll amounts enter date of last payment: _____ . | 8a. Penalty: ▶ + 8b. Interest: ▶ | = 8 | 00 |
| | 9. Amount to be credited | ▶ 9 | 00 |
| Mail to: Department of Revenue Services PO Box 2931 Hartford CT 06104-2931 | 10. Amount to be refunded | ▶ 10 | 00 |
| | 11. Total amount due: Add Line 7 and Line 8. | ▶ 11 | 00 |

Use Form CT-941X to amend this return.

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.

Signature _____
 Title _____ Date _____
 Telephone number () _____

Line Instructions

Line 1: Enter total nonpayroll amounts paid to all recipients during the 2010 calendar year whether or not the nonpayroll amounts are subject to Connecticut income tax withholding.

Line 2: Enter total nonpayroll amounts subject to Connecticut income tax withholding during the 2010 calendar year.

Line 3: Enter total Connecticut income tax **withheld** on nonpayroll amounts during the 2010 calendar year.

Line 4: Enter credit from your prior year **Form CT-945 (DRS)**, *Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts*, Line 9. However, if any portion of that amount was withheld from recipients during a prior year and not repaid to those recipients prior to the end of that year or prior to filing the return for that year, whichever is earlier, subtract the portion not repaid from the amount on Line 9 of your prior year Form CT-945 (DRS). Enter the difference on Line 4.

Line 5: Enter the sum of all payments made for the 2010 calendar year.

Line 6: Add Line 4 and Line 5. This is the total payments and credits for the 2010 calendar year.

Line 7: Subtract Line 6 from Line 3 and enter the difference on Line 7. If Line 3 is more than Line 6, complete Line 8a and Line 8b if necessary, then go to Line 11. If Line 6 is more than Line 3, complete Line 9 and Line 10.

Line 8: Enter penalty on Line 8a, interest on Line 8b, and the total on Line 8.

Late Payment Penalty: The penalty for paying all or a portion of the tax late is 10% of the tax paid late.

Late Filing Penalty: If no tax is due, the Department of Revenue Services (DRS) may impose a \$50 penalty for the late filing of any return or report required by law to be filed.

Interest: Interest is computed on the tax paid late at the rate of 1% per month or fraction of a month.

Line 9 and Line 10: Enter the amount from Line 7 you want credited to the next quarter on Line 9. Enter the amount from Line 7 you want refunded on Line 10. However, if any portion of the amount on Line 7 was over withheld from recipient(s) during the 2010 calendar year and not repaid to recipient(s) prior to the end of the 2010 calendar year or prior to filing Form CT-945 (DRS), whichever is earlier, the amount not repaid must be subtracted from the amount on Line 7. Enter the difference on Line 9 or Line 10.

If you over withheld Connecticut income tax from any non-wage payment, the amount over withheld should be repaid or reimbursed to the recipient in the same calendar year in which the over collection occurred. Keep in your records the recipients written receipt showing the date and amount of the repayment or record of reimbursement.

Line 11: If the amount on Line 7 is a net tax due, add Line 7 and Line 8. This is the total amount due.

Summary of Connecticut Tax Liability Instructions

Quarterly remitters: Enter total liability for each quarter on Line 6 for March, June, September, and December. Add the Line 6 amounts and enter the total on Line 7. This should equal Line 3 on the front of Form CT-945 (DRS).

Monthly remitters: Enter total liability for each month on Line 6 of that month. Add the Line 6 amounts and enter the total on Line 7. This should equal Line 3 on the front of Form CT-945 (DRS).

Weekly remitters: Enter total liability for each week on Lines 1 through 5 of that month. Enter the total for the month on Line 6. Add the Line 6 amounts and enter the total on Line 7. This should equal Line 3 on the front of Form CT-945 (DRS).

For More Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford area only); **or**
- **860-297-5962** (from anywhere)

TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms.

Taxpayer Service Center

The **Taxpayer Service Center (TSC)** allows taxpayers to electronically file, pay, and manage state tax responsibilities. To make electronic transactions or administer your tax account online visit www.ct.gov/TSC and select *Business*.



..... Separate here and mail coupon to DRS. Make a copy for your records.

Summary of Connecticut Tax Liability

Enter tax liability not deposits. See instructions.

| January | February | March | April | May | June |
|---------------------------------------|----------|-----------|---------|----------|-----------|
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| July | August | September | October | November | December |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 Total liability for the year | | | | | 00 |

Form CT-941X



Amended Connecticut Reconciliation of Withholding

Complete this return in blue or black ink only. See instructions on back before completing.

(Rev. 02/09)

| | |
|-----------------------------|-------------------------------------|
| Name of employer | Connecticut Tax Registration Number |
| Address (number and street) | Federal Employer ID Number (FEIN) |
| City, town, or post office | State ZIP code |

Name of form being amended (check one): Form CT-941 Form CT-945 Form CT-941 (DRS/P) Household employer

Quarter being amended (**Form CT-941 filers only**, check one) and enter calendar year (**all filers**):

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Calendar year

January - March April - June July - September October - December

| | Column A Amount as Originally Reported on CT-941 or CT-945 | Column B Net Change (Increase or Decrease) | Column C Corrected Amount |
|--|---|--|---------------------------------|
| 1. Enter gross wages from Form CT-941, Line 1 or gross nonpayroll amounts from Form CT-945, Line 1.1. | | | |
| 2. Enter gross CT wages from Form CT-941, Line 2 or gross CT nonpayroll amounts from Form CT-945, Line 2.2. | | | |
| 3. Enter CT tax withheld from Form CT-941, or Form CT-945, Line 3.3. | | | |
| 4. Enter credit from prior quarter, if any, of the same calendar year (Form CT-941 filers only).4. | | | |
| 5. Deposits made with Form CT-WH (Form CT-941) or Form CT-8109 (Form CT-945).....5. | | | |
| 6. Amount paid with Form CT-941, Form CT-945, or Form CT-941(DRS/P).....6. | | | |
| 7. Total payments: Add Lines 4, 5, and 6.7. | | | |
| 8. Overpayment, if any, as shown on original return (or as previously adjusted) 8. | | | |
| 9. Subtract Line 8 from Line 7. 9. | | | |
| 10. Net tax due or (credit): Subtract Line 9 from Line 3. 10. | | | |
| 11. Interest on net tax due..... 11. | | | |
| 12. Total amount due or (credit): Add Line 10 and Line 11. 12. | | | |

Overpayment: If amount on Line 12 is a credit, enter the overpayment amount here $\$$ _____ and check if:

Applied to next return **or** Refunded

Attach a copy of all applicable schedules and forms.

Mail to: Department of Revenue Services
 PO Box 2931
 Hartford CT 06104-2931

Declaration: I declare that (check the appropriate box)

- All overwithheld Connecticut income taxes for the current calendar year were repaid to employees prior to the end of the current calendar year. (You must keep in your records each employee's written receipt showing the date and amount of repayment.)
- None of this refund or credit was withheld from employees.

If Line 12 shows an amount due, make check payable to: **Commissioner of Revenue Services**. Write your CT Tax Registration Number on your check. Do not send cash. The Department of Revenue Services (DRS) may submit your check to your bank electronically.



This form can be filed using the **Taxpayer Service Center (TSC)**. The **TSC** is an interactive tax organization tool that allows taxpayers to file, pay, and manage their Connecticut tax responsibilities electronically. Through our website at www.ct.gov/DRS the **TSC** offers a fast, easy, and secure way to conduct business with DRS.

I further 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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

| | | | |
|--|---------------------------|------|------|
| Sign Here | Signature of employer | Date | |
| | Paid preparer's signature | Date | FEIN |
| Keep a copy of this return for your records. | Firm name and address | | |

Complete explanation of changes section on reverse.

Explanation of Changes to the Connecticut Reconciliation

Enter the line number from Page 1 for each item you are changing and give the reason for each change. Attach all supporting forms and schedules for items changed. Be sure to include the business name and tax registration numbers on any attachments.

Form CT-941X Instructions

General Instructions

Complete this return in blue or black ink only. This form must be filed before the end of the current calendar year to correct Connecticut income tax withholding errors made during the same calendar year. This form may not be filed after the end of the calendar year to correct Connecticut income tax withholding errors made during that calendar year unless to correct an **administrative error**.

Use Form CT-941X to correct **Form CT-941**, *Connecticut Quarterly Reconciliation of Withholding*, **Form CT-945**, *Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts*, or **Form CT-941 (DRS/P)**, *Connecticut Quarterly Reconciliation of Withholding for Household Employers*, as it was originally filed. Form CT-941X can only be used to correct a single period. If additional periods require correction, or if you are amending for more than one type of return, a separate Form CT-941X must be completed for each period and for each type of return that you are amending.

To claim a refund for the overpayment of Connecticut withholding tax, Form CT-941X must be filed within three years from the due date of the original return. If you filed federal Form 941-X, Adjusted Employer's QUARTERLY Federal Tax Return or Claim for Refund, or federal Form 945-X, Adjusted Annual Return of Withheld Federal Income Tax or Claim for Refund, you must file Form CT-941X no later than 90 days after the date of filing the amended federal return. If the tax reported on your federal Form 941, Employer's Quarterly Federal Tax Return, or federal Form 945, Annual Return of Withheld Federal Income Tax, is changed or corrected by the Internal Revenue Service or other competent authority, and such change increases or decreases your Connecticut withholding tax liability, you must file Form CT-941X to report the change or correction no later than 90 days after the final determination of such change or correction.

Form CT-941X is not used to correct any mistakes made on **Form CT-W3**, *Connecticut Annual Reconciliation of Withholding*, or **Form CT-1096**, *Connecticut Annual Summary and Transmittal of Information Returns*. To correct any errors made on Form CT-W3 or Form CT-1096, you must submit a revised Form CT-W3 or Form CT-1096 clearly labeled "AMENDED." The total amounts reported for Connecticut tax withheld on Line 3 of Form(s) CT-941, Form CT-945, or if applicable, Form(s) CT-941X, for the calendar year must agree with the total amount reported on Form CT-W3, Line 1, or Form CT-1096, Line 1, or both. The total amounts reported for gross Connecticut wages or nonpayroll amounts on Form(s) CT-941, Form CT-945, Line 2, or if applicable, Form(s) CT-941X, Line 2, for the calendar year must agree with total Connecticut wages reported on Form CT-W3, Line 2, or total nonpayroll amounts reported on Form CT-1096, Line 2, or both.

Information Section

Enter the employer's name, address, Connecticut Tax Registration Number, and Federal Employer Identification Number (FEIN) in the spaces provided. Check the appropriate box to indicate the type of quarterly return you are amending. Also, check the appropriate box and enter the calendar year to identify the quarterly return being amended.

Line Instructions

In Column A enter the amount reported on the original Form CT-941, Form CT-945, or Form CT-941 (DRS/P).

In Column B enter the net increase or net decrease for each line which has been changed. (Any decrease should be in parentheses.)

In Column C enter the amount that should have been reported on the original Form CT-941, Form CT-945, or Form CT-941 (DRS/P).

Line 10: If the amount on Line 10 is a net tax due, you must complete Line 11 and Line 12. If Line 10 is a credit, enter the same amount on Line 12 and complete the overpayment section.

Line 11: The unpaid amount is subject to interest of 1% per month or fraction of a month from the due date.

Line 12: Add Line 10 and Line 11. Enter total.

Attachments

A copy of your federal Form 941-X, federal Form 945-X, quarterly reconciliations of withholding from other states (original and corrected copies), and all federal Forms W-2c, Corrected Wage and Tax Statement, must be attached to support your changes.

Signature

This form must be signed by the employer. Anyone paid to prepare the tax return must sign the return. The preparer's FEIN, firm name, and firm address must also be entered in the space provided.

Additional Information

For more information about the **TSC** or other tax issues, visit the DRS website at www.ct.gov/DRS or for personal telephone assistance, call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

Select **Option 6** to speak with a representative.

TTY, TDD, and Text Telephone users only may transmit anytime by calling 860-297-4911.



Form CT-W3 (DRS)

Connecticut Annual Reconciliation of Withholding

2009

Electronic Filing Requirements - Read instructions below before completing this form.

General Instructions

Complete the return in blue or black ink only.

Form CT-W3 (DRS), *Connecticut Annual Reconciliation of Withholding*, may be used by new employers or employers who have not received the *Employer's Withholding Remittance Coupon Book* for 2009.

Annual Summary

If filing electronically, Form CT-W3 (DRS) is due the last day of March, 2010 and will be completed as part of the electronic filing process when you upload Copy 1 of federal Forms W-2. Do not mail in Form CT-W3 (DRS) if you are filing electronically. If filing by paper, Form CT-W3 (DRS) is **due the last day of February, 2010**. No payment is to be made with this return. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. Employers must file every Copy 1 of federal Form W-2 with Form CT-W3 (DRS) even if no Connecticut income tax was withheld.

Rounding Off to Whole Dollars: You must round off cents to the nearest whole dollar on your returns and schedules. If you do not round, the Department of Revenue Services (DRS) will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Line Instructions

Line 1

Enter the total amount of **Connecticut** income tax withheld from wages during the 2009 calendar year. This should equal the *Total* line on the back of this return.

Line 2

Enter the gross **Connecticut wages** paid during the 2009 calendar year. **Connecticut wages** are all wages paid to employees who are residents of Connecticut, even if those wages are paid for work performed outside Connecticut by those resident employees, and wages paid to employees who are nonresidents of Connecticut, if those wages are paid for work performed in Connecticut by those nonresident employees.

Line 3

Indicate the number of W-2 forms submitted with this return.

Reminders

- Be sure to complete all requested information on the back of this return.
- **Do not send a payment with this return.**
- All payments must be made using **Form CT-WH (DRS)**, *Connecticut Withholding Tax Payment Form*, and **Form CT-941 (DRS)**, *Connecticut Quarterly Reconciliation of Withholding*.
- Sign and date the return in the space provided.
- Taxpayers who file **25 or more** Forms W-2 reporting Connecticut wages paid are **required** to file Form CT-W3 (DRS) and every Copy 1 of federal Form W-2 **electronically**. You may request a waiver of the electronic filing requirements by completing **Form CT-8508**, *Request for Waiver from Filing Informational Returns Electronically*, on or before January 15, 2010. Taxpayers who file **24 or fewer** Forms W-2 reporting Connecticut wages paid, are encouraged to file electronically, but may use paper forms and do not need to request a waiver. See **Electronic Reporting Information** and **Taxpayer Service Center (TSC)**, on back.
- If filing by paper, mail completed return including Forms W-2 to: Department of Revenue Services, PO Box 2930, Hartford CT 06104-2930.

Household or Agricultural employers, see back page.

✂ Separate Here and Mail Coupon to DRS. Make a Copy for Your Records. ✂

| CT-W3 (DRS) | | Connecticut Annual Reconciliation of Withholding | | ▶ 2009 |
|--|-------|--|---------------------------------------|-------------------------------|
| Connecticut Tax Registration Number ▶ | | Federal Employer ID Number | | Due Date February 28, 2010 |
| <i>Enter name and address below. Please print or type.</i> | | | | |
| Name | | 1. Connecticut tax withheld from wages ▶ 1. | | 00 |
| Address | | 2. Total Connecticut wages reported ▶ 2. | | 00 |
| City | State | ZIP Code | 3. Number of Forms W-2 submitted ▶ 3. | |

Do not send a payment with this return.

Mail to: Department of Revenue Services
 PO Box 2930
 Hartford CT 06104-2930



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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

- Check if you are a household employer and you withhold Connecticut income tax from the wages of household employees.
- Check if you are a household employer and you **do not** withhold Connecticut income tax from the wages of household employees.

Signature _____

Title _____ Date _____

Electronic Reporting Information

Connecticut taxpayers can either key in or upload their Form CT-W3 (DRS) and Forms W-2 electronically through the **Taxpayer Service Center (TSC)**.

For new information regarding electronic reporting requirements, visit the DRS website at **www.ct.gov/DRS** or call DRS at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

Household Employers

A household employer **not** registered with DRS for Connecticut income tax withholding purposes should enter the words "HOUSEHOLD EMPLOYER" in the space reserved for the Connecticut Tax Registration Number on this return.

Agricultural Employers

An agricultural employer **not** registered with DRS for Connecticut income tax withholding purposes should write the words "AGRICULTURAL EMPLOYER" in the space reserved for the Connecticut Tax Registration Number on this return.

Taxpayer Service Center (TSC)

The **TSC** is an interactive tool that can be accessed through the DRS website at **www.ct.gov/DRS** for a free, fast, easy, and secure way to conduct business with DRS.



Some of the enhanced features of the **TSC** include the ability to view current balances, make scheduled payments, and amend certain business tax returns. The self-service aspect of the **TSC** enables taxpayers to easily get answers to the most frequently asked questions.

✂ Separate Here and Mail Coupon to DRS. Make a Copy for Your Records. ✂

Complete for Each Period

| Period | | Connecticut Income Tax Withheld From Wages |
|-------------------------|-------------|--|
| January 1 - March 31 | 1st Quarter | |
| April 1 - June 30 | 2nd Quarter | |
| July 1 - September 30 | 3rd Quarter | |
| October 1 - December 31 | 4th Quarter | |
| Total | | 00 |

Include Copy 1 of all wage and tax statements reporting Connecticut wages paid during the calendar year with this return.

Electronic Filing Requirements: Taxpayers who file **25 or more** Forms W-2 reporting Connecticut wages paid are **required** to file Form CT-W3 and every Copy 1 of federal Form W-2 **electronically**. You may request a waiver of the electronic filing requirements by completing **Form CT-8508, Request for Waiver from Filing Informational Returns Electronically**, on or before January 15, 2010. Taxpayers who file **24 or fewer** Forms W-2 reporting Connecticut wages paid, are encouraged to file electronically, but may use paper forms and do not need to request a waiver.

For electronic reporting information, visit the DRS website at **www.ct.gov/DRS** or call DRS at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

◀ **This should equal Line 1 on the front of this return.**

Form CT-W3 (DRS)

Connecticut Annual Reconciliation of Withholding

2010

Electronic Filing Requirements - Read instructions on back before completing this form.

General Instructions

Complete this return in blue or black ink only.

Form CT-W3 (DRS) may be used by new employers or employers who have not received the *2010 Employer's Withholding Remittance Coupon Book*. **Do not make a payment with this return.**

When to File

If filing electronically, Form CT-W3 (DRS) is due the last day of March 2011 and will be completed as part of the electronic filing process when you upload Copy 1 of federal Forms W-2. If filing electronically do not mail in Form CT-W3 (DRS). If filing by paper, Form CT-W3 (DRS) is due the last day of February 2011.

If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Employers must file every Copy 1 of federal Form W-2 with Form CT-W3 (DRS) even if Connecticut income tax was not withheld.

Where to File

Use the **Taxpayer Service Center (TSC)** to electronically file this return. See **TSC** on back. If filing by paper, mail completed return including Forms W-2 to the address on the coupon.



Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your returns and schedules. If you do not round, the Department of Revenue Services (DRS) will disregard the cents. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents.

Line Instructions

Line 1

Enter total **Connecticut income tax** withheld from wages during the 2010 calendar year. This should equal the *Total* line on the back of this return.

Line 2

Enter total **Connecticut wages** reported during the 2010 calendar year. **Connecticut wages** are all wages paid to employees who are residents of Connecticut, even if those wages are paid for work performed outside Connecticut by those resident employees, and wages paid to employees who are nonresidents of Connecticut if those wages are paid for work performed in Connecticut by those nonresident employees.

Line 3

Enter the number of W-2 forms submitted with this return.

Reminders

- Complete all requested information on the front and back of this return.
- **Do not send a payment with this return.** Payments are made using **Form CT-WH (DRS)**, *Connecticut Withholding Tax Payment Form*; **Form CT-941 (DRS)**, *Connecticut Quarterly Reconciliation of Withholding*; and **Form CT-941X**, *Amended Connecticut Reconciliation of Withholding*.
- Sign and date the return in the space provided.

Household and agricultural employers, see back page.

✂ Separate here and mail coupon to DRS. Make a copy for your records. ✂

CT-W3 (DRS) Connecticut Annual Reconciliation of Withholding ▶ 2010

| | | |
|--|---|-------------------------------|
| Connecticut Tax Registration Number ▶ | Federal Employer ID Number | Due date February 28, 2011 |
| <i>Enter name and address below. Please print or type.</i> | | |
| Name | 1. Connecticut tax withheld from wages ▶ 1. | 00 |
| Address | 2. Total Connecticut wages reported ▶ 2. | 00 |
| City State ZIP code | 3. Number of W-2s submitted ▶ 3. | |

Do not send payment with this return.

Mail to: Department of Revenue Services
 PO Box 2930
 Hartford CT 06104-2930

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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

- Check if you are a household employer and you withhold Connecticut income tax from the wages of household employees.
- Check if you are a household employer and you **do not** withhold Connecticut income tax from the wages of household employees.

Signature _____
 Title _____ Date _____

Electronic Filing Requirements

Taxpayers who file **25 or more** Forms W-2 reporting Connecticut wages paid are **required** to file Form CT-W3 (DRS) and every Copy 1 of federal Form W-2 **electronically**. You may request a waiver of the electronic filing requirements by completing **Form CT-8508, Request for Waiver from Filing Informational Returns Electronically**, on or before January 15, 2011.

Taxpayers who file **24 or fewer** Forms W-2 reporting Connecticut wages paid are encouraged to file electronically but may use paper forms without requesting a waiver.

Electronic Reporting Information

Connecticut taxpayers can either key in or upload their Form CT-W3 (DRS) and Forms W-2 electronically through the **Taxpayer Service Center (TSC)**.

For information regarding electronic reporting requirements, visit **www.ct.gov/TSC** or call DRS at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

Amending Form CT-W3

Do not use Form CT-941X to amend Form CT-W3 or **Form CT-1096, Connecticut Annual Summary and Transmittal of Information Returns**.

To amend Form CT-W3 submit a revised Form CT-W3 clearly labeled "AMENDED." The total Connecticut tax withheld on Form CT-941 or Form CT-941X, Line 3, must agree with the total reported on Form CT-W3, Line 1.

The total gross Connecticut wages on Form CT-941 or Form CT-941X, Line 2, must agree with the total Connecticut wages reported on Form CT-W3, Line 2.

Household Employers

A household employer **not** registered with DRS for Connecticut income tax withholding purposes should enter the words "HOUSEHOLD EMPLOYER" in the space reserved for the Connecticut Tax Registration Number on this return.

Agricultural Employers

An agricultural employer **not** registered with DRS for Connecticut income tax withholding purposes should write the words "AGRICULTURAL EMPLOYER" in the space reserved for the Connecticut Tax Registration Number on this return.

Taxpayer Service Center

The **TSC** allows taxpayers to electronically file, pay, and manage state tax responsibilities. To make electronic transactions or administer your tax account online visit **www.ct.gov/TSC** and select *Business*.



✂ Separate here and mail coupon to DRS. Make a copy for your records. ✂

Complete for Each Period

| Period | | Connecticut Income Tax Withheld From Wages |
|-------------------------|-------------|--|
| January 1 - March 31 | 1st Quarter | |
| April 1 - June 30 | 2nd Quarter | |
| July 1 - September 30 | 3rd Quarter | |
| October 1 - December 31 | 4th Quarter | |
| Total | | 00 |

Include Copy 1 of all wage and tax statements reporting Connecticut wages paid during the calendar year with this return.

Electronic Filing Requirements: Taxpayers who file **25 or more** Forms W-2 reporting Connecticut wages paid are **required** to file Form CT-W3 and every Copy 1 of federal Form W-2 **electronically**. You may request a waiver of the electronic filing requirements by completing **Form CT-8508, Request for Waiver from Filing Informational Returns Electronically**, on or before January 15, 2011.

Taxpayers who file **24 or fewer** Forms W-2 reporting Connecticut wages paid are encouraged to file electronically, but may use paper forms without requesting a waiver.

For information regarding electronic reporting requirements, visit **www.ct.gov/TSC** or call DRS at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

◀ **This should equal Line 1 on the front of this return.**

Form CT-W4

Employee's Withholding Certificate

Effective January 1, 2010

Complete this form in blue or black ink only.

Employee Instructions

- Read instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return. See instructions.

- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below. Complete Lines 1 through 11.

| Filing Jointly * | Withholding Code |
|---|------------------|
| Our expected combined annual gross income is less than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA) *** and no withholding is necessary. | E |
| My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married or Civil Union Individuals</i> , Page 2. | A |
| My spouse is not employed and our expected combined annual gross income is greater than \$24,000. | C |
| My spouse is employed and our expected combined annual gross income is greater than \$100,500. | D |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |
| Qualifying Widow(er) With Dependent Child | Withholding Code |
| My expected annual gross income is less than or equal to \$24,000 or I am claiming exemption under the MSRRA *** and no withholding is necessary. | E |
| My expected annual gross income is greater than \$24,000 and less than or equal to \$100,500. | A |
| My expected annual gross income is greater than \$100,500. | D |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |

* **Filing jointly** includes filing jointly for federal **and** Connecticut and filing jointly for Connecticut only

| Filing Separately ** | Withholding Code |
|--|------------------|
| My expected annual gross income is less than or equal to \$12,000 or I am claiming exemption under the MSRRA *** and no withholding is necessary. | E |
| My expected annual gross income is greater than \$12,000. | A |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |
| Single | Withholding Code |
| My expected annual gross income is less than or equal to \$13,000 and no withholding is necessary. | E |
| My expected annual gross income is greater than \$13,000. | F |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |
| Head of Household | Withholding Code |
| My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary. | E |
| My expected annual gross income is greater than \$19,000. | B |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |

** **Filing separately** includes filing separately for federal and Connecticut **and** filing separately for Connecticut only

*** If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees complete Lines 1 through 11. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from above. 1.

2. Additional withholding amount per pay period: If any, see Page 3 instructions..... 2.

3. Reduced withholding amount per pay period: If any, see Page 3 instructions. 3.

4. First name MI Last name

5. Home address

6. Social Security Number - -

7. City/town

8. State

9. ZIP code -

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

10. Employee's signature

11. Date
 M M D D Y Y

Employers complete Lines 12 through 20. See *Employer Instructions* on Page 2.

12. Is this a new or rehired employee? No Yes Enter the date of hire at right.

13. Employer's business name

14. Employer's business address

15. Federal Employer Identification Number -

16. City/town

17. State

18. ZIP code -

19. Contact person

20. Telephone number - -

Employee General Instructions

Form CT-W4, *Employees Withholding Certificate*, provides your employer with the necessary information to withhold the correct amount of Connecticut income tax from your wages to ensure that you will not be underwithheld or overwithheld.

You are required to pay Connecticut income tax as income is earned or received during the year. You should complete a new Form CT-W4 at least once a year or if your tax situation changes.

If your circumstances change, such as you receive a bonus or your filing status changes, you must furnish your employer with a new Form CT-W4 within ten days of the change.

Gross Income

For Form CT-W4 purposes, **gross income** means all income from all sources, whether received in the form of money, goods, property, or services, not exempt from federal income tax, and includes any additions to income from *Schedule 1 of Form CT-1040*, *Connecticut Resident Income Tax Return* or **Form CT-1040NR/PY**, *Connecticut Nonresident and Part-Year Resident Return*.

Filing Status

Generally, the filing status you expect to report on your Connecticut income tax return is the same as the filing status you expect to report on your federal income tax return. However, special rules apply to married individuals who file a joint federal return but have a different residency status. Nonresidents and part-year residents should see the instructions to Form CT-1040NR/PY.

If you are a party to a civil union recognized under Connecticut law or a spouse in a marriage recognized under Public Act 2009-13, you must recalculate your federal adjusted gross income as if your filing status for federal income tax purposes were married filing jointly or married filing separately. Unless otherwise noted, any reference in these instructions to a spouse also refers to a party to a civil union.

Check Your Withholding

You may be underwithheld if any of the following apply:

- You have more than one job;
- You qualify under *Certain Married or Civil Union Individuals* and do not use the *Supplemental Table* on Page 3 and Page 4; **or**
- You have substantial nonwage income.

If you are underwithheld, you should consider adjusting your withholding or making estimated payments using **Form CT-1040ES**, *Estimated Connecticut Income Tax Payment Coupon for Individuals*. You may also select *Withholding Code "D"* to elect the highest level of withholding.

If you owe \$1,000 or more in Connecticut income tax over and above what has been withheld from your income for the prior taxable year, you may be subject to interest on the underpayment at the rate of 1% per month or fraction of a month.

You may be overwithheld if your combined annual income is more than \$500,000 but less than \$1,000,000 and your Connecticut filing status is filing jointly. To help determine if your withholding is correct, see **Informational Publication 2010(7)**, *Is My Connecticut Withholding Correct?*

Nonresident Employees Working Partly Within and Partly Outside of Connecticut

If you work partly within and partly outside of Connecticut for the same employer, you should also complete **Form CT-W4NA**, *Employee's Withholding or Exemption Certificate - Nonresident Apportionment*, and provide it to your employer. The information on Form CT-W4NA and Form CT-W4 will help your employer determine how much to withhold from your wages for services performed within Connecticut. To obtain Form CT-W4NA, visit the Department of Revenue Services (DRS) website at www.ct.gov/DRS or request the form from your employer. Any nonresident who expects to have no Connecticut income tax liability should choose *Withholding Code "E."*

Certain Married or Civil Union Individuals

If you are a married or civil union individual filing jointly and you and your spouse both select *Withholding Code "A,"* you may have too much or too little Connecticut income tax withheld from your pay. This is because

the phaseout of the personal exemption and credit is based on your combined incomes. The withholding tables cannot reflect your exact withholding requirement without considering the income of your spouse. To minimize this problem, use the *Supplemental Table* on Page 3 and Page 4 to adjust your withholding. You are not required to use this table. **Do not** use the supplemental table to adjust your withholding if you use the worksheet in IP 2010(7).

Armed Forces Personnel and Veterans

If you are a Connecticut resident, your armed forces pay is subject to Connecticut income tax withholding unless you qualify as a nonresident for Connecticut income tax purposes. If you qualify as a nonresident, you may request that no Connecticut income tax be withheld from your armed forces pay by entering *Withholding Code "E"* on Line 1.

Military Spouses Residency Relief Act

If you are claiming an exemption from Connecticut income tax under the MSRRA, you must provide your employer with a copy of your spouse's Leave and Earnings Statement (LES) and a copy of your non-military spouse ID.

See **Informational Publication 2009(21)**, *Connecticut Income Tax Information for Armed Forces Personnel and Veterans*.

Employer Instructions

For any employee who does not complete Form CT-W4, you are required to withhold at the highest marginal rate for the taxable year.

You are required to keep a Form CT-W4 in your files for each employee. See **Informational Publication 2010(1)**, *Connecticut Employer's Tax Guide, Circular CT*, for complete instructions.

Report Certain Employees Claiming Exemption From Withholding to DRS

Employers are required to file copies of Form CT-W4 with DRS for certain employees claiming "E" (no withholding is necessary). See IP 2010(1). Mail copies of Forms CT-W4 meeting the conditions listed in IP 2010(1) with **Form CT-941**, *Connecticut Quarterly Reconciliation of Withholding*, to DRS.

Report New and Rehired Employees to the Department of Labor (DOL)

New employees are workers not previously employed by your business, or workers rehired after having been separated from your business for more than six months.

Employers with offices in Connecticut or transacting business in Connecticut are required to report new hires to the DOL within 20 days of the date of hire.

New hires can be reported by:

- Using the Connecticut New Hire Reporting website at www.ctnewhires.com
- Faxing copies of completed Forms CT-W4 to **1-800-816-1108** or mail copies of completed Forms CT-W4 to:
CT Department of Labor
Office of Research, Form CT-W4
200 Folly Brook Boulevard
Wethersfield CT 06109

DOL may use information reported on this form in a manner consistent with its governmental powers and duties. For more information on DOL requirements or for alternative reporting options, visit the DOL website at www.ctdol.state.ct.us or call DOL at 860-263-6310.

For More Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users **only** may transmit inquiries 24 hours a day by calling 860-297-4911.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Supplemental Table for Qualifying Widow(er) With Dependent Child and Couples Filing Jointly - Effective January 1, 2010

For married or civil union couples who both select *Withholding Code "A"* on Form CT-W4 (combined income is \$100,500 or less).

Instructions

- Reading across the top of the table, select the approximate annual wage income of one spouse. Reading down the left column, select the approximate annual wage income of the other spouse. See Page 4 for the continuation of this table.
- At the intersection of the two numbers is an adjustment amount. **This is a yearly adjustment amount.**
- To calculate the adjustment for each pay period, complete the following worksheet.

| Pay Period Table | |
|--------------------|------------------------|
| If you are paid: | Pay periods in a year: |
| Weekly | 52 |
| Biweekly | 26 |
| Semi-monthly | 24 |
| Monthly | 12 |
- If the adjustment is positive, enter the adjustment amount from Line 3C on Form CT-W4, Line 2, of one spouse. If the adjustment is negative, enter the adjustment amount in brackets from Line 3C on Form CT-W4, Line 3, of one spouse.

| | |
|--|-----------|
| A. Adjustment amount | 3A. _____ |
| B. Pay periods in a year. See pay period table. | 3B. _____ |
| C. Pay period adjustment: Divide Line 3A by Line 3B. | 3C. _____ |

| Annual Salary | 2,000 | 4,000 | 6,000 | 8,000 | 10,000 | 12,000 | 14,000 | 16,000 | 18,000 | 20,000 | 22,000 | 24,000 | 26,000 |
|---------------|---------|---------|---------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 3,000 | 0 | 0 | 0 | 0 | 0 | 0 | (15) | (42) | (99) | (156) | (248) | (318) | (485) |
| 6,000 | 0 | 0 | 0 | 0 | 0 | 0 | (15) | (42) | (99) | (141) | (225) | (295) | (414) |
| 9,000 | 0 | 0 | 0 | 0 | 0 | 0 | (15) | (35) | (77) | (119) | (182) | (192) | (308) |
| 12,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (12) | (54) | (48) | (60) | (106) | (249) |
| 15,000 | (23) | (23) | (23) | (23) | (15) | 0 | 0 | 9 | 27 | 36 | (24) | (70) | (162) |
| 18,000 | (99) | (99) | (99) | (84) | (69) | (54) | (6) | 54 | 36 | 18 | (42) | 20 | (111) |
| 21,000 | (203) | (195) | (180) | (165) | (129) | (54) | (3) | 9 | (9) | 24 | 27 | 10 | (87) |
| 24,000 | (325) | (310) | (295) | (232) | (145) | (106) | (82) | (70) | 20 | 14 | 0 | 0 | (12) |
| 27,000 | (586) | (550) | (475) | (409) | (370) | (331) | (256) | (181) | (170) | (142) | (113) | (6) | 25 |
| 30,000 | (792) | (705) | (666) | (627) | (588) | (441) | (405) | (347) | (319) | (206) | (87) | 20 | 18 |
| 33,000 | (956) | (917) | (878) | (788) | (686) | (618) | (548) | (447) | (312) | (156) | (75) | 20 | 18 |
| 36,000 | (1,167) | (1,128) | (981) | (930) | (845) | (760) | (605) | (414) | (279) | (156) | (75) | 20 | 18 |
| 39,000 | (1,193) | (1,091) | (1,023) | (938) | (810) | (618) | (420) | (267) | (144) | (21) | 60 | 155 | 153 |
| 42,000 | (1,200) | (1,115) | (1,030) | (860) | (642) | (450) | (285) | (132) | (9) | 114 | 195 | 290 | 288 |
| 45,000 | (1,208) | (1,080) | (888) | (675) | (495) | (315) | (150) | 3 | 126 | 249 | 330 | 425 | 423 |
| 48,000 | (1,130) | (912) | (720) | (540) | (360) | (180) | (15) | 138 | 261 | 384 | 465 | 560 | 468 |
| 51,000 | (1,086) | (906) | (726) | (546) | (366) | (186) | (21) | 132 | 255 | 378 | 414 | 419 | 327 |
| 54,000 | (1,060) | (880) | (700) | (520) | (340) | (160) | 5 | 158 | 281 | 314 | 305 | 310 | 218 |
| 57,000 | (940) | (760) | (580) | (400) | (220) | (40) | 125 | 233 | 266 | 299 | 290 | 295 | 203 |
| 60,000 | (820) | (640) | (460) | (280) | (100) | 80 | 155 | 218 | 251 | 284 | 275 | 280 | 188 |
| 63,000 | (700) | (520) | (340) | (160) | (25) | 65 | 140 | 203 | 236 | 269 | 260 | 265 | 173 |
| 66,000 | (580) | (400) | (220) | (130) | (40) | 50 | 125 | 188 | 221 | 254 | 245 | 250 | 158 |
| 69,000 | (460) | (325) | (235) | (145) | (55) | 35 | 110 | 173 | 206 | 239 | 230 | 235 | 143 |
| 72,000 | (430) | (340) | (250) | (160) | (70) | 20 | 95 | 158 | 191 | 224 | 215 | 220 | 308 |
| 75,000 | (445) | (355) | (265) | (175) | (85) | 5 | 80 | 143 | 176 | 209 | 289 | 478 | 578 |
| 78,000 | (460) | (370) | (280) | (190) | (100) | (10) | 65 | 128 | 161 | 374 | 553 | 660 | |
| 81,000 | (475) | (385) | (295) | (205) | (115) | (25) | 50 | 202 | 419 | 644 | | | |
| 84,000 | (490) | (400) | (310) | (220) | (130) | (40) | 215 | 466 | 601 | | | | |
| 87,000 | (505) | (415) | (325) | (235) | (56) | 218 | 485 | | | | | | |
| 90,000 | (520) | (430) | (340) | (70) | 208 | 400 | | | | | | | |
| 93,000 | (535) | (356) | (82) | 200 | | | | | | | | | |
| 96,000 | (370) | (92) | 100 | | | | | | | | | | |
| 99,000 | (100) | | | | | | | | | | | | |

This table joins the table on Page 4.

**Supplemental Table for Qualifying Widow(er) With Dependent Child and
Couples Filing Jointly - Effective January 1, 2010**

For married or civil union couples who both select *Withholding Code "A"* on Form CT-W4 (combined income is \$100,500 or less).

| Annual Salary | 28,000 | 30,000 | 32,000 | 34,000 | 36,000 | 38,000 | 40,000 | 42,000 | 44,000 | 46,000 | 48,000 | 50,000 | 52,000 |
|---------------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|--------|---------|
| 3,000 | (647) | (752) | (866) | (1,007) | (1,148) | (1,148) | (1,136) | (1,158) | (1,163) | (1,125) | (1,023) | (992) | (1,002) |
| 6,000 | (525) | (666) | (807) | (948) | (981) | (1,020) | (1,025) | (1,030) | (950) | (822) | (720) | (722) | (732) |
| 9,000 | (467) | (608) | (698) | (776) | (888) | (893) | (855) | (753) | (630) | (540) | (450) | (452) | (462) |
| 12,000 | (408) | (441) | (570) | (665) | (760) | (680) | (552) | (450) | (360) | (270) | (180) | (182) | (192) |
| 15,000 | (258) | (370) | (465) | (518) | (506) | (383) | (293) | (203) | (113) | (23) | 68 | 66 | 56 |
| 18,000 | (224) | (319) | (329) | (291) | (279) | (189) | (99) | (9) | 81 | 171 | 261 | 259 | 249 |
| 21,000 | (158) | (146) | (113) | (113) | (113) | (23) | 68 | 158 | 248 | 338 | 428 | 426 | 371 |
| 24,000 | 8 | 20 | 20 | 20 | 20 | 110 | 200 | 290 | 380 | 470 | 560 | 468 | 368 |
| 27,000 | 7 | 7 | 7 | 7 | 7 | 97 | 187 | 277 | 367 | 412 | 412 | 320 | 220 |
| 30,000 | 0 | 0 | 0 | 0 | 0 | 90 | 180 | 270 | 270 | 270 | 270 | 178 | 78 |
| 33,000 | 0 | 0 | 0 | 0 | 0 | 90 | 135 | 135 | 135 | 135 | 135 | 43 | (57) |
| 36,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (92) | (192) |
| 39,000 | 135 | 135 | 135 | 90 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (92) | (192) |
| 42,000 | 270 | 270 | 180 | 90 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (92) | (192) |
| 45,000 | 360 | 270 | 180 | 90 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (92) | (103) |
| 48,000 | 360 | 270 | 180 | 90 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 88 | 176 |
| 51,000 | 219 | 129 | 39 | (51) | (141) | (141) | (141) | (141) | (141) | (52) | 132 | 232 | |
| 54,000 | 110 | 20 | (70) | (160) | (250) | (250) | (250) | (250) | (70) | 118 | 220 | | |
| 57,000 | 95 | 5 | (85) | (175) | (265) | (265) | (176) | 8 | 200 | | | | |
| 60,000 | 80 | (10) | (100) | (190) | (280) | (100) | 88 | 190 | | | | | |
| 63,000 | 65 | (25) | (115) | (116) | (22) | 170 | | | | | | | |
| 66,000 | 50 | (40) | 50 | 148 | 160 | | | | | | | | |
| 69,000 | 124 | 218 | 320 | | | | | | | | | | |
| 72,000 | 388 | 400 | | | | | | | | | | | |

This table joins the table on Page 3.

(Rev. 12/09)

Form CT-W4NA

Effective January 1, 2010

Employee's Withholding Certificate - Nonresident Apportionment

Purpose: Complete **Form CT-W4NA** if you are a nonresident who performs services partly within and partly outside of Connecticut for the same employer. **Form CT-W4NA**, in addition to **Form CT-W4, Employee's Withholding Certificate**, will assist your employer in withholding the correct amount of Connecticut income tax from your wages for services performed in Connecticut.

Determine Your Residency Status: See the instructions for **Form CT-1040, Connecticut Resident Income Tax Return**, or **Form CT-1040NR/PY, Connecticut Nonresident or Part-Year Resident Income Tax Return**.

How Your Employer Will Calculate Your Withholding: If you are a nonresident, your employer is required to withhold Connecticut income tax on all wages paid to you unless:

1. You have filed **Form CT-W4NA** with your employer; **or**
2. Your employer maintains adequate current records to accurately determine the amount of wages paid to you for the services performed within Connecticut.

If you have filed **Form CT-W4NA**, your employer will withhold Connecticut income tax from your wages based on the percentage of your services you estimate you will perform in Connecticut during the calendar year. Your employer will make necessary adjustments during the calendar year if your employer knows or has reason to know that the percentage of services you estimated on **Form CT-W4NA** is no longer correct. In making the adjustments, your employer will determine the percentage of wages paid to you for the performance of services within Connecticut by using the same percentage your wages derived from or connected with Connecticut sources bears to your total wages.

Your employer may determine the percentage of wages paid to you for services performed within Connecticut based on your **Form CT-W4NA** on file from the preceding calendar year. If reasonable, your employer will make any necessary adjustments during the calendar year if your employer knows or has reason to know that the percentage shown on **Form CT-W4NA** is no longer correct.

When to File Form CT-W4NA: You must complete **Form CT-W4NA** if any of the following is true for the calendar year:

- You are a nonresident who performs services partly within and partly outside of Connecticut for the same employer; **or**
- The percentage of services you perform within Connecticut has changed from the percentage you indicated on the most recent **Form CT-W4NA** on file with your employer; **or**
- Your residency status has changed from resident to nonresident.

General Instructions: Before you complete **Form CT-W4NA**, review the information you have provided on **Form CT-W4** and make any necessary changes. If you have not completed **Form CT-W4**, you must complete and file it with your employer before you complete **Form CT-W4NA**.

Complete the certificate below, sign it, and return it to your employer.

For More Information: Call the Department of Revenue Services (DRS) during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls from outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications: Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

----- Do not mail this form to DRS. Cut here and give the certificate to your employer. -----

| | | |
|--|---|---|
| State of Connecticut Department of Revenue Services | Employee's Withholding Certificate Nonresident Apportionment | Form CT-W4NA |
| Your first name and middle initial | Last name | Your Social Security Number ____ : ____ : ____ |
| Home address (number and street), apartment number, PO box | | |
| City, town, or post office | State | ZIP code |

I certify that I **am not a resident** of Connecticut and my residence is as stated above.

I certify that the percentage of my services performed in Connecticut during the calendar year is estimated to be %

I will notify my employer within ten days of any change in the percentage of my services performed within Connecticut or of a change in my status from nonresident to resident of Connecticut.

| | |
|----------------|------|
| Your signature | Date |
|----------------|------|

Employer: You must withhold the applicable amount of Connecticut income tax from wages paid to employees who file this certificate. You must make necessary adjustments during the calendar year if you know or have reason to know the percentage of services your nonresident employee estimated on **Form CT-W4NA** is no longer correct. In making those adjustments, you must determine the percentage of wages paid to the employee for the performance of services within Connecticut by using the same percentage the employee's wages derived from or connected with Connecticut sources bears to the employee's total wages. If you maintain adequate current records to accurately determine the amount of the nonresident employee's wages paid to the employee for services performed within Connecticut, you may withhold Connecticut income tax from your employee's wages based on those records, whether or not your employee files **Form CT-W4NA**. For instructions, refer to **Informational Publication 2010(1), Connecticut Employer's Tax Guide - Circular CT**. Keep this certificate with your records.

| | |
|-----------------------------|-------------------------------------|
| Employer's name and address | Connecticut Tax Registration Number |
|-----------------------------|-------------------------------------|

Form CT-1096 (DRS)
Connecticut Annual Summary and Transmittal of Information Returns

Electronic Filing Requirements - Read instructions on back before completing this form.

General Instructions

Complete the return in blue or black ink only.

Form CT-1096 (DRS), *Connecticut Annual Summary and Transmittal of Information Returns*, may be used by new payers or payers who have not received the *Withholding Remittance Coupon Book for Payers of Nonpayroll Amounts* for 2009.

See **Informational Publication 2009(8)**, *Connecticut Tax Guide for Payers of Nonpayroll Amounts*.

Annual Summary

If filing electronically, Form CT-1096 (DRS) is due the last day of March, 2010, and will be completed as part of the electronic filing process. Do not mail in Form CT-1096 (DRS) if you are filing electronically. If filing by paper, Form CT-1096 (DRS) is **due the last day of February, 2010**. No payment is to be made with this return. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. See back page for *Who Must File Form CT-1096 (DRS)*.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your returns and schedules. If you do not round, DRS will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Where to File

If filing by paper, mail your completed return to:

Department of Revenue Services
 PO Box 5081
 Hartford CT 06102-5081

✂ *Separate here and mail coupon to DRS. Make a copy for your records.* *✂*

CT-1096 (DRS) Connecticut Annual Summary and Transmittal of Information Returns ▶ 2009

| | | | |
|--|----------------------------|---------------------------|--------------------------------------|
| Connecticut Tax Registration Number ▶ | Federal Employer ID Number | Calendar Year Ending ▶ | Due Date February 28, 2010 |
|--|----------------------------|---------------------------|--------------------------------------|

| | | | |
|---|---|--|----|
| Enter name and address below. Please print or type. Name Address City State ZIP Code | 1. Connecticut income tax withheld from Connecticut nonpayroll amounts ▶ 1. | | 00 |
| | 2. Total nonpayroll amounts reported with Form CT-1096 ▶ 2. | | 00 |
| | 3. Number of 1099-MISC, 1099-R, or W-2Gs submitted ▶ 3. | | |

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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Note: Do not send a payment with this return.

Mail to: Department of Revenue Services
 PO Box 5081
 Hartford CT 06102-5081

Signature _____

Title _____ Date _____

Who Must File Form CT-1096 (DRS)

Payers of nonpayroll amounts who are required to file the following federal forms are also required to file with the Department of Revenue Services (DRS) Form CT-1096 (DRS) and every state copy of:

- Federal Form W-2G for (1) Connecticut Lottery winnings paid to resident or nonresident individuals even if no Connecticut income tax was withheld; and (2) Other gambling winnings paid to resident individuals even if no Connecticut income tax was withheld;
- Federal Form 1099-MISC for payments made to resident individuals or to nonresident individuals if the payments relate to services performed wholly or partly in Connecticut even if no Connecticut income tax was withheld; **and**
- Federal Form 1099-R reporting distributions from pensions, annuities, retirement, or profit sharing plans; but only if Connecticut income tax was withheld.

Reminders

- Be sure to complete all requested information.
- **Do not send a payment with this return.**
- All payments must be made using **Form CT-8109 (DRS)**, *Connecticut Withholding Tax Payment Form for Nonpayroll Amounts*, and **Form CT-945 (DRS)**, *Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts*.
- Sign and date the return in the space provided.
- Federal forms 1099-MISC, 1099-R, and W-2G must be filed with DRS even if you are not required to be registered with DRS. Unregistered filers should write "Information Only" in the space reserved for the Connecticut Tax Registration Number on this return.
- If you are not required to file federal Form 1096, you are not required to file Form CT-1096 (DRS). Special rules apply to designated withholding agents. See **Policy Statement 2008(1)**, *Income Tax Withholding for Athletes or Entertainers*.
- **Electronic Filing Requirements:** Use the DRS website to electronically file Forms 1099 or W-2G.

Taxpayers who file **25 or more** Forms 1099 or W-2G, are **required** to file Form CT-1096 (DRS) and Forms 1099 or W-2G

electronically. You may request a waiver of the electronic filing requirements by completing **Form CT-8508**, *Request for Waiver From Filing Informational Returns Electronically*, on or before January 15, 2010. Taxpayers who file **24 or fewer** Forms 1099 or W-2G, are encouraged to file electronically, but may file using paper forms and do not need to file a waiver request. If you file 24 or fewer Forms 1099 or W-2G, and choose to file using paper forms, mail your completed return to: Department of Revenue Services, PO Box 5081, Hartford CT 06102-5081.

For new information regarding electronic reporting requirements, visit the DRS website at **www.ct.gov/DRS** or call DRS at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

Forms and Publications

Forms and publications are available anytime by:

- **Internet:** Visit the DRS website at **www.ct.gov/DRS** for more information about the **TSC** or other tax inquiries; **or**
- **Telephone:** Call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) and select **Option 2** from a touch-tone phone, or **860-297-4753** (from anywhere).

TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

Taxpayer Service Center (TSC)

The **TSC** is an interactive tool that can be accessed through the DRS website at **www.ct.gov/DRS** for a free, fast, easy, and secure way to conduct business with DRS.

Some of the enhanced features of the **TSC** include the ability to view current balances, make scheduled payments, and amend certain business tax returns.

The self-service aspect of the **TSC** enables taxpayers to easily get answers to the most frequently asked questions.



Complete for Each Period

| Period | | Connecticut Income Tax Withheld From Nonpayroll Amounts | |
|--|--------------------|---|-----------|
| January 1 - March 31 | 1st Quarter | | |
| April 1 - June 30 | 2nd Quarter | | |
| July 1 - September 30 | 3rd Quarter | | |
| October 1 - December 31 | 4th Quarter | | |
| Total (This should equal Line 1 on the front of this return.) | | | 00 |

Attach Form CT-1096 (DRS) and every Copy 1 of the following:

- Federal Form W-2G for (1) Connecticut Lottery winnings paid to resident or nonresident individuals even if no Connecticut income tax was withheld; and (2) Other gambling winnings paid to resident individuals even if no Connecticut income tax was withheld;
- Federal Form 1099-MISC for payments made to resident individuals or to nonresident individuals if the payments relate to services performed wholly or partly in Connecticut even if no Connecticut income tax was withheld; **and**
- Federal Form 1099-R reporting distributions from pensions, annuities, retirement, or profit sharing plans; but only if Connecticut income tax was withheld.

If you file **25 or more** Forms 1099-MISC, 1099-R, or W-2G, you are **required** to file Form CT-1096 (DRS) and Forms 1099-MISC, 1099-R, or W-2G **electronically.** You may request a waiver of the electronic filing requirements by completing **Form CT-8508**, *Request for Waiver From Filing Informational Returns Electronically*, no later than January 15, 2010. If you file **24 or fewer** Forms 1099-MISC, 1099-R, or W-2G, you may file using paper forms without a waiver.

For information regarding electronic reporting requirements, visit the DRS website at **www.ct.gov/DRS** or call DRS at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

Form CT-1096 (DRS)

Connecticut Annual Summary and Transmittal of Information Returns

Electronic Filing Requirements - Read instructions on back before completing this form.

General Instructions

Complete this return in blue or black ink only.
 If you are not required to file federal Form 1096 you are not required to file **Form CT-1096 (DRS)**. Special rules apply to designated withholding agents. See **Policy Statement 2009(1), Income Tax Withholding for Athletes or Entertainers**.

Form CT-1096 (DRS) may be used by new payers or payers who have not received the *2010 Withholding Remittance Coupon Book for Payers of Nonpayroll Amount*.

See **Informational Publication 2010(8), Connecticut Tax Guide for Payers of Nonpayroll Amounts**.

When to File

If filing electronically, Form CT-1096 (DRS) is due the last day of March, 2011. Do not mail in Form CT-1096 (DRS) if you are filing electronically. If filing by paper, Form CT-1096 (DRS) is due the last day of February, 2011. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. See *Who Must File Form CT-1096 (DRS)* on back page.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your returns and schedules. If you do not round, the Department of Revenue Services (DRS) will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Where to File

Use the **Taxpayer Service Center (TSC)** to electronically file this return. See **TSC** on back.

If filing by paper, mail your completed return to:

Department of Revenue Services
 State of Connecticut
 PO Box 5081
 Hartford CT 06102-5081

Line Instructions

Line 1: Enter Connecticut income tax withheld from Connecticut nonpayroll amounts during the calendar year. This should equal the **Total** Line on the back of this return.

Line 2: Enter total:

- Connecticut Lottery winnings paid to resident and nonresident individuals, as reported on federal Form W-2G, whether or not Connecticut income tax was withheld;
- Other gambling winnings paid to resident individuals, as reported on federal Form W-2G, whether or not Connecticut income tax was withheld;
- Miscellaneous payments reported on federal Form 1099-MISC to resident individuals or to nonresident individuals if the payments relate to services performed wholly or partly in Connecticut even if Connecticut income tax was not withheld; **and**
- Distributions from pensions, annuities, retirement, or profit-sharing plans, as reported on federal Form 1099-R, **but only if Connecticut income tax was withheld.**

Line 3: Enter the number of 1099-MISC, 1099-R, or W-2G forms submitted with this return.

Group the forms by form number and send each group with a separate Form CT-1096 (DRS).

Complete all required information on the front and back of this return. Sign and date the return in the space provided.

Do not make a payment with this return.

..... Separate here and mail coupon to DRS. Make a copy for your records.

CT-1096 (DRS) Connecticut Annual Summary and Transmittal of Information Returns ▶ 2010

| | | | |
|--|----------------------------|---------------------------|--------------------------------------|
| Connecticut Tax Registration Number ▶ | Federal Employer ID Number | Calendar year ending ▶ | Due date February 28, 2011 |
|--|----------------------------|---------------------------|--------------------------------------|

| | | | |
|--|---|--|----|
| <i>Enter name and address below. Please print or type.</i> | | | |
| Name | 1. Connecticut income tax withheld from Connecticut nonpayroll amounts ▶ 1. | | 00 |
| Address | 2. Total nonpayroll amounts reported with Form CT-1096 ▶ 2. | | 00 |
| City State ZIP code | 3. Number of 1099-MISC, 1099-R, or W-2Gs submitted ▶ 3. | | |

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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Do not send a payment with this return.

Mail to: Department of Revenue Services
 State of Connecticut
 PO Box 5081
 Hartford CT 06102-5081

Signature _____

Title _____ Date _____

Who Must File Form CT-1096 (DRS)

If you are required to file federal Form 1096 you must file Form CT-1096 (DRS) with the Department of Revenue Services (DRS) and attach every state copy of:

- Federal Form W-2G for (1) Connecticut Lottery winnings paid to resident or nonresident individuals even if Connecticut income tax was not withheld; and (2) other gambling winnings paid to resident individuals even if Connecticut income tax was not withheld;
- Federal Form 1099-MISC for payments made to resident individuals or to nonresident individuals if the payments relate to services performed wholly or partly in Connecticut even if Connecticut income tax was not withheld; **and**
- Federal Form 1099-R reporting distributions from pensions, annuities, retirement, or profit sharing plans, but only if Connecticut income tax was withheld.

Federal Forms 1099-MISC, 1099-R, and W-2G must be filed with DRS even if you are not required to be registered with DRS. Unregistered filers should write "Information Only" in the space reserved for the Connecticut Tax Registration Number on this return.

All payments must be made using **Form CT-8109 (DRS)**, *Connecticut Withholding Tax Payment Form for Nonpayroll Amounts*, **Form CT-945 (DRS)**, *Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts*, or **Form CT-941X, Amended Connecticut Reconciliation of Withholding**.

Electronic Filing Requirements

Taxpayers who file **25 or more** Forms 1099-MISC, 1099-R, or W-2G are **required** to file Form CT-1096 (DRS) and Forms 1099-MISC, 1099-R, or W-2G **electronically**. You may request a waiver of the electronic filing requirements by completing **Form CT-8508, Request for Waiver From Filing Informational Returns Electronically**, on or before January 15, 2011.

Taxpayers who file **24 or fewer** Forms 1099-MISC, 1099-R, or W-2G are encouraged to file electronically but may use paper forms without requesting a waiver. If you file 24 or fewer Forms 1099-MISC, 1099-R, or W-2G and choose to file using paper forms, mail your completed return to the address on the coupon.

For information regarding electronic reporting requirements, visit the DRS website at **www.ct.gov/TSC** or call DRS at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

Amending Form CT-1096

To amend Form CT-1096, submit a revised Form CT-1096 clearly labeled "AMENDED." The total Connecticut tax withheld on Form CT-945 or Form CT-941X, Line 3, must agree with the total reported on Form CT-1096, Line 1.

The gross Connecticut nonpayroll amounts reported on Form CT-945 or Form CT-941X, Line 2, must agree with total nonpayroll amounts reported on Form CT-1096, Line 2.

Forms and Publications

Visit the DRS website at **www.ct.gov/DRS** to download and print Connecticut tax forms and publications.

Taxpayer Service Center

The **Taxpayer Service Center (TSC)**

allows taxpayers to electronically file, pay, and manage state tax responsibilities.

To make electronic transactions or administer your tax account online visit **www.ct.gov/TSC** and select **Business**.



Complete for Each Period

| Period | | Connecticut Income Tax Withheld From Nonpayroll Amounts | |
|---|--------------------|---|-----------|
| January 1 - March 31 | 1st Quarter | | |
| April 1 - June 30 | 2nd Quarter | | |
| July 1 - September 30 | 3rd Quarter | | |
| October 1 - December 31 | 4th Quarter | | |
| Total: This should equal Line 1 on the front of this return. | | | 00 |

Attach Form CT-1096 (DRS) and every Copy 1 of the following:

- Federal Form W-2G for (1) Connecticut Lottery winnings paid to resident or nonresident individuals even if Connecticut income tax was not withheld; and (2) other gambling winnings paid to resident individuals even if Connecticut income tax was not withheld;
- Federal Form 1099-MISC for payments made to resident individuals or to nonresident individuals if the payments relate to services performed wholly or partly in Connecticut even if Connecticut income tax was not withheld; **and**
- Federal Form 1099-R reporting distributions from pensions, annuities, retirement, or profit sharing plans, but only if Connecticut income tax was withheld.

If you file **25 or more** Forms 1099-MISC, 1099-R, or W-2G you are **required** to file Form CT-1096 (DRS) and Forms 1099-MISC, 1099-R, or W-2G **electronically**. You may request a waiver of the electronic filing requirements by completing **Form CT-8508, Request for Waiver From Filing Informational Returns Electronically**, on or before January 15, 2011. If you file **24 or fewer** Forms 1099-MISC, 1099-R, or W-2G you may file using paper forms without requesting a waiver.

For information regarding electronic reporting requirements, visit **www.ct.gov/TSC** or call DRS at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

Form CT-4852

Substitute for Form W-2, Wage and Tax Statement, or Form 1099R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

Purpose

Complete **Form CT-4852**, if you have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099R (Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.) from an employer or payer and have notified the Internal Revenue Service. You must complete a separate Form CT-4852 for each missing or incorrect Form W-2 or Form 1099R.

General Information

| | | |
|-------------------------------|-------------------|------------------------|
| First Name and Middle Initial | Last Name | Social Security Number |
| Mailing Address | Number and Street | Apt. No. |
| City, Town, or Post Office | State | ZIP Code |

Substitute Form Information

1. **Please fill in the year at the end of this statement.** I have been unable to obtain (or have received an incorrect) Form W-2 or Form 1099R from my employer or payer named below. The amounts shown below are my best estimates of all wages or payments paid to me and the federal and Connecticut taxes withheld by this employer or payer during _____ (year).

| | |
|--|--|
| 2. Name, Address, City, State, and ZIP Code of Employer or Payer | 3. Connecticut Tax Registration Number of Employer or Payer (if known) |
| | 4. Federal Employer Identification Number of Employer or Payer (if known) |

| | | | |
|--------------------------------|---|------------------------------------|----------------------------------|
| 5. Federal Income Tax Withheld | 6. Wages, Tips, Other Compensation or Payments (See below.) | 7. Connecticut Income Tax Withheld | 8. Connecticut Wages, Tips, Etc. |
|--------------------------------|---|------------------------------------|----------------------------------|

Include total wages paid, noncash payments, tips reported, and all other compensation before deductions for taxes, insurance, etc. in Box 6 and Box 8.

9. How did you determine the amounts in Boxes 5 through 8 above? If you received a Form W-2 showing federal wages and federal income tax withheld, attach a copy to Form CT-4852. If you did not receive a Form W-2 but you file federal Form 4852 to report federal wages and federal tax withheld, attach a copy of federal Form 4852 to Form CT-4852. Do not attach Form CT-4852 to your Connecticut income tax return. Keep Form CT-4852 with your tax records. You may be asked by the Department of Revenue Services (DRS) to provide a copy of Form CT-4852 at a later date.

10. Give reason Form W-2, 1099R, or W-2C, Corrected Wage and Tax Statement, was not furnished by the employer or payer, if known, and explain your efforts to get it.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Signature _____ Date _____

Form CT-8809

Request for Extension of Time to File Informational Returns

(For Forms W-2, W-2G, 1099-R, and 1099-MISC)

Complete this form in blue or black ink only. See instructions on reverse.

| | | |
|--|---|--|
| Extension Request for Calendar Year | 1. Filer or transmitter name and mailing address (number and street including room or suite number, or PO Box, city, state, and ZIP code) | 2. Connecticut Tax Registration Number |
| | | 3. Federal Employer Identification Number (FEIN) |
| 200 __ | 4. Person to be contacted about this request | 5. Telephone number () |

6. Check the boxes that apply. You need not enter the number of returns.

| Media Type | W-2 | W-2G | 1099-R | 1099-MISC |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Electronic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Has an extension of time to file federal informational returns been requested from the Internal Revenue Service (IRS)?

No Yes (If **Yes**, attach a copy of federal Form 8809, Application for Extension of Time to File Informational Returns.)

If **Yes**, was the request for extension approved?

No Yes Pending (If **Yes**, attach a copy of the extension request approval.)

8. State in detail why you need an extension. If more space is required, attach additional page(s).

9. Will you provide, or have you provided, a copy of the informational return or the required statement to the recipient on time?

No Yes

Declaration: I declare under the 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 or document to the Department of Revenue Services (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.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

Form CT-8809 Instructions

Complete this form in blue or black ink only. Use Form CT-8809 to request an extension of time to file **Forms W-2, W-2G, 1099-R, and 1099-MISC**. Do not use this form to request an extension of time to furnish the statement to the recipient or for an extension of time to file **Form CT-1040, Connecticut Resident Income Tax Return**. For rules on extending the time to file Form CT-1040, see Form CT-1040 *Instructions*.

Who May File: Filers of informational returns submitted electronically through the **Taxpayer Service Center (TSC)** or on CD may use this form to request an extension of time to file. A transmitter for multiple filers may file this form, but must attach a list of the names, addresses, and Federal Employer Identification Numbers (FEIN) of those for whom the transmitter will be filing.



When to File: Department of Revenue Services (DRS) encourages you to file Form CT-8809 as soon as you know an extension of time to file is necessary. However, Form CT-8809 **must** be filed on or before the last day of March if filing electronically, or the last day of February if not filing electronically. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. If you are requesting an extension of time to file several types of forms, you may use one Form CT-8809. You can request an extension for only one calendar year on this form. **An extension cannot be granted if a request is filed after the original due date of the returns.**

Filing Due Dates:

| Form Number | Due Date |
|------------------------------------|---|
| W-2, W-2G, 1099-R, 1099-MISC | Last day of March if filing electronically, or last day of February if not filing electronically. |

Where to File:

Department of Revenue Services
State of Connecticut
PO Box 2930
Hartford CT 06104-2930

Extension Period: If your extension request is approved, an extension is granted for 30 days from the original due date.

Additional Extension: If you need additional time to file, you may request an additional 30 days by submitting another Form CT-8809.

Approval or Denial of Request: Requests for extensions of time to file informational returns are not automatically granted. Approval or denial is based on administrative criteria and guidelines. DRS will send you a letter of explanation **only** if your request is denied.

Specific Instructions

Block 1. Enter the name and complete mailing address, including room or suite number, of the filer requesting the extension of time. If you act as transmitter for a group of filers, enter the transmitter's name and address and attach a list of filer names, addresses, Connecticut Tax Registration Numbers, and FEINs. Notification of denial is sent only to the person who requested the extension.

Block 2. Enter your Connecticut Tax Registration Number.

Block 3. Enter your FEIN or Social Security Number (SSN) if you are not required to have an employer identification number. Do not enter hyphens. A transmitter should enter the transmitter's FEIN in this box.

Block 4. Enter the name of someone to contact if additional information

is required.

Block 5. Enter the telephone number, including area code, of the contact person shown in Block 4.

Block 6. Indicate the type(s) of informational return(s) for which you are requesting an extension of time to file and method of filing by checking the appropriate box(es).

An employer or payer filing 25 or more Forms W-2, W-2G, 1099-R, or 1099-MISC per form type, must file these forms electronically through the **TSC**. An employer or payer filing 24 or fewer Forms W-2, W-2G, 1099-R, or 1099-MISC with DRS is encouraged to file those forms electronically and do not need to request a waiver. The *Key and Send* method is recommended for employers and payers submitting 50 or fewer informational returns to DRS. See **Informational Publication 2009(17), Forms 1099-R, 1099-MISC, and W-2G Electronic Filing Requirements for Tax Year 2009**, or **Informational Publication 2009(18), Form W-2 Electronic Filing Requirements for Tax Year 2009**.

Block 7. Indicate whether or not the filer applied for an extension of time to file federal informational returns. If an extension was requested, a copy of the federal Form 8809, Request for Extension of Time to File Informational Returns, must be attached. If a federal extension was requested, indicate whether or not it was approved by the Internal Revenue Services (IRS). If the extension was approved, attach a copy of the approval.

Block 8. Explain why you need an extension of time to file your informational returns.

Block 9. Check the appropriate box to indicate whether you will provide, or have provided, a copy of the informational returns or the required statement to the recipients on time.

If this extension request is approved, it will only extend the due date for filing the returns with DRS. It will not extend the January 31 due date for furnishing the required copies of statements to recipients.

Signature: The extension request must be signed by you or a person who is **duly authorized** to sign a return, statement, or other document.

Failure to properly complete and sign this form may cause a delay in processing or result in the denial of your request. Be sure you are requesting an extension of time only for returns listed on this form.

For More Information: Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling **860-297-4911**.

Forms and Publications: Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms.

Form CT-706/709
Connecticut Estate and Gift Tax Return

(Rev. 11/09)

Complete in blue or black ink only.

2009

| | | | | | |
|--|--|-------------------|--|------------------------------|--|
| Donor or decedent's first name and middle initial | | Last name | | Social Security Number (SSN) | |
| Address | | Number and street | | PO box | |
| City, town, or post office | | State | | ZIP code | |
| Mailing address (firm name if applicable) | | Number and street | | PO box | |
| City, town, or post office | | State | | ZIP code | |
| Attention, care of, or estate representative (if applicable) | | | | | |
| Fiduciary's name and address | | | | | |

Residency Connecticut resident
 Nonresident - nonresident decedent estate only, attach **Form C-3**, *State of Connecticut Domicile Declaration*.

Amended Return Check if using this form as an amended return. Attach an explanation.

| | | |
|---|-----|----|
| Section 1 - Gift Tax Computation - to report taxable gifts made during calendar year 2009 If the donor died during calendar year 2009, skip Section 1 and complete Section 2. | | |
| 1. Current year Connecticut taxable gifts from <i>Schedule A</i> , Line 9 | 1. | 00 |
| 2. Enter total from <i>Schedule B</i> , Column B. | 2. | 00 |
| 3. Add Line 1 and Line 2. | 3. | 00 |
| 4. Gift tax due: See instructions. Enter here and on Section 3, Line 13. | 4. | 00 |
| Section 2 - Estate Tax Computation: Attach copies of federal Forms 706 and 709 and all supplemental documents. | | |
| Decedent's date of death: _____ Connecticut Probate Court: _____ | | |
| 5. Total gross estate for federal estate tax purposes from federal Form 706, Part 2, Line 1. | 5. | 00 |
| 6. Estate tax deductions from <i>Schedule C</i> , Line 4 | 6. | 00 |
| 7. Subtract Line 6 from Line 5. | 7. | 00 |
| 8. Current year Connecticut taxable gifts from <i>Schedule A</i> , Line 9. See instructions. | 8. | 00 |
| 9. Enter total from <i>Schedule B</i> , Column B. | 9. | 00 |
| 10. Connecticut taxable estate: Add Lines 7, 8, and 9. If \$2,000,000 or less, see instructions. | 10. | 00 |
| 11. Tax due: See instructions. | 11. | 00 |
| 12. Nonresident decedent estate only: Tax due from <i>Schedule E</i> , Line 5 | 12. | 00 |
| Section 3 - Calculation of Total Tax, Penalty, and Interest | | |
| 13. Enter tax due: See instructions. | 13. | 00 |
| 14. Enter total from <i>Schedule B</i> , Column C. | 14. | 00 |
| 15. Resident decedent estate only: Enter amount from <i>Schedule D</i> , Line 14. | 15. | 00 |
| 16. Total credits: Add Line 14 and Line 15. | 16. | 00 |
| 17. Balance of tax payable: Subtract Line 16 from Line 13. If less than zero, enter "0." | 17. | 00 |
| 18. Prior payments and payments made with extension request (Form CT-706/709 EXT) | 18. | 00 |
| 19. Refund: If Line 18 is greater than Line 17, enter amount overpaid. | 19. | 00 |
| 20. Tax due: If Line 17 is greater than Line 18, enter balance due. | 20. | 00 |
| 21. If paid late, enter penalty. See instructions. | 21. | 00 |
| 22. If paid late, enter interest. See instructions. | 22. | 00 |
| 23. Total amount due: Add Lines 20, 21, and 22. | 23. | 00 |

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | |
|------------------|--|-------|------------------------|-------------------------|
| Sign Here | Signature of donor or fiduciary | Title | Date | Telephone number () |
| | Signature of paid preparer or authorized estate representative | Date | Preparer's PTIN or SSN | Telephone number () |
| | Firm name and address | FEIN | | |

Schedule A – Computation of Current Year Connecticut Taxable Gifts

| A Item No. | B Gifts Subject to Gift Tax • Donee's name, address, SSN, relationship to donor if any; • Gift description: If gift was made by means of a trust, enter trust's identifying number. If gift was securities, enter CUSIP number(s) if available. | C Donor's Adjusted Basis of Gift | D Date of Gift | E Value at Date of Gift Enter the fair market value at the date the gift was made. See instructions for farmland gifts. | F Split Gifts Only For split gifts, enter one-half of Column E. | G Net Transfer Subtract Column F from Column E. |
|------------------|--|-------------------------------------|-------------------|---|---|---|
| 1. | | | | | | |

Gifts Made by Spouse - Complete **only** if you are splitting gifts with your spouse **and** your spouse also made gifts.

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

| | | |
|---|----|----|
| 1. Total gifts: Add the value of all gifts listed in Column G and enter here. | 1. | 00 |
| 2. Total annual exclusion for present interest gifts listed on <i>Schedule A</i> : See instructions. | 2. | 00 |
| 3. Subtract Line 2 from Line 1. | 3. | 00 |

Deductions

| | | | |
|--|----|----|----------------|
| 4. Gifts to spouse for which a marital deduction is claimed: Enter item No(s) from <i>Schedule A</i> : _____ | 4. | 00 | [Hatched Area] |
| 5. Exclusions attributable to gifts on Line 4 | 5. | 00 | |
| 6. Marital deduction: Subtract Line 5 from Line 4. ... | 6. | 00 | |
| 7. Charitable deductions less exclusions: Enter item numbers from <i>Schedule A</i> : _____ | 7. | 00 | |
| 8. Total deductions: Add Line 6 and Line 7. | 8. | 00 | |
| 9. Current year Connecticut taxable gifts: Subtract Line 8 from Line 3. Enter here and on Section 1, Line 1, or Section 2, Line 8. See instructions. | 9. | 00 | |

10. Did you consent for federal gift tax purposes to have gifts made during the calendar year by you, your spouse, or both of you, to third parties considered as made one-half by each of you? Yes No
 If **Yes**, enter spouse's name and Social Security Number below.
 Print spouse's: Name ▶ _____ Social Security Number ▶ _____

11. Is your spouse a U.S. citizen? ▶ Yes No
 If **No**, did you transfer any property to your spouse during the calendar year? ▶ Yes No

12. Were you married to one another during the entire calendar year? See instructions. ▶ Yes No
 If **No**, check current marital status and enter status change date: ▶ Married Divorced Widowed
 Date _____

13. If the donor is claiming special valuation on a gift of farmland, check here ▶ and attach **Schedule CT-709 Farmland**.

14. If you elect under I.R.C. §529(c)(2)(B) to treat any transfers made this year to a qualified state tuition program as made ratably over a five-year period beginning this year, check here. ▶

15. If you are a party to a civil union or a marriage recognized under Public Act 2009-13, check here. ▶

Terminable Interest Marital Deduction as Reported for Federal Gift Tax Purposes

Donor is bound by election made for federal gift tax purposes. Check the box if you elected for federal gift tax purposes:

16. ▶ To include gifts of qualified terminable interest property as gifts to your spouse for which a marital deduction was claimed. Enter the item numbers from *Schedule A* above of the gifts for which you made this election under I.R.C. §2523(f). _____

17. ▶ **Not** to treat as qualified terminable interest property any joint and survivor annuity where only you and your spouse have the right to receive payments before the death of the last of you to die. Enter the item numbers from *Schedule A* above for the annuity(ies) for which you made this election under I.R.C. §2523(f)(6). _____

| Schedule B – Gifts From Prior Periods List annual Connecticut taxable gifts made on or after January 1, 2005, but prior to January 1, 2009. | | | | |
|--|--------------------------------------|----|--------------------------------------|----|
| Column A - Calendar Year | Column B - Connecticut Taxable Gifts | | Column C - Connecticut Gift Tax Paid | |
| ▶ | ▶ | 00 | ▶ | 00 |
| ▶ | ▶ | 00 | ▶ | 00 |
| ▶ | ▶ | 00 | ▶ | 00 |
| ▶ | ▶ | 00 | ▶ | 00 |
| ▶ | ▶ | 00 | ▶ | 00 |
| Column Totals: | ▶ | 00 | ▶ | 00 |

| Schedule C – Estate Tax Deduction Computation | | | |
|---|---|----|---|
| 1. Allowable estate tax deductions for federal estate tax purposes other than deduction allowable for state death taxes under I.R.C. §2058 | ▶ | 1. | 00 |
| 2. <i>Reserved for future use.</i> | ▶ | 2. | |
| 3. Deduction for transfers to civil union partners or a spouse in a marriage recognized under Public Act 2009-13 | ▶ | 3. | 00 |
| 4. Add Line 1 and Line 3. Enter here and on Section 2, Line 6. | ▶ | 4. | 00 |
| Qualified Terminable Interest Property (QTIP) Questions | | | |
| | | | Yes No |
| 5. Was an election made for federal estate tax purposes to have a trust or other property of the decedent's gross estate treated as QTIP under I.R.C. §2056(b)(7)? | ▶ | | <input type="checkbox"/> <input type="checkbox"/> |
| 6. If no election was made for federal estate tax purposes to have a trust or other property of the decedent's gross estate treated as QTIP, is a I.R.C. §2056(b)(7) election being made to have the trust or other property treated as QTIP for Connecticut estate tax purposes? See instructions on Page 18. | ▶ | | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Does the decedent's gross estate for federal estate tax purposes contain any I.R.C. §2044 property (QTIP from a prior gift or estate)? | ▶ | | <input type="checkbox"/> <input type="checkbox"/> |
| 8. If the decedent's gross estate for federal estate tax purposes does not contain any I.R.C. §2044 property from a prior gift or estate, does the decedent's gross estate for Connecticut estate tax purposes contain any I.R.C. §2044 property from a prior estate that made a I.R.C. §2056(b)(7) election for Connecticut estate tax purposes? | ▶ | | <input type="checkbox"/> <input type="checkbox"/> |

Estates continue to Page 4.

Schedule D – Estate Tax Credits

To be completed only by resident estate with real or tangible personal property located in another state

Part 1: Credit for Real or Tangible Personal Property Located in Another State and Subject to Death Tax of That State

| | | | | |
|--|--|----------------|---|----|
| 1. Enter tax due amount from Section 2, Line 11.▶ | | 1. | | 00 |
| Enter state where real or tangible personal property is located. | | Death Tax Paid | | |
| 2a. | | 2a. | | 00 |
| 2b. | | 2b. | | 00 |
| 2c. | | 2c. | | 00 |
| 2d. | | 2d. | | 00 |
| 2. Add Lines 2a through 2d. If necessary, attach additional sheets and include amounts in total.▶ | | 2. | | 00 |
| 3. Total gross estate for federal estate tax purposes from Section 2, Line 5▶ | | 3. | | 00 |
| 4. Enter the value of real or tangible personal property in Line 3 located in the states entered in Lines 2a through 2d.▶ | | 4. | | 00 |
| 5. Divide Line 4 by Line 3. Round to four decimal places.▶ | | 5. | . | |
| 6. Multiply Line 1 by Line 5▶ | | 6. | | 00 |
| 7. Enter the smaller of Line 2 or Line 6. Enter here and on Part 2, Line 13, below.▶ | | 7. | | 00 |

Part 2: Credit for Real or Tangible Personal Property Located in Another State and Not Subject to Death Tax of That State

| | | | | |
|--|--|----------------|---|----|
| 8. Enter tax due amount from Section 2, Line 11.▶ | | 8. | | 00 |
| Enter state where real or tangible personal property is located. | | Property Value | | |
| 9a. | | 9a. | | 00 |
| 9b. | | 9b. | | 00 |
| 9c. | | 9c. | | 00 |
| 9d. | | 9d. | | 00 |
| 9. Add Lines 9a through 9d. If necessary, attach additional sheets and include amounts in total.▶ | | 9. | | 00 |
| 10. Total gross estate for federal estate tax purposes from Section 2, Line 5▶ | | 10. | | 00 |
| 11. Divide Line 9 by Line 10. Round to four decimal places.▶ | | 11. | . | |
| 12. Multiply Line 8 by Line 11.▶ | | 12. | | 00 |
| 13. Enter amount from Part 1, Line 7, above.▶ | | 13. | | 00 |
| 14. Add Line 12 and Line 13. Enter here and on Section 3, Line 15.▶ | | 14. | | 00 |

Schedule E – Computation of Tax for Nonresident Decedent Estate

| | | | | |
|--|--|----|---|----|
| 1. Enter tax due amount from Section 2, Line 11.▶ | | 1. | | 00 |
| 2. Total gross estate for federal estate tax purposes from Section 2, Line 5▶ | | 2. | | 00 |
| 3. Gross estate for federal estate tax purposes within Connecticut▶ | | 3. | | 00 |
| 4. Divide Line 3 by Line 2. Round to four decimal places.▶ | | 4. | . | |
| 5. Multiply Line 1 by Line 4. Enter here and on Section 2, Line 12.▶ | | 5. | | 00 |

2009

FORM
CT-706/709

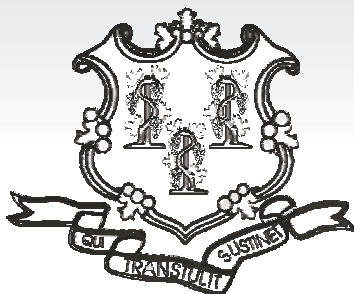
Connecticut Estate and Gift Tax Return and Instructions

This booklet contains:

- Form CT-706/709
- Form CT-706/709 EXT
- Schedule
CT-709 Farmland

Taxpayer information
is available on our
website:

www.ct.gov/DRS



**The 2009 Connecticut
estate and gift tax booklet
should be used for
taxable gifts made prior
to January 1, 2010,
or estates of decedents
dying prior to
January 1, 2010.**

**Effective January 1, 2010,
new rates will apply.**

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Some Important Information

Change in Due Date of Payment of Connecticut Estate Tax for Estates of Decedents Dying On or After July 1, 2009

In accordance with Public Act 2009-8, (Sept. Spec. Sess.), the due date for payment of the Connecticut estate tax for estates of decedents dying on or after July 1, 2009, is six months from the date of the decedent's death. The due date for payment of the Connecticut estate tax for estates of decedents dying before July 1, 2009, is nine months from the date of the decedent's death, the same due date for paying the federal estate tax.

Civil Unions and Marriages Recognized Under Public Act 2009-13

Connecticut estate tax rules for individuals who were parties to a civil union or in a marriage recognized under Public Act 2009-13 are the same Connecticut estate tax rules that apply to spouses in a marriage recognized for federal purposes.

This treatment first applied for Connecticut gift tax purposes to gifts made on or after January 1, 2006, for parties to a civil union or a marriage recognized under Public Act 2009-13. The treatment first applied for Connecticut estate tax purposes to estates of decedents dying on or after January 1, 2006, for parties to a civil union or a marriage recognized under Public Act 2009-13. In these situations, the following gift and estate tax provisions apply.

Marital deduction: If any marital deduction is elected for federal estate tax purposes, the same amount must also be elected for Connecticut estate tax purposes. However, an election may be made solely for Connecticut estate tax purposes to have a trust or other property of the decedent's gross estate treated as QTIP property only if no election was made for federal estate tax purposes under Internal Revenue Code (I.R.C.) §2056(b)(7) to treat a trust or other property of the decedent's gross estate as QTIP property. A Connecticut marital deduction is allowable for property passing from a donor or decedent to his or her spouse, whether in a civil union or in a marriage recognized under Public Act 2009-13, to the same extent that property transferred to a husband or wife or surviving spouse is allowable as a marital deduction provided the requirements of I.R.C. §2523 for gifts and §2056 for bequests are otherwise met.

Because neither civil unions nor marriages recognized under Public Act 2009-13 are recognized for federal tax purposes, civil union partners or spouses in a marriage recognized under Public Act 2009-13 who elect a marital deduction for Connecticut gift tax or estate tax purposes are required to submit with the Form CT-706/709 filed with the Department of Revenue Services (DRS) or the Form CT-706 NT filed with the Probate Court:

- A pro forma federal Form 709 or Form 706 completed as if federal tax law allowed a marital deduction to civil union

partners or spouses in a marriage recognized under Public Act 2009-13 which reflects the marital deductions taken by them; **and**

- A copy of the federal Form 709 or Form 706 (whichever is applicable) actually filed with the Internal Revenue Service (IRS).

Joint property: Civil union partners and spouses in a marriage recognized under Public Act 2009-13 are allowed to include in the gross estate of a decedent one-half the value of certain joint interests in the same manner that a husband and wife are permitted this treatment provided the interest in property otherwise meets the requirements of I.R.C. §2040(b)(2).

Gift splitting: Spouses are eligible for federal gift tax purposes to elect to gift split. Where spouses elect to gift split, all gifts made by one spouse to another person or persons are considered as made one-half by the donor and one-half by the donor's spouse. This same election is available for Connecticut gift tax purposes to civil union partners and to spouses in a marriage recognized under Public Act 2009-13.

Because neither civil unions nor marriages recognized under Public Act 2009-13 are recognized for federal tax purposes, civil union partners and spouses in a marriage recognized under Public Act 2009-13 who elect to gift split for Connecticut gift tax purposes are required to submit with the Form CT-706/709 filed with DRS:

- A pro forma federal Form 709, completed as if federal law allowed them to gift split, which reflects the gift-splitting elected by the spouses; **and**
- Copies of the federal Forms 709 actually filed with the IRS.

Connecticut Gift Tax Overview

The Connecticut gift tax continues to apply to **Connecticut taxable gifts**, which are federal taxable gifts made by a resident or nonresident of Connecticut on or after January 1, 2005, but prior to January 1, 2010:

- For a Connecticut resident, the taxable gifts include real property or tangible personal property located in Connecticut as well as intangible personal property wherever located; **and**
- For a nonresident of Connecticut, the taxable gifts include only real property or tangible personal property located in Connecticut.

A Connecticut gift tax return must be filed to report all Connecticut taxable gifts made in any calendar year on or after January 1, 2005, but prior to January 1, 2010, even though Connecticut gift tax may not be due. Prior to January 1, 2005, a donor was not required to file a Connecticut gift tax return if tax was not due. For calendar years beginning January 1, 2005, through December 31, 2009, Connecticut gift tax is payable only when the aggregate amount of

all Connecticut taxable gifts made by the donor (during his or her lifetime), on or after January 1, 2005, through December 31, 2009, exceeds \$2 million. Once the \$2 million threshold is exceeded, Connecticut gift tax is payable on the aggregate amount of Connecticut taxable gifts including the first \$2 million.

Change in Connecticut gift tax exemption: For Connecticut taxable gifts made during a calendar year beginning on or after January 1, 2010, a donor will not pay Connecticut gift tax unless the aggregate amount of the Connecticut taxable gifts during all calendar years beginning on or after January 1, 2005, exceeds \$3.5 million. A credit is allowed against the Connecticut gift tax for Connecticut gift taxes paid on Connecticut taxable gifts made on or after January 1, 2005; however, the credit will not exceed the amount of the Connecticut gift tax.

Connecticut Estate Tax Overview

Resident and nonresident estates are liable for the Connecticut estate tax if their Connecticut taxable estate is more than \$2 million. A **resident estate** is an estate of a decedent who at the time of death was domiciled in Connecticut. A **nonresident estate** is an estate of a decedent who at the time of death was not domiciled in Connecticut, but owned real or tangible personal property in Connecticut.

The **Connecticut taxable estate** is the sum of:

- A. The total value of the decedent's federal gross estate less allowable deductions (other than the deduction for state death taxes paid under I.R.C. §2058); **and**
- B. The aggregate amount of Connecticut taxable gifts made by the decedent, during his or her lifetime, during all calendar years beginning on or after January 1, 2005.

If A plus B exceeds \$2 million, Connecticut estate tax is payable on the sum including the first \$2 million. These estates must file Form CT-706/709 with DRS. A copy of Form CT-706/709 must also be filed with the appropriate probate court.

For a nonresident estate, if A plus B exceeds \$2 million, Connecticut estate tax is first calculated on the sum including the first \$2 million. The tax calculated is then multiplied by a fraction. See line instructions for *Schedule E - Computation of Tax for Nonresident Decedent Estate* on Page 19.

If A plus B is \$2 million or less, Connecticut estate and gift tax is not due. However, estates must file **Form CT-706 NT, Connecticut Estate Tax Return (for Nontaxable Estate)**, with the probate court for the district in which the decedent resided at the date of death or, if the decedent died as a nonresident of Connecticut, with the probate court for the district in which the decedent's real property or tangible personal property is located. **Do not file Form CT-706 NT with DRS.**

| Tax Table for Form CT-706/709 | | | |
|--|--|-------------------------------|--|
| Tax Table for Gifts Made On or After January 1, 2005, but Prior to January 1, 2010, and for Estates of Decedents Dying On or After January 1, 2005, but Prior to January 1, 2010. | | | |
| Value of Gifts or Estate | | Column C Tax on Column A | Column D Tax rate on excess over Column A |
| Column A Over | Column B But not over | | |
| \$0 | \$2,000,000 | None | None |
| 2,000,000 | 2,100,000 | 5.085% of the excess over \$0 | |
| 2,100,000 | 2,600,000 | \$106,800 | 8.0% |
| 2,600,000 | 3,100,000 | 146,800 | 8.8% |
| 3,100,000 | 3,600,000 | 190,800 | 9.6% |
| 3,600,000 | 4,100,000 | 238,800 | 10.4% |
| 4,100,000 | 5,100,000 | 290,800 | 11.2% |
| 5,100,000 | 6,100,000 | 402,800 | 12.0% |
| 6,100,000 | 7,100,000 | 522,800 | 12.8% |
| 7,100,000 | 8,100,000 | 650,800 | 13.6% |
| 8,100,000 | 9,100,000 | 786,800 | 14.4% |
| 9,100,000 | 10,100,000 | 930,800 | 15.2% |
| Over \$10,100,000 | \$1,082,800 plus 16% of the excess over \$10,100,000 | | |

General Information

How to Get Help

DRS is ready to help you get answers to your Connecticut tax questions. Visit the DRS website at www.ct.gov/DRS or call 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere) during business hours, 8:30 a.m. to 4:30 p.m. For walk-in assistance, visit the DRS office at 25 Sigourney St., Hartford.

How to Get Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications anytime. Forms are also available during regular business hours at the DRS office at 25 Sigourney St., Hartford.

The forms mentioned in these instructions are also available from any of the Connecticut probate courts.

Recordkeeping

Keep a copy of your tax return, worksheets you used, and records of all items appearing on the return. You may need this information to prepare future returns or to file amended returns.

Copies of Returns

To request copies of previously-filed Connecticut tax returns from DRS, complete **LGL-002**, *Request for Disclosure of Tax Return or Tax Return Information*. Requests are normally processed in three weeks.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on a line.

Private Delivery Services

Your return will meet the timely filed and timely payment rules if the U.S. Postal Service cancellation date, or the date recorded or marked by a designated private delivery service (PDS), is on or before the due date. Not all services provided by the designated PDSs qualify.

The following are the designated PDSs and designated types of service at the time of publication:

Federal Express (FedEx)

- FedEx Priority Overnight
- FedEx Standard Overnight
- FedEx 2 Day
- FedEx International Priority
- FedEx International First

United Parcel Service (UPS)

- UPS Next Day Air
- UPS Next Day Air Saver
- UPS 2nd Day Air
- UPS 2nd Day Air A.M.
- UPS Worldwide Express Plus
- UPS Worldwide Express

This list is subject to change. See **Policy Statement 2008(3)**, *Designated Private Delivery Services and Designated Types of Service*.

Where to File

Mail your return to:

Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978

Interest and Penalties

In general, interest and penalty apply to any portion of the tax not paid on or before the original due date of the return.

Interest

If you do not pay the tax when due, you will owe interest at the rate of 1% per month or fraction of a month until the tax is paid in full.

Interest on underpayment or late payment of tax cannot be waived.

Penalty for Late Payment or Late Filing

The penalty for late payment or underpayment of the tax is 10% of the tax due or \$50, whichever is greater.

If no tax is due, DRS may impose a \$50 penalty for the late filing of any return or report required by law to be filed with DRS.

Penalty for Failure to File

If you do not file your return and DRS files a return for you, the penalty for failure to file is 10% of the balance due or \$50, whichever is greater. If you were required to file an amended Form CT-706/709 and failed to do so, you will be subject to a penalty.

Waiver of Penalty

You may request a waiver of penalty after you have filed a return and paid the tax and interest. Your penalty may be waived if the failure to file or pay tax was due to a reasonable cause and was not intentional or due to neglect. Interest cannot be waived. All requests must be in writing and contain:

- A clear and complete written explanation;
- The decedent's or donor's name and Social Security Number (SSN);
- The name of the original form filed or billing notice received;
- Include the taxable filing period; **and**
- Documentation supporting your explanation.

Attach the penalty waiver request to the front of the tax return or mail it separately with a copy of the tax return to:

Department of Revenue Services
Penalty Waiver Unit
PO Box 5089
Hartford CT 06102-5089

Declaration

Anyone signing the return is declaring that the return and any accompanying schedules and statements are true, complete, and correct to the best of the signatory's knowledge. The penalty for willfully delivering a false return or document 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.

Getting Started

Connecticut estate and gift taxes are filed on **Form CT-706/709**, *Connecticut Estate and Gift Tax Return*. The return is divided into three sections.

The first section applies to filing the gift tax portion of the return. The second section applies to filing the estate tax portion of the return. Your circumstances determine which section you complete. The third section is used to calculate the payment or refund amount.

Section 1 - Gift Tax

This section is used to report gifts made by a donor during calendar year 2009. If the donor died during the calendar year in which the gifts were made, go to *Section 2 - Estate Tax* on Page 15.

Section 2 - Estate Tax

This section is used for the estate of a decedent dying during calendar year 2009. Gifts made by the decedent during the calendar year the decedent died are reportable in this section and **not** in Section 1.

Section 1 - Gift Tax

Steps to Completing Section 1 - Gift Tax

Before You Start

Form CT-706/709 is an annual return and covers the entire calendar year. File your 2009 Form CT-706/709 on or before April 15, 2010.

Form CT-706/709 covers **all** gifts exceeding the annual exclusion amounts that you made to **all** donees during the calendar year. Do not file a separate Form CT-706/709 for each gift or for each donee.

No Joint Returns

If you and your spouse are each required to file Form CT-706/709, you must each file a separate Form CT-706/709. You and your spouse cannot file a joint Form CT-706/709.

Step One – Determine whether you are required to file a federal gift tax return.

Determine whether you are required to file federal Form 709, United States Gift (and Generation-Skipping Transfer) Tax Return, by following the instructions for federal Form 709.

If you are not required to file federal Form 709, stop here. You are not required to complete Form CT-706/709, Section 1.

Step Two – Determine whether you are required to file a Connecticut gift tax return.

If you are required to file federal Form 709, use the information on that return to determine whether you are required to file Form CT-706/709.

If you are a **resident** individual, you are required to file Form CT-706/709 if:

- You made a gift of real or tangible personal property located in Connecticut or made a gift of intangible property and the amount of your Connecticut taxable gifts entered on your Form CT-706/709, *Schedule A*, Line 9, is more than \$0; **or**
- You made a gift of Connecticut farmland and valued it in accordance with Conn. Gen. Stat. §12-646a. See Schedule CT-709 Farmland.

If you are a **nonresident** individual, you are required to file Form CT-706/709 if:

- You made a gift of real or tangible personal property located in Connecticut and the amount of Connecticut taxable gifts entered on your Form CT-706/709, *Schedule A*, Line 9, is more than \$0; **or**
- You made a gift of Connecticut farmland and valued it in accordance with Conn. Gen. Stat. §12-646a. See Schedule CT-709 Farmland.

Residence

For purposes of the Connecticut gift tax:

Resident means any individual who is domiciled in Connecticut at the time he or she made gifts.

Nonresident means any individual who is not domiciled in Connecticut at the time he or she made gifts.

Domicile is the place which an individual intends to be his or her permanent home and to which the individual intends to return whenever absent.

Person Responsible for Filing Return and Paying Tax

If Form CT-706/709 must be filed, the donor is responsible for filing Form CT-706/709 and paying the tax due.

If a donor becomes legally incompetent or dies before filing the return, the donor's guardian, conservator, executor, or administrator is responsible for filing the return. If there is no duly qualified executor or administrator, the donor's heirs, legatees, devisees, or distributees are required to pay the tax to the extent of the value of their inheritances, bequests, devises, or distributive shares of the donor's estate.

If the gift tax is not paid when due, each donee is personally liable for the tax to the extent of the value of the gift received.

Financial Disability

If you, as the donor, are financially disabled as defined in I.R.C. §6511(h)(2), the statute of limitations for having an overpayment of Connecticut gift tax refunded to you is extended for as long as you are financially disabled. You are financially disabled if you are unable to manage your own affairs by reason of a medically determinable physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months. You are not financially disabled during any period your spouse or any other person is authorized to act on your behalf in financial matters.

When to File

In general, Form CT-706/709 is due on or before April 15 of the year following the year the gifts were made unless an extension for filing Form CT-706/709 is granted.

If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Extension Requests

You may request an extension of time to file your Form CT-706/709 by filing **Form CT-706/709 EXT, Application for Estate and Gift Tax Return Filing Extension and for Estate Tax Payment Extension**. If you request an extension of time to file your federal gift tax return, you do not have to provide an explanation for requesting an extension of time to file your Form CT-706/709. If you do not request an extension of time to file your federal gift tax return, you must provide an explanation for requesting an extension of time to file your Form CT-706/709.

Payment of all of the Connecticut gift tax you expect to owe must accompany Form CT-706/709 EXT. Filing Form CT-706/709 EXT only extends the time to file your Connecticut tax return; it does not extend the time to pay Connecticut gift tax. If the payment accompanying your Form CT-706/709 EXT is less than the gift tax reported on your Form CT-706/709, you will owe interest and penalty. See *Interest and Penalties* on Page 5.

If a taxpayer is unable to request an extension because of illness, absence, or other good cause, any person standing in a close personal or business relationship to the taxpayer (including an attorney, accountant, or enrolled agent) may file the request on the taxpayer's behalf.

Comparison Between Federal Gift Tax and Connecticut Gift Tax

Gifts

A gift is a transfer of property or interest in property without adequate consideration. For Connecticut gift tax purposes, a transfer is only treated as a gift if it is treated as a gift for federal gift tax purposes. Some transfers treated as gifts for federal gift tax purposes are not treated as gifts for Connecticut gift tax purposes. For example, real property located outside Connecticut is not subject to the Connecticut gift tax. Gifts to which the Connecticut gift tax applies are gifts of real property and tangible personal property located in Connecticut whether the donor is a resident of Connecticut or a nonresident of Connecticut and gifts of intangible personal property but only where the donor is a resident of Connecticut.

Exclusions and Deductions

For federal gift tax purposes, the first \$13,000 of gifts to a donee during the calendar year of a present interest in property is excluded from the total amount of gifts. There is no annual exclusion for gifts of future interests. A present interest in property is an unrestricted right to the immediate use, possession, or enjoyment of property or the income from the property. For Connecticut gift tax purposes, the same first \$13,000 of gifts to a donee during the calendar year of a present interest in property that was excluded for federal gift tax purposes is excluded from the total amount of gifts, but only if that same first \$13,000 of gifts to the donee is gifts to which the Connecticut gift tax applies.

For federal gift tax purposes, the first \$133,000 of gifts made to a spouse who is not a U.S. citizen during the calendar year of a present interest in property is excluded from the total amount of gifts. For Connecticut gift tax purposes, the same first \$133,000 of gifts to a spouse who is not a U.S. citizen during the calendar year of a present interest in property that was excluded for federal gift tax purposes is excluded from the total amount of gifts, but only if that same first \$133,000 of gifts to the spouse is gifts to which the Connecticut gift tax applies.

For federal gift tax purposes, deductions are allowed for gifts to charitable organizations or to a spouse who is a U.S. citizen. For Connecticut gift tax purposes, deductions are allowed for gifts to charitable organizations or to a spouse who is a U.S. citizen, but only if those gifts are gifts to which the Connecticut gift tax applies.

Valuation

In general, the valuation rules used for federal gift tax purposes are also used for Connecticut gift tax purposes. These rules include the special valuation rules of I.R.C. §§2701 to 2704, where they apply. Generally, the special valuation rules apply if a donor transfers certain property to a member of his or her family and, immediately after the transfer, retains or is deemed to have retained an interest in the property. For example, certain gifts of real property in which the donor retains a life estate and transfers a remainder interest to a member of his or her family are subject to the special valuation rules. Where the special valuation rules apply, the value of the retained interest is disregarded in determining the value of the gift made to the family member. See I.R.C. §2702. If a gift of farmland is made, the donor may elect to use a valuation method other than the federal valuation rules. See *Gifts of Farmland* on Page 9.

Example: During calendar year 2009, Mary conveys title to her house to her three children and either retains a life use for herself on the deed or does not retain a life use for herself on the deed but continues to occupy the residence. Mary does not receive any money or other type of consideration for the house from her children. Mary has made a gift of a future interest to her children. Because this is a gift of a future interest to her lineal descendants, it is subject to the special valuation rules (I.R.C. §§2702 et seq.). The value of Mary's gift determined under the special valuation rules is the property's fair market value (less encumbrances). Because this is a gift of a future interest, annual exclusions do not apply.

Gift Splitting

For federal gift tax purposes, if both spouses consent to gift split, all gifts made to third parties during the calendar year, whether made by one spouse alone or made partly by each spouse, are considered made one-half by each spouse (only if at the time of the gift each spouse is a citizen or resident of the U.S.). For federal purposes, the first \$26,000 of gifts of a present interest in property to a donee by consenting spouses during the calendar year are excluded from the total amount of gifts. To gift split:

- Spouses must be married to each other at the time the gifts were made for gift splitting to apply. If they are subsequently divorced during the year, they may still gift split for gifts made while they were married so long as neither marries anyone else during the year;

- Spouses must both be citizens or residents of the United States on the date of the gift; **and**
- One spouse may not create a general power of appointment in the other spouse over the property transferred.

The executor or administrator for a deceased spouse's estate or the guardian of a legally incompetent spouse may sign the consent. The consent of an executor or administrator is not effective for gifts made by the surviving spouse during that portion of the calendar year his or her spouse was deceased.

A husband and wife who have both consented to gift split for federal gift tax purposes are deemed to have both consented to gift split for Connecticut gift tax purposes and are required to gift split for Connecticut gift tax purposes. The rules that apply to determine whether and which gifts may be gift split for federal gift tax purposes also apply for Connecticut gift tax purposes. If a husband and wife have not both consented to gift split for federal gift tax purposes, they may not gift split for Connecticut gift tax purposes.

The Connecticut gift tax liability of the spouses deemed to have consented to gift split is joint and several. Joint and several means one or both parties can be held responsible to pay the full amount of the tax due.

No Joint Gift Tax Return

A married couple may **not** file a joint gift tax return for either federal gift tax purposes or Connecticut gift tax purposes.

Applicable Credit Amount

An applicable credit amount of \$1 million is allowed against the federal gift tax. There is no comparable credit allowable against the Connecticut gift tax. However, Connecticut gift tax is payable only once the aggregate amount of Connecticut taxable gifts made by the donor in his or her lifetime during all calendar years beginning on or after January 1, 2005, exceeds \$2 million. For 2009, once the \$2 million threshold is exceeded, Connecticut gift tax is payable on the aggregate amount, including the first \$2 million.

Gifts of Farmland

Transfers of Farmland or Change of Classification

If land classified as farmland under Conn. Gen. Stat. §12-107c is transferred to a donee who is a lineal descendant or that descendant's spouse, the land may be valued based on its current use as farmland. If within ten years of the transfer the donee transfers this farmland to a person other than the donee's lineal descendant or his or her descendant's spouse or the land is no longer classified as farmland, the donee will be liable for the difference between the tax that was due from the donor and the tax that would have been due if the land was valued at its fair market value.

A **lineal descendant** is a person in the direct line of descent such as a child or grandchild. A lineal descendant does not include a corporation, partnership, or trust.

The donor who claims special valuation on a gift of farmland must provide a copy of **Schedule CT-709 Farmland** to the donee so the donee knows the amount of any additional tax that may become due.

Due Date of Additional Tax Liability

If within ten years a gift of farmland is transferred to a person other than the donee's lineal descendant or his or her descendant's spouse or the land is no longer classified as farmland under Conn. Gen. Stat. §12-107c, the donee must submit to DRS a copy of the Schedule CT-709 Farmland the original donor provided to the donee. The additional tax entered on Schedule CT-709 Farmland, Line F, must be paid no later than 60 days following the transfer or the change in classification. The donee must provide a written statement

indicating when the land was transferred to a person other than the donee's lineal descendant or that descendant's spouse or, if the land is no longer classified as farmland under Conn. Gen. Stat. §12-107c, when the classification of the land was changed.

Attach a check for the additional tax to a copy of Schedule CT-709 Farmland provided by the donor to the donee and the donee's written statement.

Mail to:

Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978

The check should be payable to: **Commissioner of Revenue Services**.

Do not send cash. To ensure payment is applied to the account, write "Schedule CT-709 Farmland" and your SSN, optional, on the front of your check. Be sure to sign your check and paper clip it to the front of your return. DRS may submit your check to your bank electronically.

If the tax is not paid on time, the penalty is 10% of the balance due or \$50, whichever is greater. Interest is charged on the underpayment of the tax at the rate of 1% per month or fraction of a month.

The Commissioner may, for good cause, extend the time for payment of the tax if the descendant or the descendant's spouse files a written application with the Commissioner on or before the 60-day period expires. If the land was transferred to the donee's lineal descendant or his or her descendant's spouse, the Commissioner

may, for good cause, extend the time for payment of the tax if the descendant or the descendant's spouse files a written application with the Commissioner on or before the 60-day period expires.

Recordkeeping

For gifts of farmland, you must provide a copy of Schedule CT-709 Farmland to your donee(s) and advise your donee(s) to keep the copy for ten years.

Gift Tax Instructions for Form CT-706/709

General Instructions

- Write the donor's name, address, SSN, and legal residence in the space provided. Include the name and address of the firm or fiduciary.
- Check the applicable residency box.
- Check the box for **Amended Return** if you are filing an amended return.
- If the donor died during calendar year 2009, skip Section 1 and proceed to Section 2. Gifts made in the calendar year of the decedent's death must be reported in Section 2.

Line Instructions

Section 1 - Gift Tax Computation

Line 1

Enter the amount from Form CT-706/709, *Schedule A*, Line 9. This is the amount of Connecticut taxable gifts for the current year.

Line 2

Enter the total from *Schedule B*, Column B.

Line 3

Add Line 1 and Line 2.

Line 4

Calculate the Connecticut gift tax by using the *Tax Table for Form CT-706/709* on Page 4 and enter the amount here and Section 3, Line 13. You must make an entry even if the amount is zero.

Section 2 - Estate Tax Computation

Lines 5 through 12

Leave blank.

Section 3 - Calculation of Total Tax, Penalty, and Interest

Line 13

Enter the amount from Section 1, Line 4.

Line 14

Enter total from *Schedule B*, Column C.

Line 15

Leave blank.

Line 16

Enter amount from Line 14.

Line 17

Subtract Line 16 from Line 13. If less than zero, enter "0."

Line 18

Prior payments: Include amount paid on **Form CT-706/709 EXT, Application for Estate and Gift Tax Return Filing Extension and for Estate Tax Payment Extension**, Line 1.

Amended returns: Include amount paid with your original return.

Line 19

If the amount on Line 18 is greater than Line 17, enter the amount overpaid.

Line 20

If the amount on Line 17 is greater than Line 18, enter the balance of tax due.

Line 21 and Line 22

If you are making a late payment or filing the return after the due date, see *Interest and Penalties* on Page 5.

Line 23

Add Lines 20, 21, and 22. This is your balance due.

Payment Information

Pay the amount on Line 23 with this return.

Do not send cash. Make your check payable to: **Commissioner of Revenue Services**. To ensure payment is applied to the account, write "2009 Form CT-706/709" and your SSN, optional, on the front of your check. Be sure to sign your check and paper clip it to the front of your return. DRS may submit your check to your bank electronically.

Who Must Sign the Return

The donor must sign and date Form CT-706/709. If the donor becomes legally incompetent or dies before filing the gift tax return, the donor's guardian, conservator, executor, or administrator, as the case may be, may sign the return on the donor's behalf.

Paid Preparer Information

Anyone you pay to prepare your return must sign and date it. Paid preparers must also enter their SSN or Preparer Tax Identification Number (PTIN), their firm's Federal Employer Identification Number (FEIN), and their firm's name and address in the spaces provided.

Mailing Your Return

Retain a copy of this return for your records. Attach to this return a complete copy of federal Form 709, United States Gift (and Generation-Skipping Transfer) Tax Return, including **all** attachments, and other documents. See *Form CT-706/709 Gift Tax Attachments* on Page 14.

Mail to:

Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978

Schedule A – Overview

General Instructions

The information for each gift on *Schedule A* should generally be identical to the information reported on federal Form 709, Schedule A. However, only those gifts to which the Connecticut gift tax applies should be reported on Form CT-706/709, *Schedule A*. For gifts of land classified as farmland under Conn. Gen. Stat. §12-107c, the land's value as farmland may differ from that reported on federal Form 709, Schedule A. See *Gifts of Farmland* on Page 9.

If the total amount of Connecticut gifts of present interests to any donee is more than \$13,000 in the calendar year, you must enter all gifts you made during the year to or on behalf of that donee.

If the total amount of Connecticut gifts to a donee is \$13,000 or less, do not enter on *Schedule A* any gifts you made to that donee unless the Connecticut gift is of a future interest or of a present interest where the annual exclusion does not apply to the Connecticut gift.

You must always enter all gifts of future interests you made during the calendar year regardless of value. There is no annual exclusion for gifts of future interests. See *Gifts* on Page 8.

Contributions to Qualified State Tuition Programs

An election may be made under I.R.C. §529(c)(2)(B) to treat any transfers made this year to a qualified state tuition program as made ratably over a five-year period beginning this year. See the instructions for Line 14 on Page 14.

Gifts to Your Spouse

Enter gifts to your spouse on *Schedule A* if:

- You gave a gift of a terminable interest to your spouse;
- You gave a gift of a terminable future interest to your spouse; **or**
- Your spouse was not a citizen of the United States at the time of the gift.

Do **not** enter gifts to your spouse on *Schedule A* if all the terminable interests you gave to your spouse qualify as life estates with power of appointment.

However, if you gave your spouse **any** terminable interest that does not qualify as a life estate with power of appointment, you must report on *Schedule A* **all** gifts of terminable interests you made to your spouse during the year.

Gift Splitting With Your Spouse

You are **not** permitted to gift split for Connecticut gift tax purposes if you do not consent to gift split for federal tax purposes.

You are **required** to gift split for Connecticut gift tax purposes if you consent to gift split for federal gift tax purposes.

Enter on *Schedule A* the entire value of every gift you made during that portion of the calendar year you were married even if the gift's value will be less than \$13,000. See *Gift Splitting* on Page 8.

If you elected gift splitting and your spouse made gifts, list those gifts in the space below *Gifts made by spouse*.

Terminable Interests

Generally, you cannot take the marital deduction if the gift to your spouse is a terminable interest. In most cases, a terminable interest is nondeductible if someone other than the donee spouse will have an interest in the property following the termination of the donee spouse's interest.

Some examples of terminable interests are:

- A life estate;
- An estate for a specified number of years; **or**
- Any other property interest that after a period of time may terminate or fail.

If you transfer an interest to your spouse as sole joint tenant with yourself or as a tenant by the entirety, the interest is not considered a terminable interest just because the tenancy may be severed.

Life Estate With Power of Appointment

You may deduct, without a federal election, a gift of a terminable interest if **all** four of the following requirements are met:

1. Your spouse is entitled for life to all of the income from the entire interest;
2. The income is paid yearly or more often;
3. Your spouse has the unlimited power, while he or she is alive or by will, to appoint the entire interest in all circumstances; **and**
4. No part of the entire interest is subject to another person's power of appointment except to appoint it to your spouse.

If either the right to income or the power of appointment given to your spouse pertains only to a **specific portion** of the property interest, the marital deduction is allowed only to the extent that the rights of your spouse meet all four of the conditions listed. For example, if your spouse is to receive all of the income from the entire interest, but only has a power to appoint one-half of the entire interest, then only one-half qualifies for the marital deduction.

Election to Deduct Qualified Terminable Interest Property (QTIP)

You may elect, for federal gift tax purposes, to deduct a gift of a terminable interest if it meets requirements 1, 2, and 4 under Life Estate With Power of Appointment even though it does not meet requirement 3.

If you make this federal election, you must check the box on *Schedule A*, Line 16. **You may not check the box if you did not make the election for federal gift tax purposes.**

Charitable Remainder Trusts

If you made a gift to a charitable remainder trust and your spouse is the only noncharitable beneficiary other than you, the interest you gave to your spouse is not considered a terminable interest gift and, therefore, should not be reported on Form CT-706/709, *Schedule A*.

Schedule A - Column Instructions

Column A

Assign each gift made during the year a number.

Column B

List each donee and all gifts made in chronological order.

If a transfer results in gifts to two people (for example, a life estate to one, remainder to another), the gifts must be listed separately.

Describe each gift in enough detail so that the donee and the property can be easily identified.

Column C

Show the adjusted basis you would use for federal income tax purposes if the gift were sold or exchanged. Generally, this means cost plus improvements less applicable depreciation, amortization, and depletion.

The adjusted basis for Connecticut gift tax purposes is the same as the adjusted basis for federal gift tax purposes.

Column E

Enter the fair market value of the gift at the date the gift is made. The *fair market value* is the price at which the property would change hands between a willing buyer and a willing seller, when neither is forced to buy or sell, and both have reasonable knowledge of all relevant facts. See *Gifts of Farmland* on Page 9.

Column F

Enter one-half of the Column E amount in this column **only** if you have chosen to split gifts with your spouse.

Column G

If you are **not** gift splitting, carry Column E amounts to Column G.

If you are gift splitting, subtract Column F from Column E and enter the difference in Column G.

Schedule A - Line Instructions

Line 1

Add the value of all gifts listed in *Schedule A*, Column G, and enter the sum.

Line 2

Enter the total annual exclusions you are claiming for the gifts listed on *Schedule A*, Line 1. The **first \$13,000 or less** of gifts to any donee during the calendar year of a present (not future) interest in property is excluded.

When determining the annual exclusion amount do not count any donee more than once. The annual exclusion is per donee and **not** per gift.

However, if the first \$13,000 of gifts to any donee involves tangible personal property or real property located outside Connecticut, no annual exclusion is available for Connecticut gift tax purposes for gifts to that donee.

The first \$133,000 of gifts made to a spouse who is not a U.S. citizen during the calendar year of a present interest in property is excluded from the Connecticut total amount of gifts.

If you split a gift with your spouse, the annual exclusion you claim against the gift may not be more than your half of the gift.

Line 3

Subtract Line 2 from Line 1 and enter the balance. This is the total amount of gifts before the calculation of the marital deduction and charitable deduction.

Line 4

Enter all of the gifts to your spouse you entered on *Schedule A* and for which you are claiming a marital deduction. **Do not enter any gift you did not include on Schedule A.** Indicate on the line provided which numbered items from *Schedule A* are gifts to your spouse for which you are claiming the marital deduction.

Do not enter any gifts to your spouse if your spouse was not a U.S. citizen at the time of the gift. There is no marital deduction for gifts to a spouse who is not a U.S. citizen. However, an annual exclusion may apply. See *Gifts* on Page 8.

Line 5

Enter the amount of the annual exclusions claimed for the gifts you entered on Line 4.

Line 6

Subtract Line 5 from Line 4 and enter the balance. This is the marital deduction that can be claimed for the year.

Line 7

If you are claiming a deduction for charitable gifts, enter your total charitable, public, or similar gifts (minus exclusions allowed.) **Do not enter any gift you did not include on Schedule A.** Enter on the line provided the item number(s) of the gift(s) from *Schedule A* you are deducting here. You may deduct from the total amount of gifts made during the calendar year all gifts you gave to or for the use of:

- The United States, a state or political subdivision of a state, or the District of Columbia for exclusively public purposes;
- Any corporation, trust, community chest, fund, or foundation organized and operated only for religious, charitable, scientific, literary, or educational purposes; or to prevent cruelty to children or animals; or to foster national or international amateur sports competition (if none of its activities involve providing athletic equipment unless it is a qualified amateur sports organization) as long as no part of the earnings benefits any one person, no substantial propaganda is produced, and no lobbying or campaigning for any candidate for public office is done;
- A fraternal society, order, or association operating under a lodge system if the transferred property is to be used only for religious, charitable, scientific, literary, or educational purposes, including the encouragement of art and the prevention of cruelty to children or animals; **or**
- Any war veterans' organization organized in the United States or any of its possessions or any of its auxiliary departments of local chapters or posts as long as no part of any of the earnings benefits any one person.

Line 8

Add Line 6 and Line 7 and enter the amount. This is the total of the marital deduction and the charitable gift deduction.

Line 9

Subtract Line 8 from Line 3. Enter this amount here and on Section 1, Line 1.

Line 10

If you and your spouse consented for federal gift tax purposes to consider all the gifts made during the calendar year as made one-half by each spouse and, as a result, are required to gift split for Connecticut gift tax purposes, check the box marked **Yes** and enter the consenting spouse's name and SSN on the applicable lines.

The consent may generally be signed any time after the end of the calendar year. However, two exceptions are:

1. The consent may not be signed after April 15 following the end of the year in which the gift was made. If neither you nor your spouse has filed a federal gift tax return for the year on or before that date, the consent must be made on the first federal gift tax return for the year filed by either of you; **and**
2. The consent may not be signed after a notice of deficiency for federal gift tax for the year has been sent to either you or your spouse.

The executor or administrator for a deceased spouse or the guardian for a legally incompetent spouse may consent.

The consent is effective for the entire calendar year. Therefore, all gifts made by both you and your spouse to third parties during the calendar year while you were married must be split. See *Gift Splitting* on Page 8.

Line 11

Indicate whether your spouse is a U.S. citizen. If **No**, indicate if any property was transferred to him or her during the calendar year.

Line 12

If you were married to one another for the entire calendar year, check the **Yes** box. If you were married for only part of the year, check the **No** box.

Also, check the box that explains the change in your marital status during the year and give the date you were married, divorced, or widowed.

Line 13

Check this box if you are making a gift of land classified as farmland under Conn. Gen. Stat. §12-107c to a lineal descendant or that descendant's spouse and you are using a value based on its current use as farmland. Attach an appraisal or other document showing an adequate explanation of value based upon its current use and Schedule CT-709 Farmland. If no appraisal is attached to show how the property is valued, explain in detail how it was determined.

Line 14

Check this box if, for federal gift tax purposes, you elected to treat certain contributions made during calendar year 2009 to qualified state tuition programs as being made ratably over a five-year period. If your total contributions during calendar year 2009 are:

Less than or equal to \$65,000:

- Report 20% of your total contributions on your 2009 Form CT-706/709; **and**
- Report 20% of your total contributions on your Form CT-706/709 for calendar years 2010, 2011, 2012, and 2013.

More than \$65,000:

- Report on your 2009 Form CT-706/709 the amount in excess of \$65,000 plus \$13,000 (20% of \$65,000); **and**
- Report \$13,000 (20% of \$65,000) on your Form CT-706/709 for calendar years 2010, 2011, 2012, and 2013.

Example: In year 1, when the annual exclusion amount under I.R.C. §2503(b) is \$13,000, *P* makes a contribution of \$70,000 to a qualified state tuition program for the benefit of *P*'s child. *P* elects under I.R.C. §529(c)(2)(B) to account for the gift ratably over a five-year period beginning with the calendar year of contribution. *P* is treated as making an excludible gift of \$13,000 in each of years 1 through 5 and a taxable gift of \$5,000 is reported in year 1.

Line 15

Check the box if you are a party to a civil union recognized under Connecticut law or a marriage recognized under Public Act 2009-13.

Line 16

Check the box if you elected under I.R.C. §2523(f) to include gifts of qualified terminable interest property as gifts to your spouse for which a marital deduction was claimed under I.R.C. §2523. Enter the item numbers from Form CT-706/709, *Schedule A*, of the gifts for which you made this election on the space provided.

Line 17

Check the box if you elected under I.R.C. §2523(f)(6) **not** to treat as qualified terminable interest property any joint and survivor annuity where only you and your spouse have the right to receive payments before the death of the last of you to die. Enter the item numbers from Form CT-706/709, *Schedule A*, for the annuity(ies) for which you made this election in the space provided.

Any annuities entered in the space provided on Line 17 may not be entered on *Schedule A*, Line 8. Any annuities not listed in the space provided on Line 17 must be entered on *Schedule A*, Line 4. If there is more than one joint and survivor annuity, the election under I.R.C. §2523(f)(6) may, but is not required to, cover all of them. Once made, the election is irrevocable.

Schedule B - General Instructions

You must report Connecticut taxable gifts made on or after January 1, 2005, but prior to January 1, 2009, on *Schedule B*.

Column A

Enter the calendar years in which the gifts were made.

Column B

For gifts made during each of the calendar years 2005, 2006, 2007, and 2008, enter the amounts from the 2005, 2006, 2007, and 2008 Forms CT-706/709, Section 1, Line 1.

Column C

For gifts made during each of the calendar years 2005, 2006, 2007, and 2008, enter the amounts from the 2005, 2006, 2007, and 2008 Form CT-706/709, Section 3, Line 17.

Form CT-706/709 Gift Tax Attachments

- Attach a complete copy of federal Form 709, United States Gift (and Generation-Skipping Transfer) Tax Return, including all attachments.
- A donor claiming special valuation on a gift of farmland **must** attach Schedule CT-709 Farmland to provide the fair market value of the farmland based on its highest and best use value at the time of the gift. The donor must also provide a copy of Schedule CT-709 Farmland to the donee(s).
- For each gift of a life insurance policy, attach a copy of federal Form 712, Life Insurance Statement.

- For single premium or paid-up policies, where the surrender value of the policy exceeds its replacement cost, the true economic value of the policy is greater than the amount shown on federal Form 712, Line 59. In these situations, you should report the true economic value of the policy.
- For gifts of stock of closely held or inactive corporations, attach the balance sheet for the period nearest the date of the gift, statements of net earnings or operating results and dividends paid for each of the five preceding years, and a concise statement of the method of valuation.

- Attach any other documents, such as appraisals, required for adequate explanation of value. If no appraisal is attached to show how property is valued, explain in detail how value was determined.
- If claiming a civil union partner deduction, you must attach a completed pro forma federal Form 709 completed as if federal tax law allowed a marital deduction to civil union partners and a copy of the federal Form 709 that was actually filed with the IRS.

Section 2 - Estate Tax

Remember to fill out all required returns and schedules and attach all required information or your return will be incomplete.

Steps to Completing Section 2 - Estate Tax

Use these instructions to file **Form CT-706/709**, *Connecticut Estate and Gift Tax Return*, for estates of decedents dying during calendar year 2009. For estates of decedents dying before January 1, 2005, see **Informational Publication 2004(25)**, *Q & A on Succession, Estate, and Generation-Skipping Transfer Taxes*.

Which Estates Must File With DRS

Form CT-706/709 must be filed for:

- Every resident decedent where the decedent's Connecticut taxable estate exceeds \$2 million; **and**
- Any nonresident decedent whose gross estate includes any real property or tangible personal property located in Connecticut where the decedent's Connecticut taxable estate exceeds \$2 million.

The decedent's *Connecticut taxable estate* is the sum of:

- A. The decedent's gross estate, as valued for federal estate tax purposes, less allowable federal estate tax deductions other than the federal estate tax deduction for state death taxes paid; **and**
- B. The aggregate amount of Connecticut taxable gifts made by the decedent in his or her lifetime during all calendar years beginning on or after January 1, 2005, but prior to January 1, 2010.

If the total of A plus B exceeds \$2 million, Form CT-706/709 must be filed with DRS. A copy must be filed with the probate court for the district in which the decedent was a Connecticut resident or if the decedent was a nonresident of Connecticut, a copy with the probate court for the district in which the decedent owned real property or tangible personal property in Connecticut.

Which Estates Must Not File With DRS

If the total of A plus B is \$2 million or less, the estate must file **Form CT-706 NT**, *Connecticut Estate Tax Return (for Nontaxable Estates)*, with the probate court for the district in which the decedent was a Connecticut resident or the probate court for the district in which the decedent owned real property or tangible personal property within Connecticut if the decedent was a nonresident of Connecticut. **Do not file Form CT-706 NT with DRS.**

Property and Proceeds Reported for Federal Estate Tax Purposes

The value of the gross estate of the decedent is determined by including the fair market value at the time of his or her death of all property, real or personal, tangible or intangible, wherever located.

All property in which the decedent had any interest must be reported at its fair market value on the date of death unless alternate valuation is elected for federal estate tax purposes. Connecticut law does not contain a comparable provision to I.R.C. §2032 which permits an executor to elect to value property included in the gross estate at a time other than as of the date of the decedent's death. Therefore, unless an executor elects alternate valuation on a completed and signed federal Form 706 filed with the IRS, alternate valuation will not be permitted for Connecticut estate tax purposes.

Assets which must be reported include:

- Tangible personal property* wherever located;
- Real property** wherever located;
- All intangible personal property*** wherever located;
- Real property located in Connecticut**; **and**
- Tangible personal property* located in Connecticut.

*Tangible personal property includes but is not limited to antiques, art collections, automobiles, boats, clothing, coin collections, household furniture and furnishings, jewelry, and stamp collections.

**The description of the real property should include the acreage and whether it is a home, rental, commercial, farm, or vacant land.

***Intangible personal property includes but is not limited to bank accounts, cash, stocks, bonds, pensions, copyrights, interest in estates of other decedents, royalties, mortgages, notes, partnership interests, remainder interest in trusts and estates, and unincorporated businesses.

All tangible personal property the decedent owned at death must be reported at fair market value. For real estate, the fair market value may be determined through a written appraisal or by a comparable market analysis prepared by a realtor. For stocks quoted on a stock exchange, use the mean between the high and the low or bid and asked price at the date of death. For bank accounts, be sure that all interest has been posted as of the date of death. For U.S. Savings Bonds, use the value at death not the face amount. Do not reduce the reported fair

market value of any property by the amount of any mortgages, liens, or encumbrances. Attach required supporting documents to the return.

Residence

For purposes of the Connecticut estate tax:

Resident means the estate of any individual who is domiciled in Connecticut at the time of his or her death.

Nonresident means the estate of any individual who is not domiciled in Connecticut at the time of his or her death.

Domicile is the place which an individual intends to be his or her permanent home and to which the individual intends to return whenever absent. Refer to the general instructions on **Form C-3, State of Connecticut Domicile Declaration**.

If the decedent is claimed to be a nonresident, the estate must also file **Form C-3** either with DRS or the probate court depending on which has jurisdiction over the estate.

Release of Estate Tax Lien Required for Sale of Connecticut Real Property

For an estate required to file Form CT-706/709 that includes a decedent's interest in Connecticut real property, prior to the sale of the interest in the Connecticut real property, its Connecticut attorney or corporate fiduciary **must** request a release of the estate tax lien provided in Conn. Gen. Stat. §12-398 (d) by filing a completed **Form CT-4422 UGE, Application for Certificate Releasing Connecticut Estate Tax Lien** with DRS. If the estate's payment of the estate tax

is sufficiently provided for, DRS will issue to the corporate fiduciary or Connecticut attorney its signed and sealed Form CT-792 UGE evidencing the discharge of the estate tax lien.

Executor

The term **executor** means the executor, personal representative, or administrator of the decedent estate. If none of these is appointed, qualified, and acting in this state, a survivor or transferee in possession of estate assets may be appointed by the probate court for the district in which the decedent resided or if the decedent was a nonresident of this state, in the probate court in which the decedent's Connecticut real property or tangible personal property, or both, was located.

When to File

Form CT-706/709 for Connecticut estate tax must be filed within nine months after death for estates of decedents dying before July 1, 2009, and within six months after death for estates of decedents dying on or after July 1, 2009, unless an extension of time to file is requested.

Use **Form CT-706/709 EXT, Application for Estate and Gift Tax Return Filing Extension and for Estate Tax Payment Extension**, to apply for an extension of time to file.

Who Must File

The executor(s) of the estate must sign and date Form CT-706/709. If there is more than one executor, all must sign the return and all are liable for tax, interest, and penalty. See *Executor* above.

Estate Tax Instructions for Form CT-706/709

General Instructions

You must enter the decedent's date of death and the Connecticut Probate Court having jurisdiction over this estate on the front of the return under the Section 2 heading. Failure to report this information will delay processing of this return.

Gifts made in the same calendar year as the decedent's death must be reported in Section 2 and **not** Section 1 of this return.

Credits

Connecticut resident and nonresident estates are allowed a credit against the estate tax for Connecticut gift tax previously paid by the decedent (during his or her lifetime) on or after January 1, 2005, but prior to January 1, 2010. In addition Connecticut resident estates are also allowed a credit for death taxes (estate, inheritance, legacy, or succession taxes) paid to any other state or the District of Columbia.

When used in this booklet, the word **state** also means the District of Columbia.

See **Special Notice 2005(10), 2005 Legislation Amending the Connecticut Gift Tax and the Connecticut Estate Tax, and Repealing the Succession Tax**.

Supporting Documentation

To be a complete return, a death certificate and copies of the completed and signed federal Forms 706 and 709 (if applicable), including all supplemental documents, must be attached to Form CT-706/709. Any estate with a gross estate in excess of \$2 million that does not file a completed and signed federal Form 706 must attach to Form CT-706/709 a pro forma Form 706 completed as if federal tax law required the estate to file the return with the IRS. **Form C-3, State of Connecticut Domicile Declaration**, must also be attached for a nonresident estate.

If claiming a deduction for a civil union partner or a spouse in a marriage recognized under Public Act 2009-13, you must attach a completed pro forma federal Form 706 completed as if federal tax law allowed a marital deduction to civil union partners or a spouse. If applicable, attach a signed copy of the federal Form 706 actually filed with the IRS.

Line Instructions

Section 2 - Estate Tax Computation

Enter decedent's date of death and Connecticut Probate Court.

Line 5

Enter the total gross estate for federal estate tax purposes from federal Form 706, Part 2, Line 1.

Line 6

Enter the allowable estate tax deductions from *Schedule C*, Line 4. Estates must complete *Schedule C* to calculate the allowable estate tax deductions. See *Schedule C - Estate Tax Deduction* on Page 18.

Line 7

Subtract Line 6 from Line 5 and enter the difference.

Line 8

Enter the current year Connecticut taxable gifts made by the decedent from *Schedule A*, Line 9. If the decedent made Connecticut taxable gifts during the 2009 calendar year, those gifts must be reported on *Schedule A*. See *Schedule A - Overview* on Page 11.

Line 9

Enter total from *Schedule B*, Column B.

Line 10

Add Lines 7, 8, and 9 and enter the sum.

If the amount on Line 10 is \$2 million or less, no estate tax is due and you are **not** required to file this return. Instead you must file Form CT-706 NT with the appropriate Connecticut Probate Court. **Do not file Form CT-706 NT with DRS.**

If the Line 10 amount is greater than \$2 million, go to Line 11.

Line 11

Calculate the Connecticut estate tax by using the *Tax Table for Form CT-706/709* on Page 4. If the decedent was a Connecticut resident at the time of his or her death, enter here and on Line 13.

Line 12

Nonresident decedent estates only: Enter the tax due amount from *Schedule E*, Line 5. Enter here and on Line 13. See *Schedule E - Computation of Tax for Nonresident Decedent Estate* on Page 19.

Section 3 - Calculation of Total Tax, Penalty, and Interest

Line 13

Resident decedent estates only: Enter tax due from Line 11.

Nonresident decedent estates only: Enter the tax due from Line 12.

Line 14

Enter total from *Schedule B*, Column C.

Line 15

Resident decedent estates only: Enter amount from *Schedule D*, Part 2, Line 14.

Line 16

Add Line 14 and Line 15.

Line 17

Subtract Line 16 from Line 13 and enter the difference. If less than zero, enter "0."

Line 18

Prior payment amount: Include amount paid on Line 2 of Form CT-706/709 EXT.

Amended returns: Include amount paid with your original return.

Line 19

If the amount on Line 18 is greater than Line 17, enter the amount overpaid.

Line 20

If the amount on Line 17 is greater than Line 18, enter the balance of tax due.

Line 21 and Line 22

If you are making a late payment or filing the return after the due date, see *Interest and Penalties* on Page 5.

Line 23

Add Lines 20, 21, and 22. This is your balance due.

Payment Information

Pay the amount on Line 23 with this return.

Do not send cash. Make your check payable to: **Commissioner of Revenue Services.** To ensure payment is applied to your account, write "2009 Form CT-706/709" and the decedent's Social Security Number, optional, on the front of your check. Be sure to sign your check and paper clip it to the front of your return. DRS may submit your check to your bank electronically.

Paid Preparer Information

Anyone you pay to prepare your return must sign and date it. Paid preparers must also enter their SSN or Preparer Tax Identification Number (PTIN), their firm's Federal Employer Identification Number (FEIN), and their firm's name and address in the spaces provided.

Due Date

Due date is based on the decedent's date of death. If the decedent's date of death is on or after January 1, 2009, but before July 1, 2009, the due date is nine months after the date of death. If the decedent's date of death is on or after July 1, 2009, the due date is six months after the date of death.

Mailing Your Return

A copy of this return **must be filed** with the appropriate Connecticut Probate Court.

Retain a copy of this return for your records. Attach to this return a complete copy of federal Forms 706 and 709, if applicable, including **all** attachments.

Mail to:

Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978

Schedule Instructions for Form CT-706/709

Schedule C - Estate Tax Deduction

Line 1

Enter the allowable estate tax deductions for federal estate tax purposes excluding any deduction for state death taxes (estate, inheritance, legacy, or succession taxes) paid. Generally, this is the amount on federal Form 706, Part 2, Line 2, less any state death taxes that were paid and are included in that amount.

Line 2

Leave blank.

Line 3

Civil union partners or spouses in a marriage recognized under Public Act 2009-13 only: Enter amount from Part 5, Line 20, of the pro forma federal Form 706.

Line 4

Add Line 1 and Line 3. Enter here and on Section 2, Line 6.

Line 5

If, for federal estate tax purposes, an election was made to treat a trust or other property of the decedent's gross estate as qualified terminable interest property (QTIP) under I.R.C. §2056(b)(7), check **Yes**.

If the decedent estate did not file a federal Form 706 or, if the decedent estate filed a federal Form 706 but did not make a QTIP election under I.R.C. §2056(b)(7), check **No**. If **Yes**, skip Line 6 and go to Line 7.

Line 6

If any marital deduction is elected for federal estate tax purposes, the same amount must also be elected for Connecticut estate tax purposes. However, an election may be made solely for Connecticut estate tax purposes to have a trust or other property of the decedent's gross estate treated as QTIP property only if no election was made for federal estate tax purposes under I.R.C. §2056(b)(7) to treat a trust or other property of the decedent's gross estate as QTIP property.

In addition, a copy of Schedule M of federal Form 706 must be attached to the return. Write "CT-706/709" on the top of Schedule M.

Line 7

If, for federal estate tax purposes, the decedent's gross estate contains any I.R.C. §2044 property (QTIP from a prior gift

or estate), check **Yes**. If the decedent estate did not file a federal Form 706 or, if the decedent estate filed a federal Form 706 but the decedent's gross estate, for federal estate tax purposes, does not contain any I.R.C. §2044 property, check **No**. If **Yes**, skip Line 8.

Line 8

If the decedent's gross estate, for Connecticut estate tax purposes only, contains any I.R.C. §2044 type property from a prior estate that made a QTIP election for Connecticut estate tax purposes only, check **Yes**.

I.R.C. §2044 type property means property that would have qualified as I.R.C. §2044 property from a prior estate had a QTIP election under I.R.C. §2056(b)(7) been made by the prior estate.

Schedule D - Estate Tax Credits (Resident Estates Only)

Part 1 - Credit for Real or Tangible Personal Property Located in Another State and Subject to Death Tax of That State

Line 1

Enter the tax due amount from Section 2, Line 11.

Lines 2a through 2d

Enter the name of each state and tax amount paid to that state for any death taxes (estate, inheritance, legacy, or succession taxes) for which a credit is being claimed. Do not include interest or penalty paid to those states. Attach a copy of each state tax return for which a credit is being claimed to Form CT-706/709.

Line 2

Add Lines 2a through 2d. If necessary, attach additional sheets and include amounts in total.

Line 3

Enter the total gross estate for federal estate tax purposes from Section 2, Line 5.

Line 4

Enter the value for federal estate tax purposes of the real or tangible personal property included on Line 3 that is located in states identified on Lines 2a through 2d.

Line 5

Divide Line 4 by Line 3. Round to four decimal places.

Line 6

Multiply Line 1 by Line 5.

Line 7

Enter the smaller of Line 2 or Line 6 here and in Part 2, Line 13.

Part 2 - Credit for Real or Tangible Personal Property Located in Another State and Not Subject to Death Tax of That State

Line 8

Enter the tax due amount from Section 2, Line 11.

Lines 9a through 9d

Enter the name of each state and the value for federal estate tax purposes of real or tangible personal property located in that state which is not subject to death taxes of the state.

Schedule D, Part 2, applies to real or tangible personal property located in other states that do **not** by statute impose death taxes. In addition, it also applies to real or tangible personal property located in other states that by statute impose death taxes, but the property of this particular estate is not subject to those death taxes.

Line 9

Add Lines 9a through 9d. If necessary, attach additional sheets and include amounts in total.

Line 10

Enter the total gross estate for federal estate tax purposes from Section 2, Line 5.

Line 11

Divide Line 9 by Line 1. Round to four decimal places.

Line 12

Multiply Line 8 by Line 11.

Line 13

Enter amount from Part 1, Line 7.

Line 14

Add Line 12 and Line 13. Enter the amount here and in Section 3, Line 15.

Schedule E - Computation of Tax for Nonresident Decedent Estate

Line 1

Enter the tax due from Section 2, Line 11.

Line 2

Enter the total gross estate for federal estate tax purposes from Section 2, Line 5.

Line 3

Enter the amount of the gross estate for federal estate tax purposes that is attributable to real property and tangible personal property located in Connecticut.

Line 4

Divide Line 3 by Line 2. Round to four decimal places.

Line 5

Multiply Line 1 by Line 4. This is the amount of the tax due for a nonresident estate. Enter the result here and in Section 2, Line 12.

Amended Form CT-706/709 Tax Returns

Use Form CT-706/709 to amend a return you already filed. Include a statement explaining why the return is being amended and check the "Amended Return" box on the front of the return. Enter the amount paid with the original return on Line 18.

If you overpaid your Connecticut gift or estate tax, you must amend Form CT-706/709 within three years after the due date for which the overpayment was made. If additional tax is due, interest applies. See *Interest and Penalties* on Page 5.

The following circumstances require filing an amended Form CT-706/709 for gift or estate tax:

| | |
|--|--|
| <p>1. The IRS or federal courts change or correct the federal gift or estate tax return and the change or correction results in the Connecticut gift or estate tax being overpaid or underpaid.</p> | <p>File no later than 90 days after the final determination. If you file an amended Form CT-706/709 no later than 90 days after the final determination, any Connecticut gift or estate tax overpayment resulting from the final determination will be refunded even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>2. The donor files a timely amended federal gift or estate tax return and the amendment results in the Connecticut gift or estate tax being overpaid or underpaid.</p> | <p>File no later than 90 days after the date of filing the timely amended federal gift or estate tax return. If you file an amended Form CT-706/709 no later than 90 days after the date of filing the timely amended federal gift or estate tax return, any Connecticut gift or estate tax overpayment resulting from filing the timely amended federal gift or estate tax return will be refunded even if the Connecticut statute of limitations has otherwise expired.</p> |
| <p>3. The donor made a mistake or omission on Form CT-706/709 and the mistake or omission results in the Connecticut gift or estate tax being overpaid or underpaid.</p> | <p>File no later than three years after the due date for which the overpayment was made.</p> |

DRS Is Going Green ... And So Can You

E-Filing Is Green Filing

Eliminate the use of paper and fuel used to transport returns through the mail. File and pay electronically instead. Visit www.ct.gov/TSC to create an account and eliminate the paper clutter in your life.

Connecticut tax filers can file most tax returns, extensions, and estimates using the **Taxpayer Service Center (TSC)** at www.ct.gov/TSC for free.

Greener Money With Direct Deposit

Stop those paper checks and driving to the bank to deposit your Connecticut income tax refund by choosing direct deposit! **A direct deposit refund when filing through TSC is the fastest way to get your tax refund into your account!**

Green Means Stop ... Receiving Paper Returns

If you file a paper return using commercial software or a tax practitioner, check the box to stop receiving a paper return. Mark your electronic calendar to remind you to purchase new software or contact your preparer.

| | | | |
|--|--|---|-----------------|
| Internet | Tax Information | Forms and Publications | Internet |
| | The <i>TSC</i> includes a comprehensive <i>FAQ</i> database with more than 600 searchable answers. Search by category, tax type, keyword, or phrase. | Connecticut forms and publications may be viewed, downloaded, or printed by visiting www.ct.gov/DRS the DRS website. | |
| Phone | For telephone assistance, call our Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere). | 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) and select Option 2 ; or 860-297-4753 (from anywhere). | Phone |
| Email | Send routine tax questions to drs@po.state.ct.us (do not send account related inquiries). For account-related questions, including bill and refund inquiries, use the Secure Mailbox feature by logging into the DRS electronic <i>TSC</i> . | Email requests, including your name, address (street, city, state, and ZIP code), and the name or number of the tax product to ctforms.drs@po.state.ct.us | Email |
| Walk-In | Free personal taxpayer assistance and forms are available by visiting our Hartford office at 25 Sigourney Street, Hartford CT. Walk-in assistance is available Monday through Friday, 8:30 a.m. to 4:00 p.m. Directions to DRS Hartford office is available using our phone menu or visiting the DRS website. If you require special accommodations, please advise the DRS representative. | | Walk-In |
| Federal Tax Information | | Statewide Services | |
| For questions about federal taxes , visit www.irs.gov or call the Internal Revenue Service (IRS) at 1-800-829-1040. To order federal tax forms , call 1-800-829-3676. | | Visit the <i>ConneCT</i> website at www.ct.gov for information on statewide services and programs. | |

Form CT-706/709 EXT
Application for Estate and Gift Tax Return Filing
Extension and for Estate Tax Payment Extension
 Complete in blue or black ink only.

CT-706/709 EXT
 Calendar Year
▶2009

| | | |
|---|------------------------|---|
| Donor or decedent's first name and middle initial ▶ | Last name ▶ | Social Security Number (SSN) _____ : _____ : _____ |
| Address ▶ | Number and street ▶ | PO box ▶ |
| City, town, or post office ▶ | State ▶ | ZIP code ▶ |
| Mailing address (firm name if applicable) ▶ | | PO box ▶ |
| City, town, or post office ▶ | State ▶ | ZIP code ▶ |
| Attention, care of, or estate representative (if applicable) ▶ | | |
| Fiduciary's name and address ▶ | | |

DRS use only
 - - 20

If the donor died during calendar year 2009, skip Section 1 and complete Section 2. Otherwise, complete Section 1 for gift tax purposes only.

Section 1 – Gift Tax Extension Request

By completing Section 1 of this form and filing it with the Connecticut Department of Revenue Services (DRS), you are requesting a six-month extension of time to report your 2009 Connecticut taxable gifts.

I have requested a federal extension using federal Form 8892, Payment of Gift/GST Tax and/or Application for Extension of Time to File Form 709, for calendar year 2009. Yes No

If **No**, the reason for the Connecticut extension is: _____

| | | |
|--|------|----|
| 1. 2009 Connecticut gift tax liability You must enter a whole dollar amount. If you do not expect to have a gift tax liability, enter "0." | ▶ 1. | 00 |
|--|------|----|

Section 2 – Estate Tax Extension Request

Decedent's date of death: ▶ _____ Connecticut Probate Court: _____

By completing Section 2 of this form and filing it with DRS, you are requesting a extension of time to file Form CT 706/709 or to pay Connecticut estate tax, or both.

- ▶ Extension of Time to File - If decedent's date of death is on or after January 1, 2009, but before July 1, 2009: I request a six-month extension of time to file the decedent's **Form CT-706/709, Connecticut Estate and Gift Tax Return**; or If decedent's date of death is on or after July 1, 2009: I request a nine-month extension of time to file the decedent's Form CT-706/709.
- ▶ Extension of Time to Pay - I request a six-month extension of time to pay the decedent's Connecticut estate tax.

I have requested a federal extension using federal Form 4768, Application for Extension of Time to File a Return and/or Pay U.S. Estate (and Generation-Skipping Transfer) Taxes. Yes No

If **No**, the reason for the Connecticut extension is: _____

| | | |
|--|------|----|
| 2. 2009 Connecticut estate tax liability You must enter a whole dollar amount..... | ▶ 2. | 00 |
|--|------|----|

Declaration: 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 or document 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.

| | | | | |
|--|---|-------|------------------------|-------------------------|
| Sign Here Keep a copy of this return for your records. ▶ | Donor or fiduciary's signature | Title | Date | Telephone number () |
| | Paid preparer's or authorized estate representative's signature | Date | Preparer's PTIN or SSN | Telephone number () |
| | Firm name and address ▶ | | | FEIN ▶ |

General Instructions

Complete this form in blue or black ink only.

Complete and check the boxes applicable to your request. You will be notified only if your extension request is denied. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

When to File

Form CT-706/709 EXT must be completed and filed on or before the original due date of the return.

Where to File

Keep a copy of this form for your records.

Mail this form and payment (if required) to:

Department of Revenue Services
State of Connecticut
PO Box 2978
Hartford CT 06104-2978

Payment Information

Make check payable to: Commissioner of Revenue Services. To ensure payment is applied to your account, write "2009 Form CT-706/709 EXT" and the donor's or the decedent's Social Security Number on the front of the check. Be sure the check is signed and paper clip it to the front of your return. **Do not send cash.** DRS may submit your check to your bank electronically.

Interest and Penalty

Failure to file or failure to pay the proper amount of tax due will result in penalty and interest charges. It is to your advantage to file when your return is due whether or not you are able to make full payment.

Penalty for Late Payment or Late Filing

The penalty for underpayment of the tax is 10% of the tax not paid on or before the original due date of the return.

The Commissioner of Revenue Services may impose a \$50 penalty for failure to file any return or report that is required by law to be filed.

Form CT-706/709 EXT Instructions

Complete **Section 1** for Connecticut taxable gifts made during calendar year 2009.

Section 1 - Gift Tax Extension

Purpose

Use **Form CT-706/709 EXT** to request a six-month extension to file **Form CT-706/709**, *Connecticut Estate and Gift Tax Return*.

If you have already filed federal Form 8892, it is not necessary to include a reason for the Connecticut extension request. If federal Form 8892 was not filed, the donor may apply for a six-month extension to file Form CT-706/709 provided there is reasonable cause.

How to Request an Extension of Time to File a Gift Tax Return

To request a filing extension, you **must**:

- Complete Form CT-706/709 EXT, Section 1;
- File it on or before the due date of the return;

- Pay the amount shown on Line 1; **and**
- Sign the Declaration.

You will be notified only if your extension request is denied.

Form CT-706/709 EXT only extends the time to file your Connecticut estate and gift tax return; it does not extend the time to pay your gift tax.

Gift Tax Extension Due Date

This extension request is due on or before the original due date for filing Form CT-706/709. Form CT-706/709 is due on April 15 of the year following the calendar year in which the gifts were made.

Section 2 - Estate Tax Extension

Complete **Section 2** for estates of decedents dying during calendar year 2009 with a Connecticut taxable estate in excess of \$2 million.

Purpose

Use Form CT-706/709 EXT to request an extension of time **to file** a Connecticut estate tax return or to request a six-month extension of time **to pay** Connecticut estate tax, or both. This extension request is due on or before the due date for filing Form CT-706/709. For the estate of a decedent dying before July 1, 2009, the due date is the date nine months after the decedent's date of death. For the estate of a decedent dying on or after July 1, 2009, the due date is the date six months after the decedent's date of death.

If federal Form 4768 has been filed, please attach a copy to this form. It will not be necessary to include a reason for requesting an extension of time to file.

If federal Form 4768 has not been filed, you may apply for a nine-month extension of time to file or a six-month extension of time to pay, or both, but you must attach a statement of reasonable cause.

How to Request an Extension of Time to File the Estate Tax Return or an Extension of Time to Pay the Estate Tax, or Both

- Complete Form CT-706/709 EXT, Section 2;
- Enter the decedent's date of death;
- Pay the amount on Line 2 (if applicable);
- File it on or before the due date of the return;
- Sign the Declaration;
- If required, attach the fiduciary's written statement of reasonable cause explaining in detail why it is impossible or impractical to file the estate tax return on or before the due date; **and**
- If applicable, attach the fiduciary's written statement of reasonable cause, together with accompanying documentation as required, explaining in detail why it is impossible or impractical to pay the full amount of the estate tax on or before the due date.

You will be notified only if your extension request is denied.

Reasonable cause shall be determined in accordance with Treasury Regulation §20.6161-1(a)(1) and (2)(ii). The fiduciary's statement of reasonable cause must be accompanied by documentary evidence sufficient to enable DRS to grant the extension.

Schedule CT-709 Farmland

Calendar Year

2009

(Rev. 10/09)

Complete the return in blue or black ink only.

Purpose: Use **Schedule CT-709 Farmland** to report the fair market value of farmland based on its highest and best use as of the date of gift.

| | | |
|---------------------------------------|-----------|--|
| Donor's first name and middle initial | Last name | Social Security Number (SSN) ____-____-____ |
| Address (number and street) | PO box | DRS use only - - 20 |
| City, town, or post office | State | ZIP code |

Schedule of Farmland

| A Gift No. | B • Donee's name and address • Donee's Social Security Number • Relationship to donor (if any) • Description of gift Include the town, volume, and page number of land records at which the deed of gift is recorded. | C Date of gift | D Fair market value of farmland at date of gift | E Value as farmland at date of gift |
|---------------|--|-------------------|--|--|
| 1 | | | | |
| | | | | |
| | | | | |
| | | | | |

F. Enter the additional gift tax that may become due if the farmland is subsequently transferred or reclassified. See instructions. \$ _____ .00

If you are claiming special valuation on a gift of farmland, this schedule must be attached to **Form CT-706/709, Connecticut Estate and Gift Tax Return**. You must also furnish a copy of this schedule and the instructions on the reverse side to the donee.

Declaration: 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 or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

| | |
|-------------------|------|
| Donor's signature | Date |
|-------------------|------|

Schedule CT-709 Farmland

Complete the return in blue or black ink only.

Who Must File

Any donor who makes a gift of land classified as farmland under Conn. Gen. Stat. §12-107c to a lineal descendant or the spouse of a lineal descendant must complete and attach this schedule to Form CT-706/709 if the land is valued based upon its current classification and use as farmland.

Transfers of Farmland or Change of Classification

If, within ten years, land that is valued as farmland under Conn. Gen. Stat. §12-646ac is:

- Transferred by the donee to anyone other than a lineal descendant or spouse of the lineal descendant; **or**
- **No longer classified** as farmland,

the donee (or the donee's lineal descendant or the descendant's spouse if the farmland has been transferred by the donee to the donee's lineal descendant or the descendant's spouse) must file this schedule and pay the tax due. The tax is computed by subtracting the tax paid by the donor from the tax that would have been due from the donor if the donor had filed Form CT-706/709 using the fair market value of the farmland as reported on federal Form 709, Schedule A.

Donor Instructions

1. Enter the donor's name, mailing address, and SSN at the top of the schedule.
2. Complete Columns A through E of this schedule for each gift.

Column A – Number each gift.

Column B – Enter the donee's identifying information and a complete description of the farmland being transferred including the volume and page number of the land records of the town in which the deed of gift is recorded. This information should match the description on Form CT-706/709, *Schedule A*, Column B. Attach a copy of the deed that shows its receipt and recording by the town clerk.

Column C – Enter the date of the gift.

Column D – Enter the fair market value of the farmland based on its highest and best use as of the date of the transfer. This should match the amount on federal Form 709, Schedule A.

Column E – Enter the value of the farmland based upon its current use as farmland as of the date of the transfer. This should match the amount on Form CT-706/709, *Schedule A*, Column E.

3. Calculate any additional gift tax that may become due and enter on Line F. Calculate the additional gift tax that would have been due if the donor filed Form CT-706/709 using the fair market value of the farmland as reported on federal Form 709, Schedule A. Subtract the actual tax reported on Form CT-706/709, Section 1, Line 4, from the tax that would

have been due if the donor filed Form CT-706/709 using the fair market value of the farmland.

4. **Donor's signature** – Sign and date this schedule.
5. Give the donee(s) a copy of this schedule and the instructions.
6. Attach this schedule to your Form CT-706/709.

Donee Instructions

A donee is liable for additional gift tax if, within ten years of the original gift, the farmland is transferred to a nonlineal descendant or is no longer classified as farmland. If this occurs, the donee must submit to DRS:

1. A copy of the Schedule CT-709 Farmland provided to the donee by the donor; **and**
2. A written statement that includes the date:
 - a. The land was transferred to a person other than the donee's lineal descendant or the lineal descendant's spouse; **or**
 - b. The classification of the land was changed from farmland.

Due Date of Additional Tax

The amount of additional gift tax due is the amount entered on Line F on the front of this schedule. You must file this schedule and pay the tax due no later than 60 days following the transfer or reclassification. Interest accrues at the rate of 1% per month or fraction of a month from the due date to the date of payment.

Pay the amount of additional gift tax due in full with this schedule. Make check payable to: Commissioner of Revenue Services. To ensure payment is applied to your account, write "2009 Schedule CT-709 Farmland" and your SSN, optional, on the front of your check. Be sure to sign your check and paper clip it to the front of your return. **Do not send cash.** DRS may submit your check to your bank electronically.

Mail to:

Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978

Extension of Time to Pay

The Commissioner may, for good cause, extend the time for payment of the tax if the descendant or the descendant's spouse files a written application with the Commissioner on or before the 60-day period expires. If the land was transferred to the donee's lineal descendant or that descendant's spouse, the Commissioner may, for good cause, extend the time for payment of the tax if the descendant or the descendant's spouse files a written application with the Commissioner on or before the 60-day period expires.

File Only With Probate Court

(Rev. 10/09)

Form CT-706 NT

Department of Revenue Services
State of Connecticut

Connecticut Estate Tax Return (for Nontaxable Estates)

For estates of decedents dying during calendar year 2009 (Read instructions before completing this form.)

| | | | | | |
|---|--|-------------------------------|--|---|--|
| Decedent's last name | | First name and middle initial | | Social Security Number (SSN) | |
| Address | | Number and street | | PO box | |
| City, town, or post office | | State | | ZIP code | |
| Legal residence (domicile) (county and state) | | | | <input type="checkbox"/> Check if amended return. | |

Residency: Connecticut resident Nonresident - Attach **Form C-3**, *State of Connecticut Domicile Declaration*.

Section 1 General Questions Check the appropriate box for each question below.

- At the time of death, did the decedent own or have an interest in any of the following sole ownership property? If **Yes**, report the property in Section 3, Part 1.
 - Real estate Yes No
 - Securities Yes No
 - Bank accounts Yes No
 - Other personal property Yes No
- At the time of death, did the decedent own or have an interest in any of the following property owned jointly with right of survivorship? If **Yes**, report the property in Section 3, Part 2.
 - Real estate Yes No
 - Securities Yes No
 - Bank accounts Yes No
 - Other personal property Yes No
- Are any amounts due to a beneficiary or this decedent's estate from a pension, stock-bonus or profit-sharing plan, or an annuity? If **Yes**, report that amount in Section 3, Part 2. Yes No
- Did the decedent create any trusts, including trustee bank accounts, during his or her life? If **Yes**, attach a copy of the trust(s) and report the value of the trust(s) in Section 3, Part 2. Yes No
- Did the decedent have an interest in life insurance on the life of another? If **Yes**, report the cash surrender value in Section 3, Part 2. Yes No
- Did the decedent have an interest in life insurance on his or her life? If **Yes**, report the entire proceeds in Section 3, Part 3. Yes No
- During his or her life, did the decedent make any transfers of real property to another retaining a life use for himself or herself or continued to have any use in the property? If **Yes**, complete Section 3, Part 2. Yes No
- Did the decedent make any taxable gifts (within the meaning of I.R.C. §2503) on or after January 1, 2005, but before January 1, 2009? If **Yes**, complete *Schedule B (NT)*. Yes No
- Did the decedent make any taxable gifts (within the meaning of I.R.C. §2503) during calendar year 2009? If **Yes**, complete *Schedule A (NT)* and attach. Yes No
- Was a disclaimer filed in this estate? If **Yes**, submit a copy of each disclaimer. Yes No
- Is the estate required to file a federal estate tax return (Form 706)? If **Yes**, attach a complete copy including all supplemental documents. If **No**, please see page 1 of instructions under "Supporting Documentation." Yes No

Section 2 Connecticut Taxable Estate Computation

| | | |
|---|----|----|
| 1. Total gross estate for federal estate tax purposes: Enter total from Section 4, Line 8. | 1. | 00 |
| 2. Allowable estate tax deductions for federal estate tax purposes other than deduction allowable for state death taxes under I.R.C. §2058: See Instructions. | 2. | 00 |
| 3. Subtract Line 2 from Line 1. | 3. | 00 |
| 4. Current year Connecticut taxable gifts from <i>Schedule A (NT)</i> , Line 9. Attach copy of federal Form 709. | 4. | 00 |
| 5. Prior year Connecticut taxable gifts made on or after January 1, 2005, and before January 1, 2009. Attach a copy of federal Form 709 for each year listed in <i>Schedule B (NT)</i> | 5. | 00 |
| 6. Connecticut taxable estate: Add Lines 3, 4, and 5. See Instructions. | 6. | 00 |

Declaration: 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 representations contained herein are made under the penalties of false statement as provided in Conn. Gen. Stat. §53a-157b. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | |
|------------------------|--|---|
| Fiduciary's name | Attorney or authorized representative's name | |
| Signature of fiduciary | Date | Signature of attorney or authorized representative date |
| Address | Firm name and address | |
| City | State | ZIP code |
| City | State | ZIP code |
| Telephone number | Telephone number | |

Signature of Probate Judge Required. Sign and date one of the following, as applicable:

Certificate of Opinion of No Tax

I have examined this return and have concluded that the Connecticut taxable estate, as shown above, is \$2 million or less.

Date _____ Signature of judge _____

Form CT-706/709 Required to Be Filed

I have examined this return and hereby instruct the estate to file a Form CT-706/709 with the Commissioner of Revenue Services.

Date _____ Signature of judge _____

Section 3 Property and Proceeds Reported for Federal Estate Tax Purposes

Part 1 - Solely-Owned Property

| A Item No. | B Description of All Property and Two-Letter Abbreviation of State Where Located <small>If real property, list the complete address. Include all property, real or personal, tangible or intangible, wherever located. If necessary, attach additional sheet(s) and continue with Item 1F.</small> | C Decedent's % of Ownership | D Fair Market Value at Date of Death | E Amount of Column D Passing to Spouse |
|---------------|--|--------------------------------|---|---|
| 1. | 1A | 100% | | |
| 2. | 1B | 100% | | |
| 3. | 1C | 100% | | |
| 4. | 1D | 100% | | |
| 5. | 1E | 100% | | |
| 6. | Total: Add all amounts for Column D and Column E. | | | |

Part 2 - Jointly-Owned Property and Property Passing Other Than by Will or Laws of Intestacy

| A Item No. | B Description of All Property and Two-Letter Abbreviation of State Where Located <small>If real property, list the complete address. Include all property, real or personal, tangible or intangible, wherever located. If necessary, attach additional sheet(s) and continue with Item 2F.</small> | C Fair Market Value at Date of Death | D Percentage Includible | E Includible Value Attributed to This Estate <small>(Col. C x Col. D)</small> | F Amount of Column E Passing to Spouse |
|---------------|--|---|----------------------------|---|---|
| 7. | 2A | | | | |
| 8. | 2B | | | | |
| 9. | 2C | | | | |
| 10. | 2D | | | | |
| 11. | 2E | | | | |
| 12. | Total: Add all amounts for Column E and Column F. | | | | |

Part 3 - Life Insurance Proceeds on the Life of the Decedent

| A Item No. | B Description of Life Insurance <small>Attach copy of federal Form 712 for each policy. If necessary, attach additional sheet(s) and continue with Item 3D.</small> | C Life Insurance Value <small>Report the entire proceeds from each policy.</small> | D Amount of Column C Passing to Spouse |
|---------------|---|--|---|
| 13. | 3A | | |
| 14. | 3B | | |
| 15. | 3C | | |
| 16. | Total: Add all amounts for Column C and Column D. | | |

Section 4 Total Gross Estate as Would Be Valued for Federal Estate Tax Purposes

| | | | | |
|----|---|----|----|---------------------|
| 1. | Enter amount from Section 3, Part 1, Column E, Line 6. | 1. | | / / / / / / / / / / |
| 2. | Enter amount from Section 3, Part 2, Column F, Line 12. | 2. | | |
| 3. | Enter amount from Section 3, Part 3, Column D, Line 16. | 3. | | |
| 4. | Total amount to spouse: Add Lines 1 through 3. | | 4. | |
| 5. | Enter amount from Section 3, Part 1, Column D, Line 6. | 5. | | / / / / / / / / / / |
| 6. | Enter amount from Section 3, Part 2, Column E, Line 12. | 6. | | |
| 7. | Enter amount from Section 3, Part 3, Column C, Line 16. | 7. | | |
| 8. | Total gross estate for federal estate tax purposes: Add Lines 5 through 7. Enter here and on Section 2, Line 1. | | 8. | |

Schedule A (NT) Computation of Current Year Connecticut Taxable Gifts

| A Item No. | B Gifts Subject to Gift Tax • Donee's name, address, SSN, relationship to decedent, if any; • Gift description: If gift was made by means of a trust, enter trust's identifying number. If gift was securities, enter CUSIP number(s), if available. | C Adjusted Basis of Gift | D Date of Gift | E Value at Date of Gift Enter the fair market value at the date the gift was made. | F Split Gifts Only For split gifts, enter 1/2 of Column E. | G Net Transfer Subtract Column F from Column E. |
|---------------|---|-----------------------------|-------------------|--|--|---|
| 1 | | | | | | |

Gifts Made by Spouse - Complete only if decedent split gifts with his or her spouse and the spouse also made gifts.

| | | | | | | |
|---|--|--|--|--|--|--|
| 1 | | | | | | |
|---|--|--|--|--|--|--|

| | | | |
|---|----|--|----|
| 1. Total gifts: Add the value of all gifts listed in Column G and enter here. | 1. | | 00 |
| 2. Total annual exclusion for present interest gifts listed on <i>Schedule A</i> : See instructions..... | 2. | | 00 |
| 3. Subtract Line 2 from Line 1. | 3. | | 00 |
| Deductions | | | |
| 4. Gifts to spouse for which a marital deduction is claimed: Enter item No(s) from <i>Schedule A</i> | 4. | | 00 |
| 5. Exclusions attributable to gifts on Line 4 | 5. | | 00 |
| 6. Marital deduction: Subtract Line 5 from Line 4.... | 6. | | 00 |
| 7. Charitable deductions less exclusions: Enter item numbers from <i>Schedule A</i> | 7. | | 00 |
| 8. Total deductions: Add Line 6 and Line 7..... | 8. | | 00 |
| 9. Connecticut current year taxable gifts Subtract Line 8 from Line 3. Enter here and on Section 2, Line 4. | 9. | | 00 |

10. Did the decedent consent for federal gift tax purposes to have gifts made during the calendar year by the decedent, the decedent's spouse, or both, to third parties considered as made one-half by each? Yes No
 If **Yes**, print spouse's name and SSN below.
 Name _____ SSN _____

11. Is the decedent's spouse a U.S. citizen? Yes No
 If **No**, did the decedent transfer any property to his or her spouse during the calendar year? Yes No

12. If the decedent was a party to a civil union recognized under Connecticut law or a marriage recognized under Public Act 2009-13, check here.....

Terminable Interest Marital Deduction as Reported for Federal Gift Tax Purposes
 The decedent is bound by the election made for federal gift tax purposes. Check the box if the decedent elected for federal gift tax purposes:

13. To include gifts of qualified terminable interest property as gifts to his or her spouse for which a marital deduction was claimed. Enter the item numbers from Column A above of the gifts for which the decedent made this election under I.R.C. §2523(f). _____

14. **Not** to treat as qualified terminable interest property any joint and survivor annuity where only the decedent and his or her spouse have the right to receive payments before the last to die. Enter the item numbers from Column A above for the annuity(ies) for which the decedent made this election under I.R.C. §2523(f)(6). _____

Continue With Schedule B (NT) on Page 4.

Schedule B (NT) Gifts From Prior PeriodsList Connecticut taxable gifts made on or after
January 1, 2005, but before January 1, 2009.

| Column A - Calendar Year | Column B - Connecticut Taxable Gifts | |
|---|--------------------------------------|----|
| | | 00 |
| | | 00 |
| | | 00 |
| | | 00 |
| | | 00 |
| Enter this amount on Line 5 of Section 2. | Column Total | 00 |

Form CT-706 NT Instructions

Connecticut Estate Tax Return (for Nontaxable Estates)

General Information

Estates Which Must File Only With Probate Court

Form CT-706 NT, *Connecticut Estate Tax Return (for Nontaxable Estates)*, is used by estates of decedents dying on or after January 1, 2005, but prior to January 1, 2010, where it appears no estate tax will be due because the Connecticut taxable estate is \$2 million or less. The Connecticut taxable estate is the sum of:

- Connecticut taxable gifts made by the decedent during all calendar years beginning on or after January 1, 2005; **and**
- The decedent's gross estate less allowable deductions (other than the deduction for state death taxes paid under Section 2058), as computed for federal estate tax purposes, even if no federal estate tax return was required.

The executor or administrator of the decedent's estate is required to file Form CT-706 NT with the Probate Court. Any reference to Probate Court means the Connecticut Probate Court.

Estates Which Must File With the Department of Revenue Services

For the estate of a decedent dying on or after January 1, 2005, but prior to January 1, 2010, if the decedent's Connecticut taxable estate is more than \$2 million, the executor or administrator of the decedent's estate is required to file **Form CT-706/709**, *Connecticut Estate and Gift Tax Return*, with:

- The Department of Revenue Services (DRS); **and**
- A copy with the Connecticut Probate Court having jurisdiction of the estate.

Who Must Sign and File Form CT-706 NT

The executor or administrator of the decedent's estate must sign and file Form CT-706 NT. If there is no executor or administrator, then the survivor(s) or transferee(s) of the estate must file Form CT-706 NT. If there is more than one fiduciary, all must sign the return.

Form CT-706 NT must be filed for each decedent who, at the time of death, was a Connecticut resident. Form CT-706 NT must also be filed for each decedent who, at the time of death, was a nonresident of Connecticut but who owned real or tangible personal property located in Connecticut. If the decedent is claimed to be a nonresident of Connecticut, then the estate must also complete and file **Form C-3**, *State of Connecticut Domicile Declaration*, with the Connecticut Probate Court having jurisdiction of the estate.

When and Where to File

The return must be filed with the Probate Court within nine months after death for estates of decedents dying before July 1, 2009, and within six months after death for estates of decedents dying on or after July 1, 2009.

If the decedent was, at the time of death, a Connecticut **resident**, the return must be filed in the Probate Court for the district in which the decedent resided. If the decedent was, at the time of death, a **nonresident** of Connecticut, the return must be filed with the Probate Court for the district within which reportable property is located.

Supporting Documentation

To be a complete return, a death certificate and copies of the completed and signed federal Forms 706 and 709 (if applicable), including all supplemental documents, must be attached to Form CT-706 NT. Any estate with a gross estate in excess of \$2 million that does not file a completed and signed federal Form 706 must attach to Form CT-706NT a pro forma Form 706 completed as if federal tax law required the estate to file such return with the Internal Revenue Service (IRS).

Any estate with a gross estate of \$2 million or less must attach to Form CT-706NT schedules reporting the values of all of the decedent's assets, including the particular assets allocated to the decedent's spouse (if applicable) as part of the marital deduction elected for Connecticut estate tax purposes. Form C-3 must also be attached for a nonresident estate.

Signature of Probate Judge Required

The probate judge having jurisdiction of the estate examines the return filed. If the probate judge concludes that the Connecticut taxable estate as shown on the return is \$2 million or less, he or she signs the *Certificate of Opinion of No Tax* at the bottom of the return.

However, if the probate judge is unable to conclude that the Connecticut taxable estate as shown on the return is \$2 million or less, he or she signs the statement at the bottom of the return under the heading *Form CT-706/709 Required to Be Filed* and instructs the estate to file Form CT-706/709 with the Commissioner of Revenue Services. In that event, the Probate Court sends one copy of the return (without attachments) with the signed statement to the preparer of the Form CT-706 NT and a second copy to DRS. The preparer is then required to file Form CT-706/709 with DRS.

Release of Lien and Consents to Transfer (Tax Waiver)

Generally, the Probate Court issues the release of lien on real property. Under Connecticut law, a consent to transfer (or tax waiver on) intangible personal property is not required.

Amended Return

If you are filing an amended return, check the amended return box located below the *Residency* heading on the top front of the return. Complete the amended return with the corrected figures.

Marriages Recognized Under Public Act 2009-13 and Civil Unions

Connecticut estate tax rules for individuals who were parties to a civil union or in a marriage recognized under Public Act 2009-13 are the same Connecticut estate tax rules that apply to spouses in a marriage recognized for federal purposes.

This treatment first applies for Connecticut gift tax purposes to gifts made on or after January 1, 2006, for parties to a civil union or a marriage recognized under Public Act 2009-13. The treatment first applies for Connecticut estate tax purposes to estates of decedents dying on or after January 1, 2006, for parties to a civil union or a marriage recognized under Public Act 2009-13. In these situations, the following gift and estate tax provisions apply.

Marital deduction: If any marital deduction is elected for federal estate tax purposes, the same amount must also be elected for Connecticut estate tax purposes. However, an election may be made solely for Connecticut estate tax purposes to have a trust or other

property of the decedent's gross estate treated as QTIP property only if no election was made for federal estate tax purposes under Internal Revenue Code (I.R.C.) §2056(b)(7) to treat a trust or other property of the decedent's gross estate as QTIP property. A Connecticut marital deduction is allowable for property passing from a donor or decedent to his or her spouse, whether in a civil union or in a marriage recognized under Public Act 2009-13, to the same extent that property transferred to a husband or wife or surviving spouse is allowable as a marital deduction provided the requirements of I.R.C. §2523 for gifts and §2056 for bequests are otherwise met.

Because neither civil unions nor marriages recognized under Public Act 2009-13 are recognized for federal tax purposes, civil union partners or spouses in a marriage recognized under Public Act 2009-13 who elect a marital deduction for Connecticut gift tax or estate tax purposes are required to submit with the Form CT-706/709 filed with DRS or the Form CT-706 NT filed with the Probate Court:

- A pro forma federal Form 709 or Form 706 completed as if federal tax law allowed a marital deduction to civil union partners or spouses in a marriage recognized under Public Act 2009-13 which reflects the marital deductions taken by them; **and**
- A copy of the federal Form 709 or Form 706 (whichever is applicable) actually filed with the Internal Revenue Service (IRS).

Joint property: Civil union partners and spouses in a marriage recognized under Public Act 2009-13 are allowed to include in the gross estate of a decedent one-half the value of certain joint interests in the same manner that a husband and wife are permitted this treatment provided the interest in property otherwise meets the requirements of I.R.C. §2040(b)(2).

Gift splitting: Spouses are eligible for federal gift tax purposes to elect to gift split. Where spouses elect to gift split, all gifts made by one spouse to another person or persons are considered as made one-half by the donor and one-half by the donor's spouse. This same election is available for Connecticut gift tax purposes to civil union partners and to spouses in a marriage recognized under Public Act 2009-13.

Because neither civil unions nor marriages recognized under Public Act 2009-13 are recognized for federal tax purposes, civil union partners and spouses in a marriage recognized under Public Act 2009-13 who elect to gift split for Connecticut gift tax purposes are required to submit with the Form CT-706/709 filed with DRS:

- A pro forma federal Form 709, completed as if federal law allowed them to gift split, which reflects the gift-splitting elected by the spouses; **and**
- Copies of the federal Forms 709 actually filed with the IRS.

Section 1 – General Questions

Answer all questions whether or not the decedent was a resident of the state.

Section 2 – Connecticut Taxable Estate Computation

Line 1

Enter the total from Section 4, Line 8.

Line 2

Enter allowable estate tax deductions as computed for federal estate tax purposes (other than the deductions allowable for state death taxes under I.R.C. §2058) even if no federal estate tax return was

required. Subject to federal rules, allowable deductions may include all or a part of:

- Funeral expenses and expenses incurred in administering property subject to claims;
- Debts of the decedent;
- Mortgages and liens;
- Net losses during administration;
- Expenses incurred in administering property not subject to claims;
- Bequests, etc., to surviving spouse; **or**
- Charitable, public, and similar gifts and bequests.

Attach a complete description of your allowable deductions.

Line 4

Enter the amount from *Schedule A (NT)*, Line 9. If the decedent made Connecticut taxable gifts during the 2009 calendar year, those gifts must be reported on *Schedule A (NT)*. See *Schedule A (NT) - General Instructions* on Page 3.

Line 5

Enter the aggregate amount of prior years' Connecticut taxable gifts made on or after January 1, 2005, but before January 1, 2009. Attach a copy of federal Form 709 for each year listed in *Schedule B (NT)*.

Line 6

For the estate of a decedent dying on or after January 1, 2005, but prior to January 1, 2010, if Line 6 is more than \$2 million, you must complete and file Form CT-706/709 with DRS and file a copy of that return with the appropriate Probate Court. If Line 6 is \$2 million or less, you may proceed to sign and file this return with the appropriate Probate Court.

Section 3 - Property and Proceeds Reported for Federal Estate Tax Purposes

The value of the gross estate of the decedent is determined by including the fair market value at the time of his or her death of all property, real or personal, tangible or intangible, wherever located.

All property in which the decedent had any interest must be reported at its fair market value on the date of death unless alternate valuation is elected for federal estate tax purposes. Connecticut law does not contain a comparable provision to I.R.C. §2032 which permits an executor to elect to value property included in the gross estate at a time other than as of the date of the decedent's death. Therefore, unless an executor elects alternate valuation on a completed and signed federal Form 706 filed with the IRS, alternate valuation will not be permitted for Connecticut estate tax purposes.

Assets which must be reported include:

- Tangible personal property* wherever located;
- Real property** wherever located;
- All intangible personal property*** wherever located;
- Real property located in Connecticut**;
- Tangible personal property* located in Connecticut.

*Tangible personal property includes but is not limited to antiques, art collections, automobiles, boats, clothing, coin collections, household furniture and furnishings, jewelry, and stamp collections.

**The description of the real property should include the acreage and whether it is a home, rental, commercial, farm, or vacant land.

***Intangible personal property includes but is not limited to bank accounts, cash, stocks, bonds, pensions, copyrights, interest in estates

of other decedents, royalties, mortgages, notes, partnership interests, remainder interest in trusts and estates, and unincorporated businesses.

All tangible personal property that the decedent owned at death must be reported at fair market value. For real estate, the fair market value may be determined through a written appraisal or by a comparable market analysis prepared by a realtor. For stocks quoted on a stock exchange, use the mean between the high and the low or bid and asked price at the date of death. For bank accounts, be sure that all interest has been posted as of the date of death. For U.S. Savings Bonds, use the value at death not the face amount. Do not reduce the reported fair market value of any property by the amount of any mortgages, liens, or encumbrances. Attach required supporting documents to the return.

In Column B of Parts 1 and 2 provide a description of the property including the complete address of all real property. Indicate the state where real or tangible personal property is physically located by using the two letter state abbreviation.

Part 1: Solely-Owned Property - The decedent's percentage of ownership is always 100%. In Column D, report the full fair market value of the decedent's property based on his or her percentage of ownership. If, for example, a decedent owned a 50% interest as a tenant in common in 123 Main Street, Anytown, report "50% interest in 123 Main Street, Anytown." In Column E, indicate the amount of Column D passing to the decedent's surviving spouse, if applicable

Part 2: Jointly-Owned Property - Report the full fair market value of the property in Column C. In Column D, entitled "Percentage Includible," enter the percentage of the total value of the property that must be included in the gross estate as follows:

If the joint property is held with rights of survivorship between spouses, then Column D should be 50% of the value of the joint property and the other 50% is excluded from his or her gross estate. If the joint property is held with rights of survivorship between persons who are not spouses (such as parent-child or brother-sister), Column D should be 100% of the value of the joint property unless the decedent's estate submits facts sufficient to show the surviving joint tenant(s) supplied some, or all, of the money used to purchase the joint property. If that is the case, there will be excluded only the part of the value of the joint property as is proportionate to the consideration in money or money's worth furnished by the surviving joint tenant(s).

However, in some situations, Column D should be the actual fractional percentage of the decedent's interest in the joint property if: (1) the joint property was acquired by the decedent and the surviving joint tenant(s) by gift, bequest, devise or inheritance as joint tenant(s); or (2) the joint property originally belonged to the surviving joint tenant(s) and the decedent had acquired his or her interest in the property from the surviving joint tenant(s).

Multiply the fair market value in Column C by the "Includible Percentage" in Column D to determine the "Includible Value" to be reported in Column E. In Column F, indicate the amount of Column E passing to the decedent's surviving spouse, if applicable.

Part 3: Life Insurance Proceeds - Report in Column C the full amount of the life insurance proceeds on the life of the decedent. In Column D, indicate the amount of Column C passing to the decedent's surviving spouse.

Life insurance on the life of the decedent is subject to estate tax, as computed for federal estate tax purposes, even if no federal estate tax return was required. Life insurance owned by the decedent on the life of another is also subject to estate tax. Report the cash surrender value at the time of death in Section 3, Part 2.

Annuities, Pension Plans, Retirement Benefits, and Individual Retirement Accounts: Generally, the value of the right to receive amounts from pension and profit sharing plans and individual retirement accounts are taxable.

Reportable transfers include:

1. **Individually purchased policies:**

- Annuity policies;
- Retirement annuity policies;
- Matured endowment policies;
- Supplementary contracts (for example, if the decedent elected to leave the proceeds of insurance he received as a beneficiary with the insurer under terms where the balance will be paid after his death to persons he designated.);
- Deferred compensation and similar plans; **and**
- Private annuities.

2. **Pension, profit sharing, and like plans**

- Payments under an employees' trust or plan forming part of a pension, stock bonus, or profit sharing plan;
- Payments under a contract purchased by an employees' trust or plan forming part of a pension, stock bonus, or profit sharing, thrift, or similar plan; **and**
- Payments under a retirement annuity contract purchased by an employer under a plan.

3. **Individual Retirement Accounts**

Schedule A (NT) – General Instructions

If you are not required to file federal Form 709, **stop here**. You are not required to complete *Schedule A (NT)*. Enter a zero on Form CT-706 NT, Section 2, Line 4.

If you are required to file a federal Form 709, the information entered on *Schedule A (NT)* for each gift should generally be identical to the information reported on federal Form 709, Schedule A. However, only those gifts to which the Connecticut gift tax applies should be reported on *Schedule A (NT)*.

The gifts to which Connecticut gift tax applies are:

- Gifts of tangible personal or real property located in Connecticut; **and**
- Gifts of intangible personal property made by a donor who at the time of the gift was a resident of Connecticut.

Gift Splitting

The decedent is **required** to gift split for Connecticut gift tax purposes if the decedent consented to gift split for federal gift tax purposes.

The decedent is **not** permitted to gift split for Connecticut gift tax purposes if the decedent did not consent to gift split for federal tax purposes.

Schedule A (NT) - Line Instructions

Line 1

Add the value of all gifts listed in *Schedule A (NT)*, Column G, and enter the sum on Line 1.

Line 2

Enter the total annual exclusions claimed for the gifts listed on *Schedule A (NT)*, Line 1. The **first \$13,000 or less** of gifts to any donee during the calendar year of a present (not future) interest in property is excluded.

When determining the annual exclusion amount, a donee should not be counted more than once. The annual exclusion is per donee and **not** per gift.

However, if the first **\$13,000** of gifts, for federal gift tax purposes, to any donee involves tangible personal property or real property located outside Connecticut, no annual exclusion is available for Connecticut gift tax purposes for gifts to that donee.

The first \$133,000 of gifts made to a spouse who is not a U.S. citizen during the calendar year of a present interest in property is excluded from the Connecticut total amount of gifts.

If the decedent split a gift with his or her spouse, the annual exclusion claimed against the gift may not be more than the decedent's half of the gift.

Line 3

Subtract Line 2 from Line 1 and enter the balance. This is the total amount of gifts before the calculation of the marital deduction and charitable deduction.

Line 4

Enter all of the gifts to the decedent's spouse entered on *Schedule A (NT)* and for which a marital deduction is claimed. Indicate on the line provided which numbered items from *Schedule A (NT)* are gifts to the decedent's spouse for which a marital deduction is claimed.

Do not enter any gifts to the decedent's spouse if the spouse was not a U.S. citizen at the time of the gift. There is no marital deduction for gifts to a spouse who is not a U.S. citizen; however, an annual exclusion may apply. See Line 2 on Page 3.

Line 5

Enter the amount of the annual exclusions claimed for the gifts entered on Line 4.

Line 6

Subtract Line 5 from Line 4 and enter the balance. This is the marital deduction that can be claimed for the year.

Line 7

If a deduction for charitable gifts is claimed, enter the total charitable, public, or similar gifts (minus exclusions allowed). Enter on the line provided the item number(s) of the gift(s) from *Schedule A (NT)*, Column A, deducted on Line 7.

Do not enter any gift not included on *Schedule A (NT)*.

Line 8

Add Line 6 and Line 7 and enter the amount. This is the total of the marital and charitable gift deductions.

Line 9

Subtract Line 8 from Line 3. Enter this amount on Line 9 and on Section 2, Line 4.

Line 10

If the decedent and the decedent's spouse consented, for federal gift tax purposes, to consider all the gifts made during the calendar year as made one-half by each spouse and, as a result, are required to gift split for Connecticut gift tax purposes, check the box marked **Yes** and enter the consenting spouse's name and SSN on the applicable lines.

Line 11

Indicate whether the decedent's spouse is a U.S. citizen. If **No**, indicate if any property was transferred to him or her during the calendar year.

Line 12

Check the box if the decedent was a party to a civil union or a marriage recognized under Public Act 2009-13.

Line 13

Check the box if the decedent elected under I.R.C. §2523(f) to include gifts of qualified terminable interest property as gifts to his or her spouse for which a marital deduction was claimed under I.R.C. §2523. Enter the item numbers from *Schedule A (NT)* of the gifts for which an election was made in the space provided.

Line 14

Check the box if the decedent elected under I.R.C. §2523(f)(6) **not** to treat as qualified terminable interest property any joint and survivor annuity where only the decedent and his or her spouse have the right to receive payments before the death of the last to die. Enter the item numbers from *Schedule A (NT)* for the annuity(ies) for which an election was made in the space provided.

Any annuities entered in the space provided on Line 13 may not be entered on *Schedule A (NT)*, Line 8. Any annuities not listed in the space provided on Line 13 must be entered on *Schedule A (NT)*, Line 4. If there is more than one joint and survivor annuity, the election under I.R.C. §2523(f)(6) may but is not required to cover all of them. Once made, the election is irrevocable.

Schedule A (NT) Attachments

Attach a complete copy of federal Form 709, United States Gift (and Generation-skipping Transfer) Tax Return, including all attachments.

For each gift of a life insurance policy, attach a copy of federal Form 712, Life Insurance Statement.

For single premium or paid-up policies, where the surrender value of the policy exceeds its replacement cost, the true economic value of the policy is greater than the amount shown on federal Form 712, Line 59. In these situations, report the true economic value of the policy.

For gifts of stock of closely held or inactive corporations, attach the balance sheet for the period nearest the date of the gift, statements of net earnings or operating results and dividends paid for each of the five preceding years, and a concise statement of the method of valuation.

Attach any other documents, such as appraisals, required for adequate explanation of value. If no appraisal is attached to show how property is valued, explain in detail how value was determined.

Fill out all required information and attach all required items and schedules or the return will be incomplete.

Schedule B (NT)

You must report all Connecticut taxable gifts made on or after January 1, 2005, but before January 1, 2009, on *Schedule B (NT)*.

Column A

Enter the calendar year in which the gifts were made.

Column B

Enter in Column B the amount of Connecticut taxable gifts made during prior periods.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Form CT-1120 Corporation Business Tax Return

2009

Enter Income Year Beginning , 2009, and Ending

| | | | |
|---|----|--|--|
| Total assets ▶ | 00 | Corporation name ▶ | Federal Employer ID Number (FEIN) ▶ |
| Amount from federal Form 1120, Line 11: See Schedule C, Line 1b below. ▶ | 00 | Number and street PO Box ▶ | DRS use only - - 20 ▶ |
| NAICS code: See instructions. ▶ | | City or town State ZIP code ▶ | CT Tax Registration Number ▶ |

Check and Complete All Applicable Boxes

Visit www.ct.gov/TSC to file and pay this return electronically.



1. Address change
2. Return status: Initial Final Short period
3. If this is a final return, has the corporation: ▶ Dissolved ▶ Withdrawn
 ▶ Merged/reorganized: Enter survivor's CT Tax Registration Number: _____
4. Federal return was filed on: ▶ 1120 ▶ 1120H ▶ Other: _____
 ▶ Consolidated basis: Parent co. name ▶ _____ Parent co. FEIN ▶ _____
5. **Is this corporation exchanging R & D tax credits?** ▶ Yes (Attach **Form CT-1120 XCH.**) No
6. Was this company included in a CT combined or unitary business tax return for the previous year? ▶ Yes ▶ No
 If this is the first year electing or revoking combined or unitary status, attach **Form CT-1120CC** or **Form CT-1120CC-R**.
7. Is this company included in a CT combined or unitary business tax return for this year?
 Yes (Attach **Form CT-1120CR** or **Form CT-1120U.**) No
8. Is the principal place of business located in CT? ▶ Yes ▶ No
 If **No**, enter state where principal place of business is located _____ State of incorporation _____
 Date of organization _____ Date qualified in CT _____ Date business began in CT _____
9. Is this corporation exempt from CT corporation business tax? Yes (Attach explanation of exemption including statutory cite.) No
10. Did this corporation use the annualized method to calculate its estimated tax installments? ▶ Yes (Attach **Form CT-1120I.**) No
11. Does this corporation pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member? ▶ Yes (Attach **Form CT-1120AB.**) No
12. Is this corporation filing **Form CT-1120 PIC**? ▶ Yes (Attach **Form CT-1120 PIC.**) No

**Attach a Complete Copy of Form 1120 Including All Schedules as Filed With the Internal Revenue Service.
 Complete Schedule C after completing all other schedules.**

| Schedule C – Computation of Amount Payable (Minimum Tax \$250) | | | |
|--|-----|----|--|
| 1a. Tax: Greater of <i>Schedule A</i> , Line 6; <i>Schedule B</i> , Line 6; or \$250 ▶ | 1a | 00 | |
| 1b. Surtax: Line 1a multiplied by 10%. If federal Form 1120, Line 11 is less than \$100,000,000 or Line 1a is \$250 enter "0." ▶ | 1b | 00 | |
| 1c. Recapture of tax credits: See instructions. ▶ | 1c | 00 | |
| 1. Total tax: Enter the total of Lines 1a through Line 1c. If no tax credits claimed, enter also on Line 6..... | 1 | 00 | |
| 2. Multiply Line 1 by 30% (0.30)..... ▶ | 2 | 00 | |
| 3. Enter the greater of Line 2 or \$250. ▶ | 3 | 00 | |
| 4. Tax credit limitation: Subtract Line 3 from Line 1. ▶ | 4 | 00 | |
| 5. Tax credits from Form CT-1120K , Part II, Line 11. Do not exceed amount on Line 4. ▶ | 5 | 00 | |
| 6. Balance of tax payable: Subtract Line 5 from Line 1. ▶ | 6 | 00 | |
| 7a. Paid with application for extension from Form CT-1120 EXT ▶ | 7a | 00 | |
| 7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & ESD ▶ | 7b | 00 | |
| 7c. Overpayment from prior year ▶ | 7c | 00 | |
| 7. Tax payments: Enter the total of Lines 7a, 7b, and 7c..... ▶ | 7 | 00 | |
| 8. Balance of tax due (overpaid): Subtract Line 7 from Line 6. ▶ | 8 | 00 | |
| 9a. Penalty ▶ | 9a | 00 | |
| 9b. Interest ▶ | 9b | 00 | |
| 9c. CT-1120I Interest..... ▶ | 9c | 00 | |
| 9. Total penalty and interest: Enter the total of Lines 9a, 9b, and Line 9c..... | 9 | 00 | |
| 10a. Amount to be credited to 2010 estimated tax..... ▶ | 10a | 00 | |
| 10b. Amount to be refunded..... ▶ | 10b | 00 | |
| 10. Total to be credited or refunded: Enter the total of Line 10a and Line 10b..... | 10 | 00 | |
| 11. Balance due with this return: Add Line 8 and Line 9. ▶ | 11 | 00 | |

| Schedule A – Computation of Tax on Net Income | | | |
|---|---|----|----|
| 1. Net income: Enter amount from <i>Schedule D</i> , Line 22. If 100% Connecticut, enter also on Line 3. ... ▶ | 1 | | 00 |
| 2. Apportionment fraction: Carry to six places. See instructions. ▶ | 2 | 0. | |
| 3. Connecticut net income: Multiply Line 1 by Line 2. ▶ | 3 | | 00 |
| 4. Operating loss carryover from Form CT-1120 ATT , <i>Schedule H</i> , Line 14, Column D ▶ | 4 | | 00 |
| 5. Income subject to tax: Subtract Line 4 from Line 3. ▶ | 5 | | 00 |
| 6. Tax: Multiply Line 5 by 7.5% (.075). ▶ | 6 | | 00 |

| Schedule B – Computation of Minimum Tax on Capital | | | |
|--|---|----|----|
| 1. Minimum tax base from Schedule E, Line 6, Column C. If 100% Connecticut, enter also on Line 3. ▶ | 1 | | 00 |
| 2. Apportionment fraction: Carry to six places. See instructions. ▶ | 2 | 0. | |
| 3. Multiply Line 1 by Line 2. ▶ | 3 | | 00 |
| 4. Number of months covered by this return ▶ | 4 | | |
| 5. Multiply Line 3 by Line 4, divide the result by 12. ▶ | 5 | | 00 |
| 6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. Maximum tax for <i>Schedule B</i> is \$1,000,000. ... ▶ | 6 | | 00 |

| Schedule D – Computation of Net Income | | | |
|---|----|--|----|
| 1. Federal taxable income (loss) before net operating loss and special deductions ▶ | 1 | | 00 |
| 2. Interest income wholly exempt from federal tax ▶ | 2 | | 00 |
| 3. Unallowable deduction for corporation tax from <i>Schedule F</i> , Line 8 ▶ | 3 | | 00 |
| 4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1 ▶ | 4 | | 00 |
| 5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 3 ▶ | 5 | | 00 |
| 6. Federal bonus depreciation: See instructions. ▶ | 6 | | 00 |
| 7. Cancellation of debt income deferred on I.R.C. §108(i) election statement ▶ | 7 | | 00 |
| 8. I.R.C. §199 domestic production activities deduction ▶ | 8 | | 00 |
| 9. Other: Attach explanation. ▶ | 9 | | 00 |
| 10. Total: Add Lines 1 through 9. ▶ | 10 | | 00 |
| 11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 4 ▶ | 11 | | 00 |
| 12. Capital loss carryover (if not deducted in computing federal capital gain) ▶ | 12 | | 00 |
| 13. Capital gain from sale of preserved land ▶ | 13 | | 00 |
| 14. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 10 ▶ | 14 | | 00 |
| 15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1 ▶ | 15 | | 00 |
| 16. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2 ▶ | 16 | | 00 |
| 17. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3 ▶ | 17 | | 00 |
| 18. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB , Part II B, Line 1 ▶ | 18 | | 00 |
| 19. <i>Reserved for future use.</i> ▶ | 19 | | |
| 20. Other: See instructions. ▶ | 20 | | 00 |
| 21. Total: Add Lines 11 through 20. ▶ | 21 | | 00 |
| 22. Net income: Subtract Line 21 from Line 10. Enter here and on <i>Schedule A</i> , Line 1. ▶ | 22 | | 00 |

| Schedule E – Computation of Minimum Tax Base | | | | | |
|--|--------------------------------------|----|--------------------------------|----|---|
| See instructions. | | | | | |
| | Column A Beginning of Year | | Column B End of Year | | Column C |
| 1. Capital stock from federal Schedule L, Line 22a and Line 22b | | 00 | | 00 | (Column A plus Column B) Divided by 2 |
| 2. Surplus and undivided profits from federal Schedule L, Lines 23, 24, and 25..... | | 00 | | 00 | |
| 3. Surplus reserves: Attach schedule. | | 00 | | 00 | |
| 4. Total: Add Lines 1, 2, and 3. Enter average in Column C. | | 00 | | 00 | |
| 5. Holdings of stock of private corporations - Attach schedule. Enter average in Column C. | | 00 | | 00 | 00 |
| 6. Balance: Subtract Line 5, Column C, from Line 4, Column C. Enter here and on <i>Schedule B</i> , Line 1. | | | | | 00 |

| Schedule F – Taxes | Column A | Column B |
|--|----------|----------|
| 1. Payroll..... | 00 | |
| 2. Real property..... | 00 | |
| 3. Personal property..... | 00 | |
| 4. Sales and use..... | 00 | |
| 5. Other: See instructions..... | 00 | |
| 6. Connecticut corporation business tax deducted in the computation of federal taxable income..... | | 00 |
| 7. Tax on or measured by income or profits imposed by other states or political subdivisions deducted in the computation of federal taxable income: Attach schedule..... | | 00 |
| 8. Total unallowable deduction for corporation business tax purposes: Add Line 6 and Line 7, Column B. Enter here and on <i>Schedule D</i> , Line 3. | | 00 |

Schedule G – Additional Required Information – Attach a schedule of corporate officers' names, titles, and addresses. See instructions.

1. In which CT town(s) does the corporation own or lease, as lessee, real or tangible personal property, or perform services?

2. (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning CT real property? Yes No
If **Yes**, enter: Entity name _____ Federal Employer ID Number _____

(b) Was there a direct or indirect transfer of a controlling interest in your company owning CT real property? Yes No
If **Yes**, enter: Transferor name _____ Federal Employer ID Number _____

3. Did any corporation at any time during the year own a majority of the voting stock of this corporation? Yes No
If **Yes**, enter: Corporation name _____ Federal Employer ID Number _____

4. Last taxable year this corporation was audited by the Internal Revenue Service _____
Were adjustments reported to CT? Yes No (If **No**, attach explanation.)

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | |
|--|---|--|--|
| Sign Here Keep a copy of this return for your records. | Corporate officer's name (<i>print</i>) | | Date |
| | Corporate officer's signature | | Telephone number () |
| | Title | May DRS contact the preparer shown below about this return? Yes <input type="checkbox"/> No <input type="checkbox"/> See instructions, Page 15. | |
| | Paid preparer's name (<i>print</i>) | | Date |
| | Paid preparer's signature | | Preparer's SSN or PTIN |
| | Firm's name and address | | FEIN |
| Mail paper return with payment to: Department of Revenue Services State of Connecticut PO Box 2974 Hartford CT 06104-2974 | | Mail paper return without payment to: Department of Revenue Services State of Connecticut PO Box 150406 Hartford CT 06115-0406 | Make check payable to: Commissioner of Revenue Services Attach check to return with paper clip. Do not staple. |

2009

FORM CT-1120

Connecticut Corporation Business Tax

Return and Instructions

This booklet contains:

- Form CT-1120
- Form CT-1120 ATT
- Form CT-1120A
- Form CT-1120K
- Form CT-1120 EXT
- Form CT-1120AB

Tax information is
available on the DRS
website at
www.ct.gov/DRS



File Form CT-1120, Form CT-1120 EXT, and
Forms CT-1120 ESA, ESB, ESC, and ESD using the
Taxpayer Service Center (TSC).

More Department of Revenue Services tax information is listed on the back cover.

What This Booklet Contains

Read the information contained in this booklet carefully before preparing the Connecticut corporation business tax return.

This booklet contains information and instructions about the following forms:

Form CT-1120, *Corporation Business Tax Return*, is used to compute tax both on a net income basis and on a capital stock basis. Tax is paid on the basis that yields the higher tax. The minimum tax is \$250.

Form CT-1120 ATT, *Corporation Business Tax Return Attachment*, contains the following computation schedules:

Schedule H, *Connecticut Apportioned Operating Loss Carryover*;

Schedule I, *Dividend Deduction*; **and**

Schedule J, *Bonus Depreciation Recovery*.

Form CT-1120A, *Corporation Business Tax Return Apportionment Computation*, is used to compute the apportionment factors for the net income and the minimum tax base.

Form CT-1120K, *Business Tax Credit Summary*, is used to summarize a corporation's claim for available business tax credits.

Form CT-1120 EXT, *Application for Extension of Time to File Corporation Business Tax Return*, is submitted to obtain an extension of time to file Form CT-1120;

Form CT-1120CR, *Combined Corporation Business Tax Return*; or **Form CT-1120U**, *Unitary Corporation Business Tax Return*.

Form CT-1120AB, *Summary of Add Back and Exceptions to Add Back of Interest and Intangible Expenses*, must be completed by each corporation that pays interest or intangible expenses to a related party.

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Other Taxes for Which the Corporation May be Liable

The information that follows is intended to be a general description of other Connecticut taxes for which a corporation may be liable. Failure to pay these or any taxes for which the corporation is liable may subject the corporation and its officers to civil and criminal penalties.

To register for sales and use taxes, Connecticut income tax withholding, and most other Connecticut taxes administered by DRS, the corporation must complete

Form REG-1, *Business Taxes Registration Application*. Visit the DRS website to register online. If the corporation already has a Connecticut Tax Registration Number, additional taxes for which the corporation is liable may be added to the registration by contacting the DRS Registration Unit at 860-297-4885.

Business Entity Tax: The business entity tax (BET) is an annual tax of \$250 imposed on the following business types:

- S corporations (Qualified subchapter S subsidiaries (QSSS) are not liable for the BET.);
- Limited liability companies (LLCs or SMLLCs) that are, for federal income tax purposes, either:
 - Treated as a partnership, if it has two or more members; **or**
 - Disregarded as an entity separate from its owner, if it has a single member;
- Limited liability partnerships (LLPs); **and**
- Limited partnership (LPs).

The BET applies to those business entities listed above if either: 1) the entity was formed under Connecticut law; or 2) the entity was not formed under Connecticut law but is required to register with or obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in the state (regardless of whether or not the entities have complied with the requirement). See **Informational Publication 2008(26)**, *Q & A on the Business Entity Tax*.

Connecticut Sales and Use Taxes: A corporation may be responsible for the filing of sales and use tax returns. Sales taxes are due if the company sells taxable goods or services. Use taxes are due on the purchase of taxable goods or services from out-of-state retailers or Connecticut retailers who have failed to collect the sales tax. Both taxes are reported on **Form OS-114**, *Sales and Use Tax Return*.

Connecticut Income Tax Withholding: Any corporation that maintains an office or transacts business in Connecticut and that is considered an employer for federal income tax withholding purposes must withhold Connecticut income tax from wages and certain other payments to employees, whether or not the payroll department is located in Connecticut.

Controlling Interest Transfer Tax: Connecticut imposes a tax on the transfer of a controlling interest in an entity where the entity owns, directly or indirectly, an interest in Connecticut real property. This tax is reported on **Form AU-330**, *Controlling Interest Transfer Taxes*.

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What's New

Deferral of Cancellation of Debt Income (CODI)

Effective upon passage and applicable to income years beginning on or after January 1, 2009, Conn. Gen. Stat. §12-217 is amended to decouple the Connecticut corporation business tax from the federal deferral of cancellation of debt income (CODI) that arises when taxpayers repurchase their own debt as authorized under I.R.C. §108(i). The federal deferral of CODI was created by the American Recovery and Reinvestment Act of 2009.

2009 Conn. Pub. Acts 2, §4 (June 19 Spec. Sess.)

Qualified Domestic Production Activities Deduction Under I.R.C. Section 199

Effective upon passage and applicable to income years beginning on or after January 1, 2009, Conn. Gen. Stat. §12-217 is amended to decouple the corporation business tax from the deduction allowed for qualified domestic production activities under I.R.C. §199.

2009 Conn. Pub. Acts 3, §95 (June Spec. Sess.)

Economic Nexus

Effective upon passage and applicable to income years beginning on or after January 1, 2010, new legislation imposes the corporation business tax on any company that derives income from sources in Connecticut or that has a substantial economic presence in Connecticut to the extent permitted by the U.S. Constitution. A corporation does not need to have a physical presence in Connecticut to be subject to the Connecticut corporation business tax.

2009 Conn. Pub. Acts 3, §90 (June Spec. Sess.)

Surtax

Conn. Gen. Stat. §12-214(b) is amended to provide that a surtax of 10% of the tax on net income will apply for three income years beginning on or after January 1, 2009, and prior to January 1, 2012. The surtax does not apply to companies whose tax is equal to \$250. Companies whose gross income is less than \$100 million are exempt from this surtax unless they file as part of a combined or unitary return. The surtax is calculated without regard to any credit against the corporation business tax.

2009 Conn. Pub. Acts 3, §94 (June Spec. Sess.)

Conn. Gen. Stat. §12-219(b) is amended to provide that a surtax of 10% of the tax on capital will apply for three income years beginning on or after January 1, 2009, and prior to January 1, 2012. The surtax does not apply

to companies whose tax is equal to \$250. Companies whose gross income is less than \$100 million are exempt from this surtax unless they file as part of a combined or unitary return. The surtax is calculated without regard to any credit against the corporation business tax.

2009 Conn. Pub. Acts 3, §102 (June Spec. Sess.)

Preference Tax Increase

Effective upon passage and applicable to income years beginning on or after January 1, 2009, Conn. Gen. Stat. §12-223f is amended to increase the maximum preference tax from \$250,000 to \$500,000.

2009 Conn. Pub. Acts 3, §103 (June Spec. Sess.), as amended by 2009 Conn. Pub. Acts 8, §39 (Sept. Spec. Sess.)

Estimated Tax

Any taxpayer required to make an estimated payment for the tax due under Chapter 208 of the Connecticut General Statutes shall make such payment in an amount which is adjusted for any change in the amount of tax due for the income year beginning on or after January 1, 2009, but prior to January 1, 2010, including any additional tax imposed under Conn. Gen. Stat. §§12-214 or 12-219.

2009 Conn. Pub. Acts 8, §6 (Sept. Spec. Sess.)

Tax Credit for Donation of Open Space Land

Effective upon passage and applicable to income years beginning on or after January 1, 2009, Conn. Gen. Stat. §12-217dd was amended to change the carryforward period of this credit from 15 years to 25 years.

2009 Conn. Pub. Acts 3, §96 (June Spec. Sess.)

Film Production Tax Credit

Conn. Gen. Stat. §12-217jj is amended to:

- Place administration of the credit with the Department of Economic and Community Development (DECD) rather than Connecticut Commission on Culture and Tourism (CCT);
- Allow a 10% credit for costs from \$100,000 up to \$500,000, a 15% credit for costs more than \$500,000 up to \$1 million, and a 30% credit for costs over \$1 million;
- Require 50% of principal photography days or 50% of post production costs to be in Connecticut to be eligible for the credit;
- Allow 50% of costs incurred outside Connecticut and used inside Connecticut for income years beginning between January 1, 2009, and January 1, 2010;

- Allow no costs incurred outside Connecticut and used inside Connecticut for income years beginning after January 1, 2010;
- Allow all or any part of the credit to be claimed in the year the costs were incurred or the three succeeding years after the year the costs were incurred; **and**
- Allow post-certification remedies against any entity that commits fraud or misrepresentation.

2009 Conn. Pub. Acts. 3, §97 (June Spec. Sess.), as amended by 2009 Conn. Pub. Acts 8, §§1 through 3 (Sept. Spec. Sess.).

Film Production Infrastructure Tax Credit

Effective upon passage and applicable to income years beginning on or after January 1, 2010, Conn. Gen Stat. §12-217kk is amended to:

- Place administration of the credit with DECD rather than CCT;
- Allow for a 20% credit for costs \$3 million and over; **and**
- Allow post-certification remedies against any entity that commits fraud or misrepresentation.

2009 Conn. Pub. Acts 3, §98 (June Spec. Sess.)

Digital Animation Tax Credit

Conn. Gen. Stat. §12-217ll is amended to:

- Place administration of the credit with DECD rather than CCT;
- Place an aggregate cap of \$20 million per production for star talent;
- Remove from eligible costs expenses incurred in certifying eligible costs;
- Allow a 10% credit for costs from \$100,000 up to \$500,000, a 15% credit for costs more than \$500,000 up to \$1 million, and a 30% credit for costs over \$1 million;
- Allow all or any part of the credit to be claimed in the year the costs were incurred or the three succeeding years after the year the costs were incurred; **and**
- Allow post-certification remedies against any entity that commits fraud or misrepresentation.

2009 Conn. Pub. Acts. 3, §99 (June Spec. Sess.), as amended by 2009 Conn. Pub. Acts 8, §§4 and 5 (Sept. Spec. Sess.).

General Information

How to Get Help

DRS is ready to help you get answers to Connecticut tax questions. Visit the DRS website at www.ct.gov/DRS or call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere) during business hours. For personal assistance visit the DRS office at 25 Sigourney Street, Hartford. Be sure to bring your completed federal return if applicable.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications anytime. You may also download the *2009 Connecticut Package X* from the DRS website.

Who Must File

Form CT-1120, *Corporation Business Tax Return*, must be filed by every corporation (or association taxable as a corporation) that carries on business or has the right to carry on business in Connecticut. Any corporation dissolved or withdrawn from Connecticut is subject to the corporation business tax up to the date of dissolution or withdrawal.

Corporations electing to file a combined return must also complete **Form CT-1120CR**, *Combined Corporation Business Tax Return*.

Who is Exempt From Corporation Business Tax

The following companies **are exempt from filing** Form CT-1120:

- Insurance companies incorporated under the laws of any other state or foreign government, and domestic insurance companies;
- Companies exempt by the federal corporation net income tax law;
- A domestic international sales corporation (DISC) which has made a valid election for federal income tax purposes to be treated as a DISC;
- Companies subject to gross earnings taxes under Chapter 210 of the Connecticut General Statutes or whose properties in Connecticut are operated by railroad companies subject to gross earnings taxes under Chapter 210;
- Cooperative housing corporations, as defined for federal income tax purposes;
- Corporate limited partners in one or more investment partnerships that are otherwise not doing business in Connecticut; **and**

- Non-United States corporations whose sole activity in Connecticut is trading in stocks, securities, or commodities for their own account.

The following companies, organizations, or associations **are exempt** from payment of Connecticut corporation business tax **but must register with DRS and file** Form CT-1120 to claim the exemption:

- A homeowner's association that has elected to be treated as such for federal income tax purposes (a copy of federal Form 1120H **must** be attached to its Form CT-1120);
- Certain political organizations or associations exempt from federal income taxes under I.R.C. §527 (a copy of federal Form 1120 POL **must** be attached to its Form CT-1120);
- Financial service companies whose corporate headquarters are located in the export zone in the City of Hartford, Connecticut, and who are conducting all of their business outside the United States; **and**
- Passive investment companies (PICs), as defined under Conn. Gen. Stat. §12-213(a)(27), **must** file **Form CT-1120 PIC**, *Information Return for Passive Investment Companies*, in place of Form CT-1120.

Accounting Period and Method of Accounting

A corporation must use the same accounting period and method of accounting for Connecticut tax purposes as it does for federal tax purposes. If a corporation's accounting period or method of accounting is changed for federal tax purposes, the same change must be made for Connecticut tax purposes.

When to File

Every corporation must file a return on or before the first day of the month following the due date of the company's corresponding federal income tax return for the income year (April 1 for calendar year taxpayers). In the case of any company that is not required to file a federal income tax return for the income year, the Connecticut corporation business tax return is due on or before the first day of the fourth month following the end of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

The return will meet the timely filed and timely payment rules if the U.S. Postal Service cancellation date, or the date recorded or marked by a designated private delivery service (PDS) using a designated type of service, is on or before the due date. Not all services provided by these designated PDSs qualify.

The following are the designated PDSs and designated types of service at the time of publication:

| Federal Express (FedEx) | United Parcel Service (UPS) |
|---|---|
| <ul style="list-style-type: none">• FedEx Priority Overnight• FedEx Standard Overnight• FedEx 2Day• FedEx International Priority• FedEx International First | <ul style="list-style-type: none">• UPS Next Day Air• UPS Next Day Air Saver• UPS 2nd Day Air• UPS 2nd Day Air A.M.• UPS Worldwide Express Plus• UPS Worldwide Express |

This list is subject to change. See **Policy Statement 2008(3), Designated Private Delivery Services and Designated Types of Service.**

If Form CT-1120 is filed late, see *Interest and Penalties* to determine if interest and penalty should be reported with this return.

Extension Request

To get an extension of time to file the annual return, the corporation must file **Form CT-1120 EXT, Application for Extension of Time to File Corporation Business Tax Return**, not later than the first day of the month following the due date of the company's corresponding federal income tax return for the income year (April 1 for calendar year taxpayers). In the case of any company not required to file a federal income tax return for the income year, the extension request must be filed on or before the first day of the fourth month following the end of the income year. Payment of the total tax due must be included with the request. The timely filing of Form CT-1120 EXT will automatically extend the due date for six months.

Visit www.ct.gov/TSC to file your extension request over the Internet.

Form CT-1120 EXT extends only the time to file the tax return. It does not extend the time to pay the corporation business tax. Interest on any tax not paid by the original due date is computed at 1% per month or fraction of a month until the tax is paid in full.

Where to File

File Electronically

This return can be filed electronically through the DRS **Taxpayer Service Center (TSC)**. The **TSC** allows taxpayers to electronically file, pay, and manage state tax responsibilities. Visit www.ct.gov/TSC to make electronic transactions or administer your tax account online. If you file electronically you are expected to pay electronically at the time of filing.



File a Paper Return

Mail paper return **with payment** to:
Department of Revenue Services
State of Connecticut
PO Box 2974
Hartford CT 06104-2974

Mail paper return **without payment** to:

Department of Revenue Services
State of Connecticut
PO Box 150406
Hartford CT 06115-0406

Payment Options

Pay Electronically

Visit www.ct.gov/TSC to use the **TSC** to make a direct tax payment. After logging into the **TSC**, select the **Make Payment Only** option and choose a tax type from the drop down box. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return on or before the due date. Tax not paid on or before the due date will be subject to penalty and interest.

Pay by Credit Card or Debit Card

You may elect to pay your expected 2009 corporation business tax liability using a credit card (American Express®, Discover®, MasterCard®, or VISA®) or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee, and you may elect to cancel the transaction. At the end of the transaction you will be given a confirmation number for your records. There are three ways to pay by credit card or comparable debit card:

- Log in to your account in the **TSC** and select *Make Payment by Credit Card*;
- Visit www.officialpayments.com and select *State Payments*; **or**
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

Pay by Mail

Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to the correct account, write "2009 Form CT-1120" and the corporation's Connecticut Tax Registration Number on the front of the check. Be sure to sign your check and paper clip it to the front of your return. Do not send cash. DRS may submit your check to your bank electronically.

Amended Returns

Form CT-1120

For income years beginning on or after January 1, 2006, any corporation that fails to include items of income or deduction or makes any other error on a return must file an amended return using **Form CT-1120X**, *Amended Corporation Business Tax Return*.

Form CT-1120CR

For income years beginning on or after January 1, 2006, any corporation that was included in a combined corporation business tax return must file its amended combined return on **Form CT-1120CR**, *Combined Corporation Business Tax Return*, and check the *Amended* box.

If a corporation is amending Form CT-1120CR for income years beginning prior to January 1, 2006, an amended return should be filed using Form CT-1120X.

A copy of federal Form 1120X, Amended U.S. Corporation Income Tax Return, must be attached to an amended return to substantiate any changes to federal taxable income.

Internal Revenue Service Changes

Corrections to taxable income made by the Internal Revenue Service (IRS) must be reported to the Commissioner of Revenue Services on or before 90 days after the final determination of the change. All federal adjustments must be reported on an amended return. An extension request for reporting federal audit changes may be submitted in writing to the Commissioner of Revenue Services stating the reason additional time is required.

Estimated Tax Payments

Every corporation subject to the Connecticut corporation business tax whose estimated current year tax exceeds \$1,000 must make its required annual payment in four installments. See instructions on **Forms CT-1120 ESA, ESB, ESC, and ESD**, *Estimated Corporation Business Tax*. Using these forms will ensure accuracy and timeliness in processing the corporation's estimated tax payments. Visit the DRS website to download and print Connecticut tax forms.

The required annual payment is the lesser of:

- 90% of the tax (including surtax) shown on the return for the income year, or, if no return is filed, 90% of the tax for such year; **or**
- 100% of the tax (including surtax) shown on the return for the previous income year without regard to any credit, if the previous income year was an income year of 12 months and if the company filed a return for the previous income year showing a liability for tax.

Estimated tax due dates (for calendar year filers):

| |
|---|
| 1st Installment - March 15, 2010 30% of prior year tax (including surtax) without regard to credits or 27% of current year tax (including surtax) |
| 2nd Installment - June 15, 2010 70% of prior year tax (including surtax) without regard to credits or 63% of current year tax (including surtax) |
| 3rd Installment - September 15, 2010 80% of prior year tax (including surtax) without regard to credits or 72% of current year tax (including surtax) |
| 4th Installment - December 15, 2010 100% of prior year tax (including surtax) without regard to credits or 90% of current year tax (including surtax) |

If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

The estimated tax due dates table indicates the amount due for each installment under the regular installment method. For more information regarding estimated corporation business tax payments, including information regarding the annualized installment method, see **Informational Publication 2009(34), Q & A on Estimated Corporation Business Tax and Worksheet CT-1120AE**.

Interest and Penalties

Interest is computed at 1% per month or fraction of a month on the underpayment of tax from the original due date of the return through the date of payment. Interest due on the underpayment of estimated tax is computed using **Form CT-1120I**, *Computation of Interest Due on Underpayment of Estimated Corporation Business Tax*. Interest on underpayment or late payment of tax **cannot** be waived.

Penalty for Late Payment or Late Filing

The penalty for late payment or underpayment of corporation business tax is 10% of the tax due or \$50, whichever is greater. If a request for a filing extension has been granted, a corporation may avoid a penalty for failure to pay the full amount due by the original due date if it pays:

- At least 90% of the tax shown to be due on the return on or before the original due date of the return; **and**
- The balance due with the filing of Form CT-1120, on or before the extended due date.

If no tax is due, DRS may impose a \$50 penalty for the late filing of any return or report required by law to be filed.

Penalty for Willful Failure to File or Pay

Anyone who willfully fails to pay the tax or file a return will be fined up to \$1,000 or imprisoned up to one year, or both, in addition to any other penalty.

Penalty for Willful Filing of a Fraudulent or Materially False Return

If you willfully file a tax return you know to be fraudulent or false in any material matter, you may be fined up to \$5,000 or imprisoned from one to five years, or both.

Penalty for Failure to Disclose Listed Transaction

A penalty of 75% of the amount of the deficiency may be imposed when it appears that any part of the deficiency is due to failure to disclose a listed transaction, as defined in I.R.C. §6707A.

Waiver of Penalty

A corporation may request a waiver of penalty after a return is filed and tax and interest is paid. The penalty may be waived if the failure to file or pay tax on time was due to a reasonable cause and was not intentional or due to neglect. Interest **cannot** be waived.

Visit the DRS website at www.ct.gov/TSC, log into your account, and select *Account Detail*.

If the request is submitted in writing, it must include:

- A clear and complete written explanation;
- The corporation name, Connecticut Tax Registration Number, and Federal Employer Identification Number (FEIN) if applicable;
- The name of the original form filed or billing notice received;
- The taxable filing period; **and**
- Documentation supporting the explanation.

Attach the request to the front of the tax return or mail separately with a copy of the tax return to:

Department of Revenue Services
Penalty Waiver Unit
PO Box 5089
Hartford CT 06102-5089

Status Letter Requests

Requests for status letters must be submitted in writing on the business's letterhead and must include:

- Name and address of the business;
- Connecticut Tax Registration Number;
- Tax types for which the tax status is being requested;
- A statement that clearly explains the reason for the status letter request;
- The mailing address for the status letter if it is different from the address of the business;
- The original signature and title of the authorized representative making the request; **and**
- A properly executed **Form LGL-001**, *Power of Attorney*, signed by an authorized representative of the business if the status letter is requested by anyone other than an authorized representative of the business.

Mail your status letter request to:

Department of Revenue Services
Collection & Enforcement Division-Lien Unit
Request for Status Letter
25 Sigourney St Ste 2
Hartford CT 06106-5032

DRS accepts hand-delivered status letter requests from businesses. However, DRS does not accept status letter requests made by email, fax, or telephone. See **Informational Publication 2004(9)**, *Status Letters*.

Recordkeeping

Keep a copy of the tax return, worksheets, and records of all items appearing on the return until the statute of limitations expires for that return. Usually, this is three years from the date the return was due or filed, whichever is later. However, if the corporation reports a net operating loss or credit carryforward or carryback, the statute of limitations may expire later.

Copies of Returns

A corporation may request a copy of a previously filed tax return from DRS by completing form **LGL-002**, *Request for Disclosure of Tax Return or Tax Return Information*. Requests are normally processed in three weeks.

Form CT-1120 General Instructions

Attach to Form CT-1120 a completed copy of the corporation's federal income tax return, including all schedules and attachments as filed with the IRS.

Required Information

Print in blue or black ink, or type the information requested in the space provided at the top of Form CT-1120.

Enter the beginning and ending dates of the corporation's income year regardless of whether the corporation is a calendar year or fiscal year filer. Also enter the corporation's Connecticut Tax Registration Number and FEIN.

Enter in the spaces provided the total assets from the corporation's federal Form 1120, U.S. Corporation Income Tax Return, Schedule L, Line 15, Column (d), and the amount from federal Form 1120, Line 11 (see Form CT-1120, *Schedule C*, Line 1b). Also enter the North American Industry Classification System (NAICS) code for principal business activity.

NAICS Code for Principal Business Activity

Form CT-NAICS, *NAICS Codes for Principal Business Activity for Connecticut Tax Purposes*, is available on the DRS website. General information concerning the classification of principal business activity under NAICS can also be found at www.census.gov.

Check and Complete all Applicable Boxes

1. Change of Address

Check the *address change* box, and file Form CT-8822C, *Corporation Business Tax Change of Address* (available on the DRS website). If the *address change* box is checked, a completed Form CT-8822C must be attached to Form CT-1120.

2. Return Status

Check the corresponding box to indicate the type of return being filed.

- **Initial**

If this is the first time the corporation is filing Form CT-1120, check the *initial* box.

- **Final**

If the corporation is filing a final return, check the *final* box and complete Line 3, below.

- **Short Period**

If the corporation is filing a short period return, check the *short period* box.

3. Final Return

Check the corresponding box providing the reason for the final return:

- **Dissolution**

To properly dissolve a domestic corporation you must file a Certificate of Dissolution with the Connecticut Office of the Secretary of the State. A dissolved corporation **must** file a return for the period up to the date of legal dissolution or the date of the final liquidation of assets, whichever is later.

Any dissolved corporation that continues to conduct business **must** file Form CT-1120 and pay any taxes due. If a corporation has been dissolved by forfeiture and wishes to be reinstated, it must submit a written request for a tax clearance to:

Department of Revenue Services
State of Connecticut
Corporation Office Audit Unit
25 Sigourney St Ste 2
Hartford CT 06106-5032

The tax clearance and certificate of reinstatement must be filed with the Connecticut Office of the Secretary of the State.

- **Withdrawal From State**

A foreign corporation that wishes to withdraw from Connecticut must file a written application for withdrawal with the Connecticut Office of the Secretary of the State. Any corporation that has withdrawn must file Form CT-1120 up to the date of withdrawal and pay any taxes due.

- **Mergers and Reorganizations**

A corporation that has merged must file a written application with the Connecticut Office of the Secretary of the State. Any corporation that has merged must file Form CT-1120 covering the period up to the date of merger and pay any tax due.

Any corporation that is reorganized must submit the details concerning the reorganization in writing and disclose the survivor's Connecticut Tax Registration Number. Mail to:

Department of Revenue Services
State of Connecticut
PO Box 2937
Hartford CT 06104-2937

For further information about withdrawal from the state, mergers and reorganizations, or dissolutions, contact the Connecticut Office of the Secretary of the State at 860-509-6003.

4. Type of Federal Return Filed

Check the appropriate box for the type of federal return filed. If the *Consolidated Basis* box is checked, you must enter the parent company's name and FEIN.

An S corporation should file **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, and **Form OP-424**, *Business Entity Tax Return*. A limited liability company (LLC) should file Form CT-1120 only if the company elects to be taxed as a corporation for federal income tax purposes.

5. Exchange of Research and Development Tax Credit

Check this box if the corporation is exchanging Research and Development tax credits available under Conn Gen. Stat. §§12-217j or 12-217n, for a credit refund equal to 65% of the value of the credit subject to certain limitations. Attach **Form CT-1120RC**, *Research and Experimental Expenditures Credit*, or **Form CT-1120 RDC**, *Research and Development Credit*, and **Form CT-1120 XCH**, *Application for Exchange of Research and Development or Research and Experimental Expenditures Tax Credits by a Qualified Small Business*.

6. Previous Combined or Unitary Return

If the corporation was included in **Form CT-1120CR**, *Combined Corporation Business Tax Return*, or **Form CT-1120U**, *Unitary Corporation Business Tax Return*, for the previous year and is filing a separate return this year, or if this is the first year the corporation is electing combined or unitary status, check the corresponding box and attach **Form CT-1120CC**, *Combined Return Consent*, or **Form CT-1120CC-R**, *Revocation of Election and Consent to File Combined Corporation Business Tax Return*.

7. Combined or Unitary Return

Check the corresponding box if the corporation is included in Form CT-1120CR or Form CT-1120U for this year.

8. Principal Place of Business

If the principal place of business is located outside Connecticut, enter the name of the state where it is located.

Enter the state in which the corporation filed its Articles of Incorporation and the date of organization. If incorporated outside of Connecticut, enter the date qualified to do business in Connecticut. A corporation must enter the date it began business operations in Connecticut.

9. Exempt Corporation

If the corporation is exempt from Connecticut corporation business tax, check this box, attach an explanation of the exemption, and a statutory cite for the exemption. See *Who is Exempt From Corporation Business Tax* on Page 6.

10. Annualization

Check the corresponding box if the corporation used the annualized installment method to calculate its estimated tax payments for this year.

Complete Form CT-1120I and attach it to Form CT-1120. See **Informational Publication 2009(34)**, *Q&A on Estimated Corporation Business Tax and Worksheet CT-1120AE*.

11. Interest Add Back

Check the corresponding box if the corporation paid, accrued, or incurred interest expenses or intangible expenses, costs, and related interest expenses to a related member. Complete **Form CT-1120AB**, *Summary of Add Back and Exceptions to Add Back of Interest and Intangible Expenses*, and attach it to Form CT-1120.

12. Passive Investment Companies

Check the corresponding box if this corporation is filing **Form CT-1120 PIC**, *Information Return for Passive Investment Companies*. If this box is checked, Form CT-1120 PIC must be attached. A passive investment company must be related to a financial services company or to an insurance company. Passive investment companies are exempt from the corporation business tax, but must file Form CT-1120 PIC.

Form CT-1120 Line Instructions

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents.

However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Schedule A - Computation of Tax on Net Income

A corporation entitled to apportion its income must complete either **Form CT-1120A**, *Corporation Business Tax Return Apportionment Computation*, or one of the special apportionment forms listed below:

- Air carriers use **Form CT-1120A-A**, *Corporation Business Tax Return Apportionment Computation – Air Carriers*.
- Motor bus companies and motor carriers engaged in multistate business use **Form CT-1120A-BMC**, *Corporation Business Tax Return Apportionment Computation – Motor Bus and Motor Carrier Companies*.
- Financial service companies use **Form CT-1120A-FS**, *Corporation Business Tax Return Apportionment Computation of Income From Financial Service Company Activities*.
- Manufacturers use **Form CT-1120A-MFG**, *Corporation Business Tax Return Apportionment Computation – Manufacturing Companies*.
- Broadcasters and production entities use **Form CT-1120A-BPE**, *Corporation Business Tax Return Apportionment Computation – Broadcasters and Production Entities*.
- Corporations that receive income from rendering securities brokerage services use **Form CT-1120A-SBC**, *Corporation Business Tax Return Apportionment Computation – Securities Brokerage Services*.
- Corporations that receive income from credit card activities use **Form CT-1120A-CCA**, *Corporation Business Tax Return Apportionment Computation of Income From Credit Card Activities*.
- If a corporation is a limited partner in one or more limited partnerships, other than an investment partnership, and is not otherwise carrying on or doing business in Connecticut, the partnership may elect for any income year to apportion its net income

inside and outside the state as provided under the corporation business tax. Use **Form CT-1120A-LP**, *Corporation Business Tax Return Apportionment of Limited Partnership Interests*.

- Corporations that receive income from rendering services to or on behalf of regulated investment companies use **Form CT-1120A-IRIC**, *Corporation Business Tax Return Apportionment Computation of Income From Services to Regulated Investment Companies*.

Line 2 - Enter the appropriate apportionment fraction from Form CT-1120A, *Schedule Q*, Line 2; *Schedule R*, Line 6, Column C; or from the appropriate forms previously referenced. The fraction must be expressed as a decimal and carried to six places.

Line 3 - Enter the amount from Line 1 multiplied by Line 2, or enter the amount from Line 1, if not entitled to apportion.

Line 4 - Enter the amount of any unused losses from **Form CT-1120 ATT**, *Corporation Business Tax Return Attachment, Schedule H*, Line 14, Column D, attributable to Connecticut business operations as reported in years ending December 31, 2000, and thereafter.

Net operating losses incurred for income years beginning on or after January 1, 2000, may be carried forward for 20 successive income years. Losses may not be carried back. The loss entered here is limited to the loss attributed to Connecticut according to the method of apportionment prescribed in Conn. Gen. Stat. §12-218.

See Form CT-1120CR instructions for information about using carryforward losses on a combined return.

Schedule B - Computation of Minimum Tax on Capital

Use *Schedule B* to compute the minimum tax on the capital of a corporation. The minimum tax on capital cannot be less than \$250 or exceed \$1 million.

Real estate investment trusts, regulated investment companies, or interlocal risk management agencies formed under Chapter 113a of the Connecticut General Statutes are not subject to the minimum tax on capital and do not complete *Schedule B*. Financial service companies are subject to a minimum tax on capital of \$250 and do not complete *Schedule B*.

Line 2 - Corporations, other than air carriers, enter the apportionment fraction from Form CT-1120A, *Schedule S*, Line 3, Column C. The fraction must be expressed as a decimal and carried to six places.

Line 3 - Enter the amount from Line 1 multiplied by Line 2, or enter the amount from Line 1, if not entitled to apportion.

Line 4 - Enter the number of months the corporation carried on business or had the right to carry on business in Connecticut, whichever is greater. A fractional part of a month is counted as a full month.

Line 6 - Multiply Line 5 by 0.31%. The maximum tax for *Schedule B* is \$1 million.

Schedule C - Computation of Amount Payable

Payment made by corporations on behalf of their corporate partners should be claimed on **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, not on Form CT-1120.

Line 1(a) - Enter the amount from *Schedule A*, Line 6; *Schedule B*, Line 6; or \$250, whichever is greater.

Line 1(b) - Multiply Line 1a by 10%. If the amount on federal Form 1120, Line 11 is less than \$100 million or Line 1a is \$250, enter "0."

Line 1(c) - Enter the total tax credit that must be recaptured. The following tax credits are subject to recapture:

- Employer-Assisted Housing Tax Credit
- Fixed Capital Investment Tax Credit
- Insurance Reinvestment Tax Credit
- New Jobs Creation Tax Credit
- Urban and Industrial Site Reinvestment Tax Credit

In most cases, other than the Fixed Capital Investment Tax Credit, the corporation will have been advised by the agency administering the tax credit that recapture is required. A corporation is required to recapture the Fixed Capital Investment Tax Credit when the fixed capital is not held and used in Connecticut by the corporation for five full years following its acquisition. See **Form CT-1120 FCIC**, *Fixed Capital Investment Tax Credit*, to calculate the amount of tax credit that must be recaptured. See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*.

Line 5 - Enter the total tax credits applied from **Form CT-1120K**, *Business Tax Credit Summary*, Part II, Line 11. Do not exceed the amount on Line 4.

Line 7(a) - Enter the amount paid with **Form CT-1120 EXT**.

Line 7(b) - Enter the amount(s) paid with **Form CT-1120 ESA, ESB, ESC, or ESD**.

Line 7(c) - Enter the amount of any overpayment from the prior year.

Line 7 - Add Lines 7(a), 7(b), and 7(c).

Line 9(a) - Enter penalty if applicable. See *Interest and Penalties*.

Line 9(b) - Enter interest due on tax not paid by the original due date. See *Interest and Penalties*.

Line 9(c) - Enter interest due on underpayment of estimated tax. Complete and attach Form CT-1120I.

Line 9 - Add Lines 9(a), 9(b), and 9(c).

Line 10(a) - Enter the amount of overpayment to be credited to 2010 estimated tax.

Overpayment of tax liability for a preceding income year is credited against the current estimated tax liability as of the receipt date of a completed tax return and **not** a tentative tax return. An overpayment cannot be determined to exist until a completed return is filed. Overpayments will be treated as estimated tax paid on the fifteenth day of the third month (March 15 for calendar year filers), if the tax return is filed by the fifteenth day of the third month following the close of the income year. **A request to apply an overpayment to the following income year is irrevocable.**

Line 10(b) - Enter the amount of overpayment to be refunded.

Line 10 - Add Line 10(a) and Line 10(b).

Schedule D - Computation of Net Income

Line 1 - Enter the corporation's federal taxable income (loss) before net operating loss and special deductions as filed on the corporation's federal return.

Line 2 - Enter all interest income exempt from federal taxation.

Line 4 - Enter the amount of interest expenses paid to a related member as reported on **Form CT-1120AB**, *Summary of Add Back and Exceptions to Add Back of Interest and Intangible Expenses*, Part I A, Line 1.

Line 5 - Enter the amount of intangible expenses paid to a related member as reported on Form CT-1120AB, Part I B, Line 3.

Line 6 - Enter the amount of the federal bonus depreciation allowed under I.R.C. §168(k) and claimed on federal Form 4562, Depreciation and Amortization.

Line 7 - Enter the cancellation of debt income deferred on I.R.C. §108(i) election statement attached to federal Form 1120.

Line 8 - Enter the domestic production activities deduction that is permitted under I.R.C. §199 and reported on federal 1120, Line 25.

Line 9 - Enter any other income amount. Attach an explanation.

Line 11 - Enter the dividend deduction calculated on Form CT-1120 ATT, *Schedule I*, Line 4.

Line 12 - Enter the amount of any available capital loss carryover not deducted in computing federal capital gain. This amount is limited to the amount of the capital gain reported on the federal return as described in Conn. Gen. Stat. §12-217.

Line 13 - Enter the value of any capital gain realized from the sale of any land, or interest in land, to the state, any political subdivision of the state, or to any nonprofit land conservation organization where such land is to be permanently preserved as protected open space or to a water company, as defined in Conn. Gen. Stat. §25-32a, where such land is to be permanently preserved as protected open space or as Class I or Class II water company land.

Line 14 - Enter the federal bonus depreciation recovery amount from Form CT-1120 ATT, *Schedule J*, Line 10.

Line 15 - Enter the amount of exceptions to interest add back as reported on Form CT-1120AB, Part II A, Line 1.

Line 16 - Enter the amount of exceptions to interest add back as reported on Form CT-1120AB, Part II A, Line 2.

Line 17 - Enter the amount of exceptions to interest add back as reported on Form CT-1120AB, Part II A, Line 3.

Line 18 - Enter the amount of exceptions to the add back of intangible expenses paid to a related member as reported on Form CT-1120AB, Part II B, Line 1.

Line 20 - Enter the amount received from a related member attributable to intangible expenses and costs or to interest expenses and costs, provided such income was:

- Included on *Schedule D*, Line 1 of this return;
- Received from a related member who filed a Connecticut corporation business tax return for the same income year; **and**
- Required to be added back by the related member under Conn. Gen. Stat. §§12-218c or 12-218d and was not entitled to an exception of the add back.

Line 22 - Subtract Line 21 from Line 10. Enter the result here and on *Schedule A*, Line 1.

Schedule E - Computation of Minimum Tax Base

Line 1 - Enter the beginning (Column A) and ending (Column B) values of the issued and outstanding capital stock including treasury stock at par or face value, fractional shares, scrip certificates, and payments on subscriptions. See federal Form 1120, Schedule L, Line 22a and Line 22b.

Line 2 - Enter the beginning (Column A) and ending (Column B) values of paid-in or capital surplus, including retained earnings. Any deficit must be reported as a negative number. See federal Form 1120, Schedule L, Lines 23, 24, and 25.

Line 3 - Enter the beginning (Column A) and ending (Column B) values of all surplus reserves, including deferred taxes. Attach a schedule of all surplus reserves to support the amounts shown on Line 3.

A reserve is an amount set aside or deducted from current or retained earnings for meeting future liabilities.

Line 4 - Add Lines 1, 2, and 3 in both Column A and Column B. Enter in Column C the average of Column A and Column B.

Line 5 - Enter the total holdings of stock in Column A and Column B. Enter in Column C the average of Column A and Column B.

Attach a schedule that lists the beginning and ending book values of total holdings of stock of **private corporations**, including treasury stock. The total book value of shares must equal the amount claimed as a deduction on *Schedule E*, Line 5. The book value of stock does not include the value of other assets acquired and held in connection with or incidental to the ownership of such stock.

Private corporations means all non-governmental corporations, whether closely or publicly held.

Line 6 - Subtract Line 5, Column C, from Line 4, Column C. Enter the result here and on Form CT-1120, *Schedule B*, Line 1.

Schedule F - Taxes

Conn. Gen. Stat. §12-217 disallows any deduction for the Connecticut corporation business tax and any deduction for taxes imposed on or measured by income or profits by any state, political subdivision, or the District of Columbia.

Line 1 - Enter in Column A all payroll taxes deducted in arriving at federal taxable income.

Line 2 - Enter in Column A all real property taxes deducted in arriving at federal taxable income.

Line 3 - Enter in Column A all personal property taxes deducted in arriving at federal taxable income.

Line 4 - Enter in Column A all sales and use taxes deducted in arriving at federal taxable income.

Line 5 - Enter in Column A any other taxes not based on income or profits deducted in arriving at federal taxable income.

Line 6 - Enter in Column B the amount of Connecticut corporation business tax deducted in arriving at federal taxable income.

Line 7 - Enter in Column B any corporate tax imposed on or measured by income or profits by any state (other than Connecticut) or political subdivision, or the District of Columbia, deducted in the computation of federal taxable income.

Line 8 - Add the amounts on Line 6 and Line 7 in Column B. Enter the total here and on *Schedule D*, Line 3.

Schedule G - Additional Required Information

Attach a schedule of corporate officers' names, complete home addresses, and corporate titles.

Line 1 - Enter the Connecticut towns in which the corporation owns or leases, as lessee, real or tangible personal property or performed any services.

Line 2(a) - If the corporation transferred a controlling interest in an entity where the entity owns, directly or indirectly, an interest in Connecticut real property, the corporation (the transferor) may be subject to the controlling interest transfer tax. Enter the name and FEIN of the entity in which a controlling interest was transferred. The transferor is required to file **Form AU-330, Controlling Interest Transfer Taxes**.

Line 2(b) - If this corporation owned Connecticut real property and was the entity in which a direct or indirect controlling interest was transferred, enter the name and FEIN of the transferor. The transferor may be subject to the controlling interest transfer tax.

The entity in which a direct or indirect controlling interest was transferred is required to file **Form AU-331, Controlling Interest Transfer Taxes Informational Return**.

Line 3 - If any other corporation owns a majority of the voting stock of this corporation, enter the name and FEIN of the corporation.

Line 4 - Enter the last taxable year this corporation was audited by the IRS. Corrections to taxable income by the IRS must be reported to the Commissioner of Revenue Services on or before 90 days after the final determination of the change.

All federal adjustments must be reported using Form CT-1120X.

Signature

The return must be signed by a duly authorized officer.

Paid Preparer Signature

A paid preparer must sign and date Form CT-1120. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) and their firm's FEIN in the spaces provided.

Paid Preparer Authorization

If the corporation wants to authorize DRS to contact the paid preparer who signed the 2009 Connecticut Corporation Business Tax Return to discuss it, check the **Yes** box in the signature area of the return. This authorization applies only to the individual whose signature appears in the *paid preparer's signature* section of the return. It does not apply to the firm, if any, shown in that section.

If the **Yes** box is checked, the corporation is authorizing DRS to call the paid preparer to answer any questions that may arise during the processing of the 2009 Connecticut Corporation Business Tax Return. The corporation is also authorizing the paid preparer to:

- Give DRS any information that is missing from the return;
- Call DRS for information about the processing of the corporation's return or the status of the corporation's refund or payment; **and**
- Respond to certain DRS notices that the corporation may have shared with the preparer regarding math errors, offsets, and return preparation. The notices will not be sent to the preparer.

The corporation is **not** authorizing the paid preparer to receive any refund check, bind the corporation to anything, including additional tax liability, or otherwise represent the corporation before DRS. The authorization cannot be revoked. However, the authorization will automatically end no later than the due date, without regard to extensions, for filing the 2010 Connecticut Corporation Business Tax Return. This is on or before the first day of the month following the due date of the corporation's corresponding federal income tax return for the income year (April 1 for calendar year filers).

DRS Is Going Green ... And So Can You

E-Filing Is Green Filing

Eliminate the use of paper and fuel used to transport returns through the mail. File and pay electronically instead. Visit www.ct.gov/TSC to create an account and eliminate the paper clutter in your life.

Connecticut tax filers can file most tax returns, extensions, and estimates using the **Taxpayer Service Center (TSC)** at www.ct.gov/TSC for free.

Greener Money With Direct Deposit

Stop those paper checks and driving to the bank to deposit your Connecticut income tax refund by choosing direct deposit! **A direct deposit refund when filing through TSC is the fastest way to get your tax refund into your account!**

Green Means Stop ... Receiving Paper Returns

If you file a paper return using commercial software or a tax practitioner, check the box to stop receiving a paper return. Mark your electronic calendar to remind you to purchase new software or contact your preparer.

| | | | |
|---|---|---|-----------------|
| Internet | Tax Information The <i>TSC</i> includes a comprehensive <i>FAQ</i> database with more than 600 searchable answers. Search by category, tax type, keyword, or phrase. | Forms and Publications Connecticut forms and publications may be viewed, downloaded, or printed by visiting www.ct.gov/DRS the DRS website. | Internet |
| Phone | For telephone assistance, call our Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere). | 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) and select Option 2 ; or 860-297-4753 (from anywhere). | Phone |
| Email | Send routine tax questions to drs@po.state.ct.us (do not send account related inquiries). For account-related questions, including bill and refund inquiries, use the Secure Mailbox feature by logging into the DRS electronic <i>TSC</i> . | Email requests, including your name, address (street, city, state, and ZIP code), and the name or number of the tax product to ctforms.drs@po.state.ct.us | Email |
| Walk-In | Free personal taxpayer assistance and forms are available by visiting our Hartford office at 25 Sigourney Street, Hartford CT. Walk-in assistance is available Monday through Friday, 8:30 a.m. to 4:00 p.m. Directions to DRS Hartford office are available using our phone menu or visiting the DRS website. If you require special accommodations, please advise the DRS representative. | | Walk-In |
| Federal Tax Information For questions about federal taxes , visit www.irs.gov or call the Internal Revenue Service (IRS) at 1-800-829-1040. To order federal tax forms , call 1-800-829-3676. | | Statewide Services Visit the <i>ConneCT</i> website at www.ct.gov for information on statewide services and programs. | |

Form CT-1120 ATT

2009

(Rev. 12/09)

Corporation Business Tax Return Attachment Schedules H, I, and J

Complete this form in blue or black ink only. See instructions before completing.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Schedule H – Connecticut Apportioned Loss Carryover

| | | Column A Connecticut Apportioned Income (Loss) | Column B Connecticut Apportioned Loss Carryover Applied 2001 to 2008 | Column C Carryover to 2009 Subtract Column B from Column A. | Column D Connecticut Apportioned Loss Carryover Applied to 2009 | Column E Carryover to 2010 Subtract Column D from Column C. |
|-----|---|---|---|--|--|--|
| 1. | 2000 | 00 | 00 | 00 | 00 | 00 |
| 2. | 2001 | 00 | 00 | 00 | 00 | 00 |
| 3. | 2002 | 00 | 00 | 00 | 00 | 00 |
| 4. | 2003 | 00 | 00 | 00 | 00 | 00 |
| 5. | 2004 | 00 | 00 | 00 | 00 | 00 |
| 6. | 2005 | 00 | 00 | 00 | 00 | 00 |
| 7. | 2006 | 00 | 00 | 00 | 00 | 00 |
| 8. | 2007 | 00 | 00 | 00 | 00 | 00 |
| 9. | 2008 | 00 | | 00 | 00 | 00 |
| 10. | 2009 | <i>Reserved for future use</i> | | | | |
| 11. | 2010 | <i>Reserved for future use</i> | | | | |
| 12. | 2011 | <i>Reserved for future use</i> | | | | |
| 13. | 2012 | <i>Reserved for future use</i> | | | | |
| 14. | Total: Add Lines 1 through 9 in Column D and Column E. Enter the amount from Line 14, Column D on Form CT-1120, Schedule A, Line 4. | | | | 00 | 00 |

Schedule I – Dividend Deduction

| | | Column A Amount | Column B Deduction Rate | Column C Balance (Col. A x Col. B) | Column D Related Expenses Attach schedule. | Column E Dividend Deduction (Col. C – Col. D) |
|----|--|--------------------|----------------------------|---------------------------------------|---|--|
| 1. | Dividend income included in computation of federal taxable income from Form CT-1120, Schedule D, Line 1: See instructions. | 00 | | | | |
| 2. | Dividends from domestic corporations less than 20% owned | 00 | 70% (.70) | | 00 | 00 |
| 3. | Dividend balance: Subtract Line 2 from Line 1. | 00 | 100% (1.0) | | 00 | 00 |
| 4. | Total dividend deduction: Add Line 2, Column E, and Line 3, Column E. Enter the result here and on Form CT-1120, Schedule D, Line 11. | | | | | 00 |

Schedule J – Bonus Depreciation Recovery

| Assets Subject to I.R.C. §168(k) Placed in Service During Income Year | | Column A | | Column B | | Column C | | |
|--|--|--|----|--|----|---|----|----|
| | | 2009 MACRS Depreciation on Federal Basis (after I.R.C. §168(k) Bonus) | | 2009 MACRS Depreciation on Connecticut Basis (without I.R.C. §168(k) Bonus) | | 2009 Recovery of I.R.C. §168(k) Bonus Depreciation (Col. B – Col. A) | | |
| 1. | 2000 | | 00 | | 00 | | 00 | |
| 2. | 2001 | | 00 | | 00 | | 00 | |
| 3. | 2002 | | 00 | | 00 | | 00 | |
| 4. | 2003 | | 00 | | 00 | | 00 | |
| 5. | 2004 | | 00 | | 00 | | 00 | |
| 6. | 2005 | | 00 | | 00 | | 00 | |
| No bonus depreciation was available for 2006 | | | | | | | | |
| 7. | 2007 | | 00 | | 00 | | 00 | |
| 8. | 2008 | | 00 | | 00 | | 00 | |
| 9. | 2009 | | 00 | | 00 | | 00 | |
| 10. | Federal bonus depreciation recovery: Add Lines 1 through 9, in Column C. Enter the result here and on Form CT-1120, Schedule D, Line 14. | | | | | | | 00 |

Form CT-1120 ATT Instructions

Complete this form in blue or black ink only. **Form CT-1120 ATT** must be attached to **Form CT-1120, Corporation Business Tax Return**, whenever *Schedule H, Schedule I, or Schedule J*, is used in the calculation of the Connecticut corporation business tax.

Schedule H – Connecticut Apportioned Operating Loss Carryover

Lines 1 through 9 - Enter the amount of the Connecticut apportioned operating income loss carryover from the preceding income years indicated as reported on Form CT-1120 filed for those years. Net operating losses incurred in income years beginning on or after January 1, 2000, may be carried forward for 20 successive income years.

Line 14 - Add Lines 1 through 9 in Column D and Column E and enter the totals. Enter the amount from Line 14, Column D on **Form CT-1120, Schedule A**, Line 4.

Schedule I – Dividend Deduction

Line 1 - Enter in Column A total dividend income included in the computation of federal taxable income, except for dividends received from a real estate investment trust, unless those dividends are: (1) deductible under I.R.C. §243; or (2) received by a qualified dividend recipient from a qualified real estate investment trust.

Line 2 - Enter in Column A dividends from less than 20% owned domestic corporations, which would include dividends from money market funds. The deduction is limited to 70% of gross dividends less related expenses. Multiply Column A by Column B (70%) and enter the result in Column C. Enter in Column D related expenses. Attach a schedule of related expenses and computation. Subtract Column D from Column C and enter the result in Column E.

Line 3 - Dividend Balance: Subtract Line 2 from Line 1 and enter the result on Line 3, Column A. Multiply Column A by Column B (100%) and enter the result in Column C. Enter in Column D related expenses. Attach a schedule of related expenses and computation. Subtract Column D from Column C and enter the result in Column E.

Line 4 - Enter in Column E total dividend deduction. Add Line 2, Column E and Line 3, Column E. Enter the total here and on **Form CT-1120, Schedule D**, Line 11.

Schedule J – Bonus Depreciation Recovery

Complete *Schedule J* if the corporation claimed the bonus depreciation under I.R.C. §168(k) for qualifying property, on its federal Form 4562, Depreciation and Amortization. For purposes of the Connecticut corporation business tax, the special deduction permitted under I.R.C. §168(k) is not allowed and depreciation must be calculated without regard to I.R.C. §168(k). *Schedule J* is used to account for the subtraction modification that must be made to federal net income (loss). For additional information, see **Special Notice 2002(10), Bonus Depreciation for Connecticut Corporation Business Tax Purposes**.

Lines 1 through 9 - These lines are used to account for any qualifying assets placed in service during the corporation's income year(s) for which the bonus depreciation under I.R.C. §168(k) is claimed on federal Form 4562.

Enter in Column A the amount of Modified Accelerated Cost Recovery System (MACRS) depreciation claimed by the corporation on its federal Form 4562 with respect to those qualifying assets.

Enter in Column B the amount of MACRS depreciation allowed on those same assets for Connecticut corporation business tax purposes for the income year. Connecticut depreciation is determined under the Internal Revenue Code of 1986 without regard to I.R.C. §168(k).

Enter in Column C the difference between the amount claimed in Column B and the amount claimed in Column A.

Line 10 - Add Lines 1 through 9 in Column C. Enter the total here and on **Form CT-1120, Schedule D**, Line 14.

Form CT-1120A Corporation Business Tax Return Apportionment Computation

Complete this form in blue or black ink only. See instructions on reverse.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

| Schedule Q - Net Income Apportionment | | |
|--|---|----|
| 1. (a) Gross receipts from business carried on within Connecticut | ▶ | 00 |
| (b) Gross receipts from business carried on outside Connecticut | ▶ | 00 |
| (c) Total: Add Line 1(a) and Line 1(b). | | 00 |
| 2. Proportion of income attributable to Connecticut: Divide Line 1(a) by Line 1(c). <i>Enter on Form CT-1120, Sch. A, Line 2. Carry to six places.</i> | | 0. |

| Schedule R - Net Income Apportionment | | | | | | |
|--|--|-------------------------|----|------------------------|----|---------------------------------|
| Factor | Item | Column A Connecticut | | Column B Everywhere | | Column C |
| Tangible Property | 1. (a) Inventories | ▶ | 00 | ▶ | 00 | Divide Column A by Column B. |
| | (b) Depreciable assets | ▶ | 00 | ▶ | 00 | |
| | (c) Land | ▶ | 00 | ▶ | 00 | |
| | (d) Capitalized rent | ▶ | 00 | ▶ | 00 | |
| | (e) Other: See instructions. | ▶ | 00 | ▶ | 00 | |
| Average Monthly Net Book Value | 1. Total | | 00 | | 00 | Carry to six places |
| Wages, Salaries, and Other Compensation | 2. Total | ▶ | 00 | ▶ | 00 | 0. |
| Gross Receipts | 3. (a) Sales of tangibles | ▶ | 00 | ▶ | 00 | |
| | (b) Services | ▶ | 00 | ▶ | 00 | |
| | (c) Interest | ▶ | 00 | ▶ | 00 | |
| | (d) Rents and royalties | ▶ | 00 | ▶ | 00 | |
| | (e) Net gains from sales of assets | ▶ | 00 | ▶ | 00 | |
| | (f) Other | ▶ | 00 | ▶ | 00 | |
| | 3. Total | | 00 | | 00 | 0. |
| | 4. Enter amount from Line 3, Column C. | | | | | 0. |
| Apportionment Fraction | 5. Total: Add Lines 1 through 4 in Column C. | | | | | 0. |
| | Apportionment: Line 5 divided by number of factors used. Enter here and on Form CT-1120, Schedule A, Line 2. | | | | | 0. |

| Schedule S - Minimum Tax Base Apportionment | | | | Column A Connecticut | | Column B Everywhere | | Column C |
|---|---|---|----|-------------------------|----|--|----|----------|
| Intangible Assets | 1. (a) Cash | ▶ | 00 | ▶ | 00 | Divide Line 3, Column A by Line 3, Column B. | | |
| | (b) Notes and accounts receivable | ▶ | 00 | ▶ | 00 | | | |
| | (c) Investments (other than stock) | ▶ | 00 | ▶ | 00 | | | |
| | (d) Other | ▶ | 00 | ▶ | 00 | | | |
| Average Monthly Net Book Value | 1. Total | | 00 | | 00 | Enter below and on Form CT-1120, <i>Schedule B, Line 2.</i> | | |
| Tangible Property | 2. (a) Inventories | ▶ | 00 | ▶ | 00 | Carry to six places | | |
| | (b) Depreciable assets | ▶ | 00 | ▶ | 00 | | | |
| | (c) Land | ▶ | 00 | ▶ | 00 | | | |
| | (d) Other | ▶ | 00 | ▶ | 00 | | | |
| Average Monthly Net Book Value | 2. Total | | 00 | | 00 | | | |
| Apportionment Fraction | 3. Total: Add Line 1 and Line 2. | | | | 00 | | 00 | 0. |

Form CT-1120A Instructions

Complete this form in blue or black ink only. Complete and file it as part of the Corporation Business Tax Return only if the company carried on business within and outside Connecticut and was taxable in another state during the income year for which the return is filed.

A corporation entitled to apportion its income must complete either *Schedule Q*, *Schedule R*, or one of the special apportionment forms listed below. Special apportionment forms are applicable for the following business types:

- Air Carriers calculate their apportionment fraction on **Form CT-1120A-A**, *Corporation Business Tax Return Apportionment Computation - Air Carriers*.
- Companies whose income is derived from credit card activities calculate their apportionment fraction on **Form CT-1120A-CCA**, *Corporation Business Tax Return Apportionment Computation of Income From Credit Card Activities*.
- Manufacturers calculate their apportionment fraction on **Form CT-1120A-MFG**, *Corporation Business Tax Return Apportionment Computation - Manufacturing Companies*.
- Broadcasters and Production Entities calculate their apportionment fraction on **Form CT-1120A-BPE**, *Corporation Business Tax Return Apportionment Computation - Broadcasters and Production Entities*.
- Securities Brokerage Services Companies calculate their apportionment fraction on **Form CT-1120A-SBC**, *Corporation Business Tax Return Apportionment Computation - Securities Brokerage Services*.
- Companies not otherwise conducting business in Connecticut, that are limited partners in a limited partnership doing business in Connecticut may elect to apportion their net income inside and outside Connecticut on **Form CT-1120A-LP**, *Corporation Business Tax Return Apportionment of Limited Partnership Interests*.
- Motor Bus Companies and Motor Carriers calculate their apportionment fraction on **Form CT-1120A-BMC**, *Corporation Business Tax Return Apportionment - Motor Bus and Motor Carrier Companies*. Income derived from sources other than carrying passengers or tangible property for hire must be apportioned by an apportionment fraction calculated on **Form CT-1120A**, *Schedule Q* or *Schedule R*.
- Financial Service Companies calculate their apportionment fraction on **Form CT-1120A-FS**, *Corporation Business Tax Return Apportionment Computation of Income From Financial Service Companies Activities*.
- Corporations that receive income from rendering services to or on behalf of regulated investment companies use **Form CT-1120A-IRIC**, *Corporation Business Tax Return Apportionment Computation of Income From Services to Regulated Investment Companies*.

Corporate Partner

A corporation that owns an interest in a partnership or joint venture should include its pro rata share of its apportionment factor (property, payroll, and receipts) in the numerator and denominator of the Connecticut statutory apportionment formula (Conn. Gen. Stat. §12-218) which is used to determine the corporation's portion of its total net income subject to the Connecticut corporation business tax.

Schedule Q - Net Income Apportionment

This schedule should be completed only by companies that derive business income from operations that **do not** involve the manufacture, sale, or use of tangible personal or real property, and are not entitled to apportion their income using one of the special apportionment forms listed above. Item 1(a) should include all receipts from business carried on within Connecticut. The components of the receipts factor in *Schedule Q* will be determined in the same manner as in *Schedule R*.

Schedule R - Net Income Apportionment

This schedule should be completed only by companies that derive business income from operations that involve the manufacture, sale, or use of tangible personal or real property, and are not entitled to apportion their income using one of the special apportionment forms listed above.

Item 1. Enter on Lines 1(a), 1(b), 1(c), and 1(e), the average monthly net book value for each category of tangible personal and real property that is held and owned within Connecticut. Enter on Line 1(d) the average monthly net value of capitalized rent, which is computed by multiplying by eight the gross rents paid directly or indirectly for the use or possession of the rented property. Include interest, taxes, insurance, and repairs to the rented property. Royalties are excluded. Enter on Line 1(e) items such as construction-in-progress, interest in partnerships, etc. Total the amounts and divide Column A by Column B to compute the apportionment fraction, carried to six decimal places.

Item 2. This factor must include all compensation paid by the corporation during the income year to officers and all other employees inclusive of salaries and wages that have been capitalized and not claimed as a deduction in the income year of the return.

Item 3. Enter the gross receipts from sales and other sources during the income year. Include the following: receipts from sales of tangible property delivered or shipped to a purchaser within Connecticut regardless of the f.o.b. point or other conditions of sale; receipts from services performed within Connecticut; interest earned from assets managed or controlled within Connecticut; rents and royalties from property situated within Connecticut; royalties from the use of patents and copyrights within Connecticut; net gains from sales or other disposition of intangible assets managed or controlled within Connecticut; and net gains from sales or disposition of tangible assets situated within Connecticut. If losses from sales or other dispositions of such tangible or intangible assets exceed the gains, enter zero for the net gains. Dividends are excluded from the receipts factor. All other receipts earned within Connecticut not included above must be included in the receipts factor.

Item 4. This factor is the same as Item 3, Column C.

Item 6. Divide Line 5 by the number of applicable apportionment factors. The number of applicable factors is four if the payroll, property, and double weighted receipts factors apply to a corporation. A factor is inapplicable if both the numerator and denominator are zero.

Schedule S - Minimum Tax Base Apportionment

Item 3. This apportionment factor must include the average monthly net book value of all assets exclusive of holdings of stock of private (nongovernmental) corporations. The intangible assets of a company that has its principal place of business within Connecticut are deemed to have a tax situs within Connecticut unless it can be clearly established that some or all of the assets are held in connection with business conducted during the income year outside Connecticut.

Apportionment in Special Cases

The statutory method is designed to produce a reasonable apportionment within and outside Connecticut, therefore, it must be used in all cases except those in which it has been determined by the Commissioner of Revenue Services that an exception should be made. While the statutory method may produce a result substantially different from that produced by some other method, that fact alone does not justify an exception. It is the responsibility of the taxpayer to show that the statutory apportionment fraction, when applied to its business, provides grossly inequitable results and that the income attributed to Connecticut is out of proportion to the business transacted in Connecticut. The variance must be significant enough to invalidate the assumption that the statutory method is reasonable.

The return of a taxpayer requesting relief from the statutory method of apportionment must be filed initially on the statutory basis using the formula methods prescribed in Conn. Gen. Stat. §§12-218, 12-218b, 12-219a, or 12-244 for computing the net income and the minimum tax base, together with: (1) payment of the tax due on the applicable base as so computed, and (2) a statement containing a specific alternate method. Data supporting the contention that the operation of the statutory method is grossly inequitable and attributes to Connecticut an undue proportion of the taxpayer's net income or minimum tax base must be provided. Permission to determine the tax on an alternate basis will not be considered in any case in which this procedure has not been strictly followed.

The Commissioner will notify the company as to whether the proposed alternate method of apportionment is accepted or rejected. If the proposed method is accepted, the tax will be adjusted.

Form CT-1120K

Business Tax Credit Summary

2009

(Rev. 12/09)

Complete this form in blue or black ink only. See instructions before completing.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Part I - Tax Credits From 2009 Income Year

| Part I-A Financial Institutions Tax Credit | | A Credit Amount Claimed | B Amount Applied to Corporation Tax | C Amount Applied to Other Taxes | D Carryback Amount |
|---|------------------------|-------------------------------|---|---------------------------------------|--------------------------|
| 1 | Financial Institutions | 00 ▶ | 00 | | |

| Part I-B Tax Credits With Carryback Provisions | | A Credit Amount Claimed | B Amount Applied to Corporation Tax | C Amount Applied to Other Taxes | D Carryback Amount |
|---|--|-------------------------------|---|---------------------------------------|--------------------------|
| 2 | Neighborhood Assistance See instructions. | 00 ▶ | 00 ▶ | 00 ▶ | 00 |
| 3 | Housing Program Contribution See instructions. | 00 ▶ | 00 ▶ | 00 ▶ | 00 |
| 4 | <i>Reserved for future use</i> | | | | |
| 5 | Total Part I-B: Add Line 2 and Line 3 in Columns A through D. | 00 ▶ | 00 ▶ | 00 ▶ | 00 |

| Part I-C Tax Credits Without Carryback or Carryforward Provisions | | A Credit Amount Claimed | B Amount Applied to Corporation Tax | C Amount Applied to Other Taxes | D Carryback or Carryforward Amount |
|--|--|-------------------------------|---|---------------------------------------|--|
| 6 | Apprenticeship Training | 00 ▶ | 00 | | |
| 7 | Manufacturing Facility Tax Credit for Facilities Located in a Targeted Investment Community/Enterprise Zone - Form CT-1120 TIC/EZ | 00 ▶ | 00 | | |
| 8 | Computer Donation | 00 ▶ | 00 ▶ | 00 | |
| 9 | Grants to Institutions of Higher Education Form CT-1120GC | 00 ▶ | 00 | | |
| 10 | Machinery and Equipment Form CT-1120 MEC | 00 ▶ | 00 | | |
| 11 | <i>Reserved for future use</i> | | | | |
| 12 | Displaced Worker or Displaced Electrical Worker Form CT-1120 DWC | 00 ▶ | 00 ▶ | 00 | |
| 13 | Service Facility Form CT-1120SF | 00 ▶ | 00 | | |
| 14 | New Jobs Creation Form CT-1120 NJC | 00 ▶ | 00 ▶ | 00 | |
| 15 | Total Part I-C: Add Lines 6 through 14 in Columns A through C. | 00 ▶ | 00 ▶ | 00 | |

Part I-D
Tax Credits With Carryforward Provisions

A
Carryforward Amount From
Previous Income Years

B
2009 Credit
Amount Claimed

C
Amount Applied to
Corporation Tax

D
Amount Applied to Other
Taxes or Exchanged

E
Carryforward
Amount to 2010

| | | | | | | | | | | |
|----|--|----|--|----|---|----|---|----|---|----|
| 16 | Housing Program Contribution See instructions. Form CT-1120 HPC | 00 | | | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 17 | Employer-Assisted Housing See instructions. Form CT-1120 EAH | 00 | | | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 18 | Hiring Incentive - Form CT-1120 HIC | 00 | | 00 | ▶ | 00 | | | ▶ | 00 |
| 19 | Clean Alternative Fuel Tax Credit for Vehicles, Equipment, and Related Filling or Recharging Stations - Form CT-1120 CAF | 00 | | | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 20 | Research and Experimental Expenditures Form CT-1120RC : Enter amount exchanged in Column D. | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 21 | Research and Development Form CT-1120 RDC : Enter amount exchanged in Column D. | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 22 | Fixed Capital Investment Form CT-1120 FCIC | 00 | | 00 | ▶ | 00 | | | ▶ | 00 |
| 23 | Human Capital Investment Form CT-1120 HCIC | 00 | | 00 | ▶ | 00 | | | ▶ | 00 |
| 24 | Insurance Reinvestment Fund Form CT-IRF | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 25 | Small Business Administration Guaranty Fee - Form CT-1120 SBA | 00 | | 00 | ▶ | 00 | | | ▶ | 00 |
| 26 | Historic Homes Rehabilitation Form CT-1120HH | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 27 | Donation of Land - Form CT-1120DL | 00 | | 00 | ▶ | 00 | | | ▶ | 00 |
| 28 | Historic Structures Rehabilitation Form CT-1120HS | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 29 | Historic Investment - Form CT-1120HI | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 30 | Urban and Industrial Site Reinvestment Form CT-UISR | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 31 | Film Production - Form CT-1120FP | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 32 | Film Production Infrastructure Form CT-1120 FPI | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 33 | Digital Animation - Form CT-1120DA | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |
| 34 | Total Part I-D : Add Lines 16 through 33 in Columns A through E. Do not include amounts on Line 20 and Line 21 in Column D. | 00 | | 00 | ▶ | 00 | ▶ | 00 | ▶ | 00 |

Part I-E

Electronic Data Processing
Equipment Property Tax Credit

| | | | | | |
|--|---|-------------------------------|--------------------------------------|----------------------------------|--------------------------------|
| | A | B | C | D | E |
| | Carryforward Amount From Previous Income Years | 2009 Credit Amount Claimed | Amount Applied to Corporation Tax | Amount Applied to Other Taxes | Carryforward Amount to 2010 |

| | | | | | | |
|----|--|----|------|------|------|----|
| 35 | Electronic Data Processing Equipment Property - Form CT-1120 EDP | 00 | 00 ▶ | 00 ▶ | 00 ▶ | 00 |
|----|--|----|------|------|------|----|

Part II - Tax Credits Applied to the Corporation Business Tax
Combined return filers – Do not complete Part II.

| | | | |
|----|--|---|----|
| 1 | Tax Credit Limitation: Enter amount from Form CT-1120, Schedule C , Line 4. | | 00 |
| 2 | Financial Institutions Credit: Enter amount from Part I-A , Line 1, Column B. Do not exceed amount on Line 1. | | 00 |
| 3 | Creditable corporation business tax balance: Subtract Line 2 from Line 1. | | 00 |
| 4 | Tax Credits With Carryback Provisions: Enter amount from Part I-B , Line 5, Column B. Do not exceed amount on Line 3. | | 00 |
| 5 | Creditable corporation business tax balance: Subtract Line 4 from Line 3. | | 00 |
| 6 | Tax Credits Without Carryback or Carryforward Provisions: Enter amount from Part I-C , Line 15, Column B. Do not exceed amount on Line 5. | | 00 |
| 7 | Creditable corporation business tax balance: Subtract Line 6 from Line 5. | | 00 |
| 8 | Tax Credits With Carryforward Provisions: Enter amount from Part I-D , Line 34, Column C. Carryforward credits that expire first should be claimed before any credit carryforward that will expire later or not at all. Do not exceed amount on Line 7. | | 00 |
| 9 | Creditable corporation business tax balance: Subtract Line 8 from Line 7. | | 00 |
| 10 | Electronic Data Processing Equipment Property Tax Credit: Enter amount from Part I-E , Line 35, Column C. Carryforward credits that expire first should be claimed before any credit carryforward that will expire later. Do not exceed amount on Line 9. | | 00 |
| 11 | Total Corporation Business Tax Credits Applied: Add Part II, Lines 2, 4, 6, 8, and 10. Enter here and on Form CT-1120, Schedule C , Line 5. Do not exceed amount on Line 1. | ▶ | 00 |

Part III - Tax Credits Applied to Taxes Other Than the Corporation Business Tax

Name of tax: _____ Duplicate Part III as necessary.

| | | | |
|---|--|---|----|
| 1 | Tax: Enter the creditable tax amount from the appropriate tax form. The amount of tax credit(s) allowable against the insurance premiums and health care center taxes may not exceed 70% (.70) of the amount of tax due prior to the application of the credit(s). | | 00 |
| 2 | Tax Credits With Carryback Provisions: Enter amount from Part I-B , Line 5, Column C. Do not exceed amount on Line 1. | | 00 |
| 3 | Tax balance: Subtract Line 2 from Line 1. | | 00 |
| 4 | Tax Credits Without Carryback or Carryforward Provisions: Enter amount from Part I-C , Line 15, Column C. Do not exceed the amount on Line 3. | | 00 |
| 5 | Tax balance: Subtract Line 4 from Line 3. | | 00 |
| 6 | Tax Credits With Carryforward Provisions: Enter amount from Part I-D , Line 34, Column D. Do not exceed amount on Line 5. | | 00 |
| 7 | Tax balance: Subtract Line 6 from Line 5. | | 00 |
| 8 | Electronic Data Processing Equipment Property Tax Credit: Enter amount from Part I-E , Line 35, Column D. Do not exceed amount on Line 7. | | 00 |
| 9 | Total Tax Credits Applied to Taxes Other Than the Corporation Business Tax: Add Part III, Lines 2, 4, 6, and 8. Enter here and on the appropriate tax return. Do not exceed amount on Line 1. | ▶ | 00 |

Form CT-1120K Instructions

Complete this form in blue or black ink only. **Form CT-1120K**, *Business Tax Credit Summary*, must be attached to **Form CT-1120**, *Corporation Business Tax Return*, or the applicable tax form whenever tax credits from the current income year are being claimed or carryforward tax credit balances exist from a prior year.

Additional information about Connecticut tax credits is available in **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*.

Corporation business tax credits must be applied in a specific order, where a corporation is eligible to claim more than one tax credit. In no event, however, shall any tax credit be claimed more than once. The order is as follows:

1. The Financial Institutions Tax Credit must be applied before any other tax credit.
2. Any tax credit that may be carried back to a preceding income year must be applied after the Financial Institutions Tax Credit, but before any other tax credit. Any tax credit carryback that will expire first must be claimed before any tax credit carryback that will expire later. If the tax credit carrybacks will expire at the same time, tax credits must be taken in the order in which the corporation may receive the maximum benefit.
3. Any tax credit that may not be carried back to a preceding income year and that may not be carried forward to a succeeding income year must be claimed next, in the order in which the corporation may receive the maximum benefit.
4. Any tax credit that may be carried forward to a succeeding income year must be claimed next. Any tax credit carryforward that will expire first must be claimed before any tax credit carryforward that will expire later. If the tax credit carryforwards will expire at the same time, tax credits must be taken in the order in which the corporation may receive the maximum benefit.

5. The Electronic Data Processing Equipment Property Tax Credit must be applied last, after all other tax credits have been applied.

Limits on Credits: The amount of tax credits otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of tax due prior to the application of the tax credit.

No tax credit can be applied against the minimum tax of \$250.

Form CT-1120K must be attached to the tax returns covered under the following Connecticut General Statutes chapters, when tax credits from the current income year are being claimed or when carryforward tax credit balances exist from the prior year:

- Corporation business tax under Chapter 208;
- Domestic and foreign insurance premiums tax under Chapter 207;
- Health care centers tax under Chapter 207;
- Hospital and medical services tax under Chapter 207;
- Unrelated business income tax under Chapter 208a;
- Air carrier tax under Chapter 209;
- Railroad companies tax under Chapter 210;
- Community antenna television system companies tax under Chapter 211;
- Utility companies tax under Chapter 212; **or**
- Public service companies tax under Chapter 212a.

If the taxpayer is claiming a tax credit against more than one tax type, a duplicate Form CT-1120K and applicable tax credit forms must be attached to each tax return for which a tax credit is being claimed.

Any tax credit balance that remains after applying the tax credits to the current year tax may be carried forward or carried back as provided in the Connecticut General Statutes, if the tax credit has not expired.

Part I-A — Financial Institutions Tax Credit

Line 1 - Enter in Part I-A, Column A the tax credit earned in 2009. Enter in Column B the amount actually applied to the corporation business tax. The total amount applied in Column B cannot exceed the amount in Part II, Line 1.

Part I-B — Tax Credits With Carryback Provisions

Enter in Part I-B, Column A all of the tax credits earned in 2009 that have a carryback provision. The tax credits indicated here are applied to the current year tax first. Any remaining balance may be claimed against a preceding year tax by filing **Form CT-1120X**, *Amended Corporation Business Tax Return*, or the appropriate amended tax return. If carrying forward a housing program contribution tax credit, also complete Part I-D.

Enter in Column B the amount actually applied to the corporation business tax. The total of Column B cannot exceed the amount in Part II, Line 3.

Enter in Column C the amount applied to taxes other than the corporation business tax. The total of Column C cannot exceed the amount in Part III, Line 1.

Enter in Column D the amount of tax credit carried back to prior years.

Line 2 - Enter the Neighborhood Assistance Act (NAA) Tax Credit. Any remaining balance may be carried back to the two immediately preceding income years.

Line 3 - Enter the Housing Program Contribution Tax Credit computed on Form CT-1120 HPC, Housing Program Contribution Tax Credit. Any remaining balance may be carried back to the five immediately preceding income years. If claiming a tax credit carryforward, also complete Part I-D, Line 16. See Part I-D, Line 16 instructions.

Part I-C — Tax Credits Without Carryback or Carryforward Provisions

Enter in Part I-C, Column A all of the credits earned in 2009 that can only be applied to the current year tax.

Enter in Column B the amount actually applied to the corporation business tax. The total of Column B cannot exceed the amount in Part II, Line 5.

Enter in Column C the amount applied to taxes other than the corporation business tax. The total of Column C cannot exceed the amount in Part III, Line 3.

Lines 6 through 14 - Enter the applicable tax credit amounts in the spaces provided on each line.

Part I-D — Tax Credits With Carryforward Provisions

Part I-D enables a corporation to account for any tax credits with carryforward provisions. This section also identifies any amounts of Research and Development or Research and Experimental Expenditures tax credits exchanged with the state for a credit refund.

Enter in Column A the tax credit carryforward amount from previous income years. Enter in Column B the tax credit amount claimed for the current income year. Enter in Column C the tax credit amount applied to the corporation business tax for the current income year. Enter in Column D the tax credit amount applied to taxes other than the corporation business tax, if applicable, in the current income year or the amount of Research and Development or Research and Experimental Expenditures tax credits exchanged with the state for a tax credit refund. Enter in Column E the tax credit carryforward amount.

Line 16 - If claiming the Housing Program Contribution Tax Credit, Part I-B, Line 3, must be completed first. Enter the applicable tax credit amounts in the spaces provided.

Line 17 - The Employer-Assisted Housing Tax Credit was repealed effective June 7, 2006. Enter in Column A the amount of the tax credit carryforward from previous income years. Enter in Column C the amount applied to the corporation business tax for the current income

year. Enter in Column D any amount applied to taxes other than the corporation business tax. Enter in Column E the tax credit carryforward amount.

Line 18 - Enter the applicable tax credit amounts in the spaces provided on each line.

Line 19 - For income years beginning on or after January 1, 2008, the Clean Alternative Fuel Tax Credit for Vehicles, Equipment, and Related Filling or Recharging Stations is no longer available.

Lines 20 through 33 - Enter the applicable tax credit amounts in the spaces provided on each line.

Part I-E — Electronic Data Processing Equipment Property Tax Credit

Enter in Column A the amount of tax credit carried forward from previous income years. Enter in Column B the amount of tax credit claimed in the current income year. Enter in Column C the amount applied to the corporation business tax. The amount in Column C cannot exceed the amount in Part II, Line 9. Enter in Column D any amount applied to taxes other than the corporation business tax. Enter in Column E the tax credit carryforward amount.

The Electronic Data Processing Equipment Property Tax Credit may be applied only after all other tax credits have been applied and must be applied first to the corporation business tax and then to any other applicable taxes.

Line 35 - Enter the applicable tax credit amount in the spaces provided.

Part II — Tax Credits Applied to the Corporation Business Tax

If the corporation is filing a combined return, complete Form CT-1120CR, Schedule KC, and do not complete this part.

This section enables a corporation to apply its tax credits in the order required by Conn. Gen. Stat. §12-217aa. This section also limits the amount of tax credits that may be applied to the corporation business tax.

Part III — Tax Credits Applied to Taxes Other Than Corporation Business Tax

Some tax credits may be applied to taxes other than the corporation business tax. This section enables a corporation to account for any tax credits applied to other taxes. The following is a list of other taxes to which these tax credits may apply:

- Domestic and foreign insurance premiums tax under Chapter 207;
- Health care centers tax under Chapter 207;
- Hospital and medical services tax under Chapter 207;
- Unrelated business income tax under Chapter 208a;
- Air carrier tax under Chapter 209;
- Railroad companies tax under Chapter 210;
- Cable and community antenna television system companies tax under Chapter 211;
- Utility companies tax under Chapter 212;
- Public service companies tax under Chapter 212a;
- or**
- Surplus lines brokers tax under Chapter 701d.

Enter the name of the tax to which the tax credit is being applied. If applying tax credits to more than one tax other than corporation business tax, duplicate Part III for each tax type and attach to Form CT-1120K.

If claiming a tax credit against more than one tax type, attach a duplicate Form CT-1120K and applicable tax credit forms.

Form CT-1120 EXT

Application for Extension of Time to File Corporation Business Tax Return

2009

Complete this form in blue or black ink only. See instructions on reverse.

Enter Income Year Beginning , 2009, and Ending

| | | |
|---|---|---|
| Taxpayer Please type or print. | Corporation name | CT Tax Registration Number |
| | Number and street PO Box | DRS use only - - 20 |
| | City or town State ZIP code | Federal Employer ID Number (FEIN) |

Request for Six-Month Extension to File Form CT-1120, Form CT-1120CR, or Form CT-1120U

Each corporation **must** submit payment of any tax due or believed to be due with this application for an extension of time to file, whether or not an application for federal extension has been approved. See instructions on reverse.

I request a **six-month extension** of time, to **October 1, 2010**, to file a Connecticut Corporation Business Tax Return for calendar year 2009 or until for fiscal year ending .

A federal extension has been requested on federal Form 7004, Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, for calendar year 2009, or for fiscal year beginning , 2009, and ending . Yes No

If **No**, the reason for the Connecticut extension is

Are you filing **Form CT-1120CR**? Yes No Are you filing **Form CT-1120U**? Yes No

Tentative Return

| | | | | |
|-----|---|-----|----|----|
| 1. | Tentative amount of tax due for this income year: minimum tax \$250..... | 1. | | 00 |
| 2. | Surtax: See instructions. | 2. | | 00 |
| 3. | Total tax: Add Line 1 and Line 2. Include tax credit recapture, if applicable. | 3. | | 00 |
| 4. | Multiply Line 3 by 30% (.30). | 4. | 00 | |
| 5. | Multiply the number of companies included by \$250. | 5. | 00 | |
| 6. | Enter the greater of Line 4 or Line 5. | 6. | | 00 |
| 7. | Tax credit limitation: Subtract Line 6 from Line 3. | 7. | | 00 |
| 8. | Tax credits: Do not exceed amount on Line 7. | 8. | | 00 |
| 9. | Balance of tax payable: Subtract Line 8 from Line 3. | 9. | | 00 |
| 10. | Payment(s) of estimated tax | 10. | 00 | |
| 11. | Overpayment from prior year | 11. | 00 | |
| 12. | Total payments: Add Line 10 and Line 11. | 12. | | 00 |
| 13. | Balance due with this return: Subtract Line 12 from Line 9. | 13. | | 00 |

| | | |
|---|---|--|
| Mail paper return with payment to: Department of Revenue Services State of Connecticut, PO Box 2974 Hartford CT 06104-2974 Make check payable to Commissioner of Revenue Services . | Mail paper return without payment to: Department of Revenue Services State of Connecticut, PO Box 150406 Hartford CT 06115-0406 | Visit the DRS Taxpayer Service Center (TSC) at www.ct.gov/TSC to file and pay this return electronically. |
|---|---|--|

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | |
|--|---|-------------------------------|----------------------|--|
| Sign Here Keep a copy of this return for your records. | Corporate officer's name (<i>print</i>) | Corporate officer's signature | Date | May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No See instructions. |
| | Title | Telephone number () | | |
| | Paid preparer's name (<i>print</i>) | Paid preparer's signature | Date | Preparer's SSN or PTIN |
| | Firm's name and address | FEIN | Telephone number () | |

Form CT-1120 EXT Instructions

Complete this form in blue or black ink only. Use **Form CT-1120 EXT**, *Application for Extension of Time to File Corporation Business Tax Return*, to request a six-month extension to file **Form CT-1120**, *Corporation Business Tax Return*, **Form CT-1120CR**, *Combined Corporation Business Tax Return*, or **Form CT-1120U**, *Unitary Corporation Business Tax Return*. It is not necessary to include a reason for the Connecticut extension request if an extension on federal Form 7004, *Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns*, was filed with the Internal Revenue Service.

If federal Form 7004 was not filed, the corporation may apply for a six-month extension to file the Connecticut corporation business tax return if there is reasonable cause for the request.

To get a Connecticut filing extension the corporation **MUST**:

- Complete Form CT-1120 EXT in its entirety;
- File it by the first day of the fourth month following the close of the income year; **and**
- Pay the amount shown on Line 13.

Form CT-1120 EXT extends **only the time to file** the Connecticut corporation business tax return. Form CT-1120 EXT **does not extend the time to pay** the amount of tax due.

When to File

File Form CT-1120 EXT on or before the first day of the month following the due date of the company's corresponding federal income tax return for the income year (April 1 for calendar year taxpayers). In the case of any company that is not required to file a federal income tax return for the income year, the Connecticut corporation business tax return must be filed on or before the first day of the fourth month following the end of the income year.

If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Where to File

File Electronically

This return can be filed electronically through the Department of Revenue Services (DRS) **Taxpayer Service Center (TSC)**. The **TSC** allows taxpayers to electronically file, pay, and manage state tax responsibilities. Visit www.ct.gov/TSC to make electronic transactions or administer your tax account online. If you file electronically you are expected to pay electronically at the time of filing.



File a Paper Return

Mail paper return **with payment** to:

Department of Revenue Services
State of Connecticut
PO Box 2974
Hartford CT 06104-2974.

Mail paper return **without payment** to:

Department of Revenue Services
PO Box 150406
Hartford CT 06115-0406.

Payment Options

Pay Electronically: Visit www.ct.gov/TSC to use the **TSC** to make a direct tax payment. After logging into the **TSC**, select the **Make Payment Only** option and choose a tax type from the drop down box. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return on or before the due date. Tax not paid on or before the due date will be subject to penalty and interest.

Pay by Credit Card or Debit Card: You may elect to pay your expected 2009 corporation business tax liability using a credit card (American Express®, Discover®, MasterCard®, or VISA®) or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee, and you may elect to cancel the transaction. At the end of the transaction you will be given a confirmation number for your records. There are three ways to pay by credit card or comparable debit card:

- Log in to your account in the **TSC** and select *Make Payment by Credit Card*;
- Visit: www.officialpayments.com and select *State Payments*; **or**
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

Do not send in Form CT-1120 EXT if payment is made through the credit card service provider. All credit or debit card payments for extension requests will be accepted by the credit card service provider. However, if your payment is late, DRS will notify you in writing that your request for extension of time to file is denied.

Pay by Mail: Make your check payable to: **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2009 Form CT-1120 EXT" and the corporation's Connecticut Tax Registration Number on the front of the check. Be sure to sign your check and paper clip it to the front of your return. Do not send cash. DRS may submit your check to your bank electronically.

Interest and Penalty

Interest is assessed at 1% per month or fraction of a month on any underpayment of tax computed from the first day of the fourth month following the close of the income year. The penalty for underpayment of tax is 10% of the tax due or \$50, whichever is greater.

A taxpayer that has been granted a filing extension may avoid a late payment penalty if the outstanding balance due is 10% or less **and** is paid with the filing of the Connecticut corporation business tax return. If no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

Limit on Credits

The amount of tax credit(s) otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of tax due under the corporation business tax prior to the application of tax credits.

Form CT-1120AB
Summary of Add Back and Exceptions to Add Back
of Interest and Intangible Expenses

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Form CT-1120AB, *Summary of Add Back and Exceptions to Add Back of Interest and Intangible Expenses*, must be completed by each corporation that paid, accrued, or incurred interest expenses to a related member or intangible expenses and costs, and interest expenses and costs related to intangibles to a related member.

To be entitled to an exception from the add back of expenses and a corresponding deduction from net income, the taxpayer **must** complete and attach this form to **Form CT-1120**, *Corporation Business Tax Return*.

Failure to complete Form CT-1120AB and attach all supporting documentation will result in a disallowance of the exception(s).

Part I - Required Add Back

All interest expenses and intangible expenses and costs that are paid, accrued, or incurred to a related member must be added back to income and may be subtracted if any one or more of the statutory exceptions are met.

| A - Interest Expenses Add Back | | | |
|---------------------------------------|---|----|----|
| 1. | Total interest expenses paid to a related member: Do not include any interest expense and costs related to intangibles. Enter amount here and on Form CT-1120, <i>Schedule D</i> , Line 4. | 1. | 00 |

| B - Total Intangible Expenses Add Back | | | |
|---|---|----|----|
| 1. | Intangible expenses and costs paid to a related member. | 1. | 00 |
| 2. | Interest expenses and costs related to the intangible property. | 2. | 00 |
| 3. | Total: Add Line 1 and Line 2. Enter here and on Form CT-1120, <i>Schedule D</i> , Line 5. | 3. | 00 |

Part II - Exceptions to Add Back

| A - Exceptions to Interest Expenses Add Back | | | |
|---|--|----|----|
| 1. | Enter amount from Part III, <i>Schedule A</i> , Line 6. Enter here and on Form CT-1120, <i>Schedule D</i> , Line 15. | 1. | 00 |
| 2. | Enter amount from Part III, <i>Schedule B</i> , Line 1. Enter here and on Form CT-1120, <i>Schedule D</i> , Line 16. | 2. | 00 |
| 3. | Enter amount from Part III, <i>Schedule C</i> , Line 5 or <i>Schedule D</i> , Line 5. Enter here and on Form CT-1120, <i>Schedule D</i> , Line 17. | 3. | 00 |
| 4. | Total Exceptions: Add Lines 1 through 3 and enter total here. | 4. | 00 |

| B - Exceptions to Intangible Expenses Add Back | | | |
|---|--|----|----|
| 1. | Enter amount from Part V, <i>Schedule A</i> , Line 5 or <i>Schedule B</i> , Line 3. Enter here and on Form CT-1120, <i>Schedule D</i> , Line 18. | 1. | 00 |

Part III - Exceptions to Interest Expenses Add Back

Schedule A - Exception for Interest Paid, Accrued, or Incurred to a Related Member That is Taxed at a Similar Rate in This State, in Another State, or in a Foreign Nation

The exception **only** applies to transactions with a related member when that related member files on a separate company basis in another state.

This exception **does not** apply to transactions with a related member when the related member:

- Files in another jurisdiction with the taxpayer on a combined, consolidated, or unitary basis which results in the interest expense of the taxpayer and the interest income of the related member being offset or eliminated;
- Has a net operating loss; **or**
- Pays tax on a basis other than net income including but not limited to a gross receipts tax, capital base tax, or a business and occupational tax.

A. Can the taxpayer establish by clear and convincing evidence that a principal purpose of the payment of interest to a related member was **not** to avoid the payment of taxes due under Chapter 208 of the Connecticut General Statutes? Yes No

B. Was the interest that the taxpayer paid to a related member paid according to a written contract that reflects an *arm's length* rate of interest and sets forth the terms of the loan? Yes No

If the answers to both questions above are Yes, attach a copy of pertinent parts of the contract that support this exception, provide related member's information in Question C, and complete Lines 1 through 6.

Failure to provide the requested information will result in a denial of the exception.

C. Related Member Information

| | |
|---|--|
| Name of Related Member | Federal Employer ID Number (FEIN) |
| Fiscal period of related member | Date of written contract <div style="text-align: right; margin-top: 5px;"> <u> </u> / <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u> / <u> </u> </div> |
| Name of state or foreign nation in which the related member is subject to a tax on net income | |

| | | | |
|---|----|----|----|
| 1. Enter the amount of deductible interest added back by taxpayer and paid to a related member. | 1. | | 00 |
| 2. Amount of interest income included in the measure of net income of the related member subject to tax in Connecticut, another state, or in a foreign nation | 2. | | 00 |
| 3. Enter the taxable income before apportionment and before application of net operating losses of the related member in Connecticut, in another state, or in a foreign nation. | 3. | | 00 |
| 4. Enter the tax paid by the related member in Connecticut, in another state, or in a foreign nation. (Do not include tax paid in a unitary state or in a state in which a combined return is filed.) | 4. | | 00 |
| 5. Divide Line 4 by Line 3 | 5. | 0. | |
| 6. Exception amount: If Line 5 is equal to or greater than 4.5% (.045), enter the amount from Line 1 here and on Part II A, Line 1. Otherwise enter "0." | 6. | | 00 |

If claiming this exception for transactions with more than one related member, complete the above schedule for each related member and enter the total for all related members on Part II A, Line 1.

| Schedule B - Unreasonable Exception | | | |
|---|---|----|----|
| A. | Has the taxpayer received written confirmation from the Commissioner of Revenue Services (the Commissioner) that the adjustments required under Conn. Gen. Stat. §12-218d are unreasonable? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If the answer to Question A above is Yes , enter the letter date: _____ and complete Line 1, below. If the answer to Question A above is No , answer Question B. | | | |
| B. | Can the taxpayer establish by clear and convincing evidence that the required add back of interest paid, accrued, or incurred to a related member is unreasonable? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If the answer to Question B above is Yes , the taxpayer must complete Questions C through H in their entirety and provide the requested information. | | | |
| Failure to answer every question in Part III, Schedule B and to provide the requested information will result in a denial of the exception. | | | |
| C. | Provide a description of the business purpose of each loan which includes: <ul style="list-style-type: none"> • The date the loan originated; • The relevant terms of the loan; • An explanation of how the principal was transferred; • The dates interest payments were made; and • The tax jurisdictions in which the related member filed or will file its corporate income tax returns. | | |
| D. | Was the interest that the taxpayer paid to a related member paid according to a written contract or contracts signed by both the taxpayer and related member? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| E. | Did the taxpayer enter into the written contract or contracts after corporate changes that were undertaken based, in whole or in part, on advice relating to the reduction of state taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| F. | Were the written contract or contracts: <ul style="list-style-type: none"> • Negotiated at <i>arm's length</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No • Signed by both the taxpayer and related member? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| G. | Did the written contract or contracts relate to a: <ul style="list-style-type: none"> • Related member's acquisition of the taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No • Cash management program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| H. | Was the interest payment made to a related member that: <ul style="list-style-type: none"> • Had net operating losses (NOLs) that offset the interest income received? <input type="checkbox"/> Yes <input type="checkbox"/> No • Received a dividend from the taxpayer in the form of a debt instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No • Filed or will file in a state or states that calculate the corporate income tax on a unitary basis? <input type="checkbox"/> Yes <input type="checkbox"/> No • Filed or will file in a state that does not subject the interest income to tax? <input type="checkbox"/> Yes <input type="checkbox"/> No • Paid or will pay dividends (directly or indirectly) to the taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 1. | Exception amount: Enter here and on Part II A, Line 2. | 1. | 00 |

Schedule C - Exception for Certain Related Members That are Insurance Companies

- A. Can the taxpayer establish by clear and convincing evidence that a principal purpose of the payment of interest to a related member was not to avoid the payment of taxes due under Chapter 208 of the Connecticut General Statutes? Yes No
- B. Was the interest that the taxpayer paid to a related member paid according to a written contract or contracts that reflects an *arm's length* rate of interest and sets forth the terms of the loan? Yes No
- C. Is the related member that received the interest income a company subject to tax under Chapter 207 of the Connecticut General Statutes or subject to a tax in another state that is comparable to the tax under Chapter 207 of the Connecticut General Statutes? Yes No

If the answers to Question A, B, and C above are **Yes**, complete the following schedule.
 If the answers to Question A, B, or C above are **No**, the taxpayer **does not** qualify for this exception.

| | Name of Related Member | FEIN | Contract Date | State in Which Taxes Were Paid | Amount Deducted |
|----|---|------|---------------|--------------------------------|-----------------|
| 1. | | | | | 00 |
| 2. | | | | | 00 |
| 3. | | | | | 00 |
| 4. | | | | | 00 |
| 5. | Total: Enter here and on Part II A, Line 3. | | | | 00 |

Schedule D - Exception for Interest Paid to a Related Member Located in a Country With Which the U.S. Has a Comprehensive Income Tax Treaty

- A. Was any interest paid, accrued, or incurred to a related member in a foreign nation which has in force a comprehensive income tax treaty with the United States? Yes No

If the answer to Question A above is **Yes**, complete the following schedule:

| | Name of Related Member | Name of Foreign Nation | Description of Treaty | Amount Deducted |
|----|---|------------------------|-----------------------|-----------------|
| 1. | | | | 00 |
| 2. | | | | 00 |
| 3. | | | | 00 |
| 4. | | | | 00 |
| 5. | Total: Enter here and on Part II A, Line 3. | | | 00 |

Part IV - Unitary Election

If a taxpayer is subject to the interest expenses add back, the taxpayer may elect to calculate its tax on a unitary basis including all members of the unitary group, provided the taxpayer clearly establishes that there are substantial intercorporate business transactions among the included corporations. The election to file on a unitary basis is irrevocable for, and applicable for five successive income years.

- A. Does the taxpayer file on a unitary basis in another state? Yes No
- B. Are all the same companies that are filing on a unitary basis in another state included in the Connecticut **Form CT-1120U, Unitary Corporation Business Tax Return**? Yes No

If the answers to Question A and Question B above are **Yes**, the taxpayer may elect to file on a unitary basis. Complete Line 1

| | | |
|----|---|----|
| 1. | Exception amount: Enter here and on Form CT-1120U, <i>Schedule D</i> , Line 20. | 00 |
|----|---|----|

Part V - Intangible Expenses and Costs Paid to a Related Member As Provided in Conn. Gen. Stat. §12-218c

| | |
|--|--|
| A. | Did the taxpayer deduct intangible expenses and costs in connection with a transaction with a related member involving: <ul style="list-style-type: none"> • The direct or indirect acquisition, use, maintenance or management, ownership, sale, exchange, or any other disposition of intangible property? <input type="checkbox"/> Yes <input type="checkbox"/> No • Factoring transactions or discounting transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Royalty, patents, technical and copyright fees? <input type="checkbox"/> Yes <input type="checkbox"/> No • Licensing fees? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. | Did the taxpayer deduct directly or indirectly, interest expenses and costs in connection with a transaction with a related member that involved the direct or indirect acquisition, maintenance, management, ownership, sale, exchange, or disposition of intangible property? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If the answer to Question B above is Yes , the taxpayer must add back all intangible expenses and costs and interest expenses or costs directly or indirectly related to the intangible property unless an exception in Schedule A or Schedule B can be claimed. | |
| Failure to complete Part V, Schedule A or Schedule B will result in a denial of the exception. | |

| Schedule A - Exception for Intangible Expenses Paid to Unrelated Third-Party | | | |
|--|--|-------------------------------|-----------------|
| A. | Did the related member to whom the taxpayer paid the intangible expenses and costs, directly or indirectly pay the amount deducted to an unrelated third-party during the same income year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| B. | Can the corporation establish by a preponderance of evidence that the transaction giving rise to the intangible expenses and costs between the corporation and the related member did not have as a principal purpose the avoidance of any portion of the corporation business tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If the answer to Question A above is Yes , provide documentation that supports this claim. If the answers to Question A and Question B above are Yes , enter the following information: | | | |
| | Name of Related Member | Name of Unrelated Third-Party | Amount Deducted |
| 1. | | | 00 |
| 2. | | | 00 |
| 3. | | | 00 |
| 4. | | | 00 |
| 5. | Total: Enter here and on Part II B, Line 1. | | 00 |

Schedule B - Unreasonable Exception

A. Has the taxpayer received written confirmation from the Commissioner that the adjustments required under Conn. Gen. Stat. §12-218c are unreasonable? Yes No

If the answer to Question A above is **Yes**, enter the letter date: _____ and complete Line 1, below.
 If the answer to Question A above is **No**, answer Question B.

B. Can the taxpayer establish by clear and convincing evidence that the required add back of intangible expenses and costs paid, accrued, or incurred to a related member and interest expenses or costs directly or indirectly related to the intangible property is unreasonable? Yes No

If the answer to Question B above is **Yes**, the taxpayer **must** complete Questions C through H in their entirety and provide the requested information.

Failure to answer every question in Part V, Schedule B and to provide the requested information will result in a denial of the exception.

C. Provide a description of the intangible expenses and costs, including the following information:

- The date of the contract relating to the payment of intangible expenses and costs;
- The relevant terms of the contract relating to the payment of intangible expenses and costs;
- An explanation of how the intangible property was used in the taxpayer's business;
- The dates the intangible expenses and costs were paid or incurred; **and**
- The tax jurisdictions in which the related member filed or will file its corporate income tax returns.

D. Did any entity, other than the related member, ever own the intangible property? Yes No

E. Were the intangible expenses and costs paid to a related member according to a written contract or contracts signed by both the taxpayer and related member? Yes No

F. Did the taxpayer rely on a transfer pricing study to determine the amount of intangible expenses and costs? Yes No

G. Did the taxpayer enter into the contract or contracts relating to the payment of intangible expenses and costs after corporate changes that were undertaken based, in whole or in part, on advice relating to the reduction of state taxes? Yes No

H. Were the intangible expenses and costs paid to a related member that:

- Has NOLs that offset the intangible expenses and costs it received? Yes No
- Filed or will file in a state or states that calculate the corporate income tax on a unitary basis? Yes No
- Filed or will file in a state that does not subject income from intangibles to tax? Yes No
- Paid or will pay dividends (directly or indirectly) to the taxpayer? Yes No

Total Exception Amount

| | | | | |
|----|---|----|--|----|
| 1. | Intangible expenses and costs paid to a related member. | 1. | | 00 |
| 2. | Interest expenses and costs related to the intangible property. | 2. | | 00 |
| 3. | Total: Add Line 1 and Line 2. Enter amount here and on Part II B, Line 1. | 3. | | 00 |

Form CT-1120U

Unitary Corporation Business Tax Return

2009

Enter Income Year Beginning , 2009, and Ending

| | | | |
|--|----|---|----------------|
| Total assets | 00 | Name of parent or designated Connecticut parent corporation | |
| Gross receipts | 00 | Address | PO Box |
| NAICS code: See instructions. | | City or town | State ZIP code |
| Audited by <input type="checkbox"/> F <input type="checkbox"/> O | | | |

| | |
|---------------------------------------|------|
| Parent or Designated CT Parent | |
| Connecticut Tax Registration Number | |
| DRS use only | - 20 |
| Federal Employer ID Number (FEIN) | |

- Check All Applicable Boxes**
1. Address change 2. Unitary return status: Final Short period
3. Has any corporation within the group: Dissolved Withdrawn Merged/Reorganized: Enter survivor's CT Tax Reg # _____
4. Is this the first year this group is filing a unitary return? Yes (Attach **Form CT-1120Q** and **Form CT-1120CC**.) No
5. Does any nexus company pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member? Yes (Attach **Form CT-1120AB**.) No
6. Is the unitary group exchanging R & D tax credits? Yes (Attach **Form CT-1120 XCH**.) No
7. Did the unitary group annualize its estimated tax payments? Yes (Attach **Form CT-1120I**.) No
8. Is any corporation filing Form CT-1120 PIC? Yes (Attach **Form CT-1120 PIC**.) No

Visit the DRS Taxpayer Service Center (TSC) at www.ct.gov/TSC to pay this return electronically.

Schedule of Corporations Included in the Unitary Return If additional lines are needed, attach a schedule.

| 1. | Corporation Name | Nexus With CT (✓) | CT Tax Registration Number* | FEIN |
|----|--|-------------------|-----------------------------|------|
| | Common parent or designated Connecticut parent | ▶ | — | |
| 2. | | ▶ | — 000 | |
| 3. | | ▶ | — 000 | |

*CT Tax Registration Number must be included for parent and all affiliates, if applicable.

Minimum Tax Calculation

| | | | | |
|---|---|---|--|----|
| 1. Enter the total number of corporations included in this unitary return. | ▶ | 1 | | |
| 2. Minimum tax: Multiply Line 1 by \$250. | ▶ | 2 | | 00 |

- Attach a Complete Copy of Form 1120 Including all Schedules as Filed With the Internal Revenue Service -

Schedule A - Computation of Tax on Net Income

| | | | | |
|---|---|---|----|----|
| 1. Net income from <i>Schedule D</i> , Line 22 | ▶ | 1 | | 00 |
| 2. Apportionment fraction from Form CT-1120A , <i>Schedule R</i> | ▶ | 2 | 0. | |
| 3. Connecticut net income: Multiply Line 1 by Line 2. | ▶ | 3 | | 00 |
| 4. Operating loss carryover: See instructions. | ▶ | 4 | | 00 |
| 5. Income subject to tax: Subtract Line 4 from Line 3. | ▶ | 5 | | 00 |
| 6. Tax: Multiply Line 5 by 7.5% (.075). | ▶ | 6 | | 00 |

Schedule B - Computation of Minimum Tax on Capital

| | | | | |
|---|---|---|----|----|
| 1. Minimum tax base from <i>Schedule E</i> , Line 6, Column C | ▶ | 1 | | 00 |
| 2. Apportionment fraction from Form CT-1120A, <i>Schedule S</i> | ▶ | 2 | 0. | |
| 3. Multiply Line 1 by Line 2. | ▶ | 3 | | 00 |
| 4. Number of months covered by this return | ▶ | 4 | | |
| 5. Multiply Line 3 by Line 4. Divide the result by 12. | ▶ | 5 | | 00 |
| 6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. | ▶ | 6 | | 00 |

Schedule C - Computation of Amount Payable

| | | | | |
|--|---|----|--|----|
| 1a. Tax: Greater of <i>Schedule A</i> , Line 6; <i>Schedule B</i> , Line 6; or minimum tax. | ▶ | 1a | | 00 |
| 1b. Surtax: Line 1a multiplied by 10% (.10). If Line 1a is minimum tax, enter "0." | ▶ | 1b | | 00 |
| 1c. Recapture of tax credits: See instructions. | ▶ | 1c | | 00 |
| 1. Total tax: Enter the total of Lines 1a through 1c. If no tax credits claimed, also enter on Line 6. | ▶ | 1 | | 00 |
| 2. Multiply Line 1 by 30% (0.30). | ▶ | 2 | | 00 |
| 3. Enter the greater of Line 2 or minimum tax. | ▶ | 3 | | 00 |
| 4. Tax credit limitation: Subtract Line 3 from Line 1. | ▶ | 4 | | 00 |
| 5. Tax credits from Form CT-1120K , Part II, Line 11. See instructions. Do not exceed amount on Line 4. | ▶ | 5 | | 00 |
| 6. Balance of tax payable: Subtract Line 5 from Line 1. | ▶ | 6 | | 00 |
| 7a. Paid with application for extension from Form CT-1120 EXT | ▶ | 7a | | 00 |
| 7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & ESD | ▶ | 7b | | 00 |
| 7c. Overpayment from prior year | ▶ | 7c | | 00 |
| 7. Tax payments: Enter the total of Lines 7a, 7b, and 7c. | ▶ | 7 | | 00 |
| 8. Balance of tax due (overpaid): Subtract Line 7 from Line 6. | ▶ | 8 | | 00 |
| 9. Add: Penalty ▶(9a) <u> .00</u> Interest ▶(9b) <u> .00</u> CT-1120I Interest ▶(9c) <u> .00</u> | ▶ | 9 | | 00 |
| 10. Amount to be credited to 2010 estimated tax ▶(10a) <u> .00</u> Refunded ▶(10b) <u> .00</u> | ▶ | 10 | | 00 |
| 11. Balance due with this return: Add Line 8 and Line 9. | ▶ | 11 | | 00 |

Schedule D – Computation of Net Income

| | | | | |
|---|---|----|--|----|
| 1. Federal taxable income (loss) before net operating loss and special deductions | ▶ | 1 | | 00 |
| 2. Interest income wholly exempt from federal tax | ▶ | 2 | | 00 |
| 3. Unallowable deduction for corporation tax from <i>Schedule F</i> , Line 4 | ▶ | 3 | | 00 |
| 4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1 | ▶ | 4 | | 00 |
| 5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 3 | ▶ | 5 | | 00 |
| 6. Federal bonus depreciation: See instructions. | ▶ | 6 | | 00 |
| 7. Cancellation of debt income deferred on I.R.C. §108(i) election statement | ▶ | 7 | | 00 |
| 8. I.R.C. §199 domestic production activities deduction | ▶ | 8 | | 00 |
| 9. Other: Attach explanation. | ▶ | 9 | | 00 |
| 10. Total: Add Lines 1 through 9. | ▶ | 10 | | 00 |
| 11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 4 | ▶ | 11 | | 00 |
| 12. Capital loss carryover (if not deducted in computing federal capital gain) | ▶ | 12 | | 00 |
| 13. Capital gain from sale of preserved land | ▶ | 13 | | 00 |
| 14. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 10 | ▶ | 14 | | 00 |
| 15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1 | ▶ | 15 | | 00 |
| 16. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2 | ▶ | 16 | | 00 |
| 17. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3 | ▶ | 17 | | 00 |
| 18. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB , Part II B, Line 1 | ▶ | 18 | | 00 |
| 19. Reserved for future use | ▶ | 19 | | |
| 20. Other: See instructions. | ▶ | 20 | | 00 |
| 21. Total: Add Lines 11 through 20. | ▶ | 21 | | 00 |
| 22. Net income: Subtract Line 21 from Line 10. Enter here and on <i>Schedule A</i> , Line 1. | ▶ | 22 | | 00 |

| Schedule E – Computation of Minimum Tax Base See instructions. | Column A | | Column B | | Column C <i>(Column A plus Column B) Divided by 2</i> |
|---|-------------------|----|-------------|----|--|
| | Beginning of Year | | End of Year | | |
| 1. Capital stock from federal Schedule L, Line 22a and Line 22b | | 00 | | 00 | |
| 2. Surplus and undivided profits from federal Schedule L, Lines 23, 24, and 25 | | 00 | | 00 | |
| 3. Surplus reserves: Attach schedule. | | 00 | | 00 | |
| 4. Total: Add Lines 1, 2, and 3. Enter average in Column C. | | 00 | | 00 | 00 |
| 5. Holdings of stock of private corporations: Attach schedule. Enter average in Column C. | | 00 | | 00 | 00 |
| 6. Balance: Subtract Line 5, Column C, from Line 4, Column C. Enter here and on <i>Schedule B</i> , Line 1. | | | | | 00 |

| Schedule F – Taxes | | | |
|--|---|---|----|
| 1. Connecticut corporation business taxes deducted in the computation of federal taxable income | ▶ | 1 | 00 |
| 2. Other taxes: See instructions. | ▶ | 2 | 00 |
| 3. Tax on or measured by income or profits imposed by other states or political subdivisions deducted in the computation of federal taxable income: Attach schedule. | ▶ | 3 | 00 |
| 4. Total unallowable deduction for corporation business tax purposes: Add Line 1 and Line 3. Enter here and on <i>Schedule D</i> , Line 3. | ▶ | 4 | 00 |

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | | |
|--|---|-------------------------------|--|----------------------|---|
| Sign Here Keep a copy of this return for your records. | Corporate officer's name (<i>print</i>) | Corporate officer's signature | | Date | May DRS contact the preparer shown below about this return? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Title | | | Telephone number () | |
| | Paid preparer's name (<i>print</i>) | Paid preparer's signature | | Date | Preparer's SSN or PTIN |
| | Firm's name and address | | | FEIN | Telephone number () |

| | | |
|--|---|---|
| Mail return with payment to: Department of Revenue Services State of Connecticut PO Box 2974 Hartford CT 06104-2974 | Mail return without payment to: Department of Revenue Services State of Connecticut PO Box 150406 Hartford CT 06115-0406 | Make check payable to: Commissioner of Revenue Services |
|--|---|---|

Form CT-1120U

Unitary Corporation Business Tax Return Instructions

2009

Who May File Form CT-1120U

If the taxpayer, in computing net income under Conn. Gen. Stat. §12-217, is required to add back otherwise deductible interest expenses and costs directly or indirectly paid, accrued, or incurred to one or more related members, the taxpayer may elect to calculate its tax on a unitary basis using **Form CT-1120U**, including all members of the unitary group provided there are substantial intercorporate business transactions among such included corporations.

Who Must File Form CT-1120CR

If the taxpayer petitions the Commissioner to file a combined corporation business tax return on a unitary basis, because the statutory method of determining the taxpayer's combined measure of the tax is deemed by the taxpayer to unfairly attribute an undue proportion of its taxable income or minimum tax base to Connecticut, and the petition is granted by the Commissioner, the taxpayer must calculate its tax as stated in the Commissioner's letter, filing **Form CT-1120CR**, *Combined Corporation Business Tax Return*.

Definition of a Unitary Business

A **Unitary Business** is characterized by significant flows of value evidenced by factors such as those described in *Mobil Oil Corp. v. Vermont*, 445 U.S. 425 (1980): functional integration, centralization of management, and economies of scale. These factors provide evidence of whether the business activities operate as an integrated whole or exhibit substantial mutual interdependence. Facts suggesting the presence of the factors mentioned above should be analyzed in combination for their cumulative effect and not in isolation.

Consent and Notice of Election

Each corporation that consents to be included in a Unitary Corporation Business Tax Return must submit **Form CT-1120CC**, *Combined Return Consent*, for the initial income year for which the election is being made. The election to file a unitary return must be made by the electing corporations not later than the due date or the extended due date of the returns for which the election is made. The election to file a unitary return must be in effect for at least five income years, and will continue in effect thereafter until it is revoked.

Change of Election

Any corporation that has elected to file a unitary return may subsequently revoke its election; however, the revocation will not be effective before the fifth income year immediately following the initial income year in which the corporation elected to file a unitary return. The election to discontinue the unitary filing must be submitted in writing on **Form CT-1120CC-R**, *Revocation of Election and Consent to File Combined Corporation Business Tax Return*, by each corporation included in the unitary return. The election must be made by the electing corporations by the due date or the extended due date of the return for the initial income year for which the election is made.

Calculation of the Unitary Tax

The unitary return is subject to the following:

- The unitary group must meet the definition of a unitary business as stated above;
- The unitary tax is calculated using *water's edge* combined reporting;
- The unitary group must use an apportionment formula consisting of property, payroll, and double weighted gross receipts under Conn. Gen. Stat. §12-218(c);
- Each corporation included in the unitary group is subject to the minimum tax under Conn. Gen. Stat. §12-219; **and**
- The unitary group must calculate the capital base tax under Conn. Gen. Stat. §12-219 on a unitary basis. In calculating the capital base tax, intercompany stock holdings should be eliminated;

Special Instructions for First Year Unitary Filers

- The unitary group cannot use net operating losses that have been carried forward from returns filed prior to the establishment of the Connecticut unitary group. Only losses incurred by the unitary group in the first year of the unitary return, and thereafter, can be taken on the unitary return;
- The unitary group cannot use tax credits that were earned prior to the establishment of the Connecticut unitary group. Only tax credits earned by the unitary group in the first year of the unitary return, and thereafter, can be claimed on the unitary return; **and**
- If the taxpayer elects to file on a unitary basis, the election is irrevocable for five successive income years.

General Computation

The unitary tax shall be measured by the combined entire net income of all the corporations included in the return as if they were one corporation. In computing combined entire net income, intercorporate dividends shall be eliminated. The combined entire net income of such corporations shall be apportioned to Connecticut as if they were one corporation, and the provisions of Conn. Gen. Stat. §12-223b governing intercompany rents and business receipts shall apply.

Attachments Required

Attach to Form CT-1120U a complete copy of the federal consolidated return, including income statements and balance sheets, federal M-1 adjustments, and a schedule of intercompany eliminations as filed with the Internal Revenue Service (IRS).

Form CT-1120 must be completed and attached to Form CT-1120U, for each corporation with nexus to Connecticut included in the unitary group.

Form CT-1120Q, *Connecticut Corporate Unitary Questionnaire*, must be completed and attached to Form CT-1120U.

Form CT-1120AB, *Summary of Add Back and Exceptions to Add Back of Interest and Intangible Expenses*, must be completed and attached to Form CT-1120U if applicable.

All applicable tax credit forms, schedules, and any other required forms must be attached to and made part of this tax return for each corporation included in the unitary group.

When to File Form CT-1120U

Every corporation must file a return on or before the first day of the month following the due date of the company's corresponding federal income tax return for the income year (April 1 for calendar year taxpayers). In the case of any company that is not required to file a federal income tax return for the income year, the Connecticut unitary corporation business tax return is due on or before the first day of the fourth month following the end of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. The return will meet the timely filed and timely payment rules if the U.S. Postal Service cancellation date, or the date recorded or marked by a designated private delivery service (PDS) using a designated type of service, is on or before the due date. Not all services provided by these designated PDSs qualify.

The following are the designated PDSs and designated types of service at the time of publication:

| Federal Express (FedEx) | United Parcel Service (UPS) |
|---|---|
| <ul style="list-style-type: none">FedEx Priority OvernightFedEx Standard OvernightFedEx 2DayFedEx International PriorityFedEx International First | <ul style="list-style-type: none">UPS Next Day AirUPS Next Day Air SaverUPS 2nd Day AirUPS 2nd Day Air A.M.UPS Worldwide Express PlusUPS Worldwide Express |

This list is subject to change. See **Policy Statement 2008(3), Designated Private Delivery Services and Designated Types of Service.**

If Form CT-1120U is filed late, see *Interest* and any of the applicable penalty sections on Page 3 to determine if interest and penalty should be reported with this return.

Extension Request

To get an extension of time to file the annual return, the unitary group must file **Form CT-1120 EXT, Application for Extension of Time to File Corporation Business Tax Return**, not later than the first day of the month following the due date of the unitary group's corresponding federal income tax return for the income year (April 1 for calendar year taxpayers). In the case of any company not required to file a federal income tax return for the income year, the extension request must be filed on or before the first day of the fourth month following the end of the income year. Payment of the total tax due must be included with the request. The timely filing of Form CT-1120 EXT will automatically extend the due date for six months.

Form CT-1120 EXT extends *only* the time to file the unitary tax return; it does not extend the time to pay the tax.

Payment Options

Pay Electronically: Visit www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to make a direct tax payment. After logging into the **TSC**, select the *Make Payment Only* option and choose a tax type from the drop down box. Using this option authorizes the Department of Revenue Services (DRS) to electronically withdraw a payment from your bank account (checking or savings) on



a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.

Pay by Credit Card or Debit Card: You may elect to pay your expected 2009 corporation business tax liability using a credit card (American Express®, Discover®, MasterCard®, or VISA®) or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction you will be given a confirmation number for your records. There are three ways to pay by credit card:

- Log in to your account in the **TSC** and select *Make Payment by Credit Card*;
- Visit: www.officialpayments.com and select *State Payments*; or
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

Pay by Mail: Make your check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2009 Form CT-1120U" and the corporation's Connecticut Tax Registration Number on the front of the check. Be sure to sign your check and paper clip it to the front of your return. **Do not send cash.** DRS may submit your check to your bank electronically.

Where to File

A corporation filing Form CT-1120U must continue to submit paper returns to DRS.

Mail return **with payment** to:

Department of Revenue Services
State of Connecticut
PO Box 2974
Hartford CT 06104-2974

Mail return **without payment** to:

Department of Revenue Services
State of Connecticut
PO Box 150406
Hartford CT 06115-0406

Amended Returns

Any corporation within the group that fails to include items of income or deduction or makes any other error on a return must file an amended return using **Form CT-1120X, Amended Corporation Business Tax Return**. A copy of federal Form 1120X must be attached to substantiate any changes to federal net income.

Internal Revenue Service Changes

Corrections to taxable income by the IRS must be reported to the Commissioner of Revenue Services on or before 90 days after the final determination of the change. All federal adjustments must be reported using Form CT-1120X. An extension request for reporting federal audit changes may be submitted in writing to the Commissioner of Revenue Services stating the reason additional time is required.

Estimated Tax Payments

Every corporation carrying on or having the right to carry on business in Connecticut whose current year tax exceeds \$1,000 must make its required annual payment in four installments. See instructions on **Forms CT-1120 ESA, ESB, ESC, and ESD**, *Estimated Corporation Business Tax*.

If a corporation is not paying its estimated tax electronically, using these forms ensures accuracy and timeliness in processing the corporation's estimated tax payments. Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms.

The required annual payment is the lesser of:

- 90% of the tax shown on the return for the income year, or, if no return is filed, 90% of the tax for such year; **or**
- 100% of the tax shown on the return for the previous income year without regard to any tax credit, if the previous income year was an income year of 12 months and if the company filed a return for the previous income year showing a liability for tax.

Estimated tax due dates (for calendar year filers):

| |
|--|
| 1st Installment - March 15, 2010 |
| 30% of prior year tax including surtax (without regard to credits) or 27% of current year tax |
| 2nd Installment - June 15, 2010 |
| 70% of prior year tax including surtax (without regard to credits) or 63% of current year tax |
| 3rd Installment - September 15, 2010 |
| 80% of prior year tax including surtax (without regard to credits) or 72% of current year tax. |
| 4th Installment - December 15, 2010 |
| 100% of prior year tax including surtax (without regard to credits) or 90% of current year tax |

If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

The above table indicates the applicable percentage of the required annual payment due by each installment due date under the regular installment method. For more information regarding estimated corporation business tax payments, including information regarding the annualized installment method, see **Informational Publication 2009(34)**, Q & A on *Estimated Corporation Business Tax and Worksheet CT-1120AE*.

Interest

Interest is computed at 1% per month or fraction of a month on the underpayment of tax from the original due date of the return through the date of payment. Interest due on the underpayment of estimated tax is computed using **Form CT-1120I**, *Computation of Interest Due on Underpayment of Estimated Corporation Business Tax*. Interest on underpayment or late payment of tax **cannot** be waived.

Penalty for Late Payment or Late Filing

The penalty for late payment or underpayment of corporation business tax is 10% of the tax due or \$50, whichever is greater. If a request for a filing extension has been granted, a

corporation may avoid a penalty for failure to pay the full amount due by the original due date if it:

- Pays at least 90% of the tax shown to be due on the return on or before the original due date of the return; **and**
- Pays the balance due with the filing of Form CT-1120U, on or before the extended due date.

If no tax is due, DRS may impose a \$50 penalty for the late filing of any return or report required by law to be filed.

Penalty for Willful Failure to File or Pay

Anyone who willfully fails to pay the tax or file a return may be fined up to \$1,000 or imprisoned up to one year, or both, in addition to any other penalty.

Penalty for Willful Filing of a Fraudulent or Materially False Return

If you willfully file a tax return you know to be fraudulent or false in any material matter, you may be fined up to \$5,000 or imprisoned from one to five years, or both.

Penalty for Failure to Disclose Listed Transaction

A penalty of 75% of the amount of the deficiency may be imposed when it appears that any part of the deficiency is due to failure to disclose a listed transaction, as defined in I.R.C. §6707A.

Waiver of Penalty

A taxpayer may be able to have its penalty waived if the failure to file or pay tax on time was due to a reasonable cause and was not intentional or due to neglect. Interest cannot be waived. Before a penalty waiver can be granted, all tax and interest must be paid. All requests must include:

- A clear and complete written explanation;
- The corporation name, Connecticut Tax Registration Number, and Federal Employer Identification Number (FEIN) if applicable;
- The name of the original form filed or billing notice received;
- The taxable filing period; **and**
- Documentation supporting your explanation.

Attach the request to the **front** of the tax return or mail separately to:

Department of Revenue Services
Penalty Waiver Unit
PO Box 5089
Hartford CT 06102-5089

General Instructions

Complete this return in blue or black ink only.

Required Information

Enter the beginning and ending dates of the parent or designated Connecticut parent corporation's income year regardless of whether the corporation is a calendar year or fiscal year filer. Also, enter the parent or designated Connecticut parent corporation's Connecticut Tax Registration Number; FEIN; total assets from the corporation's federal Form 1120, U.S. Corporation Income Tax Return, Schedule L, Line 15, Column (d); gross receipts, net of returns and allowances from federal Form 1120, Line 1c; and North American Industry

Classification System (NAICS) code for principal business activity, in the spaces provided at the top of Form CT-1120U.

NAICS Code for Principal Business Activity

Form CT-NAICS, *NAICS Codes for Principal Business Activity for Connecticut Tax purposes* is available on the DRS website. Visit www.census.gov for general information concerning the classification of principal business activity under NAICS.

Check and Complete Applicable Boxes

1. Address change. To make any changes to the parent or designated Connecticut parent's corporation address, clearly print the new information, check the *address change* box, and file **Form CT-8822C**, *Corporation Business Tax Change of Address*. If the *address change* box is checked, a completed Form CT-8822C **must** be attached to Form CT-1120U.

2. Unitary return status. If this is the last year that the unitary group is filing a unitary return, check the *final* box.

If the corporation is filing for a short period, check the *short period* box.

3. Check the corresponding box to indicate if any corporation within the group has dissolved, withdrawn, merged, or reorganized:

- **Dissolution**

To properly dissolve a domestic corporation you must file a Certificate of Dissolution with the Connecticut Office of the Secretary of the State. A dissolved corporation **must** file a return for the period up to the date of legal dissolution or the date of the final liquidation of assets, whichever is later.

Any dissolved corporation that continues to conduct business **must** be included in Form CT-1120U and pay any taxes due. If a corporation has been dissolved by forfeiture and wishes to be reinstated, it must submit a written request for a tax clearance to:

Department of Revenue Services
Corporation Office Audit Unit
25 Sigourney Street
Hartford CT 06106-5032

The tax clearance and certificate of reinstatement must be filed with the Connecticut Office of the Secretary of the State.

- **Withdrawal From State**

A foreign corporation that wishes to withdraw from Connecticut must file a written application for withdrawal with the Connecticut Office of the Secretary of the State. Any corporation that has withdrawn must file Form CT-1120 up to the date of withdrawal and pay any taxes due.

- **Mergers and Reorganizations**

A corporation that has merged must file a written application with the Connecticut Office of the Secretary of the State. Any corporation that has merged must include a Form CT-1120 covering the period up to the date of merger and pay any tax due.

Any corporation that is reorganized must submit the details concerning the reorganization in writing and disclose the survivor's Connecticut Tax Registration Number. Mail to:

Department of Revenue Services
State of Connecticut
PO Box 2937
Hartford CT 06104-2937

For further information about withdrawal from the state, mergers and reorganizations, or dissolutions, contact the Connecticut Office of the Secretary of the State at 860-509-6000.

4. If this is the first year this group is filing a unitary return, check the corresponding box and attach Form CT-1120Q and Form CT-1120CC.

5. Check the corresponding box and attach Form CT-1120AB, if any nexus company within the unitary group pays, accrues, or incurs interest expenses or intangible expenses, costs, and related interest expenses to a related member.

6. Check this box if the unitary group is exchanging Research and Development tax credits available under Conn. Gen. Stat. §§12-217j or 12-217n, for a credit refund equal to 65% of the value of the credit, subject to certain limitations. Attach **Form CT-1120RC**, *Research and Experimental Expenditures Credit*, or **Form CT-1120 RDC**, *Research and Development Credit*, and **Form CT-1120 XCH**, *Application for Exchange of Research and Development or Research and Experimental Expenditures Tax Credits by a Qualified Small Business*.

7. Check this box if the unitary group used the annualized installment method to make its estimated tax installments for this year. Complete Form CT-1120I, and attach it to Form CT-1120U. For more information regarding the annualized installment method, see **IP 2009(34)**.

8. Check this box if any included corporation is filing **Form CT-1120 PIC**, *Information Return for Passive Investment Companies*. If this box is checked, Form CT-1120 PIC **must** be attached. Passive investment companies must be related to a financial service company or to an insurance company. Passive Investment companies are exempt from the corporation business tax but must file Form CT-1120 PIC.

Line Instructions

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round to whole dollars, DRS will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Schedule of Corporations Included in the Unitary Return

Enter the corporation name, Connecticut Tax Registration Number, and FEIN for each company included in this unitary return. Check the corresponding column if the company has nexus with Connecticut. A Connecticut Tax Registration Number must be included for parent and all affiliates, if applicable. Attach a schedule if additional lines are needed.

Minimum Tax Calculation

Each corporation included in the unitary group is subject to the \$250 minimum tax. Enter the total number of corporations in the unitary return. Multiply Line 1 by \$250 and enter the result on Line 2. This is the minimum tax.

Schedule A - Computation of Tax on Net Income

Line 2 - Enter the apportionment fraction calculated using an apportionment formula consisting of property, payroll, and double weighted gross receipts as described in Conn. Gen. Stat. §12-218(c), as reported on **Form CT-1120A, Corporation Business Tax Return Apportionment Computation, Schedule R**, Line 6. The fraction must be expressed as a decimal and carried to six places.

Line 4 - If this is the group's first year filing a unitary return, no net operating loss carryovers are allowed.

If this is not a first year unitary filing, enter the amount of any unused unitary losses from **Form CT-1120 ATT, Corporation Business Tax Return Attachment, Schedule H**, Column D, attributable to Connecticut business operations as reported in years ending December 31, 2000, and thereafter.

Net operating losses incurred for income years beginning on or after January 1, 2000, may be carried forward for 20 successive income years. Losses may not be carried back. The loss entered here is limited to the loss attributed to Connecticut according to the method of apportionment prescribed in Conn. Gen. Stat. §12-218.

Schedule B - Computation of Minimum Tax on Capital

The unitary group must calculate the capital tax base under Conn. Gen. Stat. §12-219 on a unitary basis.

Line 2 - Enter the apportionment fraction from Form CT-1120A, *Schedule S*, Line 3, Column C. The fraction must be expressed as a decimal and carried to six places.

Line 3 - Enter the amount from Line 1 multiplied by Line 2, or enter the amount from Line 1 if not entitled to apportion.

Line 4 - Enter the number of months the unitary group carried on business or had the right to carry on business in Connecticut, whichever is greater. A fractional part of a month is counted as a full month.

Line 5 - Multiply Line 3 by Line 4. Divide the result by 12 and enter the amount.

Schedule C - Computation of Amount Payable

Line 1b - Multiply Line 1a by 10%.

Line 1c - Enter the total tax credits that must be recaptured. The following tax credits are subject to recapture:

- Employer-Assisted Housing Tax Credit
- Fixed Capital Investment Tax Credit
- New Jobs Creation Tax Credit
- Urban and Industrial Site Reinvestment Tax Credit

In most cases, other than the Fixed Capital Investment Tax Credit, the corporation will have been advised by the agency administering the tax credit that recapture is required. A corporation is required to recapture the Fixed Capital Investment Tax Credit when the fixed capital is not held and used in Connecticut by the corporation for five full years following its acquisition. See **Form CT-1120 FCIC, Fixed Capital Investment Tax Credit**, to calculate the amount

of tax credit that must be recaptured. See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**.

Line 5 - Enter the total tax credits applied from **Form CT-1120K, Business Tax Credit Summary**, Part II, Line 11. Do not exceed the amount on Line 4. Carryforward credits from pre-unitary filing years cannot be used.

Schedule D - Computation of Net Income

Line 1 - Enter the total federal taxable income (loss) before net operating loss and special deductions of all the companies that are included in the Connecticut unitary group.

Line 2 - Enter the total interest income exempt from federal taxation of all companies included in the Connecticut unitary group.

Line 3 - Enter the total unallowable deduction for corporation business tax of all companies included in the Connecticut unitary group.

Line 4 - Enter the total interest expense paid to related members from Form CT-1120AB, Part I A, Line 1.

Line 5 - Enter the total intangible expense paid to related members from Form CT-1120AB, Part I B, Line 3.

Line 6 - Enter the amount of the federal bonus depreciation allowed under I.R.C. §168(k) and claimed on federal Form 4562, Depreciation and Amortization.

Line 7 - Enter the cancellation of debt income amount deferred on I.R.C. §108(i) election statement attached to federal Form 1120.

Line 8 - Enter the I.R.C. §199 domestic production activities deduction from federal Form 1120, Line 25.

Line 9 - Enter any other income amount. Attach an explanation.

Line 12 - Enter the amount of any available capital loss carryover not deducted in computing federal capital gain. This amount is limited to the amount of the capital gain reported on the federal return as provided in Conn. Gen. Stat. §12-217.

Line 13 - Enter the value of any capital gain realized from the sale of any land or interest in land, to the state, any political subdivision of the state, or to any nonprofit land conservation organization where the land is to be permanently preserved as protected open space or to a water company, as defined in Conn. Gen. Stat. §25-32a, where the land is to be permanently preserved as protected open space or as Class I or Class II water company land.

Line 15 - Enter the amount of exceptions to interest add back from Form CT-1120AB, Part II A, Line 1.

Line 20 - Enter the amount from Form CT-1120AB, Part IV, Line 1.

Line 22 - Subtract Line 21 from Line 10. Enter the result here and on *Schedule A*, Line 1.

Schedule E - Computation of Minimum Tax Base

In calculating the capital base, intercompany stock holdings should be eliminated.

Line 1 - Enter the beginning (Column A) and ending (Column B) values of the issued and outstanding capital stock including treasury stock at par or face value, fractional shares, scrip certificates, and payments on subscriptions. See federal Form 1120, Schedule L, Line 22a and Line 22b.

Line 2 - Enter the beginning (Column A) and ending (Column B) values of paid-in or capital surplus, including retained earnings. Any deficit must be reported as a negative number. See federal Form 1120, Schedule L, Lines 23, 24, and 25.

Line 3 - Enter the beginning (Column A) and ending (Column B) values of all surplus reserves (including deferred taxes). Attach a schedule of all surplus **reserves** to support the amounts shown on Line 3.

A **reserve** is an amount set aside or deducted from current or retained earnings for meeting future liabilities.

Line 4 - Add Lines 1, 2, and 3 in both Column A and Column B. Enter in Column C the average of Column A and Column B.

Line 5 - Enter the total holdings of stock in Column A and Column B. Enter the average of Column A and Column B on Line 5, Column C.

Attach a schedule that lists the beginning and ending book values of total holdings of stock of **private corporations**, including treasury stock. The total book value of shares must equal the amount claimed as a deduction on *Schedule E*, Line 5. The book value of stock does not include the value of other assets acquired and held in connection with or incidental to the ownership of such stock.

Private corporations means all non-governmental corporations, whether closely or publicly held.

Line 6 - Subtract Line 5, Column C, from Line 4, Column C. Enter the result here and on Form CT-1120U, *Schedule B*, Line 1.

Schedule F - Taxes

Conn. Gen. Stat. §12-217 disallows any deduction for the Connecticut corporation business tax and any deduction for taxes imposed on or measured by income or profits by any state, political subdivision, or the District of Columbia.

Line 1 - Enter the amount of Connecticut corporation business tax deducted in arriving at federal taxable income.

Line 2 - Enter the total of all payroll taxes, real property taxes, personal property taxes, and any other tax not based on income or profits, deducted in arriving at federal taxable income.

Line 3 - Enter any corporate tax imposed on or measured by income or profits by any state (other than Connecticut) or political subdivision, or the District of Columbia, deducted in the computation of federal taxable income.

Line 4 - Add the amounts on Line 1 and Line 3. Enter the total here and on *Schedule D*, Line 3.

Signature

The unitary return must be signed by a duly authorized officer.

Paid Preparer Signature

A paid preparer must sign and date Form CT-1120U. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) and their firm's FEIN the spaces provided.

Paid Preparer Authorization

If the unitary group wants to authorize DRS to contact the paid preparer who signed the 2009 Unitary Corporation Business Tax Return to discuss it, check the **Yes** box in the signature area of the return. This authorization applies only to the individual whose signature appears in the *paid preparer's signature* section of the unitary return. It does not apply to the firm, if any, shown in that section.

If the **Yes** box is checked, the unitary group is authorizing DRS to call the paid preparer to answer any questions that may arise during the processing of the 2009 Unitary Corporation Business Tax Return. The unitary group is also authorizing the paid preparer to:

- Give DRS any information that is missing from the unitary return;
- Call DRS for information about the processing of the unitary group's return or the status of the unitary group's refund or payment; **and**
- Respond to certain DRS notices that the unitary group may have shared with the preparer regarding math errors, offsets, and return preparation. The notices will not be sent to the preparer.

The unitary group is **not** authorizing the paid preparer to receive any refund check, bind the unitary group to anything (including additional tax liability), or otherwise represent the unitary group before DRS. The authorization cannot be revoked. However, the authorization will automatically end no later than the due date (without regard to extensions) for filing the 2010 Unitary Corporation Business Tax Return. This is on or before the first day of the month following the due date of the unitary group's corresponding federal income tax return for the income year (April 1 for calendar year filers).

For Further Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only), **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Form CT-1120Q

Connecticut Corporate Unitary Questionnaire

ENTER INCOME YEAR BEGINNING _____, _____, AND ► ENDING _____, _____

Name of Parent or Designated CT Parent Corporation

| |
|---|
| Parent or Designated CT Parent Connecticut Tax Registration Number |
|---|

Purpose

Form CT-1120Q, *Connecticut Corporate Unitary Questionnaire*, must be completed each year by any taxpayer subject to the interest add back and who is electing to file **Form CT-1120U**, *Unitary Corporation Business Tax Return*. Form CT-1120Q must be attached to Form CT-1120U.

General Information

Complete this form in blue or black ink only. The questions should be analyzed for their cumulative effect, not individually. If, after completing this form, questions still exist regarding unitary activity, contact the Department of Revenue Services (DRS), Taxpayer Services Division at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere).

Affiliated Companies (If additional lines are needed, attach a worksheet.)

| | |
|-----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

Insert the number of the appropriate affiliate in the proper response block for each question.

| | Yes | No | Statement Attached (✓) |
|--|-----|----|------------------------|
| 1. Does the parent guarantee loans for the affiliate? | | | |
| 2. Does the parent approve loans for the affiliate? | | | |
| 3. Do the parent and the affiliate loan or advance money to each other, either by direct loans or intercompany receivable accounts? | | | |
| 4. Do the parent and affiliate have a written agreement regarding these loans or finances? | | | |
| 5. Did the parent purchase the affiliate? | | | |
| 6. Did the parent form the affiliate? | | | |
| 7. Does the affiliate provide an element of vertical integration for the parent? | | | |
| 8. Is the affiliate engaged in one specific function (e.g., exploration, transportation, processing, refining, manufacturing, or marketing) for the group? | | | |
| 9. Does the parent make the decision on or approve any major purchase contract for the affiliate? | | | |
| 10. Does the parent purchase raw materials for the affiliate? | | | |
| 11. Does the parent purchase inventory for the affiliate? | | | |
| 12. Does the parent purchase office equipment and supplies for the affiliate? | | | |
| 13. Does the parent obtain discounts or other benefits from volume purchases of raw materials or inventory? | | | |
| 14. Do the parent and the affiliate sell common or similar products? | | | |
| 15. Do the parent and affiliate make intercompany sales? | | | |
| 16. Do the parent and affiliate have common customers? | | | |
| 17. Are there any common shipping or transportation services? | | | |
| 18. Do the sales and service staffs of the parent perform the same functions for the affiliate? | | | |
| 19. Do the parent and affiliate have common personnel policies and procedures? | | | |
| 20. Are employees transferred from the parent to the affiliate or from the affiliate to the parent? | | | |
| 21. Is there a common or similar pension plan for employees of both the parent and affiliate? | | | |
| 22. Are common group insurance plans available for employees of both the parent and the affiliate? | | | |
| 23. Do the parent and the affiliate utilize a common or similar worker's compensation insurance policy? | | | |
| 24. Do the parent and the affiliate share a common labor union or bargaining unit? | | | |

| | Yes | No | Statement Attached (✓) |
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Declaration: 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 or document 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.

| | | | | |
|---|---|-------------------------------|----------------------|---|
| SIGN HERE Keep a copy of this return for your records | Corporate Officer's Name (<i>Print</i>) | Corporate Officer's Signature | Date | May DRS contact the preparer shown below about this return? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Title | | Telephone Number () | |
| | Paid Preparer's Name (<i>Print</i>) | Paid Preparer's Signature | Date | Preparer's SSN or PTIN |
| | Firm's Name and Address | | FEIN | Telephone Number () |

Form CT-1120I

(Rev. 12/09)

Computation of Interest Due on Underpayment of Estimated Tax

Enter Income Year Beginning _____, 2009, and Ending _____, _____

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

General Instructions

Complete this form in blue or black ink only. Use **Form CT-1120I** to determine interest due on underpayments of estimated Connecticut corporation business tax or unrelated business income tax for **Form CT-1120**, *Corporation Business Tax Return*; **Form CT-1120U**, *Unitary Corporation Business Tax Return*; **Form CT-1120CR**, *Combined Corporation Business Tax Return*; or **Form CT-990T**, *Connecticut Unrelated Business Income Tax Return*.

If the taxpayer made timely installment tax payments (**Forms CT-1120 ESA, ESB, ESC, and ESD** or **Forms CT-990T ESA, ESB, ESC, and ESD**) and paid at least 90% of the current year tax or 100% of the prior year tax before the application of any tax credits at the required installment rate, the taxpayer is not subject to interest on underpaid installments. If the current year tax is \$1,000 or less, it is not necessary to complete this form.

Estimated tax payments may be based on the applicable percentage of the current year tax determined by annualizing net income. See **Informational Publication 2009(34)**, *Q & A on Estimated Corporation Business Tax and Worksheet CT-1120AE*.

Special Instructions for 2009

Legislative changes made during the June and September Special Sessions of the General Assembly may increase a corporation's required annual payment for the 2009 taxable year. In the June and September Special Sessions of the General Assembly, the following changes were made to the Connecticut corporation business tax:

- A surtax in the amount of 10% was imposed on any corporation that has \$100,000,000 or more in gross income or that files as part of a combined or unitary return;
- The maximum preference tax applied to a Connecticut combined return was increased from \$250,000 to \$500,000;
- Connecticut decoupled from the federal deduction allowed for domestic production activities under Internal Revenue Code (I.R.C.) §199; **and**
- Connecticut decoupled from the deferral of cancellation of debt income under I.R.C. §108(i).

If any of the legislative changes noted above result in an increase in the corporation's 2009 required annual payment, the corporation should use the Annualized Income Installment Schedule in Part III.

Limit on Credits

The amount of tax credits otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of total tax due prior to the application of the tax credits. No tax credit can be applied against the minimum tax of \$250.

Surtax

A surtax of 10% of the tax on net income and a surtax of 10% of the tax on capital will apply for three income years beginning on or after January 1, 2009, and before January 1, 2012. The surtax does not apply to companies whose tax is equal to \$250. Companies whose gross income is less than \$100 million are exempt from the surtax unless they file as part of a combined or unitary return. The surtax is calculated without any reduction on account of any credit against the corporation business tax.

Line Instructions

Part I – Computation of Required Annual Payment

Line 1 - Enter the tax liability for the current income year from Form CT-1120 or Form CT-1120U, *Schedule C*, Line 6, minus *Schedule C*, Line 1c; Form CT-1120CR, Part IV, Line 13, minus Part IV, Line 4; or Form CT-990T, *Computation of Amount Payable*, Line 5.

The amount entered on Line 1 should not include any recapture of tax credits.

Line 3 - Enter the total tax from the prior income year before the application of any tax credits. The amount entered on this line should not include any recapture of tax credits.

Part II – Computation of Required Installments

The required installment payments are due on or before the 15th day of the 3rd, 6th, 9th, and 12th months of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Lines 6 through 9 - Calculate the required minimum installment payments due. Multiply the required annual payment from Part I, Line 5, by the required installment rate and enter the result on the appropriate line.

Part III – Annualized Income Installment Schedule

You must complete one entire column before continuing to the next column.

Line 1 - Enter the corporation's total net income for the period. Adjustments required by 2009 legislation which add back the I.R.C. §199 domestic production activities deduction and the cancellation of debt income deferred on the I.R.C. §108(i) election statement, should be reflected in those columns which include the effective date of October 5, 2009.

Line 4 - The Connecticut corporation business tax rate for 2009 is 7.5%. Multiply Line 3 by 7.5% (.075).

Line 5 - Enter the amount of tax attributable to 2009 legislative changes into columns which include the effective date of October 5, 2009. Include amounts resulting from the imposition of the 10% surtax and the increase in the maximum preference tax.

Line 7 - Enter the corporation's estimated allowable Connecticut corporation business tax credits for the year. The credits are based on the annualized income for the period. The amount of tax credits allowable against the corporation business tax shall not exceed 70% of the amount of tax due prior to the application of the tax credits. In addition, no tax credit shall reduce an included corporation's tax calculated under Conn. Gen. Stat. §12-219 to an amount less than \$250.

Line 11 - Do not enter an amount in Column A. Enter in Column B the amount from Line 17, Column A. Enter in Column C the sum of Line 17, Column A, plus Line 17 Column B. Enter in Column D the sum of Line 17, Column A, plus Line 17, Column B, plus Line 17, Column C.

Line 13 - Enter the appropriate amount of your required installment as calculated in Part II, Lines 6 through 9, above.

Line 19 - Enter all estimated tax payments made through the payment due date for the period. Include overpayments of the prior year tax applied to the current year. In determining the payment amount, the corporation may apply an overpayment from the preceding income year, but only if the tax return for the preceding income year was filed prior to the due date of the estimated installment payment.

Part IV – Computation of Interest

Lines 10a, 13c, 16c, and 19c - Enter on the appropriate line the required installment amount due. The required installment amounts are computed as follows:

Regular Filers

Enter the amount from Part II, Lines 6 through 9; **or**

Annualized Filers

Enter the amount from Part III, Line 17, Column A, on Line 10a. Enter the amount from Part III, Line 17, Column B, on Line 13c. Enter the amount from Part III, Line 17, Column C, on Line 16c. Enter the amount from Part III, Line 17, Column D, on Line 19c.

Lines 10b, 11a, 12a, 13a, 14a, 15a, 16a, 17a, 18a, 19a, 20a, 21a, and 22a - Enter the payment amounts on the appropriate line according to the date of payment. Payments are first applied to any remaining unpaid installment balances that are due, and then are applied to the next required installment due.

Lines 10 through 22 - Interest is calculated monthly on the accumulated unpaid required installment balance due at 1% per month or fraction of a month.

Line 23 - Enter the total interest due on unpaid required installment balances by adding the amounts on Lines 10 through 22. This amount is also entered on the appropriate Connecticut tax form.

Payments accompanying an estimated installment Form CT-1120 ESA, ESB, ESC, and ESD or Form CT-990T ESA, ESB, ESC, and ESD, will be credited as of the U.S. Postal Service cancellation mark on the payment. The payment must be made or credit established on or before the due date of the required installment. Payments of estimated tax are credited first against underpaid installments in the order in which such installments are required to be paid. The overpayment from the filing of a corporation business tax return is established and credited as of the U.S. Postal Service cancellation mark on the completed return.

Taxpayers can use certain private delivery services, in addition to the U.S. Postal Service, for delivering returns, claims, statements or other documents, or payments, and meet the timely filing/payment rules. The timely filed and timely payment rules will be met if the U.S. Postal Service cancellation date, or the date recorded or marked by a designated private delivery service (PDS) using a designated type of service, is on or before the due date. Not all types of service provided by these designated PDSs qualify.

The following are the designated PDSs and designated types of service at the time of publication:

| Federal Express (FedEx) | United Parcel Service (UPS) |
|---|---|
| <ul style="list-style-type: none">• FedEx Priority Overnight• FedEx Standard Overnight• FedEx 2Day• FedEx International Priority• FedEx International First | <ul style="list-style-type: none">• UPS Next Day Air• UPS Next Day Air Saver• UPS 2nd Day Air• UPS 2nd Day Air A.M.• UPS Worldwide Express Plus• UPS Worldwide Express |

This list is subject to change. See **Policy Statement 2008(3), Designated Private Delivery Services, and Designated Types of Service.**

Taxpayer Service Center

The Department of Revenue Services (DRS) **Taxpayer Service Center (TSC)** allows taxpayers to electronically file, pay, and manage state tax responsibilities. To make electronic transactions or administer your tax account online, visit www.ct.gov/TSC and select *Business*.



| Part I – Computation of Required Annual Payment | |
|---|----|
| 1. Tax due from 2009 Form CT-1120 or Form CT-1120U , <i>Schedule C</i> , Line 6, minus <i>Schedule C</i> , Line 1c; Form CT-1120CR , Part IV, Line 13, minus Part IV, Line 4; or Form CT-990T , <i>Computation of Amount Payable</i> , Line 5. See instructions. | 1. |
| 2. Multiply Line 1 by 90% (.90). | 2. |
| 3. Tax from 2008 Form CT-1120 or Form CT-1120U , <i>Schedule C</i> , Line 1, minus <i>Schedule C</i> , Line 1c; or Form CT-1120CR , Part IV, Line 7, minus Part IV, Line 4; or Form CT-990T , <i>Computation of Amount Payable</i> , Line 3. See instructions. | 3. |
| 4. Multiply Line 3 by 100% (1.00). | 4. |
| 5. Required annual payment: Enter the lesser of Line 2 or Line 4. | 5. |

| Part II – Computation of Required Installments | |
|---|----|
| 6. First required installment: Multiply Line 5 by 30% (.30). Enter here and on Part III, Line 13, Column A, or Part IV, Line 10a. | 6. |
| 7. Second required installment: Multiply Line 5 by 40% (.40). Enter here and on Part III, Line 13, Column B, or Part IV, Line 13c. | 7. |
| 8. Third required installment: Multiply Line 5 by 10% (.10). Enter here and on Part III, Line 13, Column C, or Part IV, Line 16c. | 8. |
| 9. Fourth required installment: Multiply Line 5 by 20% (.20). Enter here and on Part III, Line 13, Column D, or Part IV, Line 19c. | 9. |

Part III – Annualized Income Installment Schedule

| Estimated Payment Calculation | You Must Complete One Column Entirely Before Continuing to the Next Column. | | | | | | | |
|--|---|----------------|---|----------------|---|----------------|---|-----------------|
| | A | First 2 Months | B | First 5 Months | C | First 8 Months | D | First 11 Months |
| 1. Enter your Connecticut corporation business income for each period. See instructions. | | | | | | | | |
| 2. Annualization factor | | 6 | | 2.4 | | 1.5 | | 1.09091 |
| 3. Annualized Connecticut corporation business income: Multiply Line 1 by Line 2. | | | | | | | | |
| 4. Multiply Line 3 by 7.5% (.075). | | | | | | | | |
| 5. 2009 increases in tax effective October 5, 2009 (See instructions.) | | | | | | | | |
| 6. Add Line 4 and Line 5. | | | | | | | | |
| 7. Corporation business tax credits: See instructions. | | | | | | | | |
| 8. Total annualized corporation business tax: Subtract Line 7 from Line 6. | | | | | | | | |
| 9. Applicable percentages | | .27 | | .63 | | .72 | | .90 |
| 10. Multiply Line 8 by Line 9. | | | | | | | | |
| 11. Add the amounts in all preceding columns of Line 10. See instructions. | | | | | | | | |
| 12. Annualized income installment using net income: Subtract Line 11 from Line 10. If zero or less, enter "0." | | | | | | | | |
| 13. Enter your required installment for the period. See instructions. | | | | | | | | |
| 14. Enter the amount from Line 16 of the preceding column of this worksheet. | | | | | | | | |
| 15. Add Line 13 and Line 14 and enter here. | | | | | | | | |
| 16. If Line 15 is more than Line 12, subtract Line 12 from Line 15 (otherwise enter "0"). | | | | | | | | |
| 17. Enter the lesser of Line 12 or Line 15. | | | | | | | | |
| 18. Total required installment for the period: Add Line 11 and Line 17. | | | | | | | | |
| 19. Estimated tax payments made through the due date for the period | | | | | | | | |
| 20. Estimated tax payment required by the next due date: Subtract Line 19 from Line 18 and enter the result, but not less than "0." | | | | | | | | |

| Part IV– Computation of Interest | | |
|--|-----|--|
| 10a. Enter the first required installment amount due on the 15th day of the third month. See instructions. | 10a | |
| 10b. Enter payments made or credits received on or before the 15th day of the third month. First installment due date | 10b | |
| 10c. First installment underpayment balance: Subtract Line 10b from Line 10a. | 10c | |
| 10. Interest due - 16th day of the third month through the 15th day of the fourth month Multiply Line 10c by .01 if greater than zero. | 10 | |
| 11a. Enter payments made or credits received on or before the 15th day of the fourth month. | 11a | |
| 11b. First installment underpayment balance: Subtract Line 11a from Line 10c. | 11b | |
| 11. Interest due - 16th day of the fourth month through the 15th day of the fifth month Multiply Line 11b by .01 if greater than zero. | 11 | |
| 12a. Enter payments made or credits received on or before the 15th day of the fifth month. | 12a | |
| 12b. First installment underpayment balance: Subtract Line 12a from Line 11b. | 12b | |
| 12. Interest due - 16th day of the fifth month through the 15th day of the sixth month Multiply Line 12b by .01 if greater than zero. | 12 | |
| 13a. Enter payments made or credits received on or before the 15th day of the sixth month. Second installment due date | 13a | |
| 13b. First installment underpayment balance: Subtract Line 13a from Line 12b. | 13b | |
| 13c. Enter the second required installment amount due on the 15th day of the sixth month. See instructions. | 13c | |
| 13d. Second installment underpayment balance: Add Line 13b and Line 13c. | 13d | |
| 13. Interest Due - 16th day of the sixth month through the 15th day of the seventh month Multiply Line 13d by .01 if greater than zero. | 13 | |
| 14a. Enter payments made or credits received on or before the 15th day of the seventh month. | 14a | |
| 14b. Second installment underpayment balance: Subtract Line 14a from Line 13d. | 14b | |
| 14. Interest Due - 16th day of the seventh month through the 15th day of the eighth month Multiply Line 14b by .01 if greater than zero. | 14 | |
| 15a. Enter payments made or credits received on or before the 15th day of the eighth month. | 15a | |
| 15b. Second installment underpayment balance: Subtract Line 15a from Line 14b. | 15b | |
| 15. Interest cue - 16th day of the eighth month through the 15th day of the ninth month Multiply Line 15b by .01 if greater than zero. | 15 | |
| 16a. Enter payments made or credits received on or before the 15th day of the ninth month. Third installment due date | 16a | |
| 16b. Second installment underpayment balance: Subtract Line 16a from Line 15b. | 16b | |
| 16c. Enter the third required installment amount due on the 15th day of the ninth month. See instructions. | 16c | |
| 16d. Third installment underpayment balance: Add Line 16b and Line 16c. | 16d | |
| 16. Interest due - 16th day of the ninth month through the 15th day of the tenth month Multiply Line 16d by .01 if greater than zero. | 16 | |
| 17a. Enter payments made or credits received on or before the 15th day of the tenth month. | 17a | |
| 17b. Third installment underpayment balance: Subtract Line 17a from Line 16d. | 17b | |
| 17. Interest due - 16th day of the tenth month through the 15th day of the eleventh month Multiply Line 17b by .01 if greater than zero. | 17 | |
| 18a. Enter payments made or credits received on or before the 15th day of the eleventh month. | 18a | |
| 18b. Third installment underpayment balance: Subtract Line 18a from Line 17b. | 18b | |
| 18. Interest due - 16th day of the eleventh month through the 15th day of the twelfth month Multiply Line 18b by .01 if greater than zero. | 18 | |
| 19a. Enter payments made or credits received on or before the 15th day of the twelfth month. Fourth installment due date | 19a | |
| 19b. Third installment underpayment balance: Subtract Line 19a from Line 18b. | 19b | |
| 19c. Enter the fourth required installment amount due on the 15th day of the twelfth month. See instructions. | 19c | |
| 19d. Fourth installment underpayment balance: Add Line 19b and Line 19c. | 19d | |
| 19. Interest due - 16th day of the twelfth month through the 15th day of the thirteenth month Multiply Line 19d by .01 if greater than zero. | 19 | |
| 20a. Enter payments made or credits received on or before the 15th day of the thirteenth month. | 20a | |
| 20b. Fourth installment underpayment balance: Subtract Line 20a from Line 19d. | 20b | |
| 20. Interest due - 16th day of the thirteenth month through the 15th day of the fourteenth month Multiply Line 20b by .01 if greater than zero. | 20 | |
| 21a. Enter payments made or credits received on or before the 15th day of the fourteenth month. | 21a | |
| 21b. Fourth installment underpayment balance: Subtract Line 21a from Line 20b. | 21b | |
| 21. Interest due - 16th day of the fourteenth month through the 15th day of the fifteenth month Multiply Line 21b by .01 if greater than zero. | 21 | |
| 22a. Enter payments made or credits received on or before the 15th day of the fifteenth month. | 22a | |
| 22b. Fourth installment underpayment balance: Subtract Line 22a from Line 21b. | 22b | |
| 22. Interest due - 16th day of the fifteenth month to the 1st day of the sixteenth month Multiply Line 22b by .01 if greater than zero. | 22 | |
| 23. Total interest due: Add Lines 10 through 22. Enter here and on the appropriate Connecticut tax form. | 23 | |

2010 CT-1120 ESA
 Payment Coupon - First Installment
Estimated Corporation Business Tax
 (Rev. 01/10)

Department of Revenue Services
 PO Box 2965
 Hartford CT 06104-2965

Check here if closing month has
 changed and attach explanation.

FOR INCOME YEAR ENDING

Complete this form in blue or black ink only

A

| | | | | |
|--|----|---|----|----|
| Connecticut Tax Registration Number | 1. | Tax shown on prior year return (including surtax) before any tax credits, multiplied by 30% (.30) | 1. | 00 |
| DRS use only - 20 | 2. | Current year first installment from <i>Schedule 1</i> , Line 5 | 2. | 00 |
| Federal Employer ID Number | 3. | First installment due: Lesser of Line 1 or Line 2 | 3. | 00 |
| Type of return? ("X" one, if applicable) <input type="checkbox"/> Combined <input type="checkbox"/> Unitary | 4. | Overpayment from prior year | 4. | 00 |
| | 5. | Payment due with this coupon: Subtract Line 4 from Line 3. | 5. | 00 |

See instructions on reverse.

Please correct name and mailing address if shown incorrectly.

Due date: 15th day of the 3rd month of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.
 Visit the DRS website at www.ct.gov/TSC to file and pay electronically.
 Make check payable to: Commissioner of Revenue Services
 Mail to: Department of Revenue Services
 PO Box 2965
 Hartford CT 06104-2965

2010 CT-1120 ESB
 Payment Coupon - Second Installment
Estimated Corporation Business Tax
 (Rev. 01/10)

Department of Revenue Services
 PO Box 2965
 Hartford CT 06104-2965

Check here if closing month has
 changed and attach explanation.

FOR INCOME YEAR ENDING

Complete this form in blue or black ink only

B

| | | | | |
|--|----|---|----|----|
| Connecticut Tax Registration Number | 1. | Tax shown on prior year return (including surtax) before any tax credits, multiplied by 70% (.70) | 1. | 00 |
| DRS use only - 20 | 2. | Current year second installment from <i>Schedule 1</i> , Line 5 | 2. | 00 |
| Federal Employer ID Number | 3. | Second installment due: Lesser of Line 1 or Line 2 | 3. | 00 |
| Type of return? ("X" one, if applicable) <input type="checkbox"/> Combined <input type="checkbox"/> Unitary | 4. | Amount paid with Form CT-1120 ESA , plus overpayment from prior year | 4. | 00 |
| | 5. | Payment due with this coupon: Subtract Line 4 from Line 3. | 5. | 00 |

See instructions on reverse.

Please correct name and mailing address if shown incorrectly.

Due date: 15th day of the 6th month of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.
 Visit the DRS website at www.ct.gov/TSC to file and pay electronically.
 Make check payable to: Commissioner of Revenue Services
 Mail to: Department of Revenue Services
 PO Box 2965
 Hartford CT 06104-2965

2010 CT-1120 ESC
 Payment Coupon - Third Installment
Estimated Corporation Business Tax
 (Rev. 01/10)

Department of Revenue Services
 PO Box 2965
 Hartford CT 06104-2965

Check here if closing month has
 changed and attach explanation.

FOR INCOME YEAR ENDING

Complete this form in blue or black ink only

C

| | | | | |
|--|----|---|----|----|
| Connecticut Tax Registration Number | 1. | Tax shown on prior year return (including surtax) before any tax credits, multiplied by 80% (.80) | 1. | 00 |
| DRS use only - 20 | 2. | Current year third installment from <i>Schedule 1</i> , Line 5 | 2. | 00 |
| Federal Employer ID Number | 3. | Third installment due: Lesser of Line 1 or Line 2 | 3. | 00 |
| Type of return? ("X" one, if applicable) <input type="checkbox"/> Combined <input type="checkbox"/> Unitary | 4. | Amount paid with Form CT-1120 ESA and Form CT-1120 ESB , plus overpayment from prior year | 4. | 00 |
| | 5. | Payment due with this coupon: Subtract Line 4 from Line 3. | 5. | 00 |

See instructions on reverse.

Please correct name and mailing address if shown incorrectly.

Due date: 15th day of the 9th month of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.
 Visit the DRS website at www.ct.gov/TSC to file and pay electronically.
 Make check payable to: Commissioner of Revenue Services
 Mail to: Department of Revenue Services
 PO Box 2965
 Hartford CT 06104-2965

2010 CT-1120 ESD
 Payment Coupon - Fourth Installment
Estimated Corporation Business Tax
 (Rev. 01/10)

Department of Revenue Services
 PO Box 2965
 Hartford CT 06104-2965

Check here if closing month has
 changed and attach explanation.

FOR INCOME YEAR ENDING

Complete this form in blue or black ink only

D

| | | | | |
|--|----|---|----|----|
| Connecticut Tax Registration Number | 1. | Tax shown on prior year return (including surtax) before any tax credits, multiplied by 100% (1.00) | 1. | 00 |
| DRS use only - 20 | 2. | Current year fourth installment from <i>Schedule 1</i> , Line 5 | 2. | 00 |
| Federal Employer ID Number | 3. | Fourth installment due: Lesser of Line 1 or Line 2 | 3. | 00 |
| Type of return? ("X" one, if applicable) <input type="checkbox"/> Combined <input type="checkbox"/> Unitary | 4. | Amount paid with Form CT-1120 ESA , Form CT-1120 ESB , and Form CT-1120 ESC , plus overpayment from prior year | 4. | 00 |
| | 5. | Payment due with this coupon: Subtract Line 4 from Line 3. | 5. | 00 |

See instructions on reverse.

Please correct name and mailing address if shown incorrectly.

Due date: 15th day of the 12th month of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.
 Visit the DRS website at www.ct.gov/TSC to file and pay electronically.
 Make check payable to: Commissioner of Revenue Services
 Mail to: Department of Revenue Services
 PO Box 2965
 Hartford CT 06104-2965

Who must file: Every corporation carrying on business or having the right to carry on business in Connecticut whose estimated current year tax liability, as shown on *Schedule 1*, Line 4, is more than \$1,000.

Combined or unitary returns: If filing a combined or unitary return for an affiliated group of corporations, "X" the applicable box on the front of this form and attach a list of the names and tax registration numbers of those corporations. Enter the total combined or unitary estimated current year tax including preference tax and surtax on *Schedule 1*, Line 1.

Limit on credits: The amount of tax credits otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of tax due prior to the application of tax credits.

Interest: If the current year tax is more than \$1,000 and the estimated payment does not equal: (1) 27% of the current year tax; or (2) 30% of the tax shown on the prior year return (without regard to any tax credits), whichever is less, interest is assessed at 1% per month or fraction of a month on the amount of the underpayment for the period of the underpayment. If a company uses an estimate of its current year tax to determine the required annual payment and the amount changes during the year, it may find that earlier installments of estimated tax were underpaid.

Payments of estimated tax are credited first against underpaid installments in the order in which the installments are required to be paid.

Annualization: If a corporation establishes that its annualized income installment is less than *Schedule 1*, Line 5, then the corporation must enter the amount from Worksheet CT-1120AE, Line 19, onto *Schedule 1*, Line 5, for each installment. See **Informational Publication 2009(34)**, Q & A on *Estimated Corporation Business Tax and Worksheet CT-1120AE*.

Schedule 1 Visit **DRS website at www.ct.gov/TSC to file and pay this return electronically.**

| | | |
|--|----|----|
| 1. Estimated current year tax (including surtax) before applying corporation business tax credits | 1. | 00 |
| 2. Multiply Line 1 by 70% (.70). | 2. | 00 |
| 3. Estimated corporation business tax credits: Do not exceed amount on Line 2. | 3. | 00 |
| 4. Subtotal: Subtract Line 3 from Line 1. | 4. | 00 |
| 5. Current year first installment: Multiply Line 4 by 27% (.27) or enter the amount from Worksheet CT-1120AE, Column A, Line 19. | 5. | 00 |

CT-1120 ESA Back (Rev. 01/10)

Who must file: Every corporation carrying on business or having the right to carry on business in Connecticut whose estimated current year tax liability, as shown on *Schedule 1*, Line 4, is more than \$1,000.

Combined or unitary returns: If filing a combined or unitary return for an affiliated group of corporations, "X" the applicable box on the front of this form and attach a list of the names and tax registration numbers of those corporations. Enter the total combined or unitary estimated current year tax including preference tax and surtax on *Schedule 1*, Line 1.

Limit on credits: The amount of tax credits otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of tax due prior to the application of tax credits.

Interest: If the current year tax is more than \$1,000 and the estimated payment does not equal: (1) 63% of the current year tax; or (2) 70% of the tax shown on the prior year return (without regard to any tax credits), whichever is less, interest is assessed at 1% per month or fraction of a month on the amount of the underpayment for the period of the underpayment. If a company uses an estimate of its current year tax to determine the required annual payment and the amount changes during the year, it may find that earlier installments of estimated tax were underpaid.

Payments of estimated tax are credited first against underpaid installments in the order in which the installments are required to be paid.

Annualization: If a corporation establishes that its annualized income installment is less than *Schedule 1*, Line 5, then the corporation must enter the amount from Worksheet CT-1120AE, Line 19, onto *Schedule 1*, Line 5, for each installment. See **Informational Publication 2009(34)**, Q & A on *Estimated Corporation Business Tax and Worksheet CT-1120AE*.

Schedule 1 Visit **the DRS website at www.ct.gov/TSC to file and pay this return electronically.**

| | | |
|---|----|----|
| 1. Estimated current year tax (including surtax) before applying corporation business tax credits | 1. | 00 |
| 2. Multiply Line 1 by 70% (.70). | 2. | 00 |
| 3. Estimated corporation business tax credits: Do not exceed amount on Line 2. | 3. | 00 |
| 4. Subtotal: Subtract Line 3 from Line 1. | 4. | 00 |
| 5. Current year second installment: Multiply Line 4 by 63% (.63) or enter the amount from Worksheet CT-1120AE, Column B, Line 19. | 5. | 00 |

CT-1120 ESB Back (Rev. 01/10)

Who must file: Every corporation carrying on business or having the right to carry on business in Connecticut whose estimated current year tax liability, as shown on *Schedule 1*, Line 4, is more than \$1,000.

Combined or unitary returns: If filing a combined or unitary return for an affiliated group of corporations, "X" the applicable box on the front of this form and attach a list of the names and tax registration numbers of those corporations. Enter the total combined or unitary estimated current year tax including preference tax and surtax on *Schedule 1*, Line 1.

Limit on credits: The amount of tax credits otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of tax due prior to the application of tax credits.

Interest: If the current year tax is more than \$1,000 and the estimated payment does not equal: (1) 72% of the current year tax; or (2) 80% of the tax shown on the prior year return (without regard to any tax credits), whichever is less, interest is assessed at 1% per month or fraction of a month on the amount of the underpayment for the period of the underpayment. If a company uses an estimate of its current year tax to determine the required annual payment and the amount changes during the year, it may find that earlier installments of estimated tax were underpaid.

Payments of estimated tax are credited first against underpaid installments in the order in which the installments are required to be paid.

Annualization: If a corporation establishes that its annualized income installment is less than *Schedule 1*, Line 5, then the corporation must enter the amount from Worksheet CT-1120AE, Line 19, onto *Schedule 1*, Line 5, for each installment. See **Informational Publication 2009(34)**, Q & A on *Estimated Corporation Business Tax and Worksheet CT-1120AE*.

Schedule 1 Visit **the DRS website at www.ct.gov/TSC to file and pay this return electronically.**

| | | |
|--|----|----|
| 1. Estimated current year tax (including surtax) before applying corporation business tax credits | 1. | 00 |
| 2. Multiply Line 1 by 70% (.70). | 2. | 00 |
| 3. Estimated corporation business tax credits: Do not exceed amount on Line 2. | 3. | 00 |
| 4. Subtotal: Subtract Line 3 from Line 1. | 4. | 00 |
| 5. Current year third installment: Multiply Line 4 by 72% (.72) or enter the amount from Worksheet CT-1120AE, Column C, Line 19. | 5. | 00 |

CT-1120 ESC Back (Rev. 01/10)

Who must file: Every corporation carrying on business or having the right to carry on business in Connecticut whose estimated current year tax liability, as shown on *Schedule 1*, Line 4, is more than \$1,000.

Combined or unitary returns: If filing a combined or unitary return for an affiliated group of corporations, "X" the applicable box on the front of this form and attach a list of the names and tax registration numbers of those corporations. Enter the total combined or unitary estimated current year tax including preference tax and surtax on *Schedule 1*, Line 1.

Limit on credits: The amount of tax credits otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of tax due prior to the application of tax credits.

Interest: If the current year tax is more than \$1,000 and the estimated payment does not equal: (1) 90% of the current year tax; or (2) 100% of the tax shown on the prior year return (without regard to any tax credits), whichever is less, interest is assessed at 1% per month or fraction of a month on the amount of the underpayment for the period of the underpayment. If a company uses an estimate of its current year tax to determine the required annual payment and the amount changes during the year, it may find that earlier installments of estimated tax were underpaid.

Payments of estimated tax are credited first against underpaid installments in the order in which the installments are required to be paid.

Annualization: If a corporation establishes that its annualized income installment is less than *Schedule 1*, Line 5, then the corporation must enter the amount from Worksheet CT-1120AE, Line 19, onto *Schedule 1*, Line 5, for each installment. See **Informational Publication 2009(34)**, Q & A on *Estimated Corporation Business Tax and Worksheet CT-1120AE*.

Schedule 1 Visit **the DRS website at www.ct.gov/TSC to file and pay this return electronically.**

| | | |
|---|----|----|
| 1. Estimated current year tax (including surtax) before applying corporation business tax credits | 1. | 00 |
| 2. Multiply Line 1 by 70% (.70). | 2. | 00 |
| 3. Estimated corporation business tax credits: Do not exceed amount on Line 2. | 3. | 00 |
| 4. Subtotal: Subtract Line 3 from Line 1. | 4. | 00 |
| 5. Current year fourth installment: Multiply Line 4 by 90% (.90) or enter the amount from Worksheet CT-1120AE, Column D, Line 19. | 5. | 00 |

CT-1120 ESD Back (Rev. 01/10)

Form CT-1120X

Amended Corporation Business Tax Return

2009

Enter Income Year Beginning , 2009, and Ending

| | | |
|---|---|--|
| DRS use only | Corporation name | Connecticut Tax Registration Number |
| Audited by <input type="checkbox"/> F <input type="checkbox"/> O | Address PO Box number and street | DRS use only - - 20 |
| Initial: | City or town State ZIP code | Federal Employer ID Number (FEIN) |

Check and Complete All Applicable Boxes Is this return currently under Connecticut audit? Yes No

Connecticut return being amended: CT-1120 CT-1120U

Reason for amended return: (Check one)
 Federal 1120X: Attach copy. IRS adjustments: Attach copy of IRS notification and enter date of final determination. _____
 Connecticut corporation business tax credits Connecticut apportionment change Connecticut net operating loss
 Other: Specify _____

| Schedule A – Computation of Tax on Net Income | Column A Amount as Originally Reported or Adjusted | Column B Net Change Increase or (Decrease) | Column C Correct Amount |
|---|--|--|----------------------------|
| 1. Net income from <i>Schedule D</i> , Line 22 If 100% Connecticut, also enter on Line 3. | 00 | 00 | 00 |
| 2. Apportionment fraction: Carry to six places. See instructions. | 0. | 0. | 0. |
| 3. Connecticut net income: Multiply Line 1 by Line 2. | 00 | 00 | 00 |
| 4. Operating loss carryover from Form CT-1120 ATT , <i>Schedule H</i> , Line 14, Column D..... | 00 | 00 | 00 |
| 5. Income subject to tax: Subtract Line 4 from Line 3. | 00 | 00 | 00 |
| 6. Tax: Multiply Line 5 by 7.5% (.075). | 00 | 00 | 00 |

| Schedule B – Computation of Minimum Tax on Capital | Column A Amount as Originally Reported or Adjusted | Column B Net Change Increase or (Decrease) | Column C Correct Amount |
|---|--|--|----------------------------|
| 1. Minimum tax base from Form CT-1120 or CT-1120U , <i>Schedule E</i> , Line 6, Column C. If 100% Connecticut, also enter on Line 3. | 00 | 00 | 00 |
| 2. Apportionment fraction: Carry to six places. See instructions. | 0. | 0. | 0. |
| 3. Multiply Line 1 by Line 2. | 00 | 00 | 00 |
| 4. Number of months covered by this return | | | |
| 5. Multiply Line 3 by Line 4, divide the result by 12. | 00 | 00 | 00 |
| 6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. | 00 | 00 | 00 |

| Schedule C – Computation of Amount Payable | Column A Amount as Originally Reported or Adjusted | Column B Net Change Increase or (Decrease) | Column C Correct Amount |
|---|--|--|----------------------------|
| 1a. Tax: Greater of <i>Schedule A</i> , Line 6; <i>Schedule B</i> , Line 6; or \$250 | 00 | 00 | 00 |
| 1b. Enter the amount of surtax due: See instructions. | 00 | 00 | 00 |
| 1c. Recapture of tax credits: See instructions. | 00 | 00 | 00 |
| 1. Total tax: Enter the total of Lines 1a through 1c. If no tax credits claimed, enter also on Line 6. | 00 | 00 | 00 |
| 2. Multiply Line 1 by 30% (0.30). | 00 | 00 | 00 |
| 3. Enter the greater of Line 2 or \$250. | 00 | 00 | 00 |
| 4. Tax credit limitation: Subtract Line 3 from Line 1. | 00 | 00 | 00 |
| 5. Tax credits from Form CT-1120K , Part II, Line 11 Do not exceed amount on Line 4. | 00 | 00 | 00 |
| 6. Balance of tax payable: Subtract Line 5 from Line 1. | 00 | 00 | 00 |
| 7a. Paid with application for extension from Form CT-1120 EXT | 00 | 00 | 00 |
| 7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & ESD | 00 | 00 | 00 |
| 7c. Overpayment from prior year | 00 | 00 | 00 |
| 7d. Tax paid with original return plus additional tax paid after original return was filed | 00 | 00 | 00 |
| 7. Tax payments: Enter the total of Lines 7a through 7d. | 00 | 00 | 00 |
| 8. Overpayment on original return or as last adjusted | | | 00 |
| 9. Net payments to date: Subtract Line 8 from Line 7. | | | 00 |
| 10a. Amount to be credited to estimated tax: If Line 9 is greater than Line 6, enter amount to be credited to estimated tax. | | | 00 |
| 10b. Amount to be refunded: If Line 9 is greater than Line 6, enter amount to be refunded. | | | 00 |
| 11. Tax due: If Line 6 is greater than Line 9, enter amount of tax due. | | | 00 |
| 12. Interest: See instructions. | | | 00 |
| 13. Balance due: Add Line 11 and Line 12. | | | 00 |

| Schedule D – Computation of Net Income | | Column A | Column B | Column C |
|---|-----|---|-----------------------------------|----------------|
| | | Amount as Originally Reported or Adjusted | Net Change Increase or (Decrease) | Correct Amount |
| 1. Federal taxable income (loss) before net operating loss and special deductions | 1. | 00 | 00 | 00 ▶ |
| 2. Interest income wholly exempt from federal tax | 2. | 00 | 00 | 00 ▶ |
| 3. Unallowable deduction for corporation tax from Forms CT-1120 or CT-1120U , <i>Schedule F</i> , Line 8 | 3. | 00 | 00 | 00 ▶ |
| 4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1 | 4. | 00 | 00 | 00 ▶ |
| 5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 3 | 5. | 00 | 00 | 00 ▶ |
| 6. Federal bonus depreciation: See instructions. | 6. | 00 | 00 | 00 ▶ |
| 7. Cancellation of debt income deferred on I.R.C. §108(i) election statement | 7. | 00 | 00 | 00 ▶ |
| 8. I.R.C. §199 domestic production activities deduction | 8. | 00 | 00 | 00 ▶ |
| 9. Other: Attach explanation. | 9. | 00 | 00 | 00 ▶ |
| 10. Total: Add Lines 1 through 9. | 10. | 00 | 00 | 00 ▶ |
| 11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 4 | 11. | 00 | 00 | 00 ▶ |
| 12. Capital loss carryover (if not deducted in computing federal capital gain) | 12. | 00 | 00 | 00 ▶ |
| 13. Capital gain from sale of preserved land | 13. | 00 | 00 | 00 ▶ |
| 14. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 10 | 14. | 00 | 00 | 00 ▶ |
| 15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1 | 15. | 00 | 00 | 00 ▶ |
| 16. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2 | 16. | 00 | 00 | 00 ▶ |
| 17. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3 | 17. | 00 | 00 | 00 ▶ |
| 18. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB , Part II B, Line 1 | 18. | 00 | 00 | 00 ▶ |
| 19. Reserved for future use | 19. | | | |
| 20. Other: See instructions. | 20. | 00 | 00 | 00 ▶ |
| 21. Total: Add Lines 11 through 20..... | 21. | 00 | 00 | 00 ▶ |
| 22. Net income: Subtract Line 21 from Line 10. Enter here and on <i>Schedule A</i> , Line 1. | 22. | 00 | 00 | 00 ▶ |

Explain any changes below. Show any computation in detail. Attach additional schedules, if necessary. If amending to claim a tax credit, attach **Form CT-1120K**, *Business Tax Credit Summary*.

| | |
|-------------------------|--|
| Schedule or Line Number | |
| | |
| | |
| | |
| | |

| | | |
|---|--|---|
| Mail return with payment to: Department of Revenue Services PO Box 2974, Hartford CT 06104-2974 | Mail return without payment to: Department of Revenue Services PO Box 150406, Hartford CT 06115-0406 | Make check payable to: Commissioner of Revenue Services Attach check to return with paper clip. Do not staple. |
|---|--|---|

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | |
|-----------|--------------------------------|-------|------|-------------------------------------|
| Sign Here | Signature of corporate officer | Title | Date | Telephone number () |
| | Paid preparer's signature | | Date | Preparer's SSN or PTIN |
| | Firm's name and address | | | FEIN Telephone number () |

Form CT-1120X
Amended Corporation Business Tax Return
Instructions

(Rev. 02/10)

General Instructions

Complete this return in blue or black ink only.

Use **2009 Form CT-1120X** to correct a **2009 Form CT-1120**, *Corporation Business Tax Return*, or **2009 Form CT-1120U**, *Unitary Corporation Business Tax Return*:

- As it was originally filed;
- As it was later amended by the corporation;
- As it was later adjusted by the Department of Revenue Services (DRS); **or**
- To report federal adjustments by the Internal Revenue Service (IRS).

Combined Returns

To amend a combined corporation business tax return for income years beginning on or after January 1, 2006, a taxpayer must file **Form CT-1120CR**, *Combined Corporation Business Tax Return*, for the applicable tax year and check the *Amended* box to indicate an amended return is being filed.

If a corporation is amending Form CT-1120CR for income years beginning prior to January 1, 2006, complete Form CT-1120X.

Revenue Agent Report (RAR) - Internal Revenue Service Adjustments

If this return is filed as a result of IRS adjustment, the corporation also **must** attach a complete copy of the IRS notification of changes. The return **must** be filed no later than 90 days after the final determination of the adjustment.

Federal and Connecticut Amended Return Changes

Any company whose return to the IRS has been amended must file Form CT-1120X within 90 days after the filing of an amended return with the IRS. The corporation must attach a complete copy of the amended federal return.

If the change involves an adjustment to Connecticut net income, a Connecticut apportionment factor, Connecticut net operating loss, or a Connecticut corporation business tax credit, explain in detail and attach all appropriate supporting forms and schedules.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on a line.

When to File

Generally, Form CT-1120X must be filed within three years from the due date of the original return or, if an extension of time to file was requested and granted, three years from the extended due date. See *Revenue Agent Report (RAR) - Internal Revenue Service Adjustments* or *Federal and Connecticut Amended Return Changes* above.

Remittance

Make check payable to: **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2009 Form CT-1120X" and the corporation's Connecticut Tax Registration Number on the front of your check. Attach check to return with paperclip. Do not staple. DRS may submit your check to your bank electronically.

Where to File

Mail return **with payment** to:

Department of Revenue Services
State of Connecticut
PO Box 2974
Hartford CT 06104-2974

Mail return **without payment** to:

Department of Revenue Services
State of Connecticut
PO Box 150406
Hartford CT 06115-0406

Required Information

Enter the beginning and ending dates of the income year, the corporate name, address, Connecticut Tax Registration Number, and Federal Employer Identification Number (FEIN) in the spaces provided.

Check the appropriate box for the Connecticut corporation business tax return being amended. Indicate whether the taxpayer is currently under Connecticut audit and the reason for amending the return.

See the instructions for the Connecticut corporation business tax return and related schedules and forms for the year that is being amended.

For More Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

Line Instructions

Enter the amounts as shown on the original return or as adjusted by any prior audit or amended return.

Schedule A - Computation of Tax on Net Income

Line 2 - Enter the appropriate apportionment fraction from **Form CT-1120A**, *Corporation Business Tax Return Apportionment Computation, Schedule Q*, Line 2; *Schedule R*, Line 6, Column C; or from the applicable apportionment form. The fraction must be expressed as a decimal and carried to six places.

Line 3 - Multiply Line 1 by Line 2, or enter the amount from Line 1, if not entitled to apportion.

Line 4 - Enter the amount of any unused losses attributable to Connecticut business operations as reported in years ending December 31, 2000, and thereafter from *Schedule H*, Line 14, Column D, of **Form CT-1120 ATT**, *Corporation Business Tax Return Attachment Schedules H, I, and J*.

Net operating losses incurred for income years beginning on or after January 1, 2000, may be carried forward for 20 successive income years. Losses may not be carried back. The loss entered here is limited to the loss attributed to Connecticut according to the statutory method of apportionment.

Schedule B - Computation of Minimum Tax on Capital

Use *Schedule B* to compute the minimum tax on the capital of a corporation. The minimum tax on capital does not apply to real estate investment trusts, regulated investment companies, or interlocal risk management agencies formed under Chapter 113a of the Connecticut General Statutes. The minimum tax on financial service companies is \$250. The minimum tax on capital is never less than \$250.

Line 2 - Corporations, other than air carriers and financial services companies, enter the apportionment fraction from **Form CT-1120A**, *Schedule S*, Line 3, Column C. The fraction must be expressed as a decimal and carried to six places.

Line 3 - Enter the amount from Line 1 multiplied by Line 2, or enter the amount from Line 1, if not entitled to apportion.

Line 4 - Enter the number of months the corporation carried on business or had the right to carry on business in Connecticut, whichever is greater. A fractional part of a month is counted as a full month.

Schedule C - Computation of Amount Payable

Line 1(a) - Enter the amount from *Schedule A*, Line 6; *Schedule B*, Line 6; or \$250 multiplied by the number of corporations included in the return, whichever is greater.

Line 1(b) -

Form CT-1120 Filers: Multiply Line 1a by 10%. If the amount on federal Form 1120, Line 11 is less than \$100 million or Line 1a is \$250, enter "0."

Form CT-1120U Filers: Multiply Line 1a by 10%.

Line 1(c) - Enter the total tax credits that must be recaptured. The following tax credits are subject to recapture:

- Employer-Assisted Housing Tax Credit
- Fixed Capital Investment Tax Credit
- New Jobs Creation Tax Credit
- Urban and Industrial Site Reinvestment Tax Credit

In most cases, other than the Fixed Capital Investment Tax Credit, the corporation will have been advised by the agency administering the tax credit that recapture is required. A corporation is required to recapture the Fixed Capital Investment Tax Credit when the fixed capital is not held and used in Connecticut by the corporation for five full years following its acquisition. See **Form CT-1120 FCIC**, *Fixed Capital Investment Tax Credit*, to calculate the amount of tax credit that must be recaptured. See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*.

Line 4 - Subtract Line 3 from Line 1.

The amount of tax credits otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of tax due prior to the application of credits. No tax credit can be applied against the minimum tax.

Line 7(a) - Enter the amount paid with **Form CT-1120 EXT**, *Application for Extension of Time to File Corporation Business Tax Return*.

Line 7(b) - Enter the amount paid with estimate on **Form CT-1120 ESA, ESB, ESC, or ESD**, *Estimated Corporation Business Tax*.

Line 7(c) - Enter the amount of any overpayment from the prior year.

Line 7(d) - Enter the tax paid with the original return plus additional tax paid after the original return was filed.

Line 7 - Add Lines 7(a) through 7(d).

Line 8 - Enter the overpayment on original return or as last adjusted.

Line 9 - Enter the net payments made to date. Subtract Line 8 from Line 7.

Line 10a - Enter the amount to be credited to estimated tax. If Line 9, Column C is greater than Line 6, Column C, enter the amount overpaid.

Overpayment of tax liability for a preceding income year is credited against the current estimated tax liability as of the receipt date of a completed tax return. An overpayment cannot be determined to exist until a completed tax return is filed. **A request to apply an overpayment to estimated tax is irrevocable.**

Line 10b - Enter the amount to be refunded. If Line 9, Column C is greater than Line 6, Column C, enter the amount overpaid.

Line 11 - If Line 6, Column C is greater than Line 9, Column C, enter the amount of tax due.

Line 12 - Enter the interest due on tax not paid by the original due date. Interest is computed at 1% per month or fraction of a month on the underpayment of tax from the original due date of the tax through the date of payment

Line 13 - Enter the balance due with this return. Add Line 11 and Line 12.

Schedule D - Computation of Net Income

Line 1 - Enter your federal taxable income (loss) before net operating loss and special deductions as filed on the federal return.

Line 3 - Enter the amount from **Form CT-1120** or **Form CT-1120U**, *Schedule F*, Line 8 (total unallowable deduction for corporation business tax).

Line 4 - Enter the amount of interest expenses paid to a related member as reported on **Form CT-1120AB, Summary of Add Back and Exceptions to Add Back of Interest and Intangible Expenses**, Part I A, Line 1.

Line 5 - Enter the amount of intangible expenses and costs paid to a related member as reported on Form CT-1120AB, Part I B, Line 3.

Line 6 - Enter the amount of the federal depreciation allowed under I.R.C §168(k) and claimed on federal Form 4562, Depreciation and Amortization. See **Special Notice 2002(10), Bonus Depreciation for Connecticut Corporation Business Tax Purposes**, and **Announcement 2008(7), Stimulus Depreciation Claimed by Non-Calendar Year Filers of the 2007 Connecticut Corporation Business Tax Return**.

Line 7 - Enter the cancellation of debt income deferred on I.R.C. §108(i) election statement attached to federal Form 1120.

Line 8 - Enter the domestic production activities deduction that is permitted under I.R.C. §199 and reported on federal Form 1120, Line 25.

Line 9 - Enter any other income amount. Attach an explanation.

Line 12 - Enter the amount of any available capital loss carryover not deducted in computing federal capital gain. This amount is limited to the amount of the capital gain reported on the federal return as described in Conn. Gen. Stat. §12-217.

Line 13 - Enter the value of any capital gain realized from the sale of any land, or interest in land, to the state, any political subdivision of the state, or to any nonprofit land conservation organization where such land is to be permanently preserved as protected open space or to a water company (as defined in Conn. Gen. Stat. §25-32a), where such land is to be permanently preserved as protected open space or as Class I or Class II water company land.

Line 14 - Enter the federal bonus depreciation recovery amount from Form CT-1120 ATT, *Schedule J*, Line 10.

Line 15 - Enter the amount of exceptions to interest add back as reported on Form CT-1120AB, Part II A, Line 1.

Line 16 - Enter the amount of exceptions to interest add back as reported on Form CT-1120AB, Part II A, Line 2.

Line 17 - Enter the amount of exceptions to interest add back as reported on Form CT-1120AB, Part II A, Line 3.

Line 18 - Enter the amount of exceptions to the add back of intangible expenses paid to a related member as reported on Form CT-1120AB, Part II B, Line 1.

Line 20 - Enter the amount received from a related member attributable to intangible expenses and costs or to interest expenses and costs, provided such income was:

- Included on *Schedule D*, Line 1 of this return;
- Received from a related member who filed a Connecticut corporation business tax return for the same income year; **and**
- Required to be added back by the related member under Conn. Gen. Stat. §§12-218c or 12-218d and was not entitled to an exception of the add back.

Explanation of Changes

Attach a statement providing any computation along with an explanation of the changes being made. Attach additional forms and schedules if necessary. If amending to claim a tax credit, attach **Form CT-1120K, Business Tax Credit Summary**.

Signature

The return must be signed by a duly authorized officer.

Paid Preparer Signature

A paid preparer must sign and date Form CT-1120X. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) and their firm's FEIN in the spaces provided.

Form CT-1120CR

Combined Corporation Business Tax Return

2009

Enter Income Year Beginning _____, **2009**, and **Ending** _____,

| | | |
|------------------|-------------------|----------|
| Corporation name | | |
| Address | number and street | PO Box |
| City or town | State | ZIP code |

| | |
|---------------------------------------|------|
| Parent or Designated CT Parent | |
| Connecticut Tax Registration Number | |
| DRS use only | - 20 |
| Federal Employer ID Number (FEIN) | |

Check Applicable Boxes

1. Address change 2. Return status: Initial Final Short period Amended

3. If this is a final return, has the corporation: Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. # _____

4. Federal return was filed on: Consolidated Basis: Parent Co. Name _____ Parent Co. FEIN _____


5. **Is any corporation exchanging R & D tax credits?** Yes (Attach **Form CT-1120 XCH.**) No

6. Is this corporation annualizing its income? Yes (Attach **Form CT-1120I.**) No

7. Does any corporation pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member? Yes (Attach **Form CT-1120AB.**) No

8. Is any corporation filing **Form CT-1120 PIC?** Yes (Attach **Form CT-1120 PIC.**) No

Visit the DRS Taxpayer Service Center (TSC) at www.ct.gov/TSC to pay this return electronically.



Part I - Separate Taxes of Corporations Included in the Combined Return - If additional lines are needed, attach a worksheet. Notice is hereby given to the Commissioner of Revenue Services that the affiliated corporations listed below have elected to be included in this Combined Corporation Business Tax Return according to the provisions of Conn. Gen. Stat. §12-223a(1). **Attach Forms CT-1120CC, if applicable.**

| Corporation Name | * CT Tax Registration Number | Separate Tax (Form CT-1120, Sch. C, Line 1) |
|--|------------------------------|---|
| 1. Common parent or designated Connecticut parent | — | 00 |
| 2. | — 000 | 00 |
| 3. | — 000 | 00 |
| 4. | — 000 | 00 |
| 5. | — 000 | 00 |
| 6. | — 000 | 00 |
| 7. | — 000 | 00 |
| 8. Total separate taxes: Add Lines 1 through 7. Enter total here and on Part IV, Line 1. | | 00 |

* Tax registration numbers must be included for parent and all subsidiaries.

ENTER the total number of corporations, including the parent corporation, in this combined return _____

Check here for: Addition of Affiliates: Attach schedule showing Affiliate Name, Connecticut Tax Registration Number, and FEIN.
 Deletion of Affiliates: Attach schedule showing Affiliate Name, Connecticut Tax Registration Number, and FEIN.

Part IV - Computation of Amount Payable Complete Parts I, II, III, and *Schedule KC* before completing Part IV.

| | | | |
|--|------|----|----|
| 1. Total separate taxes from Part I, Line 8 | 1. | | 00 |
| Combined tax computation: | | | |
| 2a. Tax on combined net income from Part II, Line 29, <i>Combined Total</i> column | 2a. | 00 | |
| 2b. Tax on combined minimum tax base from Part III, Line 7, <i>Combined Total</i> column | 2b. | 00 | |
| 2c. Tax: Largest of Line 2a, Line 2b, or \$250 | 2c. | 00 | |
| 2d. Tax on companies included in the combined return less one, multiplied by \$250 | 2d. | 00 | |
| 2. Combined tax: Add Line 2c and Line 2d. | 2. | | 00 |
| 3. Surtax: Line 2c multiplied by 10% (.10). If Line 2c is \$250, enter "0." | 3. | | 00 |
| 4. Recapture of tax credits: See instructions. | 4. | | 00 |
| 5. Total combined tax: Add Lines 2 through 4. | 5. | | 00 |
| 6. Preference tax: Subtract Line 5 from Line 1. Enter amount not less than "0" or more than \$500,000. | 6. | | 00 |
| 7. Total tax: Add Line 5 and Line 6. | 7. | | 00 |
| 8. Multiply Line 7 by 30% (.30). | 8. | 00 | |
| 9. Multiply the number of companies included by \$250. | 9. | 00 | |
| 10. Enter the greater of Line 8 or Line 9. | 10. | | 00 |
| 11. Tax credit limitation: Subtract Line 10 from Line 7. | 11. | | 00 |
| 12. Tax credits from <i>Schedule KC</i> , Part II, Line 11: Do not exceed amount on Line 11. | 12. | | 00 |
| 13. Balance of tax payable: Subtract Line 12 from Line 7. | 13. | | 00 |
| 14a. Paid with application for extension from Form CT-1120 EXT | 14a. | 00 | |
| 14b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, and ESD | 14b. | 00 | |
| 14c. Overpayment from prior year | 14c. | 00 | |
| 14. Tax payments: Add Lines 14a, 14b, and 14c. | 14. | | 00 |
| 15. Balance of tax due: Subtract Line 14 from Line 13. | 15. | | 00 |
| 16. Add: Penalty ▶ (16a) _____ Interest ▶ (16b) _____ CT-1120I Interest ▶ (16c) _____ | 16. | | 00 |
| 17. Amount to be credited to 2010 estimated tax ▶ (17a) _____ Refunded ▶ (17b) _____ | 17. | | 00 |
| 18. Balance due with this return: Add Line 15 and Line 16. | 18. | | 00 |

**Combined
Total**
Enter the sum of all affiliate amounts where applicable.

| | | | | | |
|---|----------------------|--|---|--|----|
| Part II | A D D | 1. Form CT-1120, Schedule D , Line 1 (federal taxable income (loss) before net operating loss and special deductions) ▶ | 1 | | 00 |
| | | 2. Interest income wholly exempt from federal tax ▶ | 2 | | 00 |
| | | 3. Unallowable deduction for corporation tax from Form CT-1120, Schedule F , Line 8 ▶ | 3 | | 00 |
| | | 4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1 ▶ | 4 | | 00 |
| | | 5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 3 ▶ | 5 | | 00 |
| | | 6. Federal bonus depreciation: See instructions. ▶ | 6 | | 00 |
| | | 7. Cancellation of debt income deferred on I.R.C. §108(i) election statement ▶ | 7 | | 00 |
| | | 8. I.R.C. §199 domestic production activities deduction ▶ | 8 | | 00 |
| | | 9. Other: Attach explanation ▶ | 9 | | 00 |
| | | 10. Total: Add Lines 1 through 9. ▶ | 10 | | 00 |
| D E D U C T | | 11. Dividends (a) Dividends from domestic companies less than 20% owned Limited to 70% deduction (less related expenses) ▶ | 11a | | 00 |
| | | (b) Other dividends (less related expenses) ▶ | 11b | | 00 |
| | | (c) Intercorporate dividends from corporations included in this combined return ▶ | 11c | | 00 |
| | | 12. Capital loss carryover (if not deducted in computing federal capital gain): Attach schedule. ▶ | 12 | | 00 |
| | | 13. Capital gain from sale of preserved land ▶ | 13 | | 00 |
| | | 14. Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule J , Line 10 ▶ | 14 | | 00 |
| | | 15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1 ▶ | 15 | | 00 |
| | | 16. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2 ▶ | 16 | | 00 |
| | | 17. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3 ▶ | 17 | | 00 |
| | | 18. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120 AB , Part II B, Line 1 ▶ | 18 | | 00 |
| | | 19. <i>Reserved for future use</i> ▶ | 19 | | |
| 20. Other: Attach explanation. ▶ | 20 | | 00 | | |
| 21. Total: Add Lines 11 through 20. ▶ | 21 | | 00 | | |
| Computation of Combined Net Income | | 22. Net income (loss): Subtract Line 21 from Line 10. If 100% Connecticut, enter also on Line 24. ▶ | 22 | | 00 |
| | | 23. Apportionment fraction from Form CT-1120, Schedule A , Line 2: Carry to six places. ▶ | 23 | | |
| | | 24. Connecticut net income: Line 22, or Line 22 multiplied by Line 23. ▶ | 24 | | 00 |
| | | 25. Operating loss carryover from separate return year: Cannot exceed amount on Line 24. Attach schedule. ▶ | 25 | | 00 |
| | | 26. Net income: Subtract Line 25 from Line 24. ▶ | 26 | | 00 |
| | | 27. Operating loss carryover from combined return year from Part V, Line 14, Column D. Cannot exceed amount on Line 26.▶ | 27 | | 00 |
| | | 28. Income subject to tax: Subtract Line 27 from Line 26. ▶ | 28 | | 00 |
| | | 29. Tax: Multiply Line 28 by 7.5% (.075). Enter on Part IV, Line 2a. ▶ | 29 | | 00 |
| | | Part III | Computation of Combined Minimum Tax Base | 1. Form CT-1120, Schedule E , Line 6, Column C. If 100% Connecticut, enter also on Line 3. See instructions. ▶ | 1 |
| 2. Apportionment fraction from Form CT-1120, Schedule B , Line 2: Carry to six places. ▶ | 2 | | | | |
| 3. Line 1, or Line 1 multiplied by Line 2 ▶ | 3 | | | | |
| 4. Number of months covered by this return ▶ | 4 | | | | |
| 5. Line 3 multiplied by Line 4, divided by 12 ▶ | 5 | | | | |
| 6. Combined minimum tax base: Add all amounts on Line 5. ▶ | 6 | | | | 00 |
| 7. Tax: Multiply Line 6 by .0031 (3 1/10 mills per dollar). Enter on Part IV, Line 2b. ▶ | 7 | | | | 00 |

^AEnter corporation names.
^BEnter Connecticut Tax Registration Numbers.
^CEnter Federal Employer ID Numbers.

| | 1. Parent or Designated CT Parent Corporation | 2. Affiliate | 3. Affiliate | 4. Affiliate | 5. Affiliate | 6. Affiliate | 7. Affiliate | |
|-----|---|--------------|--------------|--------------|--------------|--------------|--------------|-----|
| A | | | | | | | | |
| B | - ____ | - 000 | - 000 | - 000 | - 000 | - 000 | - 000 | |
| C | | | | | | | | |
| 1 | | | | | | | | 1 |
| 2 | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | | | | | | | | 7 |
| 8 | | | | | | | | 8 |
| 9 | | | | | | | | 9 |
| 10 | | | | | | | | 10 |
| 11a | | | | | | | | 11a |
| 11b | | | | | | | | 11b |
| 11c | | | | | | | | 11c |
| 12 | | | | | | | | 12 |
| 13 | | | | | | | | 13 |
| 14 | | | | | | | | 14 |
| 15 | | | | | | | | 15 |
| 16 | | | | | | | | 16 |
| 17 | | | | | | | | 17 |
| 18 | | | | | | | | 18 |
| 19 | | | | | | | | 19 |
| 20 | | | | | | | | 20 |
| 21 | | | | | | | | 21 |
| 22 | | | | | | | | 22 |
| 23 | 0. | 0. | 0. | 0. | 0. | 0. | 0. | 23 |
| 24 | | | | | | | | 24 |
| 25 | | | | | | | | 25 |
| 26 | | | | | | | | 26 |
| 27 | | | | | | | | 27 |
| 28 | | | | | | | | 28 |
| 29 | | | | | | | | 29 |
| 1 | | | | | | | | 1 |
| 2 | 0. | 0. | 0. | 0. | 0. | 0. | 0. | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | | | | | | | | 7 |

Part V – Connecticut Combined Operating Loss Carryover

| | Column A Connecticut Apportioned Income (Loss) | Column B Connecticut Apportioned Loss Carryover Applied 2001 to 2008 | Column C Carryover to 2009 Subtract Column B from Column A. | Column D Connecticut Apportioned Loss Carryover Applied to 2009 | Column E Remaining Apportioned Carryover Available for 2010 |
|-------------------|---|--|--|---|---|
| 1. 2000 | | 00 | 00 | 00 | 00 |
| 2. 2001 | | 00 | 00 | 00 | 00 |
| 3. 2002 | | 00 | 00 | 00 | 00 |
| 4. 2003 | | 00 | 00 | 00 | 00 |
| 5. 2004 | | 00 | 00 | 00 | 00 |
| 6. 2005 | | 00 | 00 | 00 | 00 |
| 7. 2006 | | 00 | 00 | 00 | 00 |
| 8. 2007 | | 00 | 00 | 00 | 00 |
| 9. 2008 | | 00 | 00 | 00 | 00 |
| 10. 2009 | <i>Reserved for future use</i> | | | | |
| 11. 2010 | <i>Reserved for future use</i> | | | | |
| 12. 2011 | <i>Reserved for future use</i> | | | | |
| 13. 2012 | <i>Reserved for future use</i> | | | | |
| 14. Total: | Add Lines 1 through 13 in Column D and Column E. Enter the result from Column D here and on Form CT-1120CR, Part II, Line 27, Combined Total column. | | | 00 | 00 |

Declaration: 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 or document to the Department of Revenue Services (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.

| | | | | |
|--|---|-------------------------------|----------------------------|--|
| Sign Here Keep a copy of this return for your records. | Corporate officer's name (<i>print</i>) | Corporate officer's signature | Date | May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No See instructions, Page 4. |
| | Title | Telephone number () | | |
| | Paid preparer's name (<i>print</i>) | Paid preparer's signature | Date | Preparer's SSN or PTIN |
| | Firm's name and address | FEIN | Telephone number () | |

Schedule KC — Combined Tax Credits

Attach 2009 **Form CT-1120K** for each affiliate claiming a business tax credit and enter the combined credit totals on this schedule.

Part I - Tax Credits From 2009 Income Year

Part I-A Financial Institutions Tax Credit

A
Amount Applied

| | | | |
|----|------------------------|---|----|
| 1. | Financial Institutions | ▶ | 00 |
|----|------------------------|---|----|

Part I-B Tax Credits With Carryback Provisions

A
Amount Applied B
Carryback Amount

| | | | | | |
|----|---|---|----|---|----|
| 2. | Neighborhood Assistance | ▶ | 00 | ▶ | 00 |
| 3. | Housing Program Contribution | ▶ | 00 | ▶ | 00 |
| 4. | <i>Reserved for future use</i> | | | | |
| 5. | Total Part I-B: Add Lines 2 through 4. | ▶ | 00 | ▶ | 00 |

Part I-C Tax Credits Without Carryback or Carryforward Provisions

A
Amount Applied

| | | | |
|-----|---|---|----|
| 6. | Apprenticeship Training | ▶ | 00 |
| 7. | Manufacturing Facility Credit for Facilities Located in a Targeted Investment Community/Enterprise Zone | ▶ | 00 |
| 8. | Computer Donation | ▶ | 00 |
| 9. | Grants to Institutions of Higher Education | ▶ | 00 |
| 10. | Machinery and Equipment | ▶ | 00 |
| 11. | <i>Reserved for future use.</i> | | |
| 12. | Displaced Worker or Displaced Electric Worker | ▶ | 00 |
| 13. | Service Facility | ▶ | 00 |
| 14. | New Jobs Creation | ▶ | 00 |
| 15. | Total Part I-C: Add Lines 6 through 14. | ▶ | 00 |

Part I-D Tax Credits With Carryforward Provisions

A B C D
Carryforward Amount 2009 Credit Amount Carryforward
From Previous Amount Applied to Amount
Income Years Claimed Corporation Tax to 2010

| | | | | | | | |
|-----|---|----|----|---|----|---|----|
| 16. | Housing Program Contribution: See instructions. | 00 | | ▶ | 00 | ▶ | 00 |
| 17. | Employer-Assisted Housing: See instructions. | 00 | | ▶ | 00 | ▶ | 00 |
| 18. | Hiring Incentive | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 19. | Clean Alternative Fuel Tax Credit for Vehicles, Equipment, and Related Filling or Recharging Stations | 00 | | ▶ | 00 | ▶ | 00 |
| 20. | Research and Experimental Expenditures | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 21. | Research and Development | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 22. | Fixed Capital Investment | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 23. | Human Capital Investment | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 24. | Insurance Reinvestment Fund | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 25. | Small Business Administration Guaranty Fee | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 26. | Historic Homes Rehabilitation | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 27. | Donation of Land | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 28. | Historic Structures Rehabilitation | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 29. | Historic Investment | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 30. | Urban and Industrial Site Reinvestment | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 31. | Film Production | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 32. | Film Production Infrastructure | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 33. | Digital Animation | 00 | 00 | ▶ | 00 | ▶ | 00 |
| 34. | Total Part I-D: Add Lines 16 through 33 in Columns A through D. | 00 | 00 | ▶ | 00 | ▶ | 00 |

| Part I-E Electronic Data Processing Equipment Property Tax Credit | | A Carryforward Amount From Previous Income Years | B 2009 Credit Amount Claimed | C Amount Applied to Corporation Tax | D Carryforward Amount to 2010 |
|--|---|--|--|---|---|
| 35. | Electronic Data Processing Equipment Property | 00 | 00 ▶ | 00 ▶ | 00 |

Part II - Total Tax Credits Applied

| | | | | | |
|-----|---|--|--|---|----|
| 1. | Enter amount from Form CT-1120CR , Part IV, Line 11. | | | | 00 |
| 2. | Financial Institutions Credit: Enter amount from Part I-A , Line 1, Column A. Do not exceed amount on Line 1. | | | | 00 |
| 3. | Creditable corporation business tax balance: Subtract Line 2 from Line 1. | | | | 00 |
| 4. | Tax Credits With Carryback Provisions: Enter amount from Part I-B , Line 5, Column A. Do not exceed amount on Line 3. | | | | 00 |
| 5. | Creditable corporation business tax balance: Subtract Line 4 from Line 3. | | | | 00 |
| 6. | Tax Credits Without Carryback or Carryforward Provisions: Enter amount from Part I-C , Line 15, Column A. Do not exceed amount on Line 5. | | | | 00 |
| 7. | Creditable corporation business tax balance: Subtract Line 6 from Line 5. | | | | 00 |
| 8. | Tax Credits With Carryforward Provisions: Carryforward credits that expire first should be claimed before any credit carryforward that will expire later or not at all. Enter amount from Part I-D , Line 34, Column C. Do not exceed amount on Line 7. | | | | 00 |
| 9. | Creditable corporation business tax balance: Subtract Line 8 from Line 7. | | | | 00 |
| 10. | Electronic Data Processing Equipment Property Tax Credit: Enter amount from Part I-E , Line 35, Column C. Do not exceed amount on Line 9. | | | | 00 |
| 11. | Total tax credits applied: Add Part II, Lines 2, 4, 6, 8, and 10. Enter total here and on Form CT-1120CR , Part IV, <i>Computation of Amount Payable</i> , Line 12. Do not exceed amount on Line 1. | | | ▶ | 00 |

Part III - Credit Reconciliation If additional lines are required, attach a worksheet.

| Column A Name of Affiliate Computing Credit | Column B Connecticut Tax Registration Number | Column C Name of Tax Credit Applied | Column D Amount of Tax Credit Applied |
|--|--|--|---|
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |

Form CT-1120CR

Combined Corporation Business Tax Return

Instructions

2009

Complete this return in blue or black ink only.

Corporations That Qualify for Combined Reporting:

- Any taxpayer included in a consolidated return for federal income tax purposes may elect to file a combined return together with all other companies that are subject to the tax imposed under Chapter 208 or 209 of the Connecticut General Statutes and are included in the federal consolidated corporation income tax return.
- Any taxpayer not included in a federal consolidated return but which owns or controls, either directly or indirectly, substantially all the capital stock of one or more corporations may, at the discretion of the Commissioner of Revenue Services, be required, or permitted by written approval, to make a return on a combined basis covering these other corporations.

Consent and Notice of Election

Each corporation that consents to be included in a Combined Corporation Business Tax Return must submit **Form CT-1120CC, Combined Return Consent**, for the initial income year for which the election is being made. The election to file a combined return must be made by the electing corporations not later than the due date or the extended due date of the returns for which the election is made. The election to file a combined return must be in effect for at least five income years, and will continue in effect thereafter, until it is revoked.

Change of Election

Any corporation that has elected to file a combined return may subsequently revoke its election even though it continues to be included in a federal consolidated corporation income tax return with other corporations that are subject to the Connecticut corporation business tax. The revocation will not be effective before the fifth income year immediately following the initial income year in which the corporation elected to file a combined return. The election to file a separate return must be submitted in writing on **Form CT-1120CC-R, Revocation of Election and Consent to File Combined Corporation Business Tax Return**, by each corporation included in the combined return. The election to file separate returns must be made by the electing corporations by the due date or the extended due date of the separate returns for the initial income year for which the election is made. The election to file separate returns is irrevocable for five successive income years. After five income years, the corporations may elect to file a combined corporation business tax return.

Attachments Required

Attach to **Form CT-1120CR, Combined Corporation Business Tax Return**, a complete copy of the federal consolidated return, including income statements and balance sheets, federal M-1 adjustments, and a schedule of intercompany eliminations as filed with the Internal Revenue Service.

Form CT-1120 Required

Form CT-1120, Corporation Business Tax Return, must be completed and attached to Form CT-1120CR for each corporation included.

Payment Options

Pay Electronically: Visit www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to make a direct tax payment. After logging into the **TSC**, select the *Make Payment Only* option and choose a tax type from the drop down box. Using this option authorizes the Department of Revenue Services (DRS) to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return on or before the due date. Tax not paid on or before the due date will be subject to penalty and interest.



Pay by Credit Card or Debit Card: You may elect to pay your expected 2009 corporation business tax liability using a credit card (American Express®, Discover®, MasterCard®, or VISA®) or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction you will be given a confirmation number for your records. There are three ways to pay by credit card or comparable debit card:

- Login to your account in the **TSC** and select *Make Payment by Credit Card*;
- Visit: www.officialpayments.com and select *State Payments*; or
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

Pay by Mail: Make check payable to: **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2009 Form CT-1120CR" and your Connecticut Tax Registration Number on the front of the check. Be sure to sign your check and paper clip it to your return. Do not send cash. DRS may submit your check to your bank electronically.

Where to File

Mail return **with payment** to:

Department of Revenue Services
State of Connecticut
PO Box 2974
Hartford CT 06104-2974

Mail return **without payment** to:

Department of Revenue Services
State of Connecticut
PO Box 150406
Hartford CT 06115-0406

Amended Return

Any company that fails to include items of income or deduction or makes any other error on a return must file a Connecticut amended return as follows:

- If a corporation is amending Form CT-1120CR for income years beginning on or after January 1, 2006, an amended return must be filed on **Form CT-1120CR**, and the *Amended* box must be checked.
- If a corporation is amending Form CT-1120CR for income years beginning prior to January 1, 2006, an amended return should be filed using **Form CT-1120X**, *Amended Corporation Business Tax Return*.

A copy of federal Form 1120X, Amended U.S. Corporation Income Tax Return, must be attached to substantiate any changes to federal net income.

For Further Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only), **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Line Instructions

Enter the beginning and ending dates of the parent or designated Connecticut parent corporation's income year regardless of whether the corporation is a calendar year or fiscal year filer. Also enter the corporation's Connecticut Tax Registration Number and Federal Employer Identification Number (FEIN).

Check and Complete Applicable Boxes

1. Address Change - Check the *address change* box, and file **Form CT-8822C**, *Corporation Business Tax Change of Address* (available on the DRS website). If the *address change* box is checked, a completed Form CT-8822C must be attached to Form CT-1120CR.

2. Return Status - Check the corresponding box to indicate the type of combined return being filed.

If this is the first time the corporation is filing Form CT-1120CR, check the *Initial* box and attach Form CT-1120CC.

If the corporation is legally dissolved or withdrawn, check the *Final* box and complete *Line 3*, below.

If the corporation is filing a short period return, check the *Short period* box.

If the corporation is filing an amended return, check the *Amended* box.

3. Final Return - If the corporation is filing a final combined return, check the corresponding box providing the reason for the final return:

- **Dissolution**

To properly dissolve a domestic corporation you must file a Certificate of Dissolution with the Connecticut Office of the Secretary of the State. A dissolved corporation **must** file a return for the period up to the date of legal dissolution or the date of the final liquidation of assets, whichever is later.

Any dissolved corporation that continues to conduct business **must** file Form CT-1120 and pay any taxes due. If a corporation has been dissolved by forfeiture and wishes to be reinstated, it must submit a written request for a tax clearance to:

Department of Revenue Services
Corporation Office Audit Unit
25 Sigourney St Ste 2
Hartford CT 06106-5032

The tax clearance and certificate of reinstatement must be filed with the Connecticut Office of the Secretary of the State.

- **Withdrawal From State**

A foreign corporation that wishes to withdraw from Connecticut must file a written application for withdrawal with the Connecticut Office of the Secretary of the State. Any corporation that has withdrawn must file Connecticut Form CT-1120 up to the date of withdrawal and pay any taxes due.

- **Mergers and Reorganizations**

A corporation that has merged must file a written application with the Connecticut Office of the Secretary of the State. Any corporation that has merged must file Connecticut Form CT-1120 covering the period up to the date of merger and pay any tax due.

For further information about withdrawal from the state, mergers and reorganizations, or dissolutions, contact the Connecticut Office of the Secretary of the State at 860-509-6000.

Any corporation that is reorganized must submit the details concerning the reorganization in writing and disclose the survivor's Connecticut Tax Registration Number. Mail to:

Department of Revenue Services
State of Connecticut
PO Box 2937
Hartford CT 06104-2937

4. Type of Federal Return Filed - Check the box if the federal return was filed on a consolidated basis. If the *Consolidated Basis* box is checked, enter the parent company's name and FEIN.

5. Exchange of Research and Development Tax Credits - Check the **Yes** box if any included corporation is exchanging Research and Development tax credits available under Conn. Gen. Stat. §§12-217j or 12-217n, for a credit refund equal to 65% of the value of the credit, subject to certain limitations. Attach **Form CT-1120RC**, *Research and Experimental Expenditures Credit*, or **Form CT-1120 RDC**, *Research and Development Credit*, and **Form CT-1120 XCH**, *Application for Exchange of Research and Development or Research and Experimental Expenditures Tax Credits by a Qualified Small Business*.

6. Annualization - Check the corresponding box if the corporation is annualizing its income. Complete **Form CT-1120I**, *Computation of Interest Due on Underpayment of Estimated Corporation Business Tax*, and attach it to Form CT-1120CR.

See **Informational Publication 2009(34)**, *Q & A on Estimated Corporation Business Tax and Worksheet CT-1120AE*.

7. Interest or Intangible Expense Add Back - Check the **Yes** box if any corporation pays, accrues, or incurs interest expenses or intangible expenses, costs, and related interest expenses to a related member. Attach **Form CT-1120AB**, *Summary of Add Back and Exceptions to Add Back of Interest and Intangible Expenses*.

8. Passive Investment Companies - Check the corresponding box if any included corporation is filing **Form CT-1120 PIC, Information Return for Passive Investment Companies**. If the **Yes** box is checked, Form CT-1120 PIC must be attached. A passive investment company must be related to a financial services company or to an insurance company. Passive investment companies are exempt from the corporation business tax, but must file Form CT-1120 PIC.

Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents.

Part I - Separate Taxes of Corporations Included in the Combined Return

Each corporation included in Form CT-1120CR is required to calculate its tax as if it were not included in a combined return. Complete Part I and attach a separate Form CT-1120, including all appropriate schedules such as **Form CT-1120 ATT, Corporation Business Tax Return Attachment Schedules H, I, and J; Form CT-1120A, Corporation Business Tax Return Apportionment Computation; Form CT-1120K, Business Tax Credit Summary**.

Attach a schedule showing the name, Connecticut Tax Registration Number, and FEIN of each affiliate added to or deleted from the group since the filing of the prior year Form CT-1120CR. Also attach Form CT-1120CC or Form CT-1120CC-R, as required.

Part II - Computation of Combined Net Income

The combined net income is the sum of the separate net income or loss of each corporation included in the return, but only to the extent it is separately apportioned to Connecticut in accordance with the provisions of Conn. Gen. Stat. §§12-218, 12-218a, 12-218b, or 12-244, whichever is applicable.

Do not include intercompany rents in the computation of the property factor of the apportionment fraction if the lessor and lessee are included in the combined return. See Conn. Gen. Stat. §12-223b(a).

Do not include receipts from any other company included in the combined return in the computation of the receipts factor of the apportionment fraction. See Conn. Gen. Stat. §12-223b(b).

Operating Loss Carryovers

The provisions of Conn. Gen. Stat. §12-217 pertaining to operating loss carryovers only apply to companies filing separate returns. There are specific regulations regarding the application of operating loss carryovers for companies filing a combined return. See Conn. Agencies Regs. §12-223a-2, Combined Operating Loss.

Line 4 - Enter the amount of interest expenses paid to a related member as reported on Form CT-1120AB, Part I A, Line 1.

Line 5 - Enter the amount of intangible expenses paid to a related member as reported on Form CT-1120AB, Part I B, Line 3.

Line 6 - Enter the amount of the federal bonus depreciation allowed under I.R.C. §168(k) and claimed on federal Form 4562, Depreciation and Amortization.

Line 7 - Enter the cancellation of debt income amount deferred on I.R.C. §108(i) election statement attached to federal Form 1120.

Line 8 - Enter the Domestic Production Activities deduction permitted under I.R.C. §199 and reported on federal Form 1120, Line 25.

Line 9 - Enter any other income amount. Attach an explanation.

Line 13 - Enter the value of any capital gain realized from the sale of any land, or interest in land, to the state, any political subdivision of the state, or to any nonprofit land conservation organization where such land is to be permanently preserved as protected open space or to a water company (as defined in Conn. Gen. Stat. §25-32a), where such land is to be permanently preserved as protected open space land or as Class I or Class II water company.

Part III - Computation of Combined Minimum Tax Base

The combined minimum tax base is the sum of the separate minimum tax base of each corporation included in the return, but only to the extent the base is separately apportioned to Connecticut in accordance with the provisions of Conn. Gen. Stat. §§12-219a or 12-244.

If any income and expenses are eliminated in Part II, Line 20, the intangible property of the corporation eliminating the income shall not be taken into account in apportioning under the minimum tax base as provided by the provisions of Conn. Gen. Stat. §12-219a.

Part IV - Computation of Amount Payable

Line 2d - Multiply the number of companies included in this combined return, less one (the parent or designated parent), by \$250. Each affiliate included in the combined return must pay the minimum tax of \$250.

Line 3 - To compute the surtax, multiply the amount on Line 2c by 10%. If Line 2c is \$250, enter "0."

Line 4 - Enter the total tax credits that must be recaptured. The following tax credits are subject to recapture:

- Employer-Assisted Housing Tax Credit
- Fixed Capital Investment Tax Credit
- New Jobs Creation Tax Credit
- Urban and Industrial Site Reinvestment Tax Credit

In most cases, other than the Fixed Capital Investment Tax Credit, the corporation will have been advised by the agency administering the tax credit that recapture is required. A corporation is required to recapture the Fixed Capital Investment Tax Credit when the fixed capital is not held and used in Connecticut by the corporation for five full years following its acquisition. See **Form CT-1120 FCIC, Fixed Capital Investment Tax Credit**, to calculate the amount of tax credit that must be recaptured. See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**.

Line 6 - To compute the preference tax, subtract Line 5, *Total Combined Tax*, from Line 1, *Total Separate Taxes*. If the amount is zero or less, enter "0." If the amount is greater than zero, enter the amount up to a maximum of \$500,000.

Lines 17 - Enter amount to be credited to 2010 estimated tax, or refunded.

Overpayment of tax liability for a previous income year is credited against the current estimated tax liability as of the receipt date of Form CT-1120CR and **not Form CT-1120 EXT, Application**

for Extension of Time to File Corporation Business Tax Return. Accordingly, an overpayment cannot be determined to exist until a completed return is filed. Overpayments will be treated as estimated tax paid on the fifteenth day of the third month (March 15 for calendar year filers), if Form CT-1120CR is filed by the fifteenth day of the third month following the close of the income year. **A request to apply an overpayment to the following income year is irrevocable.**

Part V - Connecticut Combined Operating Loss Carryover

Lines 1 through 13 - Enter the amount of the combined Connecticut apportioned operating income (loss) carryover from the preceding income years indicated as reported on Connecticut corporation business tax returns filed for those years. Net operating losses incurred in income years beginning on or after January 1, 2000, may be carried forward for 20 successive income years.

Line 14 - Add Lines 1 through 13 in Column D and Column E, enter the total on Line 14, Column D and Column E. Enter the amount from Line 14, Column D on Part II, *Computation of Combined Net Income*, Line 27, *Combined Total* column.

Signature

The return must be signed by a duly authorized officer.

Paid Preparer Signature

A paid preparer must sign and date Form CT-1120CR. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) and their firm's FEIN in the spaces provided.

Paid Preparer Authorization

If the corporation wishes to allow DRS to contact the paid preparer who signed the 2009 Combined Corporation Business Tax Return, check the **Yes** box in the signature area of the return. This authorization applies only to the individual whose signature appears in the "Paid Preparer's Signature" section of the return. It does not apply to the firm, if any, shown in that section.

If the **Yes** box is checked, the corporation is authorizing DRS to call the paid preparer to answer any questions that may arise during the processing of the 2009 Corporation Business Tax Return. The corporation is also authorizing the paid preparer to:

- Give DRS any information that is missing from the return;
- Call DRS for information about the processing of the corporation's return or the status of the corporation's refund or overpayment; **and**
- Respond to certain DRS notices that the corporation may have shared with the preparer regarding math errors, offsets, and return preparation. The notices will be sent to the preparer.

The corporation is not authorizing the paid preparer to receive any refund check, bind the corporation to anything (including additional tax liability), or otherwise represent the corporation before DRS. The authorization cannot be revoked. However, the authorization will automatically end no later than the due date (without regard to extensions) for filing the 2010 Combined Corporation Business Tax Return. This is on or before the first day of the month following the due date of the company's corresponding federal income tax return for the income year (April 1 for calendar year filers).

Schedule KC - Combined Tax Credits

Schedule KC, Combined Tax Credits, must be completed whenever tax credits are claimed. This schedule contains the combined total of the tax credits which are claimed on **Form CT-1120K, Business Tax Credit Summary**, by the parent corporation and each affiliate in the group. Attach Form CT-1120K to *Schedule KC* for each corporation in the combined group claiming a business tax credit.

All applicable credit forms and schedules must be attached to this tax return.

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, for additional information on Connecticut business tax credits.

Limit on Credits

The amount of tax credits otherwise allowable against the corporation business tax for any income year shall not exceed 70% of the amount of total tax due prior to the application of the tax credits.

No tax credit can be applied against the minimum tax of \$250 for each included corporation.

Part I - Tax Credits From 2009 Income Year

Part I-A - Financial Institutions Tax Credit

Line 1 - Enter in Column A the combined total tax credit amount being applied from **Form CT-1120K**, Part I-A, Line 1, Column B, for financial institutions constructing new facilities in Connecticut.

Part I-B - Tax Credits With Carryback Provisions

Enter on Line 2 and Line 3, Column A the amounts from Form CT-1120K, Part I-B, Line 2 and Line 3, Column B. This is the combined total of all credits actually applied to the corporation business tax in 2009 that have a carryback provision. The credits indicated here are applied to the current year tax first. Any remaining balance may be claimed against a preceding year tax by filing an amended tax returns.

Enter on Line 2 and Line 3, Column B the combined totals of all credit amounts from Form CT-1120K, Part I-B, Line 2 and Line 3, Column D. This is the combined total of all tax credits which are being carried back to a preceding tax year. For credits that also have a carryforward provision, complete *Schedule KC*, Part I-D.

Part I-C - Tax Credits Without Carryback or Carryforward Provisions

Enter on Lines 6 through 14, Column A the combined total of all credits applied to the current year corporation business tax from Form CT-1120K, Part I-C, Column B, Lines 6 through 14.

Part I-D - Tax Credits With Carryforward Provisions

Enter on Lines 16 through 33, Column A the combined total of all tax credit carryforward amounts from previous income years. Enter on Lines 18 through 33, Column B the current year credit amount claimed. Enter on Lines 16 through 33, Column C the amount of tax credit applied to the corporation business tax for the current year. Enter on Part I-D, Lines 16 through 33, Column D the total available credit carryforward to 2010.

Line 16 - If you are claiming the Housing Program Contribution Credit, complete Part I-B, Line 3, first. Enter in Column A the amount from Form CT-1120K, Part I-D, Line 16, Column A. This is the carryforward amount for the Housing Program Contribution Credit. Enter in Column C the amount from Form CT-1120K, Part I-D, Line 16, Column C. Enter in Column D the amount from Form CT-1120K, Part I-D, Line 16, Column E.

Line 17 - If you are claiming an Employer-Assisted Housing Credit carryforward, enter in Column A the amount from Form CT-1120K, Part I-D, Line 17, Column A. Enter in Column C the amount from Form CT-1120K, Part I-D, Line 17, Column C. Enter in Column D the amount from Form CT-1120K, Line 17, Column E.

Part I-E - Electronic Data Processing Equipment Property Tax Credit

Line 35 - Enter in Columns A through C the amount from Form CT-1120K, Part I-E, Line 35, Columns A through C. Enter in Column D the amount from Form CT-1120K, Part I-E, Line 35, Column E.

Part II - Total Tax Credits Applied

This section enables a corporation to apply its tax credits in the order required by Conn. Gen. Stat. §12-217aa. This section also allows for the limitation of the amount of tax credits otherwise allowable against the corporation business tax. Enter on Lines 2, 4, 6, 8, and 10 the total amount of tax credits applied to the corporation business tax.

Part III - Credit Reconciliation

Enter in Column A the name of each corporation included in the combined return claiming a tax credit. Enter in Column B the Connecticut Tax Registration Number of each corporation included in the combined return claiming a tax credit. Enter in Column C the name of the tax credit claimed. Enter in Column D the amount of tax credit applied.

Form CT-1120CC

Combined Return Consent

Purpose

Use **Form CT-1120CC**, *Combined Return Consent*, to authorize and consent to be included in a Combined Corporation Business Tax Return or a Unitary Corporation Business Tax Return. The affiliated corporation named below authorizes its common parent corporation to include it in a combined return or a unitary return for the initial income year indicated. This election is irrevocable for the five succeeding income years.

General Instructions

Complete and attach this form to **Form CT-1120CR**, *Combined Corporation Business Tax Return* or **Form CT-1120U**, *Unitary Corporation Business Tax Return*, for the initial income year in which each affiliated corporation consents to the election by the common parent corporation (or designated Connecticut parent) to file a Combined Corporation Business Tax Return or a Unitary Corporation Business Tax Return. When an election to file a combined return is made, each member of the combined or unitary group is jointly and severally liable for payment of the entire tax, including penalties and interest.

For Income Year Beginning _____, _____, **and Ending** _____, _____.

Election to File: **Combined Return** **Unitary Return**

Common Parent Corporation (or Designated Connecticut Parent)

The common parent corporation (or designated Connecticut parent) named below elects to file a Combined Corporation Business Tax Return or a Unitary Corporation Business Tax Return for this income year. This election is irrevocable for the five succeeding income years.

| | | |
|--|---------------------------------|-------------------------------------|
| Name of Common Parent Corporation (or Designated Connecticut Parent) | | Connecticut Tax Registration Number |
| Name of Authorized Officer | Signature of Authorized Officer | Federal Employer ID Number |
| Title | | Date |

Affiliated Corporation

The affiliated corporation named below consents to the election by the common parent corporation named above to file a Combined Corporation Business Tax Return or a Unitary Corporation Business Tax Return. This election is irrevocable for the five succeeding income years.

| | | | |
|--|-------------------|---------------------------------|-------------------------------------|
| Name of Affiliate | | | Connecticut Tax Registration Number |
| Address (No., Street, City or Town, State, and ZIP Code) | | | Federal Employer ID Number |
| State of Incorporation | Date Incorporated | Type of Business | Current Status (Active/Inactive) |
| Name of Authorized Officer | | Signature of Authorized Officer | |
| Title | | | Date |

**ATTACH A SEPARATE CONSENT TO ELECTION FOR EACH AFFILIATE FOR THE INITIAL INCOME YEAR
THE AFFILIATE ELECTS TO FILE A COMBINED CORPORATION BUSINESS TAX RETURN
OR A UNITARY CORPORATION BUSINESS TAX RETURN.**

Form CT-1120CC-R

Revocation of Election and Consent to File Combined Corporation Business Tax Return

Purpose

Use **Form CT-1120CC-R**, *Revocation of Election and Consent to File Combined Corporation Business Tax Return*, to revoke a prior election to be included in a Combined Corporation Business Tax Return or a Unitary Corporation Business Tax Return.

General Instructions

Complete and attach this form to **Form CT-1120**, *Corporation Business Tax Return*, for the initial income year in which an affiliated corporation revokes its election to file a Combined Corporation Business Tax Return or a Unitary Corporation Business Tax Return.

For Income Year Beginning _____, _____, **and Ending** _____, _____.

Common Parent Corporation (or Designated Connecticut Parent)

The common parent corporation (or designated Connecticut parent) named below hereby revokes the election to file a Combined Corporation Business Tax Return or a Unitary Corporation Business Tax Return, which was submitted on behalf of itself and its Connecticut taxpayer affiliates for the **income year** _____. This revocation is irrevocable for the five succeeding income years.

| | | |
|--|---------------------------------|-------------------------------------|
| Name of Common Parent Corporation (or Designated Connecticut Parent) | | Connecticut Tax Registration Number |
| Name of Authorized Officer | Signature of Authorized Officer | Federal Employer ID Number |
| Title | | Date |

Affiliated Corporation

The affiliated corporation named below revokes its election to file a Combined Corporation Business Tax Return or a Unitary Corporation Business Tax Return with the common parent corporation (or designated Connecticut parent) named above. This revocation is irrevocable for the five succeeding income years.

| | | | |
|--|-------------------|---------------------------------|-------------------------------------|
| Name of Affiliate | | | Connecticut Tax Registration Number |
| Address (No., Street, City or Town, State, and ZIP Code) | | | Federal Employer ID Number |
| State of Incorporation | Date Incorporated | Type of Business | Current Status (Active/Inactive) |
| Name of Authorized Officer | | Signature of Authorized Officer | |
| Title | | | Date |

**ATTACH A SEPARATE REVOCATION OF ELECTION TO THE CORPORATION BUSINESS TAX RETURN
 OF THE COMMON PARENT CORPORATION (OR DESIGNATED CONNECTICUT PARENT)
 FOR EACH AFFILIATE REVOKING ITS ELECTION.**

Form CT-1120 TIC/EZ

2009

Manufacturing Facility Tax Credit for Facilities Located in a Targeted Investment Community/Enterprise Zone

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 TIC/EZ** to claim the credit for manufacturing facilities allowed under Conn. Gen. Stat. §12-217e against the corporation business tax. Attach it to **Form CT-1120K, Business Tax Credit Summary**.

Eligibility

50% Credit - Taxpayers may qualify for a credit equal to 50% of that portion of the Connecticut corporation business tax that is allocable to a manufacturing facility, as defined under Conn. Gen. Stat. §32-9p, that meets certain employment criteria and is located within a designated Enterprise Zone or other area designated as having Enterprise Zone level benefits. An Entertainment District, Enterprise Corridor Zone, Railroad Depot Zone, Contiguous Municipality Zone, Defense Plant Zone, Manufacturing Plant Zone, and Qualified Manufacturing Plant Zone are areas having Enterprise Zone level benefits. A 50% credit is also available to businesses engaged in biotechnology, pharmaceutical, or photonics research, that are located in a municipality that has a major research university with programs in biotechnology, pharmaceuticals, or photonics, and that has an Enterprise Zone. To be eligible for a 50% credit, the corporation **must** obtain certification from the Department of Economic and Community Development (DECD) and establish either that at least 150 full-time employees or

30% of the full-time positions directly attributable to the manufacturing facility were held by employees that were: (1) residents of such zone or (2) residents of the municipality and eligible for training under the federal Job Training Partnership Act or any successor program.

25% Credit - Taxpayers may qualify for a credit equal to 25% of that portion of the Connecticut corporation business tax that is allocable to a manufacturing facility located in a Targeted Investment Community. Taxpayers with manufacturing facilities located in areas with Enterprise Zone level benefits that do not meet the employment criteria for the 50% credit qualify for the 25% credit. To be eligible for a 25% credit, the manufacturing facility **must** obtain certification from DECD.

The credit period is ten years and begins with the first full income year following the year of issuance of the eligibility certificate and continues for the following nine income years. The credit may be claimed for a maximum of ten years.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact DECD, 505 Hudson Street, Hartford CT 06106, **860-270-8143**.

| Schedule A - Location Criteria for 50% Tax Credit | | Yes | No | |
|---|--|-----|----|---|
| 1. | Is the certified facility located within an area having Enterprise Zone level benefits? | | | If Yes , go to <i>Schedule B</i> . If No , go to Question 2. |
| 2. | Is the certified facility an eligible entertainment related project or support business located within a municipality with an approved entertainment district? | | | If Yes , go to <i>Schedule B</i> . If No , go to Question 3. |
| 3. | Is the facility engaged in biotechnology, pharmaceutical, or photonics research and located in a municipality that has a major research university with programs in biotechnology, pharmaceuticals, or photonics, and that has an Enterprise Zone? | | | If Yes , go to <i>Schedule B</i> . If No , the company is eligible only for a 25% credit. Enter 25% (.25) on <i>Schedule C</i> , Line 7. |

| Schedule B - Employment Criteria for 50% Tax Credit | | | |
|---|---|----|--|
| 1. | Enter the average number of full-time employment positions at the manufacturing facility during the last quarter of the current income year. | 1. | |
| 2. | Enter the number of full-time employees prior to beginning the initial hiring for the facility. See instructions. | 2. | |
| 3. | Subtract Line 2 from Line 1 and enter the result. If zero or less, the company is eligible only for the 25% credit. Enter 25% (.25) on <i>Schedule C</i> , Line 7. | 3. | |
| 4. | Multiply Line 3 by 30% (.30). | 4. | |
| 5. | Enter the number of full-time employees who are residents of the Enterprise Zone, or are residents of the municipality or Enterprise Corridor Zone, and are eligible for training under the federal Job Training Partnership Act. | 5. | |
| 6. | If Line 5 is less than 150 and is less than the amount on Line 4, the company is eligible only for the 25% credit. Enter 25% (.25) here and on <i>Schedule C</i> , Line 7. | 6. | |
| 7. | If Line 5 is 150 or greater or is greater than the amount on Line 4, the company is eligible for the 50% credit. Enter 50% (.50) here and on <i>Schedule C</i> , Line 7. | 7. | |

| Schedule C - Credit Computation | | | | | |
|--|-----------------------|---|--|---|--|
| Instructions for the computation of tangible property and wages, salaries, and other compensation are shown below. | | Column A | | Column B | Column C |
| | | Eligible Facility Approved by DECD | | Total Facilities Within Connecticut (Including Eligible Facility) | For Line 1 and Line 2, divide Column A by Column B. Carry to six decimal places |
| Tangible Property | a. Depreciable assets | | | | |
| | b. Land | | | | |
| | c. Capitalized rent | | | | |
| | d. Other | | | | |
| | 1. Total | | | | 1. |
| Wages, Salaries, and Other Compensation | | 2. Total | | | 2. |
| Facility Credit Ratio | | 3. Total: Add Line 1 and Line 2 in Column C. | | | 3. |
| | | 4. Facility ratio: Divide Line 3 by two. | | | 4. |
| | | 5. Tax: From Form CT-1120, Schedule C , Line 1 | | | 5. |
| Tax Credit Calculation | | 6. Balance: Multiply Line 5 by Line 4. | | | 6. |
| | | 7. Tax credit percentage: See instructions. | | | 7. |
| | | 8. Tax credit: Multiply Line 6 by Line 7. Enter here and on Form CT-1120K , Part I-C, Line 7, Column A. | | | 8. |

Instructions

Schedule A

Schedule A is used to determine if the manufacturing facility is located in an area eligible to receive Enterprise Zone level benefits. If the facility does not meet the criteria for location, it is eligible only for the 25% credit. Skip *Schedule B* and continue on to *Schedule C*.

Lines 1 and 2 - Check **Yes** if the manufacturing facility is located within one of the areas having Enterprise Zone level benefits.

Line 3 - Check **Yes** if the facility is engaged in biotechnology, pharmaceutical, or photonics research, and is located in a municipality that has a major research university with programs in biotechnology, pharmaceuticals, or photonics, and that has an Enterprise Zone.

Schedule B

Schedule B is used to determine if the facility employs enough workers who are residents of the Enterprise Zone or are residents of the municipality and qualify for federal Job Training Partnership Act benefits. If the facility does not meet the criteria for employment of local workers, it is eligible only for the 25% credit.

Line 1 - Complete as indicated.

Line 2 - The initial hiring for the new facility is based on the start date established with DECD.

Line 3 - Subtract Line 2 from Line 1 and enter the result. If zero or less, the company is eligible only for the 25% credit. Do not continue on to Lines 5 through 7. Enter 25% on *Schedule C*, Line 7.

Line 4 - Multiply Line 3 by 30%.

Lines 5 through 7 - Complete as indicated.

Schedule C

Schedule C is used to determine the amount of the tax credit.

Tangible Property: Column A includes the average monthly net book value of the eligible manufacturing facility including all machinery and equipment specifically acquired for and installed at that site, without reduction for any encumbrance. When rented, the value of the eligible manufacturing facility and all machinery and equipment

specifically acquired for and installed at that site should be computed by multiplying the **gross rents** payable by the taxpayer during the income year by eight. Column B consists of the average monthly net book value of all real property, machinery, and equipment held and owned by the taxpayer in Connecticut plus the value of all real property, machinery, and equipment rented to the taxpayer in Connecticut, computed by multiplying the combined gross rents payable during the income year by eight. **Gross rents** means gross rents as defined in Conn. Gen. Stat. §12-218.

Wages, Salaries, and Other Compensation: Column A consists of all wages, salaries, and other compensation paid during the income year to employees of the taxpayer whose positions are **directly attributable** to the eligible manufacturing facility. Column B consists of the sum of wages, salaries, and other compensation paid during the income year to all employees of the taxpayer in Connecticut.

An employee's position is **directly attributable** to an eligible manufacturing facility if the:

- Employee's service is performed or base of operation is at the eligible manufacturing facility;
- Position did not exist prior to the construction, renovation, expansion, or acquisition of the eligible manufacturing facility; **and**
- Position would not have been created but for the construction, renovation, expansion, or acquisition of the eligible manufacturing facility.

Line 5 - Enter the tax from **Form CT-1120, Schedule C**, Line 1.

Line 6 - Multiply Line 5 by Line 4.

Line 7 - Enter the tax credit percentage. This percentage will be either 25% or 50%, and is determined from *Schedule A*, Line 3, or *Schedule B*, Line 6 or Line 7.

Line 8 - Enter the tax credit. Multiply Line 6 by Line 7, enter here and on Form CT-1120K, Part I-C, Line 7, Column A.

Research and Development Expenditures Tax Credit

(Rev. 12/09)

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|------------------|---|
| Corporation name | Connecticut Tax Registration Number |
| | DECD Eligibility Certificate Number (If applicable) |

Complete this form in blue or black ink only.

Use **Form CT-1120 RDC** to claim the credit available under Conn. Gen. Stat. §12-217n for research and development expenses paid or incurred during the income year for research and development conducted in Connecticut.

Required Attachments

Attach a detailed schedule that identifies the **research and development expenditures** as to the type, amount, and location in Connecticut where conducted.

Definitions

Connecticut research and development expenditures are those amounts deductible under §174 of the Internal Revenue Code of 1986, as in effect on May 28, 1993, (determined without regard to §280C(c) thereof), and basic research payments as defined under I.R.C. §41, to the extent not deducted under I.R.C. §174. The expenditures must be paid or incurred by the taxpayer for research and development and basic research conducted in Connecticut. The expenditures and payments may not be funded, within the meaning of I.R.C. §41(d)(4)(H), by any grant, contract, or otherwise by a person or governmental entity other than the taxpayer unless the other person is included in a combined return with the person paying or incurring the expenses. Overhead and other expenses, including general and administrative expenses that relate to a corporation's activities as a whole and not specifically to the research and development effort will not qualify. Qualifying expenditures may include but are not limited to:

- Expenditures incurred in connection with the taxpayer's trade or business that represent research and development costs in the experimental or laboratory sense;

- All costs incident to the development of an experimental or pilot model, a plant process, a product, a formula, an invention, or similar property, and the improvement of already existing property of the type mentioned; **and**
- Costs of obtaining a patent, such as attorneys' fees expended in making and perfecting a patent application.

Qualified Small Business is defined as a company that has gross income for the previous income year that does not exceed \$100 million and has not met the gross income test through transactions with a related person, as defined in Conn. Gen. Stat. §12-217w.

Tentative Tax Credit Computation

For a **qualified small business**, the tentative tax credit allowed for research and development expenses is equal to 6% of such expenses. Any company other than a qualified small business must use the tentative rate schedule below to determine the amount of the tentative credit.

The amount of credit available to companies that have revenues in excess of \$3 billion, employing more than 2,500 employees, and headquartered in an Enterprise Zone shall be the tentative credit allowed or 3.5% of the total research and development expenses, whichever is greater. A company that pays or incurs research and development expenses in excess of \$200 million for the income year must obtain an eligibility certificate from the Department of Economic and Community Development (DECD) prior to claiming the credit.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Part I - Tentative Research and Development Expenditures Tax Credit Computation | | | |
|---|---|-----|----|
| 1. | Enter the amount of Connecticut research and development expenditures for the 2009 income year. Attach detailed schedule. | 1. | 00 |
| 2. | Enter the amount of excess Connecticut research and experimental expenditures for the 2009 income year according to Conn. Gen. Stat. §12-217j, from 2009 Form CT-1120RC , Part I, Line 3. | 2. | 00 |
| 3. | Enter the amount of excess grant expenditures to institutions of higher education in Connecticut for research and development according to Conn. Gen. Stat. §12-217l, from 2009 Form CT-1120GC , Line 7. | 3. | 00 |
| 4. | Total excess expenditures: Add Line 2 and Line 3. | 4. | 00 |
| 5. | Net research and development expenditures for 2009: Subtract Line 4 from Line 1. | 5. | 00 |
| 6a. | Qualified small businesses multiply amount on Line 5 by 6% (.06). | 6a. | 00 |
| 6b. | Companies headquartered in an Enterprise Zone, with revenues in excess of \$3 billion, employing more that 2,500 employees, may elect to multiply amount on Line 5 by 3.5% (.035). | 6b. | 00 |
| 6c. | All other businesses determine amount from the <i>Tentative Credit Rate Schedule</i> , on Page 2. | 6c. | 00 |
| 6. | Tentative credit for 2009: Enter the amount from Line 6a, 6b, or 6c. | 6. | 00 |
| 7. | Reduction of tentative tax credit for 2009: Applicable if net research and development expenses exceed \$200 million and workforce is reduced. | 7. | 00 |
| 8. | Allowable tentative tax credit for 2009: Subtract Line 7 from Line 6. | 8. | 00 |

| Tentative Tax Credit Rate Schedule | |
|--|---|
| If Net Research and Development Expenditures (Line 5) are: | The tentative tax credit allowed is: |
| \$50 million or less | 1% of Net Research and Development Expenditures |
| more than \$50 million but not more than \$100 million | \$500,000 + 2% of amount over \$50 million |
| more than \$100 million but not more than \$200 million | \$1.5 million + 4% of amount over \$100 million |
| more than \$200 million | \$5.5 million + 6% of amount over \$200 million |

| Part II - Research and Development Expenditures Tax Credit Computation | | | |
|--|---|-----|----|
| 1. | Allowable tentative tax credit for 2009 from Part I, Line 8 | 1. | 00 |
| 2. | Multiply Line 1 by 33 $\frac{1}{3}$ % (.3333). | 2. | 00 |
| 3. | Enter the 2009 Connecticut corporation business tax liability or combined corporation business tax liability due after the application of the total amount of Connecticut corporation business tax credits except the Research and Development Expenditures Tax Credit. | 3. | 00 |
| 4. | Multiply Line 3 by 50% (.50). | 4. | 00 |
| 5a. | Multiply Line 1 by two (2). | 5a. | 00 |
| 5b. | Enter 90% (.90) of Line 3. | 5b. | 00 |
| 5. | Enter the lesser of Line 5a or Line 5b. | 5. | 00 |
| 6. | Enter the greater of Line 4 or Line 5. | 6. | 00 |
| 7. | 2009 Research and Development Expenditures Tax Credit: Enter the lesser of Line 2 or Line 6 here and on Form CT-1120K, Part I-D, Line 21, Column B. | 7. | 00 |

Exchange of Tax Credit

A taxpayer whose gross income does not exceed \$70 million and who cannot take the credit as a result of having no tax liability under the corporation business tax, may elect to carry 100% of the credit forward or may be eligible to exchange the credit with the state for a credit refund equal to 65% of its value. See *Conn. Gen. Stat. §12-217ee*. See **Form CT-1120 XCH**, *Application for Exchange of Research and Development or Research and Experimental Expenditures Tax Credits by a Qualified Small Business*, for eligibility.

Only tax credits earned in the current year and entitled to be claimed in the current year may be exchanged.

Application Procedure

Complete Form CT-1120 XCH and submit it with the original return (**Form CT-1120**, *Corporation Business Tax Return*; **Form CT-1120U**, *Unitary Corporation Business Tax Return*; or **Form CT-1120CR**, *Combined Corporation Business Tax Return*). Visit the Department of Revenue Services (DRS) website at www.ct.gov/DRS to download forms and publications.

| Part III - Computation of Carryforward - See instructions below. | | | | | | | |
|---|--|---------------------------------------|--|--|--|---------------------------------|--|
| | | A Total Credit Earned | B Credit Applied 1995 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Credit Exchanged | F Carryforward to 2010 |
| 1. | 1995 Form CT-1120 RDC, Part I, Line 4 | | | | | | |
| 2. | 1996 Form CT-1120 RDC, Part I, Line 1. | | | | | | |
| 3. | 1997 Form CT-1120 RDC, Part I, Line 1. | | | | | | |
| 4. | 1998 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 5. | 1999 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 6. | 2000 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 7. | 2001 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 8. | 2002 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 9. | 2003 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 10. | 2004 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 11. | 2005 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 12. | 2006 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 13. | 2007 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 14. | 2008 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 15. | 2009 Form CT-1120 RDC, Part I, Line 8. | | | | | | |
| 16. | Total Research and Development Tax Credit applied to 2009: Add Lines 1 through 15, Column D. Enter here and on Form CT-1120K, Part I-D, Line 21, Column C. | | | | | | |
| 17. | Total Research and Development Tax Credit carryforward to 2010: Add Lines 1 through 15, Column F. Enter here and on Form CT-1120K, Part I-D, Line 21, Column E. | | | | | | |

Computation of Carryforward Instructions

Lines 1 through 15, Columns A through D - Enter the amount for each corresponding year.

Lines 6 through 14, Column E - Enter the actual amount of credit exchanged for each corresponding year.

Line 15, Column E - Enter the amount of credit to be exchanged for credit refund, from 2009 Form CT-1120 XCH, Part II, Line 2.

Lines 1 through 5, Column F - Subtract Column D from Column C.

Lines 6 through 14, Column F - Subtract Column D and Column E from Column C.

Line 15, Column F - Subtract Column D and Column E from Column A.

Research and Experimental Expenditures Tax Credit

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120RC** to claim the credit available under Conn. Gen. Stat. §12-217j equal to 20% of the incremental increase in **research and experimental expenditures** that are conducted in Connecticut. Attach it to **Form CT-1120K**, *Business Tax Credit Summary*.

Required Attachment

This form must be accompanied by a detailed schedule that identifies the location in Connecticut where the research and experimentation was conducted and the amounts spent directly on research and experimentation in the current income year and in the previous income year.

Definitions

Connecticut research and experimental expenditures are those that may be deducted under §174 of the Internal Revenue Code of 1986 and related regulations. Only amounts spent directly on such research and experimental expenditures will be allowed. Overhead and other expenses, including general and administrative expenses, which relate to a corporation's activities as a whole and not specifically to the research and experimental effort will not qualify.

Qualifying expenditures include but are not limited to:

- Expenditures incurred in connection with the taxpayer's trade or business that represent research and development costs in the experimental or laboratory sense;
- All costs incurred in the development of an experimental or pilot model, a plant process, a product, a formula, an invention, or similar property, and the improvement of already existing property of the type mentioned; **and**
- Costs of obtaining a patent, such as attorney's fees expended in making and perfecting a patent application.

Credit Computation

The credit is equal to 20% of the amount spent by the corporation directly on Connecticut research and experimental expenditures that exceeds the amount spent by that corporation on those expenditures during the previous income year.

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact the Department of Revenue Services (DRS), Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Part I - Credit Computation | | | |
|-----------------------------|--|----|----|
| 1. | Enter the amount of Connecticut research and experimental expenditures for the 2009 income year. Attach detailed schedule. | 1. | 00 |
| 2. | Enter the amount of Connecticut research and experimental expenditures for the 2008 income year. Attach detailed schedule. | 2. | 00 |
| 3. | Balance: Subtract Line 2 from Line 1. If zero or less, the corporation is not eligible for this credit. | 3. | 00 |
| 4. | Tax credit: Multiply Line 3 by 20% (.20). Enter here and on Form CT-1120K , Part I-D, Line 20, Column B. | 4. | 00 |

Exchange of Tax Credit

A taxpayer whose gross income does not exceed \$70 million and who cannot take the credit as a result of having no tax liability under the corporation business tax may elect to carry 100% of the credit forward or may be eligible to exchange the credit with the state for a credit refund equal to 65% of its value. See Conn. Gen. Stat. §12-217ee. See **Form CT-1120 XCH**, *Application for Exchange of Research and Development or Research and Experimental Expenditures Tax Credits by a Qualified Small Business*, for eligibility.

Only tax credits earned in the current year and entitled to be claimed in the current year may be exchanged.

Application Procedure

Complete Form CT-1120 XCH and submit it with the original return: **Form CT-1120**, *Corporation Business Tax Return*; **Form CT-1120U**, *Unitary Corporation Business Tax Return*; or **Form CT-1120CR**, *Combined Corporation Business Tax Return*. Visit the DRS website at **www.ct.gov/DRS** to download forms and publications.

Carryforward Schedule

For income years beginning on or after January 1, 1997, the 15-year carryforward is applicable to biotechnology (biotech) companies only. However, for income years beginning on or after January 1, 2000, the 15-year carryforward is applicable to all companies.

| Part II - Computation of Carryforward - See instructions below. | | | | | | |
|---|---------------------------------------|--|---|---|---------------------------------|--|
| | A Total Credit Earned | B Credit Applied 1997 Through 2008 | C Carryforward to 2009. Subtract Column B from Column A. | D Credit Applied to 2009 | E Credit Exchanged | F Carryforward to 2010 |
| 1. 1997 Form CT-1120RC, Line 4 (Biotech only) | | | | | | |
| 2. 1998 Form CT-1120RC, Line 4 (Biotech only) | | | | | | |
| 3. 1999 Form CT-1120RC, Line 4 (Biotech only) | | | | | | |
| 4. 2000 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 5. 2001 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 6. 2002 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 7. 2003 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 8. 2004 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 9. 2005 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 10. 2006 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 11. 2007 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 12. 2008 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 13. 2009 Form CT-1120RC, Part I, Line 4 | | | | | | |
| 14. Total Research and Experimental Expenditures Tax Credit applied to 2009: Add Lines 1 through 13, Column D. Enter here and on Form CT-1120K, Part I-D, Line 20, Column C. | | | | | | |
| 15. Total Research and Experimental Expenditures Tax Credit carryforward to 2010: Add Lines 1 through 13, Column F. Enter the total here and on Form CT-1120K, Part I-D, Line 20, Column E. | | | | | | |

Computation of Carryforward Instructions:

Lines 1 through 13, Columns A through D - Enter the amount for each corresponding year.

Lines 4 through 12, Column E - Enter the amount of credit exchanged for each corresponding year.

Line 13, Column E - Enter the amount of credit to be exchanged for credit refund from 2009 **Form CT-1120 XCH,** Part II, Line 1.

Lines 1 through 3, Column F - Subtract Column D from Column C.

Lines 4 through 12, Column F - Subtract Column D and Column E from Column C.

Line 13, Column F - Subtract Column D and Column E from Column A.

Form CT-1120 EDPC
Electronic Data Processing Equipment
Property Tax Credit

(Rev. 12/09)

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only. Use **Form CT-1120 EDPC** to claim the credit available under Conn. Gen. Stat. §12-217t, for personal property taxes paid on **electronic data processing equipment** to a Connecticut municipality during the income year. Attach it to **Form CT-1120K, Business Tax Credit Summary; Form CT-990T, Unrelated Business Income Tax Return; Form 207, Insurance Premiums Tax Return Domestic Companies; or Form 207F, Insurance Premiums Tax Return Nonresident and Foreign Companies**, whichever is applicable.

Definition

Electronic data processing equipment means computers, printers, peripheral computer equipment, bundled software, and any computer-based equipment acting as a computer as defined in I.R.C. §168, and any other equipment reported as Code 20 on the Personal Property Declaration, as prescribed by the Secretary of the Office of Policy and Management according to Conn. Gen. Stat. §12-27.

In the case of leased electronic data processing equipment, the lessee, not the lessor, is entitled to claim the credit allowed by Conn. Gen. Stat. §12-217t, if the lease by its terms or by operation

imposes on the lessee the cost of the personal property taxes on the equipment. However, the lessor and lessee may elect, in writing, that the lessor may claim the credit. The lessor shall provide a copy of the written election upon the request of the Commissioner of the Department of Revenue Services (DRS).

Credit Computation

The electronic data processing property tax credit is allowed only after the application of all other tax credits. The allowable credit is applied first against the corporation business tax and then may be applied against the taxes administered under Chapters 207, 208a, 209, 210, 211, or 212 of the Connecticut General Statutes. Any remaining credit balance that exceeds the credit applied may be carried forward to five succeeding income years.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact DRS Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| | | |
|--|--|--|
| Part I – Allowable Electronic Data Processing Equipment Property Tax Credit | | |
| Enter the amount of personal property taxes paid or incurred by the corporation on electronic data processing equipment in 2009 from the October 1, 2008 grand list. Enter here and on Form CT-1120K, Part I-E, Line 35, Column B. | | |

| | | | | | |
|--|---------------------------------------|--|---|--|--|
| Part II – Computation of Carryforward - Credit may be carried forward to the five succeeding income years. See instructions below. | | | | | |
| | A Total Credit Earned | B Credit Applied 2004 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 |
| 1. 2004 Form CT-1120 EDPC, Part I. | | | | | |
| 2. 2005 Form CT-1120 EDPC, Part I. | | | | | |
| 3. 2006 Form CT-1120 EDPC, Part I. | | | | | |
| 4. 2007 Form CT-1120 EDPC, Part I. | | | | | |
| 5. 2008 Form CT-1120 EDPC, Part I. | | | | | |
| 6. 2009 Form CT-1120 EDPC, Part I, above. | | | | | |
| 7. Total Electronic Data Processing Equipment Property Tax Credit applied to 2009: Add Lines 1 through 6, Column D. Enter here and on Form CT-1120K, Part I-E, Line 35, Column C. Form CT-990T filers only , enter here and on Form CT-1120K, Part 1-E, Line 35, Column D. | | | | | |
| 8. Total Electronic Data Processing Equipment Property Tax Credit carryforward to 2010: Add Lines 2 through 6, Column E. Enter here and on Form CT-1120K, Part I-E, Line 35, Column E. | | | | | |

Computation of Carryforward Instructions

Lines 1 through 6, Columns A through D - Enter the amount for each corresponding year.

Lines 2 through 5, Column E - Subtract Column D from Column C.

Line 6, Column E - Subtract Column D from Column A.

Form CT-1120GC

Research and Development Tax Credit for Grants to Institutions of Higher Education

2009

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only. Use **Form CT-1120GC** to claim the credit available under Conn. Gen. Stat. §12-217i based on the incremental increase in the amount a corporation spends in Connecticut for any **grant** or combination of grants to any **institution of higher education** in Connecticut. Attach it to **Form CT-1120K**, *Business Tax Credit Summary*.

Credit Computation

The credit equals 25% of the amount by which qualifying grants made in the current income year exceed the average qualifying grants made during the three preceding income years.

If this credit is claimed, the taxpayer will reduce the amount of research and development expenses that otherwise may be taken into account in computing the allowable credit under Conn. Gen. Stat. §12-217n.

Required Attachment

This form must be accompanied by a detailed schedule that identifies the name and location of the institution of higher education, the date and amount of funds expended for the research and development grant, and a description of the grant.

Definitions

Grant means the donation of funds to any institution of higher education in Connecticut for the purposes of **research and development related to advancements in technology**.

Research and development related to advancements in technology means development of new products, development of new uses for existing products, or development or improvement of methods for producing products. Research and development does **not** include testing or inspection for quality control purposes, efficiency surveys, management studies, consumer surveys or other market research, advertising or promotional activities, or research in connection with literary, historical, or similar projects.

Institution of higher education means an educational institution in Connecticut that grants degrees beyond the high school level and is described in, and is exempt from, taxation under I.R.C. §501(c)(3), or exempt from taxation as a governmental unit.

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Credit Computation | | | |
|---------------------------|--|----|--|
| 1. | Enter the amount of research and development grants to institutions of higher education in Connecticut for the 2006 income year. Attach detailed schedule. | 1. | |
| 2. | Enter the amount of research and development grants to institutions of higher education in Connecticut for the 2007 income year. Attach detailed schedule. | 2. | |
| 3. | Enter the amount of research and development grants to institutions of higher education in Connecticut for the 2008 income year. Attach detailed schedule. | 3. | |
| 4. | Add Lines 1, 2, and 3. | 4. | |
| 5. | Divide Line 4 by three (3). This is the average annual amount of grants during the three immediately preceding income years. | 5. | |
| 6. | Enter the amount of research and development grants to institutions of higher education in Connecticut for the 2009 income year. Attach detailed schedule. | 6. | |
| 7. | Balance: Subtract Line 5 from Line 6. If zero or less, the corporation is not eligible for this credit. | 7. | |
| 8. | Tax credit: Multiply Line 7 by 25% (.25). Enter here and on Form CT-1120K , Part I-C, Line 9, Column A. | 8. | |

Form CT-1120 MEC

Machinery and Equipment Expenditures Tax Credit

2009

(Rev. 12/09)

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 MEC** to claim the credit available under Conn. Gen. Stat. §12-217o for the incremental increase in the amount spent by a corporation on **machinery** and **equipment**. Attach it to **Form CT-1120K**, *Business Tax Credit Summary*.

Definitions

Qualifying expenditures are any expenditures that fall within the definition of machinery and equipment acquired for and installed in a **facility** in Connecticut.

Machinery is the basic machine itself, including all of its component parts such as belts, pulleys, shafts, moving parts, operating structures, replacement and repair parts, whether purchased separately or in conjunction with a complete machine and regardless of whether the machine or component parts are assembled by the taxpayer or another related party; and all equipment or devices used or required to control, regulate, or operate the machinery, including without limitation, computers and data processing equipment. Furniture and fixtures, automobiles, or other property used for transportation are not machinery.

Equipment is a device separate from machinery but essential to the business. Repair and replacement parts for equipment also qualify for the credit under the same terms as provided for parts purchased for machinery. Furniture and fixtures, automobiles, construction equipment, or other property used for transportation are not equipment.

Facility means any plant, building, or other real property improvement used by the corporation in its trade or business.

Full-time permanent employee is an employee whose wages, salaries or other compensation is paid in Connecticut and whose employment requires an average of 35 hours or more of service each week for at least eight consecutive weeks.

Tax Credit Percentages

In the case of a corporation that has not more than 250 **full-time permanent employees** in Connecticut, the credit is equal to 10% of the amount spent on machinery and equipment acquired for and installed in a facility in Connecticut that exceeds the amount spent by the corporation during the preceding income year for such expenditures.

In the case of a corporation that has between 251 and 800 full-time permanent employees in Connecticut, the credit is equal to 5% of the amount spent by the corporation on machinery and equipment acquired for and installed in a facility in Connecticut that exceeds the amount spent by the corporation during the preceding income year for such expenditures.

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Credit Computation | | | |
|---------------------------|--|----|--|
| 1. | Enter the amount of Connecticut machinery and equipment expenditures incurred during the 2009 income year. Attach schedule. | 1. | |
| 2. | Enter the amount of Connecticut machinery and equipment expenditures incurred during the prior income year. Attach schedule. | 2. | |
| 3. | Balance: Subtract Line 2 from Line 1. If zero or less, the corporation is not eligible for this credit. | 3. | |
| 4. | Enter the number of full-time permanent employees for 2009. | 4. | |
| 4a. | If Line 4 is 250 or fewer, enter 10% (.10) on Line 5. | | |
| 4b. | If Line 4 is at least 251, but not more than 800, enter 5% (.05) on Line 5. | | |
| 5. | Enter the applicable percentage (5% or 10%) from Line 4a or Line 4b. | 5. | |
| 6. | Tax credit: Multiply Line 3 by Line 5. Enter here and on Form CT-1120K , Part I-C, Line 10, Column A. | 6. | |

Form CT-1120 HIC Hiring Incentive Tax Credit

2009

For Income Year Beginning: _____, **2009** and Ending: _____, _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 HIC** to claim the credit available under Conn. Gen. Stat. §12-217y for hiring a **qualifying employee**. Attach it to **Form CT-1120K, Business Tax Credit Summary**.

To be eligible to claim this credit, an application must be submitted to and approved by the Connecticut Department of Labor (DOL).

Definitions

A **qualifying employee** is any employee who, upon the initial hiring of the employee, is employed not less than 30 hours per week for a full calendar month by the same business firm and who, at the time of being hired, is and has been receiving benefits from the temporary family assistance program for more than nine consecutive months immediately preceding the date of employment. Include the number of hours per week an employee participates in a job training program approved by the DOL Commissioner when calculating the number of hours the employee works.

Credit Computation

Multiply the number of full calendar months worked by qualifying employees during the income year by \$125 to determine the amount of credit.

Additional Information

Contact DOL, Program Support Unit, 200 Folly Brook Boulevard, Wethersfield CT 06109-1114, or see **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**.

| Part I - Credit Computation If additional lines are needed, attach a worksheet. | | | | | |
|--|--|--|--------------------------|---|---|
| | A Qualifying Employee Name | B Employee Social Security Number | C Date of Hire | D Number of Full Calendar Months Employed | E Column D Multiplied by \$125 |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | Tax credit: Add Lines 1 through 10, Column E. Enter here and on Form CT-1120K , Part I-D, Line 18, Column B. | | | | |

Part II - Computation of Carryforward

Credit may be carried forward to five succeeding income years.

| | | A Total Credit Earned | B Credit Applied 2004 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 See instructions below. |
|----|--|---------------------------------------|--|---|--|--|
| 1. | 2004 Hiring Incentive Tax Credit , from 2004 Form CT-1120 HIC, Part I, Line 11. | | | | | |
| 2. | 2005 Hiring Incentive Tax Credit , from 2005 Form CT-1120 HIC, Part I, Line 11. | | | | | |
| 3. | 2006 Hiring Incentive Tax Credit , from 2006 Form CT-1120 HIC, Part I, Line 11. | | | | | |
| 4. | 2007 Hiring Incentive Tax Credit , from 2007 Form CT-1120 HIC, Part I, Line 11. | | | | | |
| 5. | 2008 Hiring Incentive Tax Credit , from 2008 Form CT-1120 HIC, Part I, Line 11. | | | | | |
| 6. | 2009 Hiring Incentive Tax Credit , from 2009 Form CT-1120 HIC, Part I, Line 11. | | | | | |
| 7. | Total Hiring Incentive Tax Credit applied to 2009: Add Lines 1 through 6 in Column D. Enter total here and on Form CT-1120K, Part I-D, Line 18, Column C. | | | | | |
| 8. | Total Hiring Incentive Tax Credit carryforward to 2010: Add Lines 2 through 6 in Column E. Enter here and on Form CT-1120K, Part I-D, Line 18, Column E. | | | | | |

Computation of Carryforward Instructions

Lines 1 through 5, Columns A through D - Enter the amount for each corresponding year.

Lines 2 through 5, Column E - Subtract Column D from Column C.

Line 6, Column E - Subtract Column D from Column A.

Form CT-1120 FCIC

Fixed Capital Investment Tax Credit

2009

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 FCIC** to claim the credit allowed under Conn. Gen. Stat. §12-217w. Attach it to **Form CT-1120K, Business Tax Credit Summary**.

Required Attachment

This form must be accompanied by a detailed schedule that identifies the **fixed capital** acquired, date of acquisition, cost of the fixed capital, class life, location where the fixed capital is used in Connecticut, and from whom the fixed capital was acquired.

Expenditures claimed for this credit cannot be claimed in connection with any other corporation business tax credit.

Definitions

Fixed capital is defined as tangible personal property that:

- Has a class life of more than four years, as described under I.R.C. §168(e);
- Is purchased from a person other than a related person;
- Is not acquired to be leased, and is not leased to another person during the 12 months following its acquisition; **and**
- Will be held and used in Connecticut by a corporation in the ordinary course of the corporation's trade or business in Connecticut for not less than five full years following its acquisition.

Fixed capital **does not** include inventory, land, buildings or structures, or **mobile transportation property**.

Mobile transportation property is any transport equipment designed to move or convey people or property from one place to another, including but not limited to: trucks; buses; forklifts; snowplows; or certain construction equipment such as backhoes, bulldozers, cement mixers, and loaders.

Recapture Provision

- If the fixed capital on account of which a corporation claimed the credit is not held and used in Connecticut in the ordinary course of the corporation's trade or business in Connecticut for three full years following its acquisition, the corporation must recapture 100% of the amount of the credit allowed on its corporation business tax return required to be filed for the income year immediately succeeding the income year during which the three-year period expires.
- If the fixed capital on account of which a corporation claimed the credit is not held and used in Connecticut in the ordinary course of the corporation's trade or business in Connecticut for five full years following its acquisition, the corporation must recapture 50% of the amount of the credit allowed on its corporation business tax return required to be filed for the income year immediately succeeding the income year during which the five-year period expires.
- The recapture provisions do not apply if the property that is the subject of the tax credit is replaced.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Part I - Credit Computation | | | |
|------------------------------------|--|----|--|
| 1. | Enter fixed capital investment expenditures made during the income year. Attach detailed schedule. | 1. | |
| 2. | Enter fixed capital expenditures from Line 1 that were applied against any other corporation business tax credit. | 2. | |
| 3. | Subtract Line 2 from Line 1. | 3. | |
| 4. | Tax credit: Multiply Line 3 by 5% (.05). Enter here and on Form CT-1120K, Part I-D, Line 22, Column B. | 4. | |

Part II - Computation of Carryforward - Credit may be carried forward to five succeeding income years. See instructions below.

| | | A Total Credit Earned | B Credit Applied 2004 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 |
|----|---|---------------------------------------|--|---|--|--|
| 1. | 2004 Form CT-1120 FCIC, Line 4 | | | | | |
| 2. | 2005 Form CT-1120 FCIC, Part I, Line 4 | | | | | |
| 3. | 2006 Form CT-1120 FCIC, Part I, Line 4 | | | | | |
| 4. | 2007 Form CT-1120 FCIC, Part I, Line 4 | | | | | |
| 5. | 2008 Form CT-1120 FCIC, Part I, Line 4 | | | | | |
| 6. | 2009 Form CT-1120 FCIC, Part I, Line 4 | | | | | |
| 7. | Total Fixed Capital Investment Tax Credit applied to 2009: Add Lines 1 through 6, Column D. Enter total here and on Form CT-1120K, Part I-D, Line 22, Column C. | | | | | |
| 8. | Total Fixed Capital Investment Tax Credit carryforward to 2010: Add Lines 2 through 6, Column E. Enter total here and on Form CT-1120K, Part I-D, Line 22, Column E. | | | | | |

Computation of Carryforward Instructions

Lines 1 through 6, Columns A through D - Enter the amount for each corresponding year.

Lines 2 through 5, Column E - Subtract Column D from Column C.

Line 6, Column E - Subtract Line 6, Column D from Line 6, Column A.

Part III - Computation of Recapture - See instructions below.

| | | | | |
|----|---|----|--|--|
| 1. | Enter the amount of Fixed Capital Investment Tax Credit from income year 2003 and 2004 required to be recaptured. Attach detailed schedule. | 1. | | |
| 2. | Multiply Line 1 by 50% (.50). | 2. | | |
| 3. | Enter the amount of Fixed Capital Investment Tax Credit from income years 2005 through 2008 to be recaptured. Attach detailed schedule. | 3. | | |
| 4. | Total recapture amount: Add Line 2 and Line 3. Enter total here and on Form CT-1120, Schedule C, Line 1c or Form CT-1120CR, Part IV, Line 4. | 4. | | |

Computation of Recapture Instructions

The corporation is required to recapture 100% of the credit allowed if the fixed capital, for which the credit was applied or its replacement, is not held and used in Connecticut in the ordinary course of the corporation's trade or business in Connecticut for three full years following its acquisition.

The corporation is required to recapture 50% of the credit allowed if the fixed capital, for which the credit was applied or its replacement, is not held and used in Connecticut in the ordinary course of the corporation's trade or business in Connecticut for five full years following its acquisition.

Recapture is required in the income year following the income year during which the three-year or five-year period expires. Fixed capital investment tax credits claimed in income year 2003 are therefore subject to the 50% recapture in income year 2009. Corporations electing to recapture 2004 credits earlier than required may also enter these amounts on Line 1.

Fixed capital investment tax credits claimed in income year 2005 are subject to full recapture in income year 2009. Corporations electing to recapture these credits earlier than required may enter these amounts on Line 3.

Form CT-1120 HCIC

Human Capital Investment Tax Credit

2009

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 HCIC** to claim the credit available under Conn. Gen. Stat. §12-217x. Attach it to **Form CT-1120K, Business Tax Credit Summary**.

Required Attachments

This form must be accompanied by a detailed schedule that identifies the dates, locations, and descriptions of the **training** programs, and the **expenditures** for each program. All other requested schedules must also be attached.

Definitions

Human Capital Investment means the amount paid or incurred by a corporation on: in-state job training of persons employed in Connecticut; **work education programs** in Connecticut including but not limited to programs in public high schools and work education-diversified occupation programs; in-state training and education of persons employed in Connecticut provided by institutions of higher learning in Connecticut; donations or capital contributions to institutions of higher learning in Connecticut for technical improvements, including physical plant improvements; planning, site preparation, construction, renovation, or acquisition of facilities in Connecticut for the purpose of establishing a day

care facility in Connecticut; child care subsidies paid to employees employed in Connecticut; and contributions made to the Individual Development Account Reserve Fund as defined in Conn. Gen. Stat. §31-51ww.

Training is the instruction, maintenance, or improvement of the skills required by the employer for the proper performance of the employee's duties that are conducted in Connecticut.

Work education programs include, but are not limited to programs in public high schools and work education-diversified occupation programs in Connecticut.

Expenditures are those amounts paid or incurred for the income year.

Additional Information

A corporation may not use the same expenditures that it used to claim the human capital investment credit in order to claim any other Connecticut tax credit against any Connecticut tax.

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Part I - Credit Computation | | | | |
|------------------------------------|--|-----|----|--|
| 1. | Enter expenditures for in-state job training of employees employed in Connecticut. Attach detailed schedule. | | 1. | |
| 2. | Enter expenditures for work education programs in Connecticut. Attach detailed schedule. | | 2. | |
| 3. | Enter expenditures for in-state training and education of persons employed in Connecticut provided by institutions of higher learning in Connecticut. Attach detailed schedule. | | 3. | |
| 4a. | Enter donations or capital contributions to institutions of higher learning in Connecticut. Attach a schedule listing the names of the institutions and the amounts of donations. | 4a. | | |
| 4b. | Enter the amount from Form CT-1120GC, Research and Development Tax Credit for Grants to Institutions of Higher Education , Line 7. | 4b. | | |
| 4. | Subtract Line 4b from Line 4a and enter the result here. | | 4. | |
| 5. | Enter expenditures for planning, site preparation, construction, renovation, or acquisition of facilities in Connecticut for the purpose of establishing a day care facility in Connecticut. Complete Part II. | | 5. | |
| 6. | Enter expenditures for child care subsidies paid to employees employed in Connecticut. Attach a schedule listing the name, address, and Social Security Number of each employee who received a subsidy, the amount of the subsidy, and the name, address, and Taxpayer Identification Number of the child care provider. | | 6. | |
| 7. | Enter contributions made to the Individual Development Account Reserve Fund. Attach detailed schedule. | | 7. | |
| 8. | Total Human Capital Investment expenditures: Add Lines 1 through 7. | | 8. | |
| 9. | Tax credit: Multiply Line 8 by 5% (.05). Enter here and on Form CT-1120K , Part I-D, Line 23, Column B. | | 9. | |

| Part II - Capital Expenditures for Child Day Care Facilities | | | |
|---|--|-----|--|
| 1. | Land acquisition | 1. | |
| 2. | Site development | 2. | |
| 3. | Acquisition of building | 3. | |
| 4. | Planning | 4. | |
| 5. | Construction | 5. | |
| 6. | Construction supervision | 6. | |
| 7. | Building renovations | 7. | |
| 8. | Equipment | 8. | |
| 9. | Other: Specify | 9. | |
| 10. | Total: Add Lines 1 through 9. Enter here and on Part I, Line 5. | 10. | |

| Part III - Computation of Carryforward - Credit may be carried forward to five succeeding income years. See instructions below. | | | | | |
|--|---|--|--|--|--|
| | A Total Credit Earned | B Credit Applied 2004 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 |
| 1. | 2004 Human Capital Investment Credit , from 2004 Form CT-1120 HCIC, Part I, Line 9 | | | | |
| 2. | 2005 Human Capital Investment Credit , from 2005 Form CT-1120 HCIC, Part I, Line 9 | | | | |
| 3. | 2006 Human Capital Investment Credit , from 2006 Form CT-1120 HCIC, Part I, Line 9 | | | | |
| 4. | 2007 Human Capital Investment Credit , from 2007 Form CT-1120 HCIC, Part I, Line 9 | | | | |
| 5. | 2008 Human Capital Investment Tax Credit , from 2008 Form CT-1120 HCIC, Part I, Line 9 | | | | |
| 6. | 2009 Human Capital Investment Tax Credit , from 2009 Form CT-1120 HCIC, Part I, Line 9 | | | | |
| 7. | Total Human Capital Investment Tax Credit applied to 2009: Add Lines 1 through 6, Column D. Enter here and on Form CT-1120K, Part I-D, Line 23, Column C. | | | | |
| 8. | Total Human Capital Investment Tax Credit carryforward to 2010: Add Lines 2 through 6, Column E. Enter here and on Form CT-1120K, Part I-D, Line 23, Column E. | | | | |

Computation of Carryforward Instructions

Lines 1 through 6, Columns A through D - Enter the amount for each corresponding year.

Lines 2 through 5, Column E - Subtract Column D from Column C.

Line 6, Column E - Subtract Line 6, Column D, from Line 6, Column A.

(Rev. 12/09)

**Form CT-1120 DWC
Displaced Worker Tax Credits**

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 DWC** to claim the tax credits allowed under Conn. Gen. Stat. §§12-217bb and 12-217hh. Attach it to **Form CT-1120K, Business Tax Credit Summary**.

Credit Computation

Displaced Electric Worker Credit

A \$1,500 credit against the Connecticut corporation business tax is available to any **electric supplier** in Connecticut, other than a generation entity or affiliate of an electric company, that hires a **displaced electric worker** for a new period of six months of full-time employment. The credit may only be taken once for each displaced electric worker hired.

Displaced Worker Credit

A \$1,500 credit against the tax imposed under Chapters 207, 208, or 212 of the Connecticut General Statutes is available for each **displaced worker** hired by an employer on or after January 1, 2006. The credit may only be taken once for any displaced worker and no taxpayer may claim this credit and the credit under Conn. Gen. Stat. §12-217bb for the same displaced worker.

Definitions

Displaced Electric Worker means any Connecticut employee, other than an officer or a director, of an electric company as defined in Conn. Gen. Stat. §16-1, or a generation entity or affiliate, who has been terminated as a direct result of the restructuring of the electric industry.

Displaced Worker means any person employed in Connecticut whose position was terminated by his or her former employer as a direct result of a business restructuring in which the positions of at least ten persons employed in Connecticut by the former employer were terminated provided the wages or salary for the first 12 months of his or her new employment are at least 75% of the displaced worker's previous annual wages or salary. It does not include any person whose former employer is or was at the time of termination of the position a *related person* (as defined in Conn. Gen. Stat. §12-217hh(a)(2)) with respect to the taxpayer.

Electric Supplier means a facility that provides electric generation services, as defined in Conn. Gen. Stat. §16-1.

Required Attachment

This form must be accompanied by a detailed schedule identifying the displaced worker, job title and description, name and address of previous employer, and date of hire.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Credit Computation | | | |
|---------------------------|--|-----|-------------------|
| 1. | Enter the total number of displaced workers hired that have completed at least 12 months of full-time employment. Attach detailed schedule. | 1. | |
| 2. | Amount of credit available per displaced worker | 2. | \$1,500 00 |
| 3. | Multiply Line 1 by Line 2. Enter amount here and on Line 7 below. | 3. | 00 |
| 4. | Enter the total number of displaced electric workers hired that have completed at least six months of full-time employment. Do not include displaced workers included on Line 1. Attach detailed schedule. | 4. | |
| 5. | Amount of credit available per displaced electric worker | 5. | \$1,500 00 |
| 6. | Multiply Line 4 by Line 5. | 6. | 00 |
| 7. | Enter amount, if any, from Line 3 above. | 7. | 00 |
| 8. | Total tax credit: Add Line 6 and Line 7. Enter amount here and on Form CT-1120K, Part I-C, Line 12, Column A. | 8. | 00 |
| 9. | Amount applied to corporation business tax: Enter amount here and on Form CT-1120K, Part I-C, Line 12, Column B. | 9. | 00 |
| 10. | Amount applied to other taxes: Enter amount here and on Form CT-1120K, Part I-C, Line 12, Column C. This amount cannot exceed amount on Line 7. | 10. | 00 |

Form CT-CDC

Computer Donation Tax Credit Application

(Rev. 12/09)

Complete this form in blue or black ink only. Use **Form CT-CDC** to apply for the Computer Donation Tax Credit available under Conn. Gen. Stat. §10-228b.

Credit Information

A business tax credit is available to be applied against any tax due under the provisions of Chapters 207, 208, 209, 210, 211, or 212 of the Connecticut General Statutes for the donation of new or used computers, not more than two years old at the time of donation, to a local or regional board of education; or a public or nonpublic school.

The amount of the credit shall not exceed 50% of the fair market value of the new or used computers at the time of donation. The amount of the credit granted to any business firm cannot exceed \$75,000 annually.

The total amount of tax credit allowed to all business firms is limited to \$1 million in any one fiscal year. The Department of Revenue Services (DRS) will provide written approval or disapproval of the credit within 30 days of receipt of this application.

A completed Form CT-CDC must be submitted to:

Department of Revenue Services
25 Sigourney St Ste 2
Hartford CT 06106
Attn: Research Unit

A faxed Form CT-CDC will **not** be accepted.

Required Attachments

To qualify for the credit, the following must be attached to this form:

- Documentation of the fair market value of the donated equipment;
- A copy of the written agreement between the business firm and the board of education or public or nonpublic school accepting the computers, acknowledging that the computers are in good working condition, and requiring the business firm to install, set up, and provide training to the school staff on the equipment; **and**
- A detailed schedule that includes **all** of the following information: the date of the donation; the age of all equipment donated; the quantity of equipment donated; and the original cost of the equipment donated.

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact DRS Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

Part I - Business Firm Information

| | |
|---|--|
| Name of business firm | Telephone number () |
| Address | |
| Federal Employer ID Number | Connecticut Tax Registration Number |
| Name and title of contact person | |
| Name and title of authorized business firm representative | Signature of authorized business firm representative |

Part II - Recipient Information

| | |
|--|-----------------------------|
| Name of board of education or public or nonpublic school | Telephone number () |
| Address | |
| Name and title of contact person | |

Part III - Equipment Information

Brief description of equipment:

| |
|-------------------------|
| Original equipment cost |
|-------------------------|

| |
|-------------------------|
| Date equipment acquired |
|-------------------------|

| |
|-------------------|
| Fair market value |
|-------------------|

Part IV - Training Information

Brief description of training to be provided to school staff (include dates):

Form CT-1120DL Donation of Land Tax Credits

2009

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120DL** to claim the credit allowed under Conn. Gen. Stat. §12-217dd for the **donation of open space land**, and the credit allowed under Conn. Gen. Stat. §12-217ff for the **donation of land for educational use**. Attach this form to **Form CT-1120K, Business Tax Credit Summary**.

Credit Computation

A tax credit is allowed against the tax imposed under Conn. Gen. Stat. §12-217 in an amount equal to 50% of any donation of open space land. In order to qualify for the credit, the donated land must be permanently preserved as protected open space or used as a public water supply source.

A tax credit is also allowed against the tax imposed under Conn. Gen. Stat. §12-217 in an amount equal to 50% of any donation of land for educational use made during any income year beginning on or after January 1, 2004.

For purposes of calculating the credit, the amount of donation shall be based on the difference between **use value** of the donated land and the amount received for the land.

Carryforward/Carryback

Any remaining **donation of open space land** tax credit balance that exceeds the tax credit applied may be carried forward for 25 succeeding income years.

Any remaining **donation of land for educational use** tax credit balance that exceeds the tax credit applied may be carried forward for 15 succeeding income years.

Definitions

Donation of open space land means the value of any land conveyed without financial consideration, or the value of any discount of the sale price in any sale of land or any interest in land, to the state, a political subdivision of the state, or a nonprofit land conservation organization, where the land is to be permanently preserved as protected open space or used as a public water supply source.

Donation of land for educational use means the value of any land or interest in land conveyed without financial consideration, or the value of any discount of the sale price in any sale of land or interest in land, to any town, city, or borough, whether consolidated or unconsolidated, and any school district or regional school district for the purposes of schools and related facilities.

Use value means the fair market value of land at its highest and best use, as determined by a certified real estate appraiser.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Part I - Credit Computation | | | |
|------------------------------------|---|----|----|
| 1. | Enter the value of any land conveyed without financial consideration to the state, a political subdivision of the state, a water company, or a nonprofit land conservation organization, where the land is to be permanently preserved as protected open space or used as a public water supply source. | 1. | 00 |
| 2. | Enter the value of any discount of the sale price of land conveyed to the state, a political subdivision of the state, a water company, or a nonprofit land conservation organization, where the land is to be permanently preserved as protected open space or used as a public water supply source. | 2. | 00 |
| 3. | Enter the value of any land conveyed without financial consideration to the state or a political subdivision of the state for educational purposes. | 3. | 00 |
| 4. | Enter the value of any discount of the sale price of any land conveyed to the state or a political subdivision of the state for educational purposes. | 4. | 00 |
| 5. | Add Lines 1 through 4. | 5. | 00 |
| 6. | Multiply Line 5 by 50% (.50). | 6. | 00 |
| 7. | Total tax credit: Subtract Line 6 from Line 5. Enter the result here and on Form CT-1120K , Part I-D, Line 27, Column B. | 7. | 00 |

| Part II - Computation of Carryforward | | | | | |
|--|---|--|---|--|--|
| | A Total Credit Earned | B Credit Applied 2000 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 See instructions below. |
| 1. | 2000 Donation of Open Space Land Credit | | | | |
| 2. | 2001 Donation of Open Space Land Credit | | | | |
| 3. | 2002 Donation of Open Space Land Credit, from 2002 Form CT-1120 DOS, Part I, Line 5. | | | | |
| 4. | 2003 Donation of Open Space Land Credit, from 2003 Form CT-1120 DOS, Part I, Line 5. | | | | |
| 5. | 2004 Donation of Open Space Land Credit, from 2004 Form CT-1120 DOS, Part I, Line 5 | | | | |
| 6. | 2005 Donation of Open Space Land Credit, from 2005 Form CT-1120 DOS, Part I, Line 5 | | | | |
| 7. | 2006 Donation of Land Credit, from 2006 Form CT-1120DL, Part I, Line 7 | | | | |
| 8. | 2007 Donation of Land Credit, from 2007 Form CT-1120DL, Part I, Line 7 | | | | |
| 9. | 2008 Donation of Land Tax Credit, from 2008 Form CT-1120DL, Part I, Line 7 | | | | |
| 10. | 2009 Donation of Land Tax Credit, from 2009 Form CT-1120DL, Part I, Line 7 | | | | |
| 11. | Total Donation of Land Tax Credit applied to 2009: Add Lines 1 through 10, Column D. Enter here and on Form CT-1120K, Part I-D, Line 27, Column C. | | | | |
| 12. | Total Donation of Land Tax Credit carryforward to 2010: Add Lines 1 through 10, Column E. Enter here and on . Form CT-1120K, Part I-D, Line 27, Column E. | | | | |

Computation of Carryforward Instructions

Lines 1 through 10, Columns A through D - Enter the amount for each corresponding year.

Lines 1 through 9, Column E - Subtract Column D from Column C.

Line 10, Column E - Subtract Column D from Column A.

Form CT-1120 XCH

2009

Application for Exchange of Research and Development or Research and Experimental Expenditures Tax Credits by a Qualified Small Business

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|--------------|-------------------------------------|
| Company name | Connecticut Tax Registration Number |
|--------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 XCH** to exchange with the State of Connecticut any tax credit under Conn. Gen. Stat. §§12-217j or 12-217n for a credit refund equal to 65% of the value of the credit. A taxpayer may receive a credit refund of not more than \$1.5 million in any one income year. See *Conn. Gen. Stat. §12-217ee*.

This form must be attached to **Form CT-1120**, *Corporation Business Tax Return*; **Form CT-1120U**, *Unitary Corporation Business Tax Return*; or **Form CT-1120CR**, *Combined Corporation Business Tax Return*, on or before the due date or, if applicable, the extended due date of the year's return. No application for refund of the tax credit may be made after the due date or extended due date of the return.

Eligibility

In order to be eligible for a credit refund, a taxpayer must have no corporation business tax liability. For purposes of this tax credit refund, payment of a capital base tax under Conn. Gen. Stat. §12-219 in a year that the taxpayer reports no net income as defined in Conn. Gen. Stat. §12-213, or payment of the \$250 minimum tax under Conn. Gen. Stat. §§12-219 or 12-223c, shall not be considered a liability.

Check the appropriate box on Form CT-1120, Form CT-1120U, or Form CT-1120CR and attach this form and **Form CT-1120RC**, *Research and Experimental Expenditures Tax Credit*, or **Form CT-1120 RDC**, *Research and Development Expenditures Tax Credit*, to the original return for the above income year. This form must be completed in its entirety.

Definitions

Qualified Small Business for the purposes of the tax credit exchange means a company that has **gross income** for the previous income year that does not exceed \$70 million and has not met this test through transactions with a **related person**.

Gross Income means gross income as defined by the Internal Revenue Code including any interest or exempt interest dividends, but not including dividends received by a domestic United States corporation from a foreign corporation on account of foreign taxes deemed paid when the domestic corporation elects the foreign tax credit or dividends received directly or indirectly from a passive investment company.

Related Person means a corporation, partnership, association, or trust controlled by the corporation; an individual, corporation, partnership, association, or trust that is in control of the corporation; a corporation, partnership, association, or trust controlled by an individual, corporation, partnership, association, or trust that is in control of the corporation; or a member of the same controlled group as the corporation.

Additional Information

Contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Part I - Eligibility Criteria | | |
|-------------------------------|--|--|
| 1. | Does the company report no net income but pay the tax on capital on Form CT-1120 , <i>Schedule C</i> , Line 1a? If Yes , the company may be eligible to obtain a tax credit refund. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Did the company engage in transactions with related persons during the 2009 income year? If Yes , identify the related persons, their gross incomes, their relationship to the company, and provide an organizational chart of related persons in which the company is a member. Also attach a separate schedule describing each of the company's transactions with these related persons during the 2009 income year, the gross income of the company derived from each of these transactions, and the dates of these transactions. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Enter the total gross income of the company for the previous income year from all sources, including the total gross income of the company derived from transactions with related persons, as noted above. The gross income of the company should be annualized if this application is for a short period. If the total gross income of the company for the previous income year exceeds \$70 million, the company is not eligible for an exchange of tax credits. Do not check the applicable box on Form CT-1120, Form CT-1120U, or Form CT-1120CR. | \$ _____ .00 |
| 4. | Does the company or its combined group, on the date of this application, have any taxes due and unpaid to the State of Connecticut including interest, penalties, fees, and other related charges? If Yes , attach a schedule that describes the nature and amounts of any unpaid taxes. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II - Computation of Exchange Amount

| | | | | |
|-----|---|-----|----|--|
| 1a. | Enter the amount of 2009 Research and Experimental Expenditures Tax Credit from 2009 Form CT-1120RC , Part I, Line 4. | 1a. | | |
| 1b. | Enter the amount of 2009 Research and Experimental Expenditures Tax Credit applied from 2009 Form CT-1120RC, Part II, Line 13, Column D. | 1b. | | |
| 1. | Enter the amount of 2009 Research and Experimental Expenditures Tax Credit available for exchange. Subtract Line 1b from Line 1a. | | 1. | |
| 2a. | Enter the amount of 2009 Research and Development Tax Credit from 2009 Form CT-1120 RDC , Part II, greater of Line 2 or Line 7. | 2a. | | |
| 2b. | Enter the amount of 2009 Research and Development Tax Credit applied from 2009 Form CT-1120 RDC , Part III, Line 15, Column D. | 2b. | | |
| 2. | Enter the amount of 2009 Research and Development Tax Credit available for exchange. Subtract Line 2b from Line 2a. | | 2. | |
| 3. | Add Line 1 and Line 2. | | 3. | |
| 4. | Total credit refund requested: Multiply amount on Line 3 by 65% (.65). Maximum credit refund is \$1.5 million. Do not exceed \$1.5 million. | | 4. | |

Part III - Required Attachments

In addition to Form CT-1120RC, Form CT-1120 RDC, or both if applicable, attach detailed schedules supporting the claimed research expenditures. The detailed schedules must include:

- A full and complete description of the nature of the research projects conducted by the company during the income year and the location(s) where the research is conducted;
- A full and complete description of the methods used to obtain: (a) the amount spent directly on research and experimental expenditures conducted in Connecticut, in accordance with Conn. Gen. Stat. §12-217j; and (b) the total expenditures and payments for research and experimentation, and basic research conducted in Connecticut, in accordance with Conn. Gen. Stat. §12-217n;
- A detailed description of each source of information used to compute the credit, including the methods and calculations of expense allocation, if any; **and**
- The job title and detailed job description of each employee whose wages are included in the research expenditures.

Contact Person

| | | |
|--------------------------------------|------------------|----------|
| Name | Telephone number | |
| | () | |
| Title | | |
| Address (<i>number and street</i>) | | PO Box |
| City or town | State | Zip code |

Form CT-1120 HPC

Housing Program Contribution Tax Credit

2009

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 HPC** to claim the credit that is allowed under Conn. Gen. Stat §8-395 to business firms that make cash contributions to housing programs that benefit low and moderate income individuals and families. Attach this completed form to **Form CT-1120K, Business Tax Credit Summary**.

This tax credit is administered by the Connecticut Housing Finance Authority (CHFA). To be entitled to claim this credit, CHFA must have issued the taxpayer a credit voucher, which indicates the amount of the available tax credit.

Credit Computation

Enter the amount of tax credit, as indicated on the credit voucher, in Part I. The allowable credit may be applied against the taxes administered under Chapters 207, 208, 209, 210, 211, or 212 of the Connecticut General Statutes.

Carryforward/Carryback

Any remaining credit balance that exceeds the credit applied may be carried forward or back to five succeeding or preceding income years.

Additional Information

Contact Connecticut Housing Finance Authority (CHFA) Tax Credit Unit, 999 West Street, Rocky Hill CT 06067-4005, at **860-721-9501 Ext. 237**; see **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**; or contact the Department of Revenue Services, Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere).

| Part I - Credit Computation | | |
|---|--|--|
| Enter the amount of tax credit as listed on the voucher issued by CHFA for contributions made in the 2009 income year. Enter here and on Form CT-1120K, Part I-B, Line 3, Column A . | | |

| Part II - Computation of Carryforward | | | | | |
|--|--------------------------------|---|--|-----------------------------------|---------------------------------|
| Credit may be carried forward or back to the five succeeding or preceding income years. See instructions below. | | | | | |
| | A Total Credit Earned | B Credit Applied 2004 Through 2008 | C Credit Carried Back to Prior Income Years | D Credit Applied to 2009 | E Carryforward to 2010 |
| 1. 2004 Housing Program Contribution Credit , from 2004 Form CT-1120 HPC , Part I. | | | | | |
| 2. 2005 Housing Program Contribution Credit , from 2005 Form CT-1120 HPC , Part I. | | | | | |
| 3. 2006 Housing Program Contribution Credit , from 2006 Form CT-1120 HPC , Part I. | | | | | |
| 4. 2007 Housing Program Contribution Credit , from 2007 Form CT-1120 HPC , Part I. | | | | | |
| 5. 2008 Housing Program Contribution Tax Credit , from 2008 Form CT-1120 HPC , Part I. | | | | | |
| 6. 2009 Housing Program Contribution Tax Credit , from 2009 Form CT-1120 HPC , Part I. | | | | | |
| 7. Total Housing Program Contribution Tax Credit carryforward to 2010: Add Lines 2 through 6, Column E. Enter here and on Form CT-1120K, Part I-D, Line 16, Column E. | | | | | |

Computation of Carryforward and Carryback Instructions

Lines 1 through 6, Columns A through D - Enter the amount for each corresponding year.

Lines 2 through 5, Column E - Subtract Columns B, C, and D from Column A.

Line 6, Column C - Any available credit must first be applied against the 2009 income year liability. **Do not exceed the difference between Column A and Column D.**

Line 6, Column E - Enter any 2009 tax credits remaining after credits are applied to the 2009 income year and any credit carrybacks are claimed.

Form CT-1120 EAH

Employer-Assisted Housing Tax Credit

2009

For Income Year Beginning: _____, **2009** and Ending: _____, _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

This credit was repealed effective June 7, 2006.

Complete this form in blue or black ink only.

Use **Form CT-1120 EAH** to claim a carryforward of the tax credit formerly allowed under Conn. Gen. Stat. §12-217p. Attach it to **Form CT-1120K, Business Tax Credit Summary**.

The Employer-Assisted Housing Tax Credit was previously allowed against the taxes administered under Chapters 207, 208, 209, 210, 211, or 212 of the Connecticut General Statutes. Business firms received tax credits equal to the amount contributed into a revolving loan fund.

Tax credits earned before the credit was repealed may be carried forward or back for five succeeding or preceding income years.

Recapture Provisions

Any business firm that does not loan at least 60% of the fund's capital within three years after the date the revolving loan fund is established will be required to recapture some or all of the previous tax credits claimed. Connecticut Housing Finance Authority (CHFA) notifies the business firm and the Department of Revenue Services (DRS) that recapture is required, and the business firm must recapture the tax credit on the first tax return required to be filed on or after the date of the CHFA notice.

Additional Information

Contact CHFA Tax Credit Unit, 999 West Street, Rocky Hill CT 06067-4005, at **860-571-4232**; see **Informational Publication 2007 (31), Guide to Connecticut Business Tax Credits**; or contact DRS Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere).

| Computation of Carryforward and Carryback | | | | | |
|--|--------------------------------|---|--|-----------------------------------|---------------------------------|
| Credit may be carried forward or back for five succeeding or preceding income years. See instructions below: | | | | | |
| | A Total Credit Earned | B Credit Applied 2004 Through 2008 | C Credit Carried Back to Prior Income Years | D Credit Applied to 2009 | E Carryforward to 2010 |
| 1. 2004 Employer-Assisted Housing Credit from 2004 Form CT-1120 EAH, Part I. | | | | | |
| 2. 2005 Employer-Assisted Housing Credit from 2005 Form CT-1120 EAH, Part I. | | | | | |
| 3. 2006 Employer-Assisted Housing Credit from 2006 Form CT-1120 EAH, Part I. | | | | | |
| 4. Total Employer-Assisted Housing Tax Credit applied to 2009: Add Lines 1 through 3, Column D. Enter here and on Form CT-1120K, Part I-D, Line 17, Column C. | | | | | |
| 5. Total Employer-Assisted Housing Tax Credit carryforward to 2010: Add Line 2 and Line 3, Column E. Enter here and on Form CT-1120K, Part I-D, Line 17, Column E. | | | | | |

Computation of Carryforward and Carryback Instructions

Lines 1 through 3, Columns A through D – Enter the amount for each corresponding year.

Line 2 and Line 3, Column E – Subtract Columns B, C, and D, from Column A.

Form CT-1120 CAF

2009

(Rev. 01/10)

Clean Alternative Fuel Tax Credit – Vehicles, Equipment, and Related Filling or Recharging Stations

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

This tax credit is not available for income years beginning on or after January 1, 2008.

Complete this form in blue or black ink only.

Use **Form CT-1120 CAF** to claim a carryforward of the tax credit formerly allowed under Conn. Gen. Stat. §12-217i. Attach it to **Form CT-1120K**, *Business Tax Credit Summary*.

The Clean Alternative Fuel Tax Credit for Vehicles, Equipment, and Related Filling or Recharging Stations was previously allowed against the taxes administered under Chapters 208, 209, 210, 211, or 212 of the Connecticut General Statutes.

Tax credits previously earned may be carried forward to three succeeding income years. No carryback is allowed.

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Computation of Carryforward Credit may be carried forward to three succeeding income years. | | | | | |
|---|---------------------------------------|--|---|--|---|
| | A Total Credit Earned | B Credit Applied 2006 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 Subtract Col D from Col C. |
| 1. 2006 Clean Alternative Fuel Tax Credit from 2006 Form CT-1120 CAF , Part I, Line 10 | | | | | |
| 2. 2007 Clean Alternative Fuel Tax Credit from 2007 Form CT-1120 CAF , Part I, Line 10 | | | | | |
| 3. Total Clean Alternative Fuel Tax Credit applied to 2009: Add Line 1 and Line 2, Column D. Enter here and on Form CT-1120K , Part I-D, Line 19, Column C. | | | | | |
| 4. Total Clean Alternative Fuel Tax Credit carryforward to 2010: Enter amount from Line 2, Column E. Enter here and on Form CT-1120K , Part I-D, Line 19, Column E. | | | | | |

Form CT-1120 SBA

2009

Small Business Administration Guaranty Fee Tax Credit

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 SBA** to claim the credit allowed under Conn. Gen. Stat. §12-217cc. Attach it to **Form CT-1120K, Business Tax Credit Summary**.

Credit Computation

A tax credit is allowed against the Connecticut corporation business tax in an amount equal to the amount paid by a **small business** to the federal Small Business Administration, as a guaranty fee to obtain guaranteed financing.

Carryforward/Carryback

Any remaining credit balance that exceeds the credit applied may be carried forward to four succeeding income years.

Definition

Small business means any business entity qualifying as a small business under 13 CFR Part 121, which has gross receipts of not more than \$5 million for the income year in which the credit is first allowed.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| | | |
|--|--|--|
| Part I – Credit Computation | | |
| Enter the amount paid to the federal Small Business Administration as a guaranty fee to obtain guaranteed financing in the 2009 income year. Enter here and on Form CT-1120K , Part I-D, Line 25, Column B. | | |

| Part II – Computation of Carryforward | | | | | | |
|--|---|---------------------------------------|--|---|--|--|
| Credit may be carried forward to four succeeding income years. | | | | | | |
| | | A Total Credit Earned | B Credit Applied 2005 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 See instructions below. |
| 1. | 2005 Small Business Administration Guaranty Fee Tax Credit from 2005 Form CT-1120 SBA , Part I. | | | | | |
| 2. | 2006 Small Business Administration Guaranty Fee Tax Credit from 2006 Form CT-1120 SBA , Part I. | | | | | |
| 3. | 2007 Small Business Administration Guaranty Fee Tax Credit from 2007 Form CT-1120 SBA , Part I. | | | | | |
| 4. | 2008 Small Business Administration Guaranty Fee Tax Credit from 2008 Form CT-1120 SBA , Part I. | | | | | |
| 5. | 2009 Small Business Administration Guaranty Fee Tax Credit from 2009 Form CT-1120 SBA , Part I. | | | | | |
| 6. | Total Small Business Administration Guaranty Fee Tax Credit applied to 2009: Add Lines 1 through 5, Column D. Enter here and on Form CT-1120K , Part I-D, Line 25, Column C. | | | | | |
| 7. | Total Small Business Administration Guaranty Fee Tax Credit Carryforward to 2010: Add Lines 2 through 5, Column E. Enter here and on Form CT-1120K , Part I-D, Line 25, Column E. | | | | | |

Computation of Carryforward Instructions

Lines 1 through 5, Columns A through D - Enter the amount for each corresponding year.

Lines 2 through 4, Column E - Subtract Column D from Column C.

Line 5, Column E - Subtract Column D from Column A.

(Rev. 12/09)

Historic Homes Rehabilitation Tax Credit

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

General Information

Complete this form in blue or black ink only.

Use **Form CT-1120HH** to claim the Historic Homes Rehabilitation Tax Credit available under Conn. Gen. Stat. §10-416. Attach it to **Form CT-1120K, Business Tax Credit Summary**.

This tax credit is administered by the Connecticut Commission on Culture and Tourism (CCT) and an application to earn the tax credit is required. The credit may only be claimed if a tax credit voucher has been issued by CCT.

Credit Computation

A tax credit under Conn. Gen. Stat. §10-416 is available in an amount equal to the lesser of 30% of projected **qualified rehabilitation expenditures** or 30% of the actual rehabilitation expenditures incurred in the rehabilitation of an **historic home**. Owners of historic homes must incur qualified rehabilitation expenditures that exceed \$25,000 in order to qualify. After the rehabilitation work is performed by the owner and verified by CCT, a tax credit voucher is provided to either the owner rehabilitating the historic home or to the taxpayer named by the owner as contributing to the rehabilitation. The credit is limited to \$30,000 per dwelling unit.

This credit may be applied against the taxes administered under Chapters 207 (insurance companies and health care centers taxes), 208 (corporation business tax), 209 (air carriers tax), 210 (railroad companies tax), 211 (community antenna television systems tax), or 212 (utility companies tax) of the Connecticut General Statutes. The tax credit issued by CCT shall be taken by the holder of the tax credit voucher in the same year in which the voucher is issued.

Carryforward/Carryback

Any remaining credit balance that exceeds the credit applied may be carried forward for four income years. This credit may not be assigned.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| Part I - Credit Computation | |
|-----------------------------|---|
| 1. | Enter the total amount of Historic Homes Rehabilitation Tax Credit as listed on the voucher issued by CCT for the 2009 income year. Enter here and on Form CT-1120K , Part 1-D, Line 26, Column B. |

Part II - Computation of Carryforward

The Historic Homes Rehabilitation Tax Credit may be carried forward for four income years. See instructions below.

| | | A Total Credit Earned | B Credit Applied 2005 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 |
|----|--|------------------------------------|---|---|---------------------------------------|--|
| 1. | 2005 Historic Homes Rehabilitation Tax Credit from 2005 Form CT-1120 HHR , Part I | | | | | |
| 2. | 2006 Historic Homes Rehabilitation Tax Credit from 2006 Form CT-1120 HRC , Part I, Line 1 | | | | | |
| 3. | 2007 Historic Homes Rehabilitation Tax Credit from 2007 Form CT-1120HR , Part I, Line 1 | | | | | |
| 4. | 2008 Historic Homes Rehabilitation Tax Credit from 2008 Form CT-1120HH Part I, Line 1 | | | | | |
| 5. | 2009 Historic Homes Rehabilitation Tax Credit from 2009 Form CT-1120HH Part I, Line 1 | | | | | |
| 6. | Total Historic Homes Rehabilitation Tax Credit applied to 2009: Add Lines 1 through 5, Column D. Enter here and on Form CT-1120K , Part I-D, Line 26, Column C. | | | | | |
| 7. | Total Historic Homes Rehabilitation Tax Credit carried forward to 2010: Add Lines 2 through 5, Column E. Enter here and on Form CT-1120K , Part I-D, Line 26, Column E. | | | | | |

Computation of Carryforward Instructions

Lines 1 through 5, Columns A through D – Enter the amount for each corresponding year.

Lines 2 through 4, Column E – Subtract Column D from Column C.

Line 5, Column E – Subtract Column D from Column A.

Form CT-UISR

Urban and Industrial Site Reinvestment Tax Credit

2009

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|---------------------------|-------------------------------------|
| Name of eligible taxpayer | Connecticut Tax Registration Number |
|---------------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-UISR** to claim the tax credit provided in Conn. Gen. Stat. §32-9t for investments in:

- Eligible industrial site investment projects;
- Eligible urban reinvestment projects; **or**
- An eligible project for the preservation of an historic facility and redevelopment of the facility for mixed uses that includes at least four housing units as long as there is an investment with a total asset value of not less than \$2 million.

This form must be used to claim the credit against any combination of the taxes imposed under Chapters 207 to 212a, inclusive, or Conn. Gen. Stat. §38a-743.

General Information

This credit is administered by the Department of Economic and Community Development (DECD). To be eligible for this credit, a written application must have been submitted to and approved by the Commissioner of DECD. See Conn. Gen. Stat. §32-9t.

Carryforward/Carryback

Any tax credit not used in the income year for which it is allowed may be carried forward for five immediately succeeding income years until the full credit has been applied.

Any taxpayer allowed a credit may assign the credit in part or in whole to another taxpayer, provided the taxpayer may claim the credit only with respect to a taxable year for which the assigning taxpayer would have been eligible to claim the credit, and such other taxpayer may not further assign the credit.

Taxpayers claiming this tax credit **must** attach this form to **Form CT-1120K, Business Tax Credit Summary**.

Available Credit

The credit is allowable over ten years, and the available credit is equal to the following percentages of the approved investments made by or on behalf of a taxpayer, with respect to the following income years of the taxpayer:

- The income year in which the investment was made and the two succeeding income years, 0%;
- The third full income year following the year in which the investment was made and the three succeeding income years, 10%; **and**
- The seventh full income year following the year in which the investment was made and the two succeeding income years, 20%.

This credit contains a recapture provision.

Additional Information

See **Informational Publication 2007(31), Guide to Connecticut Business Tax Credits**. Applications and registration information can be obtained by contacting DECD. Direct inquiries to DECD, 505 Hudson Street, Hartford CT 06106, **860-270-8128**.

Part I - Credit Computation

1. Name of eligible industrial site investment or urban reinvestment projects in which the investment(s) was made:

2. Available credit is being claimed by: Investment An Assignee

If credit is being claimed by an assignee, enter the name and Connecticut Taxpayer Identification Number (if available) of the assignor below. Attach explanation.

Assignor's name

Assignor's Connecticut Tax Registration Number

3. Credit is being applied against the tax imposed under:

- | | |
|---|--|
| <input type="checkbox"/> Chapter 208 (Corporation business tax) <input type="checkbox"/> Chapter 208a (Unrelated business income tax) <input type="checkbox"/> Chapter 209 (Air carriers tax) <input type="checkbox"/> Chapter 210 (Railroad companies tax) <input type="checkbox"/> Chapter 211 (Community antenna television systems and one-way satellite transmission businesses tax) | <input type="checkbox"/> Chapter 207 (Insurance premiums tax; health care centers tax) <input type="checkbox"/> Chapter 211a (Hospitals tax) <input type="checkbox"/> Chapter 211b (Dry cleaning tax) <input type="checkbox"/> Chapter 212 (Utility companies tax) <input type="checkbox"/> Chapter 212a (Public service companies tax) <input type="checkbox"/> Conn. Gen. Stat §38a-743 (Surplus lines brokers tax) |
|---|--|

| | | | |
|----|---|----|--|
| 4. | Total amount of Urban and Industrial Site Reinvestment Tax Credit earned for the 2009 income year | 4. | |
| 5. | Amount of Line 4 claimed on Form SL-9, Tax on Premiums on Insurance Provided by Surplus Lines Brokers | 5. | |
| 6. | Amount of Line 4 claimed on Form CT-1120K , Part I-D, Line 30, Column B | 6. | |

Part II - Computation of Carryforward

Credit may be carried forward to five succeeding income years.

| | | A Total Credit Earned | B Credit Applied 2006 Through 2008 | C Carryforward to 2008 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 See instructions below. |
|----|---|---------------------------------------|--|---|--|--|
| 1. | 2006 Urban and Industrial Site Reinvestment Tax Credit , from 2006 Form CT-UISR, Part I, Line 4 | | | | | |
| 2. | 2007 Urban and Industrial Site Reinvestment Tax Credit , from 2007 Form CT-UISR, Part I, Line 4 | | | | | |
| 3. | 2008 Urban and Industrial Site Reinvestment Tax Credit , from 2008 Form CT-UISR, Part I, Line 4 | | | | | |
| 4. | 2009 Urban and Industrial Site Reinvestment Tax Credit , from 2009 Form CT-UISR, Part I, Line 4 | | | | | |
| 5. | Total Urban and Industrial Site Reinvestment Tax Credit applied to 2009: Add Lines 1 through 4, Column D. Enter here and on Form CT-1120K, Part I-D, Line 30, Column C. | | | | | |
| 6. | Total Urban and Industrial Site Reinvestment Tax Credit carryforward to 2010: Add Lines 1 through 4, Column E. Enter here and on Form CT-1120K, Part I-D, Line 30, Column E. | | | | | |

Computation of Carryforward Instructions

Lines 1 through 3, Columns A through D - Enter the amount for each corresponding year.

Lines 1 through 3, Column E - Subtract Column D from Column C.

Line 4, Column E - Subtract Column D from Column A.

Form CT-1120SF

Service Facility Tax Credit

2009

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|---|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
| Complete this form in blue or black ink only. | |
| DECD Eligibility Certificate Number (If applicable) | |

Use **Form CT-1120SF**, to claim the credit allocable to a service facility located outside of an Enterprise Zone in a targeted investment community, as allowed under Conn. Gen. Stat. §12-217e against the corporation business tax. Attach it to **Form CT-1120K**, *Business Tax Credit Summary*.

A service facility located in an Enterprise Zone **cannot qualify** for this credit.

This credit is administered by the Department of Economic and Community Development (DECD). To be eligible for this credit, a written application must have been submitted to and approved by the Commissioner of DECD. See Conn. Gen. Stat. §32-9r.

Credit Percentages

There are six different credit percentages as provided in the following chart, to be applied against the portion of the Connecticut corporation business tax that is allocable to the service facility. The percentage varies depending on the number of new employees working at the service facility, as determined on *Schedule A*, Line 5.

The credit period is ten years and begins with the first full income year following the year of issuance of the eligibility certificate and continues for the following nine income years. If within the ten year period the facility

ceases to qualify as a service facility or the taxpayer ceases to occupy the property, entitlement to the credit terminates and there is no pro-rata application of the credit during the income year in which the entitlement or occupancy terminates.

No carryforward or carryback is allowed.

| Number of New Employees Working at the Service Facility | Credit Percentage |
|---|-------------------|
| 300-599 | 15% |
| 600-899 | 20% |
| 900-1,199 | 25% |
| 1,200-1,499 | 30% |
| 1,500-1,999 | 40% |
| 2,000 or more | 50% |

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact DECD, 505 Hudson Street, Hartford CT 06106, **860-270-8143**.

Schedule A - Employment Criteria

| | | | |
|----|--|----|--|
| 1. | Enter the highest number of employees in Connecticut in the year preceding the formal application for certification with DECD. | 1. | |
| 2. | Enter the number of employees in Connecticut during 2009. | 2. | |
| 3. | Enter the number of new employees in Connecticut. Subtract Line 1 from Line 2. If zero or less the corporation is not eligible for this credit. | 3. | |
| 4. | Enter the number of employees working at the service facility during 2009. | 4. | |
| 5. | Number of new employees working at the service facility: Enter the lesser of Line 3 or Line 4. | 5. | |

Schedule B - Credit Computation

| See instructions for the computation of tangible property and wages, salaries, and other compensation on Page 2. | | Column A Eligible Facility Approved by DECD | Column B Total Facilities Within Connecticut (Including Eligible Facility) | Column C | |
|--|--|--|---|---|----|
| Tangible Property Average monthly net book value | 1a. Depreciable assets | | | For Line 1 and Line 2, divide Column A by Column B. Carry to six decimal places | |
| | 1b. Land | | | | |
| | 1c. Capitalized rent | | | | |
| | 1d. Other | | | | |
| | 1. Total | | | | |
| Wages, Salaries, and Other Compensation | 2. Total | | | 2. | 0. |
| Facility Credit Ratio | 3. Total: Add Line 1 and Line 2 in Column C. | | | 3. | |
| | 4. Facility ratio: Divide Line 3 by two. | | | 4. | 0. |
| | 5. Tax from Form CT-1120 , <i>Schedule C</i> , Line 1 | | | 5. | |
| Tax Credit Calculation | 6. Balance: Multiply Line 5 by Line 4. | | | 6. | |
| | 7. Tax credit percentage: See instructions. | | | 7. | |
| | 8. Tax credit: Multiply Line 6 by Line 7. Enter here and on Form CT-1120K , Part I-C, Line 13, Column A. | | | 8. | |

Form CT-1120SF Instructions

Schedule A

Schedule A is used to determine whether the service facility meets the employment criteria for the tax credit. The available percentage of the tax credit depends upon the number of new employees working at the facility. Complete Lines 1 through 5 as indicated.

Schedule B

Schedule B is used to determine the amount of the tax credit.

Tangible Property: Column A includes the average monthly net book value of the eligible service facility including all machinery and equipment specifically acquired for and installed at that site without reduction for any encumbrance. When rented, the value of the eligible service facility and all machinery and equipment specifically acquired for and installed at that site should be computed by multiplying the **gross rents** payable by the taxpayer during the income year by eight. Column B consists of the average monthly net book value of all real property, machinery, and equipment held and owned by the taxpayer in Connecticut plus the value of all real property, machinery, and equipment rented to the taxpayer in Connecticut, computed by multiplying the combined gross rents payable during the income year by eight. **Gross rents** means gross rents as defined in Conn. Gen. Stat. §12-218.

Wages, Salaries, and Other Compensation: Column A consists of all wages, salaries, and other compensation paid during the income year to employees of the taxpayer whose positions are **directly attributable** to the eligible service facility. Column B consists of the sum of wages, salaries, and other compensation paid during the income year to all employees of the taxpayer in Connecticut.

An employee's position is **directly attributable** to an eligible service facility if the:

- Employee's service is performed or base of operation is at the eligible service facility;
- Position did not exist prior to the construction, renovation, expansion, or acquisition of the eligible service facility; **and**
- Position would not have been created but for the construction, renovation, expansion, or acquisition of the eligible service facility.

Lines 1 through 4 - Enter the amount for each corresponding year.

Line 5 - Enter the tax from **Form CT-1120, Schedule C**, Line 1.

Line 7 - Enter the tax credit percentage. This percentage is determined from the number of new employees working at the facility. See chart on Page 1.

Line 8 - Enter the tax credit. Multiply Line 6 by Line 7, enter here and on **Form CT-1120K**, Part I-C, Line 13, Column A.

This form was not ready at the time the 2009 Package X was distributed. Package X will be updated when the form is finalized.

Form CT-1120 NJC

New Jobs Creation Tax Credit

2009

(Rev. 12/09)

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only.

Use **Form CT-1120 NJC** to claim the credit allowed under Conn. Gen. Stat. §12-217ii for the creation of **new jobs**. This credit is available to any taxpayer subject to the tax under Conn. Gen. Stat. §12-202 (insurance premiums tax), Chapter 208 (corporation business tax), or Chapter 212 (utility companies tax) of the Connecticut General Statutes.

The credit is administered by the Commissioner of the Department of Economic and Community Development (DECD). To be entitled to claim the credit, an application for an eligibility certificate must be submitted to DECD and a certificate reflecting the amount of the available credit must have been issued by DECD. Attach this form to **Form CT-1120K**, *Business Tax Credit Summary*.

The tax credit is claimed in the income year in which it is earned and any credits not used in the tax year expire.

This tax credit contains a recapture provision. DECD will notify the taxpayer in the event that the recapture provision is triggered.

Definitions

New job is defined as a job which did not exist prior to the application and which is filled by a person hired by the taxpayer to fill a job which requires at least 35 or more hours per week, and which is not temporary or seasonal.

Additional Information

Contact DECD, 505 Hudson Street, Hartford CT 06106, at **860-270-8045**; see **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*; or contact the Department of Revenue Services, Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere).

| Credit Computation | | | |
|---------------------------|--|----|----|
| 1. | Enter the Certificate of Eligibility number issued by the Commissioner of DECD for the 2009 income year: _____ | | |
| 2. | Enter the amount of tax credit certified for the 2009 income year as reflected on the certificate of eligibility issued by the Commissioner of DECD. Enter also on Form CT-1120K , Part I-C, Line 14, Column A. | 2. | 00 |

Form CT-IRF

Insurance Reinvestment Fund Tax Credit

2009

For Income Year Beginning: _____, **2009** and Ending: _____.

| | |
|---------------------------|---|
| Name of eligible taxpayer | Connecticut Tax Registration Number or Social Security Number (SSN) |
|---------------------------|---|

Complete this form in blue or black ink only.

Use **Form CT-IRF**, to claim the tax credit available for investments made through a fund manager in an insurance business as provided in Conn. Gen. Stat. §38a-88a. This form must be used to claim the tax credit against the taxes imposed under Chapter 207 (insurance premiums tax; health care centers tax), Chapter 208 (corporation business tax), Chapter 229 (income tax), or Section 38a-743 (surplus lines brokers tax) of the Connecticut General Statutes.

General Information

This tax credit may only be claimed by taxpayers who have invested in an insurance business through a fund that meets all of the requirements set forth in Conn. Gen. Stat. §38a-88a.

Any tax credit not used in the income year for which it is allowed may be carried forward for five succeeding income years until the full credit has been applied.

Any taxpayer allowed a credit may assign such credit to another person, as defined in Conn. Gen. Stat. §12-1, provided such person may claim the credit only with respect to a calendar year for which the assigning taxpayer would have been eligible to claim the credit.

Applying Credit to the Individual Income Tax

Taxpayers applying the Insurance Reinvestment Fund Tax Credit to the individual income tax **must** claim the credit on the following tax returns. Write "IRF credit" next to the line on the tax return and attach a copy of this form to the **front** of the tax return:

- **Form CT-1040**, *Connecticut Resident Income Tax Return*, Line 13;
- **Form CT-1040NR/PY**, *Connecticut Nonresident and Part-Year Resident Income Tax Return*, Line 15;
- **Form CT-1041**, *Connecticut Income Tax Return for Trusts and Estates*, Line 8; **or**
- **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, Part I, *Schedule A*, Line 4.

Mail a copy of the applicable tax return and Form CT-IRF to:

Department of Revenue Services
Attn: Research Unit
25 Sigourney St Ste 2
Hartford CT 06106

For questions call 860-297-5694.

Applying Credit to Business Taxes

Taxpayers applying the Insurance Reinvestment Fund Credit to any business tax under Chapter 207 (insurance premiums tax; health care centers tax) or Chapter 208 (corporation business tax) **must** attach this form to the **back** of **Form CT-1120K**, *Business Tax Credit Summary*.

Available Credit

The available tax credit is equal to the following percentages of the taxpayer investments through a fund manager in insurance businesses that meet all of the requirements provided in Conn. Gen. Stat. §38a-88a:

- Income year in which the investment was made and the two succeeding income years, 0%;
- Third full income year following the year in which the investment in the insurance business was made and the three succeeding income years, 10%; **and**
- Seventh full income year following the year in which the investment in the insurance business was made and the two succeeding income years, 20%.

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact DRS, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

| Part I - Credit Computation | |
|------------------------------------|---|
| 1. | Name of insurance fund in which the investment was made: |
| 2. | Available credit is being claimed by: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> An investor <input type="checkbox"/> An assignee </div> <p>If credit is being claimed by an assignee, enter the name and Connecticut Taxpayer Identification Number (if available) of the assignor below. Attach explanation.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Assignor's name</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Assignor's Connecticut Tax Registration Number or SSN</div> </div> |
| 3. | Credit is being applied against: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"><input type="checkbox"/> Chapter 207 (insurance premiums tax; health care centers tax)</div> <div style="width: 30%;"><input type="checkbox"/> Chapter 208 (Corporation business tax)</div> <div style="width: 30%;"><input type="checkbox"/> Chapter 229 (Income tax)</div> <div style="width: 30%;"><input type="checkbox"/> Conn. Gen. Stat. §38a-743 (Surplus lines brokers tax)</div> </div> |
| 4. | Total amount of Insurance Reinvestment Fund Tax Credit earned for the 2009 income year |
| 5. | Amount of Line 4 claimed on Form SL-9, Tax on Premiums on Insurance Provided by Surplus Lines Brokers |
| 6. | Amount of Line 4 claimed on Forms CT-1040, CT-1040NR/PY, CT-1041, CT-1065/CT-1120SI, or CT-1120K |

| Part II - Computation of Carryforward - Credit may be carried forward to five succeeding income years. See instructions below. | | | | | |
|---|---------------------------------------|--|---|--|--|
| | A Total Credit Earned | B Credit Applied 2004 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 |
| 1. 2004 Insurance Reinvestment Fund Tax Credit from 2004 Form CT-IRF, Part I, Line 4 | | | | | |
| 2. 2005 Insurance Reinvestment Fund Tax Credit from 2005 Form CT-IRF, Part I, Line 4 | | | | | |
| 3. 2006 Insurance Reinvestment Fund Tax Credit from 2006 Form CT-IRF, Part I, Line 4 | | | | | |
| 4. 2007 Insurance Reinvestment Fund Tax Credit from 2007 Form CT-IRF, Part I, Line 4 | | | | | |
| 5. 2008 Insurance Reinvestment Fund Tax Credit from 2008 Form CT-IRF, Part I, Line 4 | | | | | |
| 6. 2009 Insurance Reinvestment Fund Tax Credit from 2009 Form CT-IRF, Part I, Line 4 | | | | | |
| 7. Total Insurance Reinvestment Fund Tax Credit applied to 2009: Add Lines 1 through 6, Column D. Enter here and on Form CT-1120K, Part I-D, Line 24, Column C. | | | | | |
| 8. Total Insurance Reinvestment Fund Tax Credit carryforward to 2010: Add Lines 2 through 6, Column E. Enter the total here and on Form CT-1120K, Part I-D, Line 24, Column E. | | | | | |

Computation of Carryforward Instructions:

Lines 1 through 6, Columns A through D - Enter the amount for each corresponding year.

Lines 2 through 5, Column E - Subtract Column D from Column C.

Line 6, Column E - Subtract Column D from Column A.

(Rev. 01/10)

Historic Structures Rehabilitation Tax Credit

For Income Year Beginning: _____, 2009 and Ending: _____.

| | |
|---------------------------|-------------------------------------|
| Name of eligible taxpayer | Connecticut Tax Registration Number |
|---------------------------|-------------------------------------|

General Information

Complete this form in blue or black ink only.

Use **Form CT-1120HS** to claim the Historic Structures Rehabilitation Tax Credit available under Conn. Gen. Stat. §10-416a to owners rehabilitating **certified historic structures** for residential use. Attach it to **Form CT-1120K**, *Business Tax Credit Summary*.

Credit Computation

The Historic Structures Rehabilitation Tax Credit is administered by the Connecticut Commission on Culture and Tourism (CCT). The credit may only be claimed if a tax credit voucher has been issued by CCT.

Prior to any rehabilitation work taking place, the owner must submit a rehabilitation plan to CCT along with an estimate of the qualified expenditures. CCT will certify the plan and reserve credits equal to 25% of the projected expenditures, not to exceed \$2.7 million. Upon completion of the project, CCT verifies the owner's compliance with the rehabilitation plan and issues a credit voucher to the owner rehabilitating the certified historic structure or to the taxpayer named by the owner as contributing to the rehabilitation. This tax credit may be assigned.

The tax credit may be claimed in the year in which the substantially rehabilitated certified historic structure is placed in service. In the case of projects completed in phases, the tax credit shall be prorated to the substantially rehabilitated identifiable portion of the building placed in service.

This credit may be applied against the taxes administered under Chapters 207 (insurance companies and health care centers taxes), 208 (corporation business tax), 209 (air carriers tax), 210 (railroad companies tax), 211 (community antenna television systems tax), or 212 (utility companies tax) of the Connecticut General Statutes.

Carryforward/Carryback

Any remaining credit balance that exceeds the credit applied may be carried forward for five income years.

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| | |
|---|--|
| Part I - Credit Computation | |
| The Historic Structures Rehabilitation Tax Credit is being claimed by: | |
| <input type="checkbox"/> An owner <input type="checkbox"/> An assignee <input type="checkbox"/> A taxpayer named by owner as contributing to the rehabilitation | |
| If credit is being claimed by an assignee, enter the name and Connecticut Tax Registration Number (if available) of the assignor below. Attach explanation. | |
| _____ | _____ |
| Assignor's name | Assignor's Connecticut Tax Registration Number |
| 1. Enter the amount of Historic Structures Rehabilitation Tax Credit as listed on the voucher issued by CCT for the 2009 income year. Enter here and on Form CT-1120K , Part I-D, Line 28, Column B. | 1. |

Part II - Computation of Carryforward

The Historic Structures Rehabilitation Tax Credit may be carried forward for five income years. See instructions below.

| | A Total Credit Earned | B Credit Applied 2006 Through 2008 | C Carryforward to 2009 Subtract Column B from Column A. | D Credit Applied to 2009 | E Carryforward to 2010 |
|---|---------------------------------------|--|---|--|--|
| 1. 2006 Historic Structures Rehabilitation Tax Credit from 2006 Form CT-1120 HRC , Part I, Line 2 | | | | | |
| 2. 2007 Historic Structures Rehabilitation Tax Credit from 2007 Form CT-1120HR , Part I, Line 2 | | | | | |
| 3. 2008 Historic Structures Rehabilitation Tax Credit from 2008 Form CT-1120HS , Part I, Line 1 | | | | | |
| 4. 2009 Historic Structures Rehabilitation Tax Credit from 2009 Form CT-1120HS , Part I, Line 1 | | | | | |
| 5. Total Historic Structures Rehabilitation Tax Credit applied to 2009: Add Lines 1 through 4, Column D. Enter here and on Form CT-1120K , Part I-D, Line 28, Column C. | | | | | |
| 6. Total Historic Structures Rehabilitation Tax Credit carried forward to 2010: Add Lines 1 through 4, Column E. Enter here and on Form CT-1120K , Part I-D, Line 28, Column E. | | | | | |

Computation of Carryforward Instructions

Lines 1 through 4, Columns A through D – Enter the amount for each corresponding year.

Lines 1 through 3, Column E – Subtract Column D from Column C.

Line 4, Column E – Subtract Column D from Column A.

(Rev. 01/10)

Historic Investment Tax Credit

For Income Year Beginning: _____, **2009** and Ending: _____, _____.

| | |
|---------------------------|-------------------------------------|
| Name of eligible taxpayer | Connecticut Tax Registration Number |
|---------------------------|-------------------------------------|

General Information

Complete this form in blue or black ink only.

Use **Form CT-1120HI** to claim the Historic Investment Tax Credit available under Conn. Gen. Stat. §10-416b to an owner rehabilitating a **certified historic structure** for mixed residential and non-residential use. Attach it to **Form CT-1120K**, *Business Tax Credit Summary*.

Credit Computation

The Historic Investment Tax Credit is administered by the Connecticut Commission on Culture and Tourism (CCT). The credit may only be claimed if a tax credit voucher has been issued by CCT.

The tax credit is equal to the lesser of 25% of the projected rehabilitation expenditures or 25% of the actual rehabilitation expenditures. If CCT certifies that the project creates qualified affordable housing units, then the tax credit is equal to the lesser of 30% of the projected rehabilitation expenditures or 30% of the actual rehabilitation expenditures.

The Historic Investment Tax Credit may be applied against the taxes administered under Chapters 207 (insurance companies and health care centers taxes), 208 (corporation business tax), 209 (air carriers tax), 210 (railroad companies tax), 211 (community antenna television systems tax), or 212 (utility companies tax) of the Connecticut General Statutes. Any remaining credit balance that exceeds the credit applied

may be carried forward for five income years, or until the full amount is used, whichever occurs first.

The tax credit may be claimed in the year in which the substantially rehabilitated certified historic structure is placed in service. In the case of projects completed in phases, the tax credit shall be prorated to the substantially rehabilitated identifiable portion of the building placed in service.

Any owner allowed this tax credit may assign the credit to any individual or entity. An assignee must claim the credit in the same year that the assignor would have been eligible to claim the credit. An assignee may not further assign the tax credit.

Carryforward/Carryback

Any unused tax credit may be carried forward for five succeeding income years following the year in which the substantially rehabilitated structure was placed in service. No carryback is allowed. An assignee may carryforward any unused tax credit.

Additional Information

See **Informational Publication 2007(31)**, *Guide to Connecticut Business Tax Credits*, or contact the Department of Revenue Services, Taxpayer Services Division at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

| | |
|---|---|
| Part I - Credit Computation | |
| The Historic Investment Tax Credit is being claimed by: | |
| <input type="checkbox"/> An owner <input type="checkbox"/> An assignee <input type="checkbox"/> A taxpayer named by owner as contributing to the rehabilitation | |
| If credit is being claimed by an assignee, enter the name and Connecticut Tax Registration Number (if available) of the assignor below. Attach explanation. | |
| _____ | _____ |
| Assignor's name | Assignor's Connecticut Tax Registration Number |
| 1. | Enter the amount of Historic Investment Tax Credit as listed on the voucher issued by CCT for the 2009 income year. Enter here and on Form CT-1120K , Part I-D, Line 29, Column B. |
| 1. | |

Part II - Computation of Carryforward

Credit may be carried forward to five immediately succeeding income years. See instructions below.

| | | A Total Credit Earned | B Credit Applied in 2008 | C Carryforward to 2009 | D Credit Applied to 2009 | E Carryforward to 2010 |
|----|--|------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| 1. | 2008 Historic Investment Tax Credit from 2008 Form CT-1120HI , Part I, Line 1. | | | | | |
| 2. | 2009 Historic Investment Tax Credit from 2009 Form CT-1120HI , Part I, Line 1. | | | | | |
| 3. | Total Historic Investment Tax Credit applied to 2009: Add Line 1 and Line 2, Column D. Enter here and on Form CT-1120K, Part I-D, Line 29, Column C. | | | | | |
| 4. | Total Historic Investment Tax Credit carryforward to 2010: Add Line 1 and Line 2, Column E. Enter here and on Form CT-1120K, Part I-D, Line 29, Column E. | | | | | |

Computation of Carryforward Instructions

Line 1 and Line 2, Columns A through D - Enter the amount for each corresponding year.

Line 1, Column E - Subtract Column D from Column C.

Line 2, Column E - Subtract Column D from Column A.

This form was not ready at the time the 2009 Package X was distributed. Package X will be updated when the form is finalized.

This form was not ready at the time the 2009 Package X was distributed. Package X will be updated when the form is finalized.

Form CT-1120A-MFG

Corporation Business Tax Return

Apportionment Computation - Manufacturing Companies

Enter Income Year Beginning _____, _____, and Ending _____, _____

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only. See instructions on reverse.

| | Receipts Factor Apportionment | Column A Connecticut | Column B Everywhere |
|----|---|-------------------------|------------------------|
| 1. | Receipts from sales of tangible property | | |
| 2. | Receipts from services | | |
| 3. | Interest | | |
| 4. | Receipts from rents and royalties | | |
| 5. | Net gains from sale of tangible assets: If less than zero, enter "0." | | |
| 6. | Net gains from sale of intangible assets: If less than zero, enter "0." | | |
| 7. | Other | | |
| 8. | Total: Add Lines 1 through 7 in Column A and Column B. | | |

Computation of Connecticut Apportionment Fraction

| | | |
|----|---|----|
| 9. | Receipts apportionment fraction: Divide Line 8, Column A, by Line 8, Column B, and carry to six places. Enter here and on Form CT-1120 , <i>Schedule A</i> , Line 2. | 0. |
|----|---|----|

Government Contractor Election

Check here if the corporation is a manufacturer that has 75% (.75) or more of its total gross receipts from the sale of tangible personal property directly, or in the case of a subcontractor, indirectly to the U.S. government and elects to apportion its net income within and outside Connecticut, using **Form CT-1120A**, *Corporation Business Tax Return Apportionment Computation, Schedule R*. The election is irrevocable for, and applicable for, five successive income years.

Form CT-1120A-MFG

Instructions

Complete this form in blue or black ink only.

Form CT-1120A-MFG, *Corporation Business Tax Return Apportionment Computation - Manufacturing Companies*, must be completed and attached to **Form CT-1120**, *Corporation Business Tax Return*, only if the manufacturer carried on business both within and outside Connecticut and was taxable in another state during the income year for which the return is filed.

Manufacturing companies whose net income is primarily derived from activities that, in accordance with the *North American Industry Classification System, United States*, 1997 manual, are included in Sector 31, 32, or 33, must complete this form.

Column A

The numerator of the apportionment fraction shall consist of the manufacturer's gross receipts that are assignable to Connecticut and includes the following:

- Receipts from sales of tangible property delivered or shipped to a purchaser within Connecticut regardless of the f.o.b. point or other conditions of sale;
- Receipts from services performed within Connecticut;
- Interest earned from assets managed or controlled within Connecticut;
- Royalties from the use of patents or copyrights within Connecticut;

- Rents and royalties from property situated within Connecticut;
 - Net gains from sale or other disposition of tangible assets situated within Connecticut;
 - Net gains from sale or other disposition of intangible assets managed or controlled within Connecticut;
- and**
- All other receipts earned within Connecticut.

If losses from sales or other dispositions of such tangible or intangible assets exceed the gains, then enter zero for the net gains. Dividends and losses are excluded from the receipts factor.

Column B

The denominator of the apportionment fraction shall consist of the manufacturer's total gross receipts whether or not assignable to Connecticut.

Government Contractor Election

If 75% or more of the manufacturer's total gross receipts during the income year are from the sale of tangible personal property directly, or in the case of a subcontractor, indirectly to the U.S. government, the manufacturer may elect on or before the due date, or if applicable, the extended due date of its corporation business tax return for the income year, to apportion its net income within and outside Connecticut by means of the three factor apportionment fraction described in Form CT-1120A, *Schedule R*. This election is irrevocable for, and applicable for, five successive income years.

Form CT-1120A-LP

Corporation Business Tax Return

Apportionment of Limited Partnership Interests

Enter Income Year Beginning _____, _____, and Ending _____, _____

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

General Instructions

Complete this form in blue or black ink only. Complete **Form CT-1120A-LP**, *Schedule I-LP*, *Schedule M-LP*, and *Schedule S-LP* if a corporation, not otherwise carrying on or doing business within Connecticut, is a limited partner in one or more limited liability companies (LLCs) or limited partnerships (other than an investment partnership) doing business, owning or leasing property, or maintaining an office within Connecticut, if such corporation does not make an election to apportion its income within and outside Connecticut. If a corporation has taxable interests in more than three limited partnerships, attach a schedule providing the information required on *Schedules I-LP*, *M-LP*, and *S-LP*, for each limited partnership interest. If a corporation is a limited partner in one or more investment limited partnerships and the corporation is not otherwise carrying on or doing business within Connecticut, the corporation is not required to file a corporation business tax return.

A corporation that is a general partner in a partnership which does business, owns or leases property, or maintains an office within Connecticut, or a corporation that otherwise is carrying on

or doing business in Connecticut, and which is a limited partner in a partnership doing business, owning or leasing property, or maintaining an office in Connecticut, must apportion its income and minimum tax base using **Form CT-1120A**, *Corporation Business Tax Return Apportionment Computation*.

If the corporation elects not to be taxed on its distributive share of limited partnership income or loss, indicate by checking the election box below and attach Form CT-1120A-LP to **Form CT-1120**, *Corporation Business Tax Return*. Do not complete any schedules on Form CT-1120A-LP other than the election box below. Compute the apportionment fraction for income on Form CT-1120A, *Schedule Q* or *Schedule R*. The apportionment fraction for the minimum tax base which includes the value of all partnership interests is computed on Form CT-1120A, *Schedule S*.

Check here if the corporation elects not to be taxed on its distributive share of limited partnership income or loss.

Schedule I-LP — Connecticut Distributive Share of Limited Partnership Income

Complete this schedule to compute the distributive share of limited partnership income apportionable to Connecticut.
 Column A - Enter the name of each limited partnership that has Connecticut-sourced income.
 Column B - Enter the Federal Employer Identification Number (FEIN) of each limited partnership that has Connecticut-sourced income.
 Column C - Enter the amount of the distributive share of partnership income or loss as determined for federal income tax purposes for each limited partnership to the extent the income or loss is derived from or connected with Connecticut sources.

| | Column A | Column B | Column C |
|----|--|--------------------|---------------------------|
| | Name of Limited Partnership | Partnership's FEIN | Connecticut-Source Income |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Total: Add Lines 1 through 3, Column C. Enter here and on Form CT-1120, <i>Schedule A</i> , Line 3. | | |

Form CT-1120A-A

Corporation Business Tax Return Apportionment Computation – Air Carriers

Enter Income Year Beginning _____, _____, and Ending _____, _____

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only. Complete **Form CT-1120A-A** and file it as part of **Form CT-1120**, *Corporation Business Tax Return*, to apportion net income for **air carriers** that are taxable both within and outside Connecticut during the income year.

Definitions

Air carrier means any person, firm, partnership, corporation, limited liability company, association, trustee, receiver, or assignee which engages in the transportation by air of persons or property for hire and which makes landings, takeoffs, or air pickups or deliveries in this state.

Originating revenue within this state means revenue to an air carrier from the transportation of revenue passengers and revenue cargo, exclusive of express and mail, first received by the carrier

either as originating or connecting traffic at airports within this state. When it cannot otherwise be determined, the revenue of an air carrier from the transportation of revenue cargo attributable to a particular airport for any period shall be computed by multiplying the pounds of revenue cargo first received by the air carrier at the airport during the period, by the average revenue per pound received by the air carrier from the transportation of revenue cargo over its entire system for the same period.

Revenue tons handled by an air carrier at an airport means the weight in tons of revenue passengers, at two hundred pounds per passenger, and revenue cargo first received either as originating or connecting traffic or finally discharged by the carrier at the airport.

| Schedule R-A — Air carriers must substitute this schedule for Form CT-1120A , <i>Schedules Q, R, and S</i> . | | | | |
|--|--|-------------------------|------------------------|--|
| | Factor | Column A Connecticut | Column B Everywhere | Column C Divide Column A By Column B. Carry to six places |
| 1. | Number of arrivals and departures, both scheduled and non-scheduled, during the income year | | | 0. |
| 2. | Revenue tons handled at airports during the income year | | | 0. |
| 3. | Originating revenue for the income year | | | 0. |
| 4. | Total: Add Lines 1, 2, and 3 in Column C. | | | |
| 5. | Apportionment fraction: Divide Line 4 by three. Enter here and on Form CT-1120 , <i>Schedule A</i> , Line 2, and <i>Schedule B</i> , Line 2. | | | 0. |

| Schedule M-LP — Connecticut Distributive Share of Limited Partnership Assets – Minimum Tax Base | | | |
|---|--------------------|------------------------------|--|
| Column A | Column B | Column C | Column D |
| Name of Limited Partnership | Partnership's FEIN | Average Value of Partnership | Partnership's Apportionment Fraction (Schedule S-LP) |
| 1. | | | |
| 2. | | | |
| 3. | | | |

| Column E | Column F | Column G |
|---|--|---|
| Partnership's Apportioned Average Value Multiply Column C by Column D. | Partner's Proportionate Share | Partner's Average Value Multiply Column E by Column F. |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | Total: Add Lines 1 through 3, Column G. Enter here and on Form CT-1120, Schedule B, Line 3. | |

Column A - Enter the name of each limited partnership.

Column B - Enter the FEIN of each limited partnership.

Column C - Enter the average value of each partnership.

Column D - Enter the partnership's minimum tax base apportionment fraction from *Schedule S-LP*, Line 3, Column III. Complete a separate *Schedule S-LP*, Minimum Tax Base Apportionment, for each limited partnership.

Column E - Multiply the amount in Column C by the fraction in Column D.

Column F - Enter the percentage that the partnership used to determine the partner's distributive share of ordinary income or loss of the partnership.

Column G - Multiply the amount in Column E by the percentage in Column F.

| Schedule S-LP — Minimum Tax Base Apportionment | | | | |
|---|----|--|-------------------------|--|
| | | Column I Connecticut | Column II Everywhere | Column III |
| Intangible Assets Average Monthly Net Book Value | 1. | (a) Cash | | Divide Line 3, Column I by Line 3, Column II. Enter below and on <i>Schedule M-LP</i> , Column D. Carry to six places. |
| | | (b) Notes & Accounts Rec. | | |
| | | (c) Investments: Other than stock | | |
| | | (d) Other | | |
| | 1. | Total | | |
| Tangible Property Average Monthly Net Book Value | 2. | (a) Inventories | | |
| | | (b) Depreciable Assets | | |
| | | (c) Land | | |
| | | (d) Other | | |
| | 2. | Total | | |
| Apportionment Fraction | 3. | Total: Add total amount on Line 1 and Line 2. | | 0. |

Form CT-1120A-SBC

Corporation Business Tax Return

Apportionment Computation - Securities Brokerage Services

Income Year Beginning _____, _____, and Ending _____, _____

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only. Use **Form CT-1120A-SBC** to apportion net income from **securities brokerage services**. A corporation must apportion income from securities brokerage services separately using Form CT-1120A-SBC. If the corporation qualifies as a financial service company, all other income will be apportioned using **Form CT-1120A-FS**, *Corporation Business Tax Return Apportionment Computation of Income From Financial Service Company Activities*. If the company does not qualify as a financial service company, all other income must be apportioned in accordance with the appropriate schedule.

Schedule R-SBC – Net Income Apportionment

Complete *Schedule R-SBC* and enter the resulting apportionment fraction from Line 3 on **Form CT-1120**, *Corporation Business Tax Return, Schedule A*, Line 2, only if the corporation's entire net income is derived from securities brokerage services. If the corporation's net income is derived in part from sources other than securities brokerage services, complete *Schedule R-SBC* and *Schedule A-1*.

Schedule A-1 – Computation of Connecticut Net Income

Complete *Schedule A-1* if the taxable net income for a securities brokerage services company is derived in part from sources other than securities brokerage services.

Definitions

Securities brokerage services means services and activities including all aspects of purchasing and selling of securities rendered by a broker or dealer as defined in 15 USC §78c(a)(4), and registered under the provisions of 15 USC §§78a-78kk, inclusive. Securities brokerage services do not include services rendered by a bank or any other person buying and selling securities for a person's own account either individually or in a fiduciary capacity.

Securities means security as defined in 15 USC §78c(a)(10).

Brokerage commissions include but are not limited to all sales fees on agency or principal transactions, whether charged explicitly or implicitly.

Domicile of a customer shall be presumed to be the customer's mailing address on the records of the corporation.

| Schedule R-SBC – Net Income Apportionment | | | |
|--|---|----|-----------|
| 1. | Brokerage commissions and total margin interest paid on behalf of brokerage accounts owned by taxpayer's customers who are domiciled in Connecticut | 1. | |
| 2. | Brokerage commissions and total margin interest paid on behalf of brokerage accounts owned by taxpayer's customers wherever domiciled | 2. | |
| 3. | Apportionment fraction for securities brokerage services company: Divide Line 1 by Line 2. Carry to six places. | 3. | 0. |

| Schedule A-1 – Computation of Connecticut Net Income | | | | | |
|--|----|-------------------------|--|--|--|
| | | Total Net Income | Column A Net income derived from securities brokerage services | Column B Net income derived from financial services other than securities brokerage services | Column C Net income derived from sources other than securities brokerage services or financial services |
| 4. Net income from Form CT-1120 , <i>Schedule A</i> , Line 1 | 4. | | | | |
| 5. Securities brokerage service company apportionment fraction from <i>Schedule R-SBC</i> , Line 3: Carry to six places. | 5. | | 0. | | |
| 6. Financial service company apportionment fraction from Form CT-1120A-FS , Line 15: Carry to six places. | 6. | | | 0. | |
| 7. Securities brokerage service company apportionment fraction from the applicable apportionment form: Carry to six places. | 7. | | | | 0. |
| 8. Balances after apportionment: Multiply Line 4, Column A, by Line 5, Column A. Multiply Line 4, Column B, by Line 6, Column B. Multiply Line 4, Column C, by Line 7, Column C. | 8. | | | | |
| Securities brokerage service company Connecticut net income: Add Line 8, Columns A through C. Enter the total here and on Form CT-1120 , <i>Schedule A</i> , Line 3. Make no entries on Form CT-1120 , <i>Schedule A</i> , Line 1 and Line 2. | 9. | | | | |

Form CT-1120A-BPE

Corporation Business Tax Return

(Rev. 12/08) Apportionment Computation - Broadcasters and Production Entities

Complete this form in blue or black ink only. See instructions on reverse.

Enter Income Year Beginning _____, _____, and Ending _____, _____

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Broadcasters

Schedule 1 — Gross Receipts

| | Column A Connecticut | Column B Everywhere |
|---|-------------------------|------------------------|
| 1. Advertising revenue, affiliate fees, and subscriber fees received from video or audio programming in release to or by a broadcaster for telecast | | |
| 2. Advertising revenue received by an over-the-air television or radio network or station from video or audio programming in release to or by a broadcaster for telecast | | |
| 3. Advertising revenue, affiliate fees, and subscriber fees received by a cable network or cable television system from video or audio programming in release to or by such cable network or cable television system for telecast | | |
| 4. Receipts from sales of tangibles | | |
| 5. Receipts from services | | |
| 6. Interest | | |
| 7. Receipts from rents and royalties | | |
| 8. Net gains from sales of assets | | |
| 9. Other | | |
| 10. Total: Add Lines 1 through 9 in Column A and Column B. | | |
| 11. Receipts apportionment percentage: Divide Line 10, Column A, by Line 10, Column B, and carry to six places. Enter here and on Form CT-1120, Schedule A, Line 2. | | 0. |

Production Entities

Schedule 2 — Gross Receipts

| | Column A Connecticut | Column B Everywhere |
|--|-------------------------|------------------------|
| 1. Video or audio programming production services | | |
| 2. Receipts from sales of tangibles | | |
| 3. Receipts from services | | |
| 4. Interest | | |
| 5. Receipts from rents and royalties | | |
| 6. Net gains from sales of assets | | |
| 7. Other | | |
| 8. Total: Add Lines 1 through 7 in Column A and Column B. | | |
| 9. Receipts apportionment percentage: Divide Line 8, Column A, by Line 8, Column B, and carry to six places. Enter here and on Form CT-1120, Schedule A, Line 2. | | 0. |

Form CT-1120A-BPE

Instructions

Complete this form in blue or black ink only. **Broadcasters and eligible production entities** must complete **Form CT-1120A-BPE**, *Corporation Business Tax Return Apportionment Computation - Broadcasters and Production Entities*, and attach it to **Form CT-1120**, *Corporation Business Tax Return*, only if the company carried on business both within and outside Connecticut and was taxable in another state during the income year for which the return is filed.

Definitions

Eligible production entity means a corporation which provides video or audio programming production services and which is affiliated, within the meaning of sections 1501 to 1504 of the Internal Revenue Code and the regulations promulgated thereunder, with a **broadcaster**.

Broadcaster means a corporation that is engaged in the business of broadcasting video or audio programming, whether through the public airwaves, by cable, by direct or indirect satellite transmission, or by any other means of communication, through an over-the-air television or radio network, through a television or radio station, or through a cable network or cable television system, and that is primarily engaged in activities that, in accordance with the *North American Industry Classification System (NAICS), United States, 1997 manual*, are included in industry group 5131 or 5132.

Line Instructions

Broadcasters

Schedule 1 — Gross Receipts

Any **broadcaster** which is taxable both within and outside Connecticut shall apportion its net income derived from the broadcast of video or audio programming, whether through the public airwaves, by cable, by direct or indirect satellite transmission network, through a television or radio station, or through a cable network or cable television system and, if such broadcaster is a cable network, all net income derived from activities related to or arising out of the foregoing, including but not limited to broadcasting, entertainment, publishing, whether electronically or in print, electronic commerce, and licensing of intellectual property created in the pursuit of such activities by a receipts factor apportionment fraction.

Column A

The numerator of the apportionment fraction for a broadcaster shall include the gross receipts of the taxpayer from sources within Connecticut as follows:

Line 1 - Gross receipts, including without limitation, advertising revenue, affiliate fees, and subscriber fees received by a broadcaster from video or audio programming in release to or by a broadcaster for telecast which is attributed to Connecticut.

Line 2 - Gross receipts, including without limitation, advertising revenue, received by an over-the-air television or radio network or a television or radio station from video or audio programming in release to or by such network or station for telecast shall be attributed to Connecticut in the same ratio that the audience for such over-the-air network or station located in Connecticut bears to the total audience for such over-the-air network or station inside and outside the U.S.

The audience shall be determined either by reference to the books and records of the taxpayer or by reference to the applicable year's published rating statistics, provided the method used by the taxpayer is consistently used from year to year for such purpose and fairly represents the taxpayer's activity in Connecticut.

Line 3 - Gross receipts including without limitation, advertising revenue, affiliate fees, and subscriber fees received by a cable network or a cable television system from video or audio programming in release to or by such cable network or cable television system for telecast and other receipts (that are derived from the activities listed above for broadcasters) shall be attributed to Connecticut in the same ratio that the subscribers for such cable network or cable television system located in Connecticut bears to the total of such subscribers of such cable network or cable television system inside and outside the U.S.

The number of subscribers of a cable network shall be measured by reference to the number of subscribers or cable television systems that are affiliated with such network and that receive video or audio programming of such network.

The number of subscribers of a cable television system shall be determined either by reference to the books and records of the taxpayer or by reference to the applicable year's published rating statistics located in published surveys, provided the method used by the taxpayer is consistently used from year to year for such purpose and fairly represents the taxpayer's activities in Connecticut.

Lines 4 through 9 - Gross Receipts From Sales and Other Sources Including:

- Receipts from sales of tangible property delivered or shipped to a purchaser within Connecticut regardless of the f.o.b. point or other conditions of sale;
- Receipts from services performed within Connecticut;
- Interest earned from assets managed or controlled within Connecticut;
- Rents and royalties from property situated within Connecticut;

- Royalties from patents and copyrights used within Connecticut;
- Net gains from sales or other disposition of intangible assets managed or controlled within Connecticut; **and**
- Net gains from sales or disposition of tangible assets situated within Connecticut.

If losses from sales or other dispositions of such tangible or intangible assets exceed the gains, enter "0" for net gains. Dividends are excluded from the receipts factor. All other receipts earned within Connecticut not included above must be apportioned.

Column B

The denominator of the apportionment fraction for a broadcaster shall consist of total gross receipts whether or not assignable to Connecticut.

Production Entities

Schedule 2 — Gross Receipts

An eligible production entity taxable both within and outside Connecticut shall apportion its net income derived from video or audio programming production services by means of receipts factor apportionment.

Column A

The numerator of the apportionment fraction for a production entity shall include the gross receipts of the taxpayer from sources within Connecticut as follows:

Line 1 - Gross receipts that are derived from video or audio programming production services relating to events which occur within Connecticut.

Lines 2 through 7 - Gross Receipts From Sales and Other Sources Including:

- Receipts from sales of tangible property delivered or shipped to a purchaser within Connecticut regardless of the f.o.b. point or other conditions of sale;
- Receipts from services performed within Connecticut;
- Interest earned from assets managed or controlled within Connecticut;
- Rents and royalties from property situated within Connecticut;
- Royalties from patents and copyrights used within Connecticut;
- Net gains from sales or other disposition of intangible assets managed or controlled within Connecticut; **and**
- Net gains from sales or disposition of tangible assets situated within Connecticut.

If losses from sales or other dispositions of such tangible or intangible assets exceed the gains, enter "0" for net gains. Dividends are excluded from the receipts factor. All other receipts earned within Connecticut not included above must be apportioned.

Column B

The denominator of the apportionment fraction for eligible production entities shall include gross receipts derived from video or audio programming production services relating to events that occur within or outside Connecticut.

Form CT-1120A-IRIC

Corporation Business Tax Return Apportionment Computation of Income From Services to Regulated Investment Companies

Enter Income Year Beginning _____, _____, and Ending _____, _____

| | |
|------------------|-------------------------------------|
| Corporation name | Connecticut Tax Registration Number |
|------------------|-------------------------------------|

Complete this form in blue or black ink only. See instructions on reverse.

Enter the name and Federal Employer Identification Number (FEIN) of the Regulated Investment Company (RIC) from which receipts for services were received. If receipts for services were received from more than one RIC, complete a separate **Form CT-1120A-IRIC, Schedule R-IRIC**, for the receipts from each RIC.

RIC Name: _____

RIC FEIN: _____

| Schedule R-IRIC — Connecticut Receipts | | |
|---|--|--------------|
| 1. | Total receipts from services provided to or on behalf of the RIC named above | 1. |
| 2. | Total number of shares owned by RIC shareholders domiciled in Connecticut on the first day of the RIC's federal taxable year | 2. |
| 3. | Total number of shares owned by RIC shareholders domiciled in Connecticut on the last day of the RIC's federal taxable year | 3. |
| 4. | Average number of shares owned by RIC shareholders domiciled in Connecticut during the RIC's federal taxable year: Line 2 plus Line 3, divided by 2. | 4. |
| 5. | Total number of shares owned by all RIC shareholders on the first day of the RIC's federal taxable year | 5. |
| 6. | Total number of shares owned by all RIC shareholders on the last day of the RIC's federal taxable year | 6. |
| 7. | Average number of shares owned by all RIC shareholders during the RIC's federal taxable year: Line 5 plus Line 6, divided by 2. | 7. |
| 8. | Connecticut shareholder fraction: Divide Line 4 by Line 7. Carry to six places. | 8. 0. |
| 9. | Connecticut receipts from the above named RIC: Multiply Line 1 by Line 8. | 9. |

| Schedule A-1 — Computation of Connecticut Apportionment Fraction | | |
|---|---|---------------|
| 10. | Total Connecticut receipts from services provided to or on behalf of all RICs, combined total of all Forms CT-1120A-IRIC, <i>Schedule R-IRIC</i> , Line 9 | 10. |
| 11. | Total receipts from services provided to or on behalf of all RICs, combined total of all Forms CT-1120A-IRIC, <i>Schedule R-IRIC</i> , Line 1 | 11. |
| 12. | Connecticut apportionment fraction: Divide Line 10 by Line 11. See instructions. Carry to six places. | 12. 0. |

| Schedule A-2 — Computation of Connecticut Net Income | | | | | |
|---|--|------|---|---|--|
| | | | Column A Net Income derived from services to or on behalf of regulated investment companies | Column B Net Income derived from financial services other than services to or on behalf of regulated investment companies | Column C Net Income derived from sources other than services to or on behalf of regulated investment companies or financial services |
| 13. | Net income from Form CT-1120, Schedule A , Line 1 | 13. | | | |
| 14a. | Apportionment fraction from <i>Schedule A-1</i> , Line 12: Carry to six places. | 14a. | 0. | | |
| 14b. | Apportionment fraction from Form CT-1120A-FS , Line 15: Carry to six places. | 14b. | | 0. | |
| 14c. | Apportionment fraction from the applicable apportionment form: Carry to six places. | 14c. | | | 0. |
| 15. | Balances after apportionment: Multiply Line 13, Column A, by Line 14a. Multiply Line 13, Column B, by Line 14b. Multiply Line 13, Column C, by Line 14c. | 15. | | | |
| 16. | Connecticut net income: Add Line 15, Columns A through C. Enter total here and on Form CT-1120, <i>Schedule A</i> , Line 3. Make no entries on Form CT-1120, <i>Schedule A</i> , Line 2. | 16. | | | |

Form CT-1120A-IRIC

Instructions

Complete this form in blue or black ink only. Use **Form CT-1120A-IRIC**, *Corporation Business Tax Return Apportionment Computation of Income From Services to Regulated Investment Companies*, to apportion net income from services to or on behalf of **regulated investment companies (RICs)**.

Complete a separate Form CT-1120A-IRIC, *Schedule R-IRIC*, for each **RIC** from which gross **receipts** are received from services to or on behalf of **RICs**.

A corporation must apportion income from services to **RICs** separately using Form CT-1120A-IRIC. If the corporation qualifies as a financial service company, all other income will be apportioned using **Form CT-1120A-FS**, *Corporation Business Tax Return Apportionment Computation of Income From Financial Service Companies Activities*. If the company does not qualify as a financial service company, all other income must be apportioned in accordance with the appropriate schedule.

Definitions

Regulated Investment Company (RIC) means a regulated investment company as defined in I.R.C. §851.

Receipts means receipts computed according to the method of accounting used by the taxpayer in the computation of net income from providing the following services:

- **Management services** include but are not limited to the rendering of investment advice directly or indirectly to a RIC, making determinations as to when sales and purchases of securities are to be made on behalf of the RIC, or the selling or purchasing of securities constituting assets of a RIC, and related activities, but only where such activity or activities are performed: (i) according to a contract with the RIC entered into under 15 USC §80a-15(a), as from time to time amended, (ii) for a person that has entered into such contract with the RIC, or (iii) for a person that is affiliated with a person that has entered into such contract with a RIC.
- **Distribution services** include but are not limited to the services of advertising, servicing, marketing, or selling shares of a RIC, but, in the case of advertising, servicing or marketing shares, only where such service is performed by a person that is, or, in the case of a closed-end company, was, either engaged in the service of selling such shares or affiliated with a person that is engaged in the service of selling such shares. In the case of an open-end company, such service of selling shares shall be performed according to a contract entered into under 15 USC §80a-15(b), as from time to time amended.
- **Administrative services** include but are not limited to clerical, fund, or shareholder accounting, participant record keeping, transfer agency, bookkeeping, data processing, custodial, internal auditing, legal, and tax services performed for a RIC, but only if the provider of such service or services during the income year in which such service or services are provided also provides, or is affiliated with a person that provides, management or distribution services to such RIC.

Affiliates - A person is affiliated with another person if each person is a member of the same affiliated group, as defined under section 1504 of the Internal Revenue Code without regard to subsection (b) of said section.

Domicile - A shareholder's domicile is presumed to be the shareholder's mailing address as shown in the records of the RIC. If the shareholder of record is an insurance company that holds the shares of the RIC as depositor for the benefit of a separate account, then the corporation may elect to treat as the shareholders, the contract owners, or policyholders of the contracts or policies supported by such separate account. If this election is made, the domicile shall be presumed to be the mailing address of the contract owner or policyholder as shown in the records of the insurance company.

Schedule R-IRIC — Connecticut Receipts

Complete this schedule to calculate Connecticut receipts received from services provided to or on behalf of a RIC. If there are such receipts from more than one RIC, a separate Form CT-1120A-IRIC, *Schedule R-IRIC*, must be completed to arrive at the total Connecticut receipts from services provided to or on behalf of all RICs. The federal taxable year of the RIC must end within or at the same time as the federal taxable year of the taxpayer.

Schedule A-1 — Computation of Connecticut Apportionment Fraction

Enter the combined total of Connecticut receipts from all Forms CT-1120A-IRIC, *Schedule R-IRIC*, Line 9, on Form CT-1120A-IRIC, *Schedule A-1*, Line 10. Enter the combined total from all Forms CT-1120A-IRIC, *Schedule R-IRIC*, Line 1, on Form CT-1120A-IRIC, *Schedule A-1*, Line 11. Divide Line 10 by Line 11, and enter the resulting apportionment fraction on *Schedule A-1*, Line 12.

Enter the Connecticut apportionment fraction from Line 12 on **Form CT-1120**, *Corporation Business Tax Return, Schedule A*, Line 2, only if the entire net income is attributable to services provided to or on behalf of RICs. If the corporation's net income is derived in part from sources other than services to or on behalf of a RIC, complete *Schedule A-1* and *Schedule A-2*.

Schedule A-2 — Computation of Connecticut Net Income

Complete this schedule only if income is derived in part from sources other than management, distribution, or administrative services to or on behalf of RICs.

Form CT-8822C

Corporation Business Tax Change of Address

– See Instructions on Reverse –

Purpose of Form:

Use **Form CT-8822C** to notify the Connecticut Department of Revenue Services (DRS) of a change in the physical location or mailing address of the corporation. Check the appropriate box and enter below any change to the corporation's physical location or mailing address.

Check **ALL** boxes this change affects:

- Change in Physical Location
 Change in Mailing Address

| |
|--|
| Connecticut Tax Registration Number |
| Federal Employer Identification Number |
| Effective Date of Change: / / |

| | | | |
|---|------|-------|------|
| Corporation Name | | | |
| Old Physical Address (Number and Street) | City | State | ZIP |
| Old Mailing Address (Number and Street or PO Box) | City | State | ZIP |
| New Physical Address (Number and Street) | City | State | ZIP |
| New Mailing Address (Number and Street or PO Box) | City | State | ZIP |
| Signature | | | Date |
| Title | | | |

Mail to: Department of Revenue Services
Registration Unit
PO Box 2937
Hartford CT 06104-2937

Form CT-8822C

Instructions

Required Information

Enter in the spaces provided the corporation's Connecticut Tax Registration Number and Federal Employer Identification Number.

Check the corresponding box identifying the reason for the change.

Enter the old physical or mailing address of the corporation and enter the new physical location or mailing address of the corporation.

Enter the effective date of the change.

Any change in ownership requires a new Connecticut Tax Registration Number.

Signature

Sign your name, enter your title, and the date. This form must be signed by an officer of the corporation.

Others Who May Sign

Anyone with a signed Power of Attorney on file may sign on behalf of the principal officer (including attorneys, accountants, and enrolled agents). If you are a representative signing for the taxpayer, attach a copy of your Power of Attorney to **Form CT-8822C**.

Mail to:

Department of Revenue Services
Registration Unit
PO Box 2937
Hartford CT 06104-2937

Further information

For further information, contact the DRS Registration Unit at 860-297-4885.

Form OS-114 Sales and Use Tax Return

| |
|--|
| For Period Ending |
| Connecticut Tax Registration Number |
| Federal Employer Identification Number |
| Due Date |
| For Department Use Only |

General Instructions

1. You **must file** a return even if no tax is due or no sales were made.
2. Return must be postmarked on or before the due date.
3. **Deductions:** Fill out reverse side of this form if you claim deductions. Read the complete instructions on **Form O-88, Instructions for Form OS-114, Sales and Use Tax Return**, before completing the return.
4. **Interest:** For late payment - 1% of tax due per month from due date.
5. **Penalty:** For failure to pay tax when due - 15% of tax due or \$50, whichever is greater.
6. **New owners:** Do not use previous owner's form to file your return. Any change in ownership requires a **new** permit.
7. Make check payable to: **Commissioner of Revenue Services**. The Department of Revenue Services (DRS) may submit your check to your bank electronically. Include the Tax Registration Number on your check.

▶ Check here if this is an **amended** return.

Rounding: You must round off cents to the nearest whole dollars on your return and schedules. If you do not round, DRS will disregard the cents.

Complete the return in blue or black ink only.

| | | | | | |
|----|--|---|----|--|--|
| 1 | Gross receipts from sales of goods | ▶ | 1 | | |
| 2 | Gross receipts from leases and rentals | ▶ | 2 | | |
| 3 | Gross receipts from labor and services | ▶ | 3 | | |
| 4 | Purchases of goods by your business subject to use tax | ▶ | 4 | | |
| 5 | Leases and rentals by your business subject to use tax | ▶ | 5 | | |
| 6 | Purchase of services by your business subject to use tax | ▶ | 6 | | |
| 7 | Total: Add Lines 1 through 6. | ▶ | 7 | | |
| 8 | Total deductions: Complete reverse side and enter the amount from Total Deductions here. | ▶ | 8 | | |
| 9 | Balance subject to tax: Subtract Line 8 from Line 7. If zero or less, enter "0." | ▶ | 9 | | |
| 10 | Gross amount of tax due: Multiply Line 9 by 6% (.06). | ▶ | 10 | | |
| 11 | For amended return only, enter the tax paid on prior return. | ▶ | 11 | | |
| 12 | Net amount of tax due: Subtract Line 11 from Line 10. | ▶ | 12 | | |
| 13 | For late payment of tax: See General Instructions above. Interest ▶ _____ + Penalty ▶ _____ = | ▶ | 13 | | |
| 14 | Total amount due: Add Line 12 and Line 13. | ▶ | 14 | | |

Check all boxes that apply and provide the information requested:

- Permanently out of business
Enter last business date: _____
- New mailing address, trade name, or physical location
Enter new mailing address: _____

Enter new trade name: _____
Enter new physical location: _____
(PO Box is not acceptable.) _____

- First return
Enter business start date: _____
- New ownership
New owners must obtain a new Connecticut Tax Registration Number.
Enter information of new owner:
Name: _____
Address: _____

Date sold: _____

Declaration: 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 or document 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.

| | | | |
|---------------------------|-------------------------|-------------------------|------|
| Taxpayer's Signature | Title | Telephone Number () | Date |
| Paid Preparer's Signature | Paid Preparer's Address | | Date |

**Did you know you can
file this form by
Internet?**



Website: www.ct.gov/DRS
(for information and filing)
Call: 860-297-5962 (for information)

Exempt Sales of Items Deductible at 6% Tax Rate

| | | | | |
|----|---|---|----|----|
| 15 | Sales for resale - sales of goods | ▶ | 15 | |
| 16 | Sales for resale - leases and rentals | ▶ | 16 | |
| 17 | Sales for resale - labor and services | ▶ | 17 | |
| 18 | All newspapers and subscription sales of magazines and puzzle magazines | ▶ | 18 | |
| 19 | Trucks with gross vehicle weight rating over 26,000 lbs. or used exclusively for carriage of interstate freight | ▶ | 19 | |
| 21 | Food for human consumption, food sold in vending machines, and any items purchased with food stamps | ▶ | 21 | |
| 23 | Sale of fuel for motor vehicles (See instructions, Form O-88.) | ▶ | 23 | |
| 24 | Sales of electricity, gas, and heating fuel for residential dwellings | | ▶ | 24 |
| 25 | Sales of electricity - \$150 monthly charge per business | | ▶ | 25 |
| 26 | Sales of electricity, gas, and heating fuel for manufacturing or agricultural production | | ▶ | 26 |
| 27 | Aviation fuel | ▶ | 27 | |
| 29 | Tangible personal property to persons issued a Farmer Tax Exemption Permit | ▶ | 29 | |
| 30 | Machinery, its replacement, repair, component and enhancement parts, materials, tools, and fuel for manufacturing | ▶ | 30 | |
| 31 | Machinery, materials, tools, and equipment used in commercial printing process or publishing | ▶ | 31 | |
| 32 | Vessels, machinery, materials, tools, and fuel for commercial fishing | ▶ | 32 | |
| 33 | Out-of-state - sales of goods | ▶ | 33 | |
| 34 | Out-of-state - leases and rentals | ▶ | 34 | |
| 35 | Out-of-state - labor and services | ▶ | 35 | |
| 36 | Motor vehicles or vessels purchased by nonresidents | ▶ | 36 | |
| 37 | Prescription medicines - sales of goods | ▶ | 37 | |
| 38 | Nonprescription medicines and diabetic equipment - sales of goods | ▶ | 38 | |
| 39 | Charitable or religious organizations - sales of goods | ▶ | 39 | |
| 40 | Charitable or religious organizations - leases and rentals | ▶ | 40 | |
| 41 | Charitable or religious organizations - labor and services | ▶ | 41 | |
| 42 | Federal, Connecticut, or municipal agencies - sales of goods | ▶ | 42 | |
| 43 | Federal, Connecticut, or municipal agencies - leases and rentals | ▶ | 43 | |
| 44 | Federal, Connecticut, or municipal agencies - labor and services | ▶ | 44 | |
| 45 | Items certified for air or water pollution abatement - sales, leases, and rentals of goods | ▶ | 45 | |
| 47 | Nontaxable labor and services | ▶ | 47 | |
| 48 | Services between wholly owned business entities (See instructions, Form O-88.) | ▶ | 48 | |
| 50 | Trade-ins of all like-kind tangible personal property (See instructions, Form O-88.) | ▶ | 50 | |
| 52 | Taxed goods returned within 90 days at 6% (.06) rate | ▶ | 52 | |
| 56 | Oxygen, blood plasma, prostheses, etc. - sales, leases, rentals, or repair services of goods | ▶ | 56 | |
| 58 | Printed material for future delivery out of state | ▶ | 58 | |
| 59 | Articles of clothing or footwear under \$50 | ▶ | 59 | |
| 60 | Material and components for noncommercial production of clothing | ▶ | 60 | |
| 63 | Funeral expenses (See instructions, Form O-88.) | ▶ | 63 | |
| 69 | Repair services, repair and replacement parts for aircraft, and certain aircraft (See instructions, Form O-88.) | ▶ | 69 | |
| 71 | Certain machinery under the Manufacturing Recovery Act of 1992 (See instructions, Form O-88.) | ▶ | 71 | |
| 72 | Machinery, equipment, tools, supplies, and fuel used in the biotechnology industry | ▶ | 72 | |
| 73 | Repair and maintenance services and fabrication labor to vessels (See instructions, Form O-88.) | ▶ | 73 | |
| 74 | Computer and data processing services (See instructions, Form O-88.) | ▶ | 74 | |
| 75 | Renovation and repair services to residential real property (See instructions, Form O-88.) | ▶ | 75 | |
| 77 | Sales of qualifying items to direct payment permit holders | ▶ | 77 | |
| 78 | Sales of college textbooks | ▶ | 78 | |
| 79 | Sales tax holiday (See instructions, Form O-88.) | ▶ | 79 | |
| 81 | Residential weatherization products and compact fluorescent light bulbs | ▶ | 81 | |
| A | Other Adjustments - sales of goods (Describe:) | ▶ | A | |
| B | Other Adjustments - leases and rentals (Describe:) | ▶ | B | |
| C | Other Adjustments - labor and services (Describe:) | ▶ | C | |

Total Deductions: Enter here and on Line 8 on the front of this return.

O-88

Instructions for Form OS-114

Sales and Use Tax Return

Filing Instructions

You must complete and file **Form OS-114**, *Sales and Use Tax Return*, even if no sales were made or no tax is due. If you are filing an **amended return**, check the box on the return. Complete the return in blue or black ink only.

Due Date

Form OS-114 is due on or before the last day of the month following the end of the filing period. The return may be filed electronically through the Department of Revenue Services (DRS) **Taxpayer Service Center (TSC)** website at **www.ct.gov/TSC**. Visit the **TSC** website to register and file electronically or to download and print the returns. If you file electronically you must also pay electronically.

If the return is mailed, the return must be postmarked on or before the due date. A return is filed timely if received or if the date shown by the U.S. Postal Service cancellation mark is on or before the last day of the month following the filing period shown on the return. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Taxpayer Information

Verify that the correct Federal Employer Identification Number (FEIN), Connecticut Tax Registration Number, and period ending date appear on the return.

If you have changed your **trade name**, check the box and enter your new trade name in the space provided.

If you have changed your **physical location**, check the box and enter your new location in the space provided.

If you are permanently out of business, check the box and enter your last business day.

Payment Options

Pay Electronically: Visit **www.ct.gov/TSC** to use the **TSC** to make a direct tax payment. After logging onto the **TSC**, select the **Make Payment Only** option and choose a tax type from the drop down box. Using this option authorizes DRS to electronically withdraw from your bank account (checking or savings) a payment on a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.

Pay by Credit Card or Debit Card: You may elect to pay your sales tax liability using your American Express® card, Discover® card, MasterCard® card, VISA® card, or comparable debit card. At the end of the transaction you will be given a confirmation number for your records. There are three ways to pay by credit card:

- Login to your account in the **TSC** and select **Make Payment by Credit Card**;
- Visit: **www.officialpayments.com** and select **State Payments**; **or**
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

Pay by Mail: Make your check payable to: **Commissioner of Revenue Services**. To ensure payment is applied to your account, write your Connecticut Tax Registration Number on the front of the check. Be sure to sign your check and paper clip it to the front of your return. **Do not send cash**. DRS may submit your check to your bank electronically.

Mail paper returns and payment to:

Department of Revenue Services
State of Connecticut
PO Box 5030
Hartford CT 06102-5030

DRS will return any improperly completed returns or unsigned checks.

Deductions

You **must itemize** all deductions claimed on the back of the return.

Rounding

You must round off cents to the nearest whole dollar on your returns and schedules. If you do not round, DRS will disregard the cents. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents.

Alternative Method

Use this alternative method to determine amounts for Lines 1, 2, and 3 if you do not account for sales tax separately from gross receipts.

Step 1: Deduct the total of all exempt sales from gross receipts.

Step 2: For receipts subject to the 6% tax rate, multiply the remaining balance by 94.3%.

Step 3: Add back the amount subtracted for exempt sales.

Step 4: Enter total on appropriate gross receipts line (Lines 1, 2, or 3).

Successor's Liability

The purchaser of a business is liable for the taxes of the predecessor to the extent of the purchase price unless the purchaser obtains **Form AU-712, Tax Clearance Certificate for Sales and Use Taxes**, from DRS. See Conn. Gen. Stat. §12-424(2). New owners must obtain a new Connecticut Tax Registration Number.

Responsible Person Liability

Responsible persons may be held liable for sales and use taxes incurred by their business under Conn. Gen. Stat. §12-414a.

For More Information

If you have any questions, visit the DRS website at **www.ct.gov/DRS** or contact the Taxpayer Services Division at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911.

Line Instructions

Line 1

Enter **total gross receipts** from the sale of tangible personal property.

(a) Include receipts from:

- Sales of cigarettes and motor vehicle fuel;
- Tax-exempt sales;
- Total credit sales;
- Federal and state excise taxes and state petroleum products gross earnings tax;
- Sales of heating fuel, electricity, and gas; **and**
- Shipping and delivery charges.

(b) Exclude from Line 1 receipts from:

- Installment payments from conditional or credit sales previously reported;
- Sales and use taxes;
- Sales of real estate; **and**
- Commissions received, except sales agents services.

Line 2

Enter **total gross receipts** from the leasing and renting of tangible personal property. Include receipts from:

- Royalties or periodic payments received;
- Maintenance charges;
- Cancellation charges;
- Installation charges; **and**
- Shipping and delivery charges.

Line 3

Enter **total gross receipts** derived from the rendering of all services including but not limited to:

- a. Computer and data processing services;
- b. Credit information and reporting services;
- c. Employment agencies and agencies providing personnel services;
- d. Private investigation, protection, patrol work, watchman, and armored car services excluding services of off-duty police officers and off-duty firefighters;
- e. Painting and lettering services;
- f. Photographic studio services;
- g. Telephone answering services;
- h. Stenographic services;
- i. Services to existing industrial, commercial, or income-producing real property;
- j. Business analysis, management, management consulting, and public relations services;
- k. Piped-in music services;
- l. Flight instruction and chartering services by a certified air carrier;
- m. Motor vehicle repair services;
- n. Motor vehicle parking excluding valet parking at any airport;
- o. Radio or television repair services;
- p. Furniture reupholstering and repair services;
- q. Repair services to electrical or electronic devices;
- r. Lobbying or consulting services;
- s. Sales agent services for selling tangible personal property, excluding auctioneer services;
- t. Locksmith services;

- u. Advertising or public relations services not related to the development of media advertising or cooperative direct mail advertising;
- v. Landscaping and horticulture services;
- w. Window cleaning services;
- x. Maintenance services;
- y. Janitorial services;
- z. Exterminating services;
- aa. Swimming pool cleaning and maintenance services;
- bb. Renovation and repair services to other than industrial, commercial, or income-producing real property;
- cc. Miscellaneous personal services (SIC Industry Group 729 or NAICS 532220, 812191, 812199, and 812990) excluding services by licensed massage therapists or licensed electrologists;
- dd. Repair or maintenance services to tangible personal property including any contract of warranty or service related to the item;
- ee. Business analysis, management, or management consulting services rendered by a general partner or an affiliate to a limited partnership;
- ff. Health and athletic club services;
- gg. Telecommunications services;
- hh. Community antenna television services;
- ii. Noncommercial vessel storage or mooring charges (exclusive of the period from November 1 through April 30);
- jj. Prepaid telephone calling service; **and**
- kk. Furnishing of space for storage.

Line 4

Enter **gross purchases of tangible personal property** subject to use tax.

Line 5

Enter **gross lease and rental** payments subject to use tax.

Line 6

Enter **gross payments for services** subject to use tax.

Line 7

Enter **total** of Lines 1 through 6.

Line 8

Enter **deduction total** from the Total Deductions line on the back of the return. If you claim deductions on Line 8, you must enter an amount on the appropriate deduction line(s) on the back of the return.

Line 9

Subtract Line 8 from Line 7 and enter the difference. If zero or less, enter "0."

Line 10

Multiply the amount on Line 9 by the 6% tax rate.

Line 11

For amended returns only: Enter the tax paid on any prior return(s) filed for the period.

Line 12

Subtract Line 11 from Line 10 and enter the difference.

Line 13

Interest: If this is a late or amended return, interest is computed at the rate of 1% per month or fraction of a month from the due date until the date of payment. Interest is based on the amount that should have been remitted on time.

Penalty for failure to pay tax when due: 15% of the tax due or \$50, whichever is greater.

Penalties for late electronic funds transfer (EFT) payments are:

- 2% of the tax due for EFT payments not more than 5 days late;
- 5% for EFT payments more than 5 days but not more than 15 days late; **and**
- 10% for EFT payments more than 15 days late.

Line 14

Add Line 12 and Line 13 and enter the total.

Deductions

DRS may require certificates from purchasers to support exempt sales including services, leases, and rentals. This section may **only** be used to report exempt sales by your business. Personal or business expenses must **not** be included.

Lines 15 through 17

Sales for resale: Enter total sales made during the period for which resale certificates have been accepted.

Line 18

Sales of all newspapers and subscription sales of magazines and puzzle magazines.

Line 19

Sales of commercial trucks (including tractors and semitrailers) with gross vehicle weight rating over 26,000 pounds or operated actively and exclusively for carriage of interstate freight under a certificate or permit issued by the Interstate Commerce Commission or its successor agency.

Line 21

Sales of food products for human consumption, vegetable seeds, and food sold through vending machines **and sales of certain nonfood products** purchased with food stamps. Food does not include alcoholic beverages, soda, candy, gum, tobacco products, or food prepared for immediate consumption at or near the seller's location.

Line 23

Sales of fuel for motor vehicles: Enter the sales of gasoline and diesel fuels on which the Connecticut motor vehicle fuels tax has been paid. Do not include fuel purchased for use by the business filing this return.

Line 24

Sales of electricity, gas, and heating fuel for use in any residential dwelling.

Line 25

Sales of electricity to businesses of \$150 or less per month.

Line 26

Sales of electricity, gas, and heating fuel to agricultural producers and manufacturers when 75% or more of the heating fuel gas or electricity is consumed in a building or location used for agricultural production or manufacturing.

Line 27

Sales of aviation fuel used exclusively for aviation purposes.

Line 29

Sales of tangible personal property for exclusive use in agricultural production if a copy of the *Farmer Tax Exemption Permit*, was provided.

Line 30

Sales of machinery and its replacement, repair, component and enhancement parts, materials, tools, and fuel for manufacturing production. Sales of machinery and repair, replacement, component, and enhancement parts, and parts to build machinery used directly in the manufacturing process. Sales of materials, tools, and fuel used directly in an industrial plant in the manufacturing process or in furnishing gas, water, steam, or electricity when delivered to consumers through mains, lines or pipes. See Line 71 also.

Line 31

Sales of machinery, materials, tools, equipment, and supplies used predominantly in the **production of printed material** by a commercial printer or in a related printing production process including publishing.

Line 32

Sales for commercial fishing: Sales of vessels, machinery, or equipment for exclusive use on commercial fishing vessels. Sales of materials, tools, and fuel used directly in commercial fishing.

Line 33 and Line 34

Sales in interstate and foreign commerce where delivery was provided by seller to a point outside of Connecticut, irrespective of transportation facilities involved.

Line 35

Out-of-state sales of services when the benefit of the services is exclusively realized outside this state.

Line 36

Sales of motor vehicles or vessels purchased by nonresidents: Sales of motor vehicles or vessels are exempt from tax when the purchaser is not a resident of this state and does not maintain a permanent place of abode in this state, provided the motor vehicle or vessel is not presented for registration with the Department of Motor Vehicles in this state.

Line 37

Sales of medicines, syringes, and needles by prescription.

Line 38

Sales of nonprescription medicines: The exemption includes items used in or on the body: vitamin or mineral concentrates; dietary supplements; natural or herbal medicines; cough, cold, or allergy medicines; antidiarrheal medicines; analgesics; antiviral, antibiotic, and antifungal medicines; antiseptics; astringents; antihistamines; anesthetics; steroidal medicines; anthelmintics; laxatives; emetics and antiemetics; antacids; and eye, ear, or nose medications. Test strips, tablets, lancets, and glucose monitoring equipment for diabetes, and any replacement, repair, and enhancement parts for the equipment are also exempt. Excluded from the exemption are cosmetics, dentifrices, shaving and hair care products, mouthwash, soaps, and deodorants.

Lines 39 through 41

Sales to exempt charitable or religious organizations under I.R.C. §501(c)(3) or cemetery organizations exempt under I.R.C. §501(c)(13) if the organization furnishes a valid exemption certificate.

Lines 42 through 44

Sales to governmental agencies: Enter sales to the United States, State of Connecticut, or any political subdivision or agency of these governments including public schools, police, fire departments, etc.

Line 45

Sales of certified items for air or water pollution abatement: Enter the sales of tangible personal property or supplies to be incorporated into or used and consumed in facilities whose primary purpose is the reduction, control or elimination of air or water pollution, certified as approved for this purpose by the Commissioner of the Department of Environmental Protection.

Line 47

Nontaxable labor and service charges included in Line 3 but not deductible on another line of this return.

Example: Labor on new construction.

Line 48

Sales of services between wholly-owned business entities: The exemption applies to services between entities, including entities other than corporations, where either entity owns a 100% controlling interest in the other. Business entities include corporations, trusts, estates, partnerships, limited partnerships, limited liability partnerships, limited liability companies, sole proprietorships, nonstock corporations, and federally recognized Indian tribes. The exemption also applies to telecommunications services and community antenna television services. A business entity cannot purchase services on resale when the services are purchased for resale to another affiliate.

Line 50

Trade-ins: Enter total trade-in allowance on any like-kind item of tangible personal property. All trade-ins, other than motor vehicles, farm tractors, snowmobiles, vessels, aircraft, and certain construction equipment, must be intended for resale.

Line 52

Returned goods taxed at 6%: Enter goods returned for credit within 90 days of date of sale.

Line 56

Sales of oxygen, blood, artificial devices, crutches, and wheelchairs: Enter sales of oxygen, blood or blood plasma, prostheses, or the sales or repair services of crutches, walkers, wheelchairs, inclined stairway chairlifts, etc., vital life support equipment, and replacement, repair, and enhancement parts for this equipment.

Line 58

Sales of printed material delivered to Connecticut where purchaser has certified it will be delivered for use out of state within 30 days.

Line 59

Sales of clothing or footwear under \$50 each: This exemption does not apply to purchases of: special clothing or footwear primarily designed for athletic activity or protective use; jewelry, handbags, luggage, wallets, umbrellas, watches, and similar items carried on or about the human body.

Line 60

Sales of cloth and components and yarn used in the noncommercial production of clothing.

Line 63

Funeral expenses: Enter sales of caskets used for burials and cremation and the first \$2,500 of tangible personal property for each funeral.

Line 69

Sales of aircraft and repair or replacement parts and repair services exclusively for use in the aircraft or in significant overhauling or rebuilding of aircraft on a factory basis.

Line 71

Materials, tools, fuels, and machinery and equipment to be used primarily in manufacturing, as described in the Manufacturing Recovery Act of 1992. Multiply applicable gross receipts by 50% and enter.

Line 72

Sales of machinery, equipment, tools, supplies, and fuel used directly in the **biotechnology industry**.

Line 73

Sales of fabrication labor and repair and maintenance services for vessels: **Vessel** means every description of watercraft, other than seaplane.

Line 74

Computer and data processing services taxable at 1%: Multiply the applicable gross receipts by 83.33% and enter. Internet access services are not taxable.

Line 75

Renovation and repair services to residential property: Paving, painting or staining, wallpapering, roofing, siding, and exterior sheet metal work services to other than industrial, commercial, or income-producing real property.

Line 77

Sales to direct payment permit holders: Direct payment permits allow taxpayers to pay use tax on certain purchases directly to DRS rather than paying sales or use taxes to vendors.

Line 78

Sales of college textbooks to full-time or part-time students enrolled at institutions of higher education and private occupational schools with the presentation of valid student identification cards. The exemption applies only to new and used books and related workbooks required or recommended for courses.

Line 79**Sales tax holiday**

Clothing and footwear under \$300: Enter total receipts from the sale of clothing or footwear under \$300 nontaxable for one week per year. The exclusion applies from the third Sunday in August through the following Saturday.

Line 81

Residential weatherization products and compact fluorescent light bulbs: Enter sales of residential weatherization products and sales of compact fluorescent light bulbs.

Lines A, B, and C

Other adjustments: Explain fully. On the applicable line, enter and describe any other deductions for exempt sales not enumerated. For example, include on these lines: Sales to senior centers or sales made by eleemosynary nonprofit organizations of not more than \$20. For a complete list of sales and use tax exemptions, see Conn. Gen. Stat. §12-412.

Form OP-186

Connecticut Individual Use Tax Return

Enter Calendar Year Beginning ► January 1, 20____, and Ending December 31, 20____

Use this form to report and pay Connecticut use tax. This form may be used to report a single transaction or multiple transactions occurring in the same calendar year. You may file more than one use tax return for a given calendar year, but you cannot combine transactions from different years. Use tax may also be reported on your Connecticut income tax return (**Forms CT-1040 or CT-1040NR/PY**). Complete the return in blue or black ink only.

Enter the calendar year the purchases being reported were made at the top of this return. Enter your name and Social Security Number (SSN) in the spaces provided below. You may file a separate return or a joint return. If you are filing a joint return, enter your spouse's name and SSN. Your filing status for income tax purposes does not affect your filing status for use tax purposes.

| | | |
|--|-------------------|--|
| Your first name and middle initial ▶ | Last name ▶ | Your Social Security Number _ _ _ : _ _ : _ _ _ _ |
| If a joint return, spouse's first name and middle initial ▶ | Last name ▶ | Spouse's Social Security Number _ _ _ : _ _ : _ _ _ _ |
| Home address ▶ | Number and street | PO Box |
| City, town, or post office ▶ | State | ZIP code |
| DRS use only | | |

Worksheet Instructions

- Column 1:** Enter the month and day of the purchase.
- Column 2:** Enter a brief description of the taxable item or service purchased (jewelry, computer, etc.).
- Column 3:** Enter the name of the retailer the item or service was purchased from.
- Column 4:** Enter the purchase price.
- Column 5:** Multiply the purchase price in Column 4 by 6% or the applicable rate and enter the result. Computer and data processing services are taxed at 1%.

- Column 6:** If you paid sales tax to another state, the District of Columbia, or a U.S. territory, enter the amount paid.
 - Column 7:** Subtract the amount entered in Column 6 from the amount entered in Column 5 and enter the difference in Column 7. Do not enter negative amounts. If zero or less, enter "0." Add Column 7 amounts and enter total on Line 1 below. If no tax is due, do not file this return.
- If you require additional lines, you should create an identical schedule, include the Column 7 amounts in the total, and attach it to the back of the form.

| Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | Column 7 |
|------------------|----------------------------------|------------------------------|----------------|---------------------------|------------|-----------------------------------|
| Date of Purchase | Description of Goods or Services | Retailer or Service Provider | Purchase Price | CT Tax Due (Col. 4 X .06) | Taxes Paid | Balance Due (Col. 5 minus Col. 6) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Add Column 7 amounts and enter total here and on Line 1 below.

| | | | |
|---|---|--|----|
| 1. Total tax due: From Worksheet, Column 7. ▶ | 1 | | 00 |
| 2. Penalty: For failure to pay tax when due - 10% (.10) of the tax due. ... ▶ | 2 | | 00 |
| 3. Interest: For late payment - 1% (.01) of tax due per month or fraction of a month from due date. ▶ | 3 | | 00 |
| 4. Total amount due: Add Lines 1, 2, and 3. ▶ | 4 | | 00 |

Do not mail this return with your income tax return. Make check payable to: **Commissioner of Revenue Services**. To ensure your payment is applied to your account, write the **calendar year** of the return, "**Form OP-186**", and your SSN, optional, on the front of your check. Do not send cash. The Department of Revenue Services (DRS) may submit your check to your bank electronically. Mail this return with check to: Department of Revenue Services, State of Connecticut, PO Box 2973, Hartford CT 06104-2973.

Due Date: This return may be filed at the time of purchase, but not later than April 15 for purchases made during the preceding calendar year.

Declaration: 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 or document 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.

| | | | | |
|-------------------------------|---------------------------|------|--|---|
| Sign Here | Your signature | Date | Spouse's signature | Date |
| | Paid preparer's signature | Date | Preparer's Tax Identification Number (PTIN) or SSN | |
| Keep a copy for your records. | Firm name and address | | | Federal Employer Identification Number (FEIN) |

Q & A on the Connecticut Individual Use Tax

Here are answers to some commonly-asked questions about the Connecticut use tax. You must pay the Connecticut use tax on taxable goods and services when a Connecticut merchant fails to collect Connecticut sales tax from you or when you purchase taxable goods or services for use in Connecticut from an out-of-state merchant.

1. What is the use tax?

Use tax is the tax you pay when Connecticut sales tax is not paid to a retailer. The use tax is complementary to the sales tax. Together, the sales and use taxes act to tax Connecticut purchasers equally whether they purchase goods and services inside or outside of Connecticut.

2. On what kinds of goods or services must I pay use tax?

You must pay use tax on taxable tangible personal property whether purchased or leased. Examples of taxable tangible personal property include items of clothing costing \$50 or more, automobiles, appliances, furniture, jewelry, cameras, VCRs, computers, and computer software. Some taxable services include repair services to your television, motor vehicle, or computer; landscaping services for your home; and reupholstering services for your household furniture.

3. Are there exemptions from the use tax?

Yes. Some examples are items of clothing that cost less than \$50 or repair and maintenance services to vessels.

Most tax exemptions are listed in the current version of the *Getting Started in Business* publication. For a comprehensive list, see Conn. Gen. Stat. §12-412.

4. What is the use tax rate?

In general, the use tax rate for purchases of taxable goods or services is 6%. However, computer and data processing services are taxed at 1%.

5. What if a Connecticut retailer doesn't collect tax from me on a sale of taxable goods or services?

You must report the use tax liability on a **Form OP-186, Connecticut Individual Use Tax Return**, or you can use the electronic **Taxpayer Service Center (TSC)** to file your **Form CT-1040, Connecticut Resident Income Tax Return**, or **Form CT-1040NR/PY, Connecticut Nonresident or Part-Year Resident Income Tax Return**, for purchases made during the preceding calendar year.

6. When must individuals pay the use tax?

You must file your Connecticut income tax return by April 15 for the preceding calendar year. If you are not required to file a Connecticut income tax return, you must pay the use tax using Form OP-186. You may file Form OP-186 for the entire year or you may file several returns throughout the year but, in either case, Form OP-186 is due by April 15 for the preceding calendar year. If the purchases are made in connection with a trade or business carried on by an individual, see Question 12.

7. What if I buy taxable goods or services from an out-of-state mail-order company, television shopping channel, or computerized shopping service and no Connecticut tax is charged by the vendor?

If you buy goods or services for use in Connecticut, you must report the use tax liability on your Connecticut income tax return or Form OP-186 for purchases you made during the preceding calendar year.

8. What if I buy taxable goods or services in another state and the vendor charges sales tax for the other state?

If the goods or services were purchased for use in Connecticut and you have taken title to the goods outside Connecticut and the tax correctly paid to the other state is less than the Connecticut tax, you must report and pay the use tax. Your use tax is the difference between the Connecticut tax and the tax paid to the other state. If the tax paid to the other state is equal to or more than the Connecticut tax, you owe no use tax to Connecticut. There is no refund for tax paid to another state when that state's tax rate exceeds 6%.

Example: You purchased a \$1,000 refrigerator in another state and paid a \$50 tax to that state. If you bought the refrigerator for use in Connecticut, you owe Connecticut use tax. The Connecticut tax of \$60 is reduced to \$10 after allowing \$50 credit for the tax paid to the other state. If no tax was paid to the other state, Connecticut use tax is \$60.

9. Is an out-of-state merchant misleading me if he tells me I do not need to pay Connecticut use tax?

Yes. While you may not have to pay sales tax in the state where you bought the goods or services, you **must** pay Connecticut use tax on taxable goods or services purchased for use in Connecticut.

10. Do I owe Connecticut use tax on all my out-of-state purchases of taxable goods and services?

No. If all the items you purchased and **brought into** Connecticut at one time total \$25 or less, you do not have to pay Connecticut use tax. The \$25 exemption does not apply to items **shipped or mailed** to you.

11. Can an out-of-state business collect Connecticut use tax on taxable goods that are mailed or delivered into Connecticut?

Yes. If the business is registered to collect Connecticut use tax, it must collect the tax from you. If the business is not registered, then you must report and pay the tax yourself.

12. Does a person engaged in a trade or business have to pay use tax on purchases made for the trade or business?

Yes. If the person makes taxable purchases of goods (such as office furniture, computers, and supplies) or services out-of-state for use in a trade or business, that person should be registered with the Department of Revenue Services (DRS) for business use tax purposes and report purchases on **Form OS-114, Sales and Use Tax Return**. See **Informational Publication 2003(31), Q & A on the Connecticut Use Tax for Businesses and Professions**.

13. What are the penalties and interest for not paying the use tax?

The penalty is 10% of the tax due. Interest is charged at the rate of 1% per month from the due date of the tax return. There are also criminal sanctions for willful failure to file a tax return.

14. What are the use tax filing requirements for motor vehicles, snowmobiles, vessels, and aircraft?

Generally, if the item is not purchased from a retailer, the Connecticut Department of Motor Vehicles collects the use tax when you register a motor vehicle, snowmobile, or vessel. You must report the use tax liability on aircraft on your Connecticut income tax return or on Form OP-186. If you do not intend to register your motor vehicle, snowmobile, or vessel immediately after you purchase it, you must report the use tax liability for purchases made during the prior calendar year on your Connecticut income tax return or Form OP-186. If the purchase is made in connection with a trade or business carried on by an individual, see Question 12.

15. On what amount should the use tax be calculated?

Calculate the use tax by multiplying the total cost of the taxable goods or services purchased, including separately stated charges such as shipping and handling, by the tax rate (generally 6%).

For More Information: Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone Users only may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications: Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Materials, Tools, and Fuel

General Purpose: The purchaser of materials, tools, and fuel uses this certificate to establish that the item(s) being purchased will be used directly in:

- An industrial manufacturing plant in the actual fabrication of a product to be sold;
- Furnishing power to an industrial manufacturing plant; **or**
- Furnishing gas, water, steam, or electricity when delivered to consumers through mains, lines, pipes, or bottles.

Whether or not the materials, tools, and fuel will be used in Connecticut, charges for those materials, tools, and fuel when used as indicated above are not subject to sales and use taxes.

If the materials, tools, or fuel are not used in the manner described above, a purchaser who claimed an exemption owes use tax on the total price of any items purchased under this exemption.

Statutory Authority: Conn. Gen. Stat. §12-412(18); Conn. Agencies Regs. §12-412(18)-1.

Instructions for the Purchaser: An owner or officer of a business purchasing materials, tools, or fuel for use in the manner described above can sign and issue this certificate to advise the seller of these items that the purchase is exempt. Issue this certificate only for materials, tools, or fuel, as defined in Conn. Agencies Regs. §12-412(18)-1. Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and storage, use, or other consumption, of the materials, tools, or fuel is not subject to sales and use taxes. The certificate is valid only if taken in good faith from a person who is purchasing materials, tools, or fuel for use in the actual fabrication of finished products to be sold, in furnishing power to an industrial manufacturing plant, or in furnishing gas, water, steam, or electricity to consumers through mains, lines, pipes, or bottles. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not engaged in fabrication or that the materials, tools, or fuel will not be used directly in actual fabrication of finished products to be sold. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words “Exempt under CERT-100” satisfy the requirement.

This certificate can be used for individual exempt purchases, in which event the purchaser must check the box marked “Certificate for One Purchase Only.” The certificate can also be used for a continuing line of exempt purchases, in which event the purchaser must check the box marked “Blanket Certificate.” A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|---|---------|---|-----------------------|
| Name of Purchaser | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Name of Seller | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Check One Box <input type="checkbox"/> Blanket Certificate <input type="checkbox"/> Certificate for One Purchase Only | | | |
| Check Appropriate Box and Provide Written Description of Each Item Purchased <input type="checkbox"/> Materials <input type="checkbox"/> Tools <input type="checkbox"/> Fuel | | | |
| Description | | | |

Declaration by Purchaser

The item(s) described on the front are materials, tools, or fuel as defined in Conn. Agencies Regs. §12-412(18)-1 to be used directly in:

- An industrial manufacturing plant in the actual fabrication of a product to be sold;
- Furnishing power to an industrial manufacturing plant; **or**
- Furnishing gas, water, steam, or electricity when delivered to consumers through mains, lines, pipes, or bottles.

In accordance with Conn. Agencies Regs. §12-412(18)-1, the purchase of these item(s) is exempt from sales and use taxes.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchasing Company

By: _____ Title _____ Date _____
 Authorized Signature of Owner or Officer

Machinery, Component Parts, and Replacement and Repair Parts of Machinery Used Directly in a Manufacturing Process

General Purpose: This certificate is used by the purchaser of:

- Machinery to be used directly in the manufacturing production process;
- Component parts and contrivances used or required to control, regulate, or operate the machinery, or to enhance or alter its productivity or functionality;
- All replacement and repair parts for this machinery or its component parts and contrivances; **or**
- Any parts of a machine purchased exclusively to assemble into a machine to be used directly in a manufacturing production process. These parts will be assembled into a machine by the purchaser or someone acting on behalf of the purchaser.

Whether or not the machinery, component parts and contrivances, or replacement and repair parts of a machine will be used in Connecticut, charges for the machinery, component parts and contrivances, or replacement and repair parts when used as indicated above are not subject to sales and use taxes.

If the machinery, component parts and contrivances, or replacement and repair parts of a machine are not used in the manner described above, a purchaser who claimed an exemption owes use tax on the total price of any items purchased under this exemption.

Statutory Authority: Conn. Gen. Stat. §12-412(34) and (73); Conn. Agencies Regs. §12-412(34)-1

Instructions for the Purchaser: An owner or officer of a business purchasing manufacturing machinery, component parts and contrivances, or replacement and repair parts of a machine to be used in the manner described above can sign and issue this certificate to advise the seller of these items that the purchase is exempt. Issue this certificate only for machinery used directly in a manufacturing production process, as defined in Conn. Gen. Stat. §12-412(34) and Conn. Agencies Regs. §12-412(34)-1, or for any parts of a machine purchased exclusively for the purpose of assembling a machine for use directly in a manufacturing production process as described in Conn. Gen. Stat. §12-412(73). Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. In addition, the purchaser must prepare and

maintain a record for the use of a component part purchased under Conn. Gen. Stat. §12-412(73) for at least three years following the date of purchase. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale and storage, use, or other consumption, of the machinery, component parts and contrivances, or replacement and repair parts of a machine is not subject to sales and use taxes. The certificate is valid only if taken in good faith: (1) in the case of machinery, component parts and contrivances, or replacement or repair parts as described above, purchased under Conn. Gen. Stat. §12-412(34), from a person purchasing the items for use in manufacturing; and (2) in the case of component parts of a machine purchased under Conn. Gen. Stat. §12-412(73), from a person purchasing the parts for use in manufacturing machinery or who will assemble the parts into a machine on behalf of a person engaged in manufacturing. The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not engaged in manufacturing or that the machinery will not be used directly in a manufacturing production process. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words “Exempt under CERT-101” satisfy the requirement.

This certificate can be used for individual exempt purchases, in which event the purchaser must check the box marked “Certificate for One Purchase Only.” The certificate can also be used for a continuing line of exempt purchases, in which event the purchaser must check the box marked “Blanket Certificate.” A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|--|---------|---|-----------------------|
| Name of Purchaser | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Name of Seller | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Check One Box: <input type="checkbox"/> Blanket Certificate <input type="checkbox"/> Certificate for One Purchase Only | | | |
| Description of Machinery, Component Parts and Contrivances, or Replacement and Repair Parts: | | | |

Declaration by Purchaser

The item(s) described on this certificate are:

- Machinery to be used directly in the manufacturing production process, as defined in Conn. Gen. Stat. §12-412(34) and Conn. Agencies Regs. §12-412(34)-1;
- Component parts and contrivances that are used or required to control, regulate, or operate the machinery, or to enhance or alter its productivity or functionality;
- All replacement and repair parts for this machinery or its component parts and contrivances; **or**
- Component parts of a machine purchased exclusively for the purpose of assembling a machine for use directly in a manufacturing production process as described in Conn. Gen. Stat. §12-412(73) .

In accordance with Conn. Gen. Stat. §12-412(34) or (73), the purchase of the described items is exempt from sales and use taxes.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchaser

By: _____ Title _____ Date _____
Authorized Signature of Owner, Agent, or Officer

Certified Rehabilitation Certificate for Certified Historic Structures

General Purpose: An owner or general contractor uses this certificate to establish that services to real property being rendered by a general contractor or subcontractor are directly connected with a certified and substantial rehabilitation of a certified historic structure. Charges for that portion of the services to a qualifying project are not subject to sales and use taxes.

Services to real property include such services as: management, electrical, plumbing, paving, painting, staining, carpentry, roofing, siding, plastering, heating, air conditioning, ventilation, exterior sheet metal work, flooring, sandblasting, carpeting, masonry, wallpapering, and refuse removal services when rendered to industrial, commercial, or income-producing real property.

However, services to real property **do not** include: locksmith, landscaping and horticultural, window cleaning, maintenance, janitorial, exterminating, or swimming pool cleaning and maintenance services. Charges for these services are fully subject to sales and use taxes. See Conn. Agencies Regs. §12-407(2)(i)(I)-1(g)(2).

Contractors are consumers of tangible personal property physically incorporated into buildings being constructed or renovated by them. Sales of such property to contractors are retail sales subject to sales and use taxes.

If a subcontractor does not accept a resale certificate issued by the general contractor for the services to real property rendered to the general contractor by the subcontractor, the general contractor may issue this certificate to the subcontractor. If the subcontractor accepts a resale certificate, the general contractor does not issue this certificate.

Statutory Authority: Conn. Agencies Regs. §12-407(2)(i)(I)-1.

Instructions for the Service Recipient (Owner or General Contractor): An owner can sign and issue this certificate to advise its general contractor that sales and use taxes do not apply to all or a portion of the charges made by the general contractor for services rendered to the owner's certified historic structure. The general contractor, in turn, should sign and issue this certificate to its subcontractors to advise each subcontractor that sales and use taxes do not apply to all or a portion of the charges made by the subcontractor for services rendered to the general contractor. Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. The owner must attach a copy of the listing of the building in the National Register or the certification by the Secretary of the Interior to the Secretary of the Treasury that the building is located in a registered historic district and is of historic significance to the district. The owner must also attach a copy of the application for certification by the Secretary of the Interior to the Secretary of the Treasury that the rehabilitation is consistent with the historic character of the building or the district in which the building is located.

Instructions for the Service Provider: Acceptance of this certificate, when properly completed, relieves the service provider from the burden of proving the services were rendered in the certified rehabilitation of a certified historic structure. The certificate is valid only if taken in good faith from the owner or general contractor. The good faith of the service provider will be questioned if the provider knows of facts that suggest the certificate is inaccurate. Keep this certificate and bills or invoices to the owner or general contractor for at least six years from the date the services were rendered. The bills, invoices, or records covering all charges made under this certificate must be marked to indicate the services were partially or totally exempted from sales and use taxes. The words "Exempt under CERT-102" satisfy the requirement.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

Residential Condominium Association

Statutory and Regulatory Authority: Conn. Gen. Stat. §12-407(a)(37)(I) and Conn. Agencies Regs. §12-407(2)(i)(I)-1 and §12-407(2)(i)(BB)-1; Conn. Gen. Stat. §12-407(2)(i)(BB).

General Purpose: A residential condominium association uses this certificate to establish, for a particular calendar year, the percentage of the condominium units that are not owner-occupied. That percentage will be used by the service provider as the percentage of charges for services to real property that are subject to sales and use taxes.

Services to real property include such services as management, electrical, plumbing, carpentry, plastering, heating, air conditioning, ventilation, flooring, sandblasting, carpeting, masonry, refuse and sanitary waste removal services, paving, painting or staining, wallpapering, roofing, siding, and exterior sheet metal work. Use this certificate to establish the percentage of these services that are taxable.

Services to real property do not include locksmith, landscaping and horticulture, window cleaning, maintenance, janitorial, exterminating or swimming pool cleaning, and maintenance services. Charges for these services are fully subject to sales and use taxes. See Conn. Agencies Regs. §12-407(2)(i)(I)-1(g)(2).

Contractors are consumers of tangible personal property physically incorporated into buildings being constructed or renovated by them. Sales of such property to contractors are retail sales subject to sales and use taxes. Where a subcontractor will not accept a resale certificate issued by a general contractor in connection with services to industrial, commercial, or income-producing real property being rendered to the general contractor by the subcontractor, this certificate may be issued by the general contractor to the subcontractor. Where a subcontractor will accept a resale certificate issued by the general contractor in connection with services to industrial, commercial, or income-producing real property being rendered to the general contractor by the subcontractor, this certificate need not be issued by the general contractor to the subcontractor. In all instances, the condominium association must issue CERT-103 to any contractor that renders services to the common elements.

Instructions for Service Recipient (Condominium Association or General Contractor): A principal officer of the association must sign this certificate. The information must be accurate as of the first day of the calendar year covered by this certificate. Keep a copy of the certificate and records that substantiate the information entered on the certificate for at least six years from the end of the calendar year covered by this certificate. You may issue this certificate only where the services are rendered to the common elements and where the services are “services to industrial, commercial or income-producing real property,” as defined in Conn. Agencies Regs. §12-407(2)(i)(I)-1(g). You may not issue this certificate in connection with rendering any other services to the condominium association or where the services are not rendered to the common elements.

Instructions for Service Provider (General Contractor or Subcontractor): Acceptance of this certificate, when properly completed by a service recipient, relieves the service provider from the burden of proving that services were not rendered to income-producing real property only if taken in good faith from the condominium association or the general contractor. The good faith of the service provider will be questioned if the provider has knowledge of facts that give rise to a reasonable inference the information in this certificate is inaccurate. Keep this certificate and bills or invoices to the condominium association for at least six years from the date the services were rendered. The bills or invoices must be appropriately marked to indicate the charges for services were partially or totally exempted from sales and use taxes. The words “Exempt under CERT-103” satisfy this requirement.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|---|---------|---|-----------------------|
| Name of Residential Condominium Assn. | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Name of Service Provider | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| General Description of services being rendered to residential condominium association by service provider | | | |
| Period covered by this certificate: (Calendar Year _____) | | | |

Declaration by Condominium Association

As of the first day of the calendar year covered by this certificate, there were _____ units in this residential condominium association of which _____ units were not occupied by their owners as dwellings. This information concerning occupancy was obtained from unit owners.

In accordance with Conn. Agencies Regs. §12-407(2)(i)(I)-1(f)(4), because _____ % of the units were not owner-occupied, the same percentage of any charges made to this condominium association by any service provider rendering services to industrial, commercial, or income-producing real property, as defined in Conn. Agencies Regs. §12-407(2)(i)(I)-1(g), is subject to sales and use taxes at the rate of 6% during the calendar year covered by this certificate.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Condominium Association

By: _____
Signature of Principal Officer Title Date

Services Certificate for New Construction

General Purpose: Charges for that portion of the services to real property directly connected with construction of a new building or a new addition that expands the cubic footage of an existing building, or with making site improvements that put the property affected to a new use are not subject to sales and use taxes. An owner or general contractor uses this certificate to establish that services to real property being rendered by a general contractor or subcontractor are directly connected with:

- Construction of a new building or a new addition that expands the cubic footage of an existing building; **or**
- Making site improvements that put the property affected to a new use.

Site improvements are improvements made to real property. Certain site improvements put the property to a new use, such as the construction of roadways, walkways (concrete or asphalt), driveways (concrete or asphalt), parking lots, patios (concrete or asphalt), in ground swimming pools, tennis courts, or decks. These services are considered new construction work whether or not these improvements are connected with the construction of a new building.

Other site improvements merely enhance an existing use of the property, such as installation of wells, septic systems, utility lines, storm water drainage systems, or outdoor lighting systems. These services are **not** considered new construction unless the construction of the improvements is directly connected with the construction of a new building or a new addition that expands the cubic footage of an existing building.

Services to real property include: management, electrical, plumbing, paving, painting, staining, carpentry, roofing, siding, plastering, heating, air conditioning, ventilation, exterior sheet metal work, flooring, sandblasting, carpeting, masonry, wallpapering, and refuse removal services. However, services to real property **do not** include: locksmith, landscaping and horticultural, window cleaning, maintenance, janitorial, exterminating, or swimming pool cleaning and maintenance services. Charges for these services are fully subject to sales and use taxes. See Conn. Agencies Regs. §12-407(2)(i)(I)-1(g)(2).

Contractors are consumers of tangible personal property physically incorporated into buildings being constructed or renovated by them. Sales of such property to contractors are retail sales subject to sales and use taxes.

Statutory Authority: Conn. Agencies Regs. §12-407(2)(i)(I)-1.

Instructions for the Service Recipient (Owner or General Contractor): An owner can sign and issue this certificate to advise its general contractor that sales and use taxes do not apply to all or a portion of the charges made by the general contractor for services rendered to the owner's industrial, commercial, or income-producing property. The general contractor, in turn, should sign and issue this certificate to its subcontractors to advise each subcontractor that sales and use taxes do not apply to all or a portion of the charges made by the subcontractor for services rendered to the general contractor. The owner or general contractor must attach a copy of the building permit issued by the municipality where the property is located to support the percentage of the project that is new construction. This certificate is issued only where the services rendered are "services to industrial, commercial, or income-producing real property," as defined in Conn. Agencies Regs. §12-407(2)(i)(I)-1(g)(2). Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued.

Instructions for the Service Provider: Acceptance of this certificate, when properly completed, relieves the service provider from the burden of proving that the services were rendered in the construction of new real property. The certificate is valid only if taken in good faith from the owner or general contractor. The good faith of the service provider will be questioned if the provider knows of facts that suggest the certificate is inaccurate. Keep this certificate and bills or invoices to the owner or general contractor for at least six years from the date the services were rendered. The bills, invoices, or records covering all charges made under this certificate must be marked to indicate that the services were partially or totally exempted from sales and use taxes. The words "Exempt under CERT-104" satisfy the requirement.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|--|---------|---|-----------------------|
| Name of Service Recipient | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Name of Service Provider | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Location of Affected Property | | | |
| General Description of Services Rendered | | | |

Declaration by Service Recipient

_____ % of the services being rendered to the real property identified above are directly connected with the construction of a new building or a new addition that expands the cubic footage of an existing building or with the making of site improvements that put the property affected to a new use. As defined in Conn. Agencies Regs. §12-407(2)(i)(I)-1(c)(1), these services are services rendered in the construction of new real property and this percentage of the charges is not subject to sales and use taxes.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

_____ Check one: Owner
 Name of Service Recipient General Contractor

By: _____
 Authorized Signature of Service Recipient Title Date

Commercial Motor Vehicle Purchased Within Connecticut for Use Exclusively in the Carriage of Freight in Interstate Commerce

General Purpose: This certificate must be used by the purchaser of a commercial truck, truck tractor, tractor or semitrailer, or vehicle used in combination with these, which will be operated actively and exclusively during the one-year period following the purchase date of the vehicle for the carriage of freight under a certificate or permit issued by the Interstate Commerce Commission (ICC) or its successor agency to the purchaser to claim exemption.

If the motor vehicle is not used in the manner described above, the purchaser owes use tax on the total purchase price. A motor vehicle is used exclusively in interstate commerce only if each and every payload qualifies as an interstate commerce venture. Any other vehicle use, such as transporting payloads originating and terminating within Connecticut, make the purchaser liable for the use tax.

Statutory Authority: Conn. Gen. Stat. §12-412(70).

Instructions for the Purchaser: An owner or officer of a business purchasing a commercial truck, truck tractor, tractor or semitrailer, or vehicle used in combination with these for use in the manner described above can sign and issue this certificate to advise the seller of these items that the purchase is exempt. Attach a copy of the certificate or permit issued by the ICC to this certificate. Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed and accompanied by a copy of the certificate or permit issued by the ICC to the purchaser, relieves the seller from the burden of proving that the sale and storage, use, or other consumption, of a motor vehicle as described above is not subject to sales and use taxes. The certificate is valid only if taken in good faith from a person who is purchasing a commercial truck, truck tractor, tractor or semitrailer, or vehicle used in combination with these for use as described above. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the commercial motor vehicle or motor bus will not be operated actively and exclusively during the one-year period following the purchase date for the carriage of interstate freight under a certificate or permit issued by the ICC to the purchaser. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words "Exempt under CERT-105" satisfy the requirement.

This certificate can be used for a single exempt purchase only and cannot be used as a "blanket certificate" for a continuing line of purchases.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|-------------------|---------|--|-----------------------|
| Name of Purchaser | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID # |
| | | | ICC Permit Number |
| Name of Seller | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID # |

Vehicle Identification Data

Make of Vehicle _____ Model _____ Year _____
 Color _____ Vehicle Identification Number _____
 Manufacturer's Gross Vehicle Weight Rating _____

Computation of Price

Trade-in Data

Gross Sales Price _____ Make _____ Model _____
 Trade-in Allowance _____ Year _____
 Net Sales Price _____ State of Registration and Plate Number _____
 Vehicle Identification Number _____

Declaration by Purchaser

The motor vehicle described above is a commercial truck, truck tractor, tractor or semitrailer, or vehicle used in combination with these, which will be operated actively and exclusively during the one-year period following the purchase date of such vehicle for the interstate carriage of freight under a certificate or permit issued by the Interstate Commerce Commission (ICC) or its successor agency to the purchaser.

If the vehicle is not used in this manner during the period, the purchaser will be liable for Connecticut use tax on the total purchase price of the vehicle.

As described in Conn. Gen. Stat. §12-412(70), the purchase of this motor vehicle is exempt from sales and use taxes.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

 Name of Purchaser

By: _____
 Signature of Authorized Person Title Date

Claim for Refund of Use Tax Paid on a Motor Vehicle Purchased From Other Than a Motor Vehicle Dealer

Part I Instructions

Statutory Authority: Conn. Gen. Stat. §12-431(b)

General Purpose: A person purchasing a motor vehicle from a person other than a motor vehicle dealer or licensed motor vehicle lessor must pay Connecticut use tax on the average trade-in value of the vehicle as shown in the *N.A.D.A. Official Used Car Guide, Eastern Edition* for the month of purchase. The average trade-in value does not include additions or deductions, such as for low or high mileage or for optional equipment or the absence of optional equipment. If the purchaser can prove the actual purchase price of the motor vehicle was less than the average trade-in value and submits a properly completed CERT-106 and the documentation described below within three years of paying the tax to the Connecticut Department of Motor Vehicles (DMV), the Department of Revenue Services (DRS) will refund the overpayment of Connecticut use tax. **Do not use CERT-106** if the actual purchase price of the vehicle equals or exceeds its average trade-in value. You owe Connecticut use tax on the actual purchase price of the vehicle.

Who Should Use This Form: Any person who:

- Purchased a motor vehicle from a person who is not a motor vehicle dealer or licensed motor vehicle lessor; **and**
- Paid less for the motor vehicle than its average trade-in value, as shown in the *N.A.D.A. Official Used Car Guide, Eastern Edition*, for the month of purchase; **and**
- Paid Connecticut use tax, when registering the vehicle with DMV, based on the vehicle's average trade-in value; **and**
- Claims a partial refund of Connecticut use tax because the person can prove the actual purchase price of the motor vehicle was less than the vehicle's average trade-in value; **or**
- Claims a full refund of the Connecticut use tax because the person can prove the original purchase was exempt.

To Submit a Claim: Submit CERT-106 and the documentation described above within three years of paying the tax to:

Department of Revenue Services
PO Box 5088
Hartford CT 06102-5088

All Claims Must Include:

- Purchaser's Declaration:** The purchaser or purchasers must complete the Purchaser's Declaration on the back of this form. Indicate if the motor vehicle was purchased by more than one person by checking the appropriate box in Part IV as to whether the vehicle is owned in common or jointly. This information should match the information entered on **Form H-13, Official Registration of a Motor Vehicle and Application for Certificate of Title**.
- Seller's Declaration:** The seller or sellers must complete the Seller's Declaration on the back of this form.
- Validated Form H-13:** Attach a copy of the validated Form H-13. (Do not attach a copy of the certificate of title.)
- Cancelled Check or Other Evidence of Payment of the Purchase Price of the Motor Vehicle:** If payment was made by check, attach a copy of the cancelled check issued to the seller of the vehicle (front and back). Do not include a copy of the check issued to DMV for payment of sales tax. If payment was not made by check, attach other evidence of payment, such as a copy of the bank statement showing the withdrawal if you paid with cash.
- Explanation for Actual Purchase Price Being Less Than N.A.D.A. Average Trade-in Value:** Attach an explanation, and documenting evidence such as a dated photograph from the time the motor vehicle was acquired, repair bill, or appraisal of the condition of the vehicle.

Notice of Allowance or Disallowance of a Claim: DRS generally gives notice that a claim for refund was allowed or disallowed within 90 days after it receives a properly completed CERT-106. Allowed claims are subject to further examination as provided by law.

For Further Information: Call Taxpayer Services at **1-800-382-9463** (in-state) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling **860-297-4911**.

Part II Purchaser: Read the instructions first, then complete Parts II, III, and IV. *(Please print clearly)*

| | | |
|---|-------------|-----------------------------------|
| Name of Purchaser ▶ Last _____ First _____ | | Social Security Number ▶ _____ |
| Address ▶ _____ | | |
| City ▶ _____ | State _____ | ZIP Code _____ |
| Name of Purchaser (If co-ownership) ▶ Last _____ First _____ | | Social Security Number ▶ _____ |
| Address ▶ _____ | | |
| City ▶ _____ | State _____ | ZIP Code _____ |

Part III Motor Vehicle Identification and Refund Calculation

Description of Motor Vehicle

Date of Purchase ▶ _____ Date of Registration ▶ _____
Make of Vehicle _____ Model _____ Year _____
Vehicle Identification Number _____ Odometer Reading on Date of Purchase _____

Refund Calculation

Value Used by DMV to Compute Tax ▶ \$ _____ Tax Paid to DMV ▶ \$ _____
Actual Purchase Price ▶ \$ _____ X 6% = Tax Actually Due ▶ \$ _____
Refund Claimed (Tax Paid Less Tax Actually Due) ▶ \$ _____

Part IV Purchaser's Declaration

I, the purchaser named in Part II, declare that I purchased the motor vehicle identified in Part III from the seller named in Part V. The actual purchase price of the vehicle was \$ _____. No other consideration, such as transfers of property other than money, or cancellations or offsets of debts owed by the seller, has been or will be paid or transferred by me in connection with my purchase of the vehicle identified in Part III. I declare under the penalty of law that I have examined this certificate 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 of not more than five years, or both.

Signature of Purchaser _____ Date _____
Print Name of Purchaser _____ Telephone () _____
If co-ownership, check the appropriate box and enter the information below: And (common) Or (joint)
Signature of Other Purchaser _____ Date _____
Print Name of Other Purchaser _____ Telephone () _____

Part V Seller's Declaration

I, the seller, declare that I sold the vehicle identified in Part III to the purchaser named in Part II. The actual purchase price of the vehicle was \$ _____. No other consideration, such as transfers of property other than money, or cancellations or offsets of debts owed to the purchaser, has been or will be paid or transferred to me in connection with my sale of the vehicle identified in Part III. I declare under the penalty of law that I have examined this certificate 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 of not more than five years, or both.

Signature of Seller _____ Date _____
Print Name of Seller _____ Telephone () _____
Address of Seller _____
If Jointly Sold,
Signature of Other Seller _____ Date _____
Print Name of Other Seller _____ Telephone () _____
Address of Other Seller _____

Partial Exemption of Materials, Tools, and Fuels

General Purpose: The purchaser of materials, tools, and fuels uses this certificate to establish that the items being purchased will be used or consumed in an industrial plant:

- Directly in the manufacturing, processing, or fabricating of tangible personal property to be sold;
- In any process preparatory or related to the manufacturing, processing, or fabricating of tangible personal property to be sold, including research and development; **or**
- In measuring or testing tangible personal property to be sold.

This certificate entitles the purchaser to an exemption from sales and use taxes based on a 50 percent reduction of the gross receipts or sales price for the sale of qualifying materials, tools, or fuels. Whether or not the materials, tools, and fuel will be used in Connecticut, charges for those materials, tools, and fuel when used as indicated above are partially exempt.

If the materials, tools, or fuels are not used in the manner described above, a purchaser who claimed an exemption owes use tax that is the difference between the amount of tax paid and the amount of tax that would have been due if no exemption were claimed.

Statutory Authority: Conn. Gen. Stat. §12-412i.

Instructions for the Purchaser: An owner or officer of a business purchasing materials, tools, or fuel for use in the manner described above can sign and issue this certificate to advise the seller of these items that the sales and use taxes do not apply to the charges for the purchase. Issue this certificate only for materials, tools, or fuel, as defined in Conn. Gen. Stat. §12-412i. Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and storage, use, or other consumption, of the materials, tools, or fuel were entitled to an exemption for a portion of the gross receipts or sales price. The certificate is valid only if taken in good faith from a person who is purchasing materials, tools, or fuel for use in an industrial plant for: (1) manufacturing, processing, or fabricating of tangible personal property to be sold; (2) in any process preparatory or related to the manufacturing, processing, or fabricating, including research and development; or (3) in measuring or testing tangible personal property to be sold. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not engaged in manufacturing, processing, or fabricating or that the materials, tools, or fuel will not be used directly in any manner described above. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words “Exempt under CERT-108” satisfy the requirement.

This certificate can be used for individual exempt purchases, in which event the purchaser must check the box marked “Certificate for One Purchase Only.” The certificate can also be used for a continuing line of exempt purchases, in which event the purchaser must check the box marked “Blanket Certificate.” A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

Note: If materials, tools, and fuel are exempt under Conn. Gen. Stat. §12-412(18) rather than Conn. Gen. Stat. §12-412i, use **CERT-100, *Materials, Tools, and Fuel***, to make an exempt purchase.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|---|---------|---|-----------------------|
| Name of Purchaser | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Name of Seller | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Check One Box <input type="checkbox"/> Blanket Certificate <input type="checkbox"/> Certificate for One Purchase Only | | | |
| Check Appropriate Box and Provide Written Description of Each Item Purchased <input type="checkbox"/> Materials <input type="checkbox"/> Tools <input type="checkbox"/> Fuel | | | |
| Description | | | |

Declaration by Purchaser

The item(s) described on the front are materials, tools, or fuel as defined in Conn. Gen. Stat. §12-412i for use in an industrial plant:

- Directly in the manufacturing, processing, or fabricating of tangible personal property to be sold;
- In any process preparatory or related to the manufacturing, processing, or fabricating of tangible personal property to be sold, including research and development; **or**
- In measuring or testing tangible personal property to be sold.

In accordance with Conn. Gen. Stat. §12-412i, the purchase of these item(s) is subject to an exemption from sales and use taxes.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchasing Company

By: _____ Title _____ Date _____
 Authorized Signature of Owner or Officer

Partial Exemption for Machinery, Equipment, or Repair and Replacement Parts

General Purpose: The purchaser of machinery, equipment, or repair and replacement parts for the machinery and equipment uses this certificate to establish that items purchased are to be used primarily in the manufacturing, processing, or fabricating of tangible personal property.

A purchaser uses this certificate to claim a partial exemption from sales and use taxes on purchases of qualifying machinery, equipment, or repair or replacement parts. The exemption excludes 50 percent of the gross receipts or sales price of the qualifying machinery, equipment, or parts from tax. Whether or not the machinery or equipment will be used in Connecticut, charges for the property, when used as indicated above, are entitled to the exemption.

Description of the Use of Item(s) Being Purchased: To qualify for the partial exemption from sales and use taxes, the machinery or equipment must be used primarily:

- For research and development with respect to or in the furtherance of the manufacturing, processing, or fabricating of tangible personal property;
- For measuring or testing with respect to or in the furtherance of the manufacturing, processing, or fabricating of tangible personal property;
- At any stage of the manufacturing, processing, or fabricating process from the time raw materials are received to the time the product is ready for delivery or storage;
- To maintain or repair any machinery or equipment described above; **or**
- For metal finishing.

If the machinery, equipment, or repair and replacement parts are not used in this manner, a purchaser who has claimed a partial exemption owes use tax. The use tax due is the difference between the amount of tax paid under a partial exemption and the amount of tax due if no exemption were claimed.

Statutory Authority: Conn. Gen. Stat. §12-412i

Instructions for the Purchaser: This certificate must be signed by an owner or officer of a business purchasing the machinery, equipment, or repair or replacement parts for use in the manufacturing, processing, or fabricating of tangible personal property to advise the seller of machinery or equipment that the purchase is entitled to partial exemption. The certificate may be issued only for machinery and equipment used primarily in the process of manufacturing, processing, or fabricating, as defined in

Conn. Gen. Stat. §12-412i. Keep a copy of this certificate and records that substantiate the information entered on it for at least six years from the date the certificate is issued. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the gross receipts from the sale of the item(s) described on this certificate are eligible for a partial exemption from sales and use taxes. This certificate is valid only if taken in good faith from a person who is purchasing the machinery, equipment, or repair or replacement parts for use in manufacturing, fabricating, or processing. The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not engaged in manufacturing, processing, or fabricating or that the machinery or equipment will not be used primarily in the process of manufacturing, processing, or fabricating tangible personal property.

Keep a copy of this certificate and bills or invoices to the purchaser for at least six years from the date the items were purchased. The bills, invoices, or records covering all purchases made under this certificate must be appropriately marked to indicate a purchase of machinery or equipment entitled to a partial exemption has occurred. The words “Exempt under Conn. Gen. Stat. §12-412i: Machinery and Equipment” satisfy this requirement.

The certificate may be used for individual purchases, in which case the box marked “Certificate for One Purchase Only” must be checked. The certificate may also be used for a continuing line of purchases, in which case the box marked “Blanket Certificate” must be checked. A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

Note: If machinery, repair or replacement parts are exempt under Conn. Gen. Stat. §12-412(34), they do not fall within the scope of Conn. Gen. Stat. §12-412i. Use **CERT-101, Machinery, Component Parts, and Repair and Replacement Parts of Machinery Used Directly in a Manufacturing Process**, to make exempt purchases of machinery under Conn. Gen. Stat. §12-412(34).

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|-------------------|---------|---|-----------------------|
| Name of Purchaser | Address | Connecticut Tax Registration # <i>(If None, explain)</i> | Federal Employer ID # |
| Name of Seller | Address | Connecticut Tax Registration # <i>(If None, explain)</i> | Federal Employer ID # |

Check One

Blanket Certificate

Certificate for One Purchase Only

Description of Machinery, Equipment, Replacement Parts, or Repair Parts

Declaration by Purchaser

The items described above are machinery, equipment, or repair or replacement parts to be used primarily in the process of manufacturing, processing or fabricating, as defined in Conn. Gen. Stat. §12-412i.

According to Conn. Gen. Stat. §12-412i, the purchase of these items is subject to a partial exemption from sales and use taxes.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchasing Company

By: _____
Authorized Signature of Owner or Officer Title Date

Aircraft Repair Services Aircraft Repair and Replacement Parts

General Purpose:

- (1) The purchaser of aircraft repair services uses this certificate to establish that aircraft repair services are being purchased in connection with the significant overhauling or rebuilding of aircraft or aircraft parts or components on a factory basis.
- (2) The purchaser of aircraft repair and replacement parts uses this certificate to establish that items are to be used exclusively in:
 - Any aircraft; **or**
 - The significant overhauling or rebuilding of aircraft or aircraft parts or components on a factory basis.

If the aircraft repair services or the aircraft repair and replacement parts are not used in the manner described above, a purchaser who claimed an exemption will owe a use tax on the total price of the repair services or the repair and replacement parts.

Statutory Authority: Conn. Gen. Stat. §12-412(76) and (77) as amended by 2006 Pub. Acts 06-186, §74.

Instructions for the Purchaser: An owner or officer of a business that owns an aircraft or a business that is involved in the significant overhauling or rebuilding of aircraft or aircraft parts or components on a factory basis can issue and sign this certificate to advise the seller of aircraft repair services or aircraft repair and replacement parts that the sales and use taxes do not apply for the purchase. This certificate may only be issued for aircraft repair services or aircraft repair and replacement parts as defined in Conn. Gen. Stat. §12-412(76) and (77). You must keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date of the purchase. If you do not have a Connecticut Tax Registration Number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and the storage, use or other consumption, of the aircraft repair services or the aircraft repair and replacement parts were not subject to sales and use taxes. The certificate is valid only if taken in good faith from a person who owns an aircraft or is engaged in the significant overhauling or rebuilding of aircraft or aircraft parts or components on a factory basis. The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not an owner of an aircraft or is not engaged in the significant overhauling or rebuilding of aircraft or aircraft parts or components on a factory basis. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words “Exempt under CERT-110” satisfy the requirement.

This certificate can be used for individual exempt purchases, in which event the box marked “Certificate for One Purchase Only” must be checked. The certificate can also be used for a continuing line of exempt purchases, in which event the box marked “Blanket Certificate” must be checked. A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Visit the Department of Revenue Services (DRS) Web site at www.ct.gov/DRS to download and print Connecticut tax forms.

Machinery, Equipment, Materials, Tools, and Fuel Used by an Aircraft Manufacturer Operating an Aircraft Manufacturing Facility

General Purpose: The purchaser of machinery, equipment, materials, tools, and fuel uses this certificate to establish that the items being purchased will be used by an aircraft manufacturer operating an aircraft manufacturing facility in Connecticut.

If the machinery, equipment, materials, tools, and fuel are not used in the manner described above, the purchaser who claimed an exemption owes use tax on the total price of the items purchased under this exemption.

Statutory Authority: Conn. Gen. Stat. §12-412(78).

Instructions for the Purchaser: An owner or officer of a business that is an aircraft manufacturer operating an aircraft manufacturing facility, as described in Conn. Gen. Stat. §12-412(78), in Connecticut purchasing machinery, equipment, materials, tools, or fuel for use in the manner described above can sign and issue this certificate to advise the seller of these items that the purchase is exempt. Issue this certificate only for machinery, equipment, materials, tools, or fuel as defined in Conn. Gen. Stat. §12-412(78). Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and storage, use, or other consumption of the machinery, equipment, materials, tools, or fuel was not subject to sales and use taxes. The certificate is valid only if taken in good faith from a person who is an aircraft manufacturer operating an aircraft manufacturing facility in Connecticut. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not an aircraft manufacturer operating an aircraft manufacturing facility in Connecticut. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words “Exempt under CERT-111” satisfy the requirement.

This certificate can be used for individual exempt purchases, in which event the purchaser must check the box marked “Certificate for One Purchase Only.” The certificate can also be used for a continuing line of exempt purchases, in which event the purchaser must check the box marked “Blanket Certificate.” A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

Exempt Purchases of Meals or Lodging by Exempt Entities

General Purpose: Exempt organizations, qualifying governmental agencies, nonprofit charitable hospitals, nonprofit nursing homes, nonprofit rest homes, and nonprofit residential care homes must use this certificate to establish that their purchases of meals or lodging are exempt from tax. (Any reference to **tax** in this document includes sales and use taxes and room occupancy tax, as applicable.) These organizations, governmental agencies, hospitals, and homes are referred to as **exempt entities** throughout this certificate. CERT-112 allows an exempt entity to purchase meals or lodging, or both, tax exempt for a single event and may not be used for repeat purchases. See **CERT-123, Blanket Certificate for Exempt Qualifying Purchases of Meals or Lodging by an Exempt Entity or Qualifying Governmental Agency**, for repeat qualifying exempt purchases of meals or lodging. Use this certificate **only** if these three conditions are met:

1. The retailer directly invoices and charges the exempt entity for the meals or lodging; **and**
2. The exempt entity directly pays the retailer with a check drawn on its own account or with a credit card issued in its own name; **and**
3. The exempt entity is not reimbursed, in whole or in part, by donation or otherwise, for its payment of the meals or lodging by those consuming the meals or lodging.

Statutory Authority: Conn. Gen. Stat. §12-412(1)(A), (8), and (94).

Credit Card Purchases: If a credit card is used to pay the retailer of meals or lodging, the card must be issued in the name of the exempt entity. The credit card must be used exclusively to make purchases for the use of the exempt entity (not for the convenience of its officers, employees, or members). The credit card charges must be paid by a check drawn on the exempt entity's own checking account.

Nonqualifying Purchases: This certificate may not be used (and tax must be paid) for the purchase of meals or lodging not meeting all three conditions above. Nonqualifying purchases include fund raisers where those who attend are charged or are required to make any payment and seminars or conferences where meals or lodging charges are included in the conference or seminar registration fee, except as described below.

An exempt entity may purchase meals tax exempt using **CERT-113, Purchases of Tangible Personal Property and Services by a Nonprofit Charitable Hospital, Nonprofit Nursing Home, Nonprofit Rest Home, or Nonprofit Residential Care Home**; **CERT-119, Purchases of Tangible Personal Property and Services by Qualifying Exempt Organizations**; or **CERT-134, Exempt Purchases by Qualifying Governmental Agencies**; and does not have to get prior approval from the Department of Revenue Services (DRS), when it will resell the meals at one of five fundraising or social events per year that is exempt from tax under Conn. Gen. Stat. §12-412(94) including meals resold at conferences and seminars. See **Special Notice 98(11), Exemption From Sales and Use Taxes of Sales by Nonprofit Organizations at Fundraising or Social Events**.

Government Purchases Not Requiring Preapproval: The federal government has implemented the "GSA SmartPay" program, which uses four categories of credit cards: Fleet, Purchase, Travel, and Integrated cards. Federal employees may purchase meals and lodging tax exempt by using **certain** GSA SmartPay cards when the purchases are billed to and paid by the federal government. U.S. government agencies making tax-exempt purchases of meals and lodging using GSA SmartPay cards are not required to get preapproval for these purchases from DRS and are not required to provide the retailer with CERT-112. See **Policy Statement 2000(1.1), Retailer's Acceptance of U.S. Government "GSA SmartPay" Credit Card for Exempt Purchases**.

Instructions for the Purchaser: An officer of an exempt entity must complete and sign this certificate and submit it to DRS at least three weeks before an event to request the tax-exempt purchase of meals or lodging at a specific event. The exempt entity should include a copy of the flyer, announcement, or other promotional literature about the event with CERT-112. If the purchaser is an exempt organization, it must either attach a

copy of its I.R.C. §501(c)(3) or (13) determination letter issued by the U.S. Treasury Department **or**, if it was issued an exemption permit by DRS, enter its exemption permit number on CERT-112. If the purchaser is a qualifying governmental agency, no attachment is required. If the purchaser is a nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home, it must attach a copy of a valid and active license issued by the Department of Public Health under Chapter 368v of the Connecticut General Statutes and a copy of its I.R.C. §501(c)(3) or (4) determination letter issued by the U.S. Treasury Department **or**, if it was issued an exemption permit by DRS, enter its exemption permit number on CERT-112. If DRS concludes that the applicant is making a qualifying exempt purchase, CERT-112 with DRS official approval noted will be returned to the exempt entity. The exempt entity then provides CERT-112 to the retailer of meals or lodging. Keep a copy of this certificate, the documents attached, and records that substantiate the information on this certificate for at least six years from the date it is issued.

Events That Qualify for Refund Only: If the exempt entity will be paying (and will not be reimbursed, in whole or in part) for the meals or lodging of some of the attendees, but will be reimbursed in whole or in part for the meals or lodging of others, a preapproved exemption will **not** be issued. The exempt entity must pay tax on **all** the meals or lodging at the time of the purchase. However, DRS will refund the tax on those meals or lodging that were paid for by the exempt entity for which it was not reimbursed in whole or in part. The exempt entity must file, and DRS must approve, **CERT-122, Refund of Sales Tax Paid on Purchases of Meals or Lodging by Exempt Entities**. The exempt entity is not eligible for refund of the tax paid on meals or lodging for which it received full or partial reimbursement other than for meals sold under five one-day fundraising or social events per calendar year exemption. See **Policy Statement 2003(4), Purchases of Meals or Lodging by Exempt Entities**, for more information.

Example 1: B, an exempt organization, sponsors a dinner to honor one of its members. The restaurant charges B \$50 per meal and B sells tickets for \$50 per person. The honoree and members of the immediate family attend as guests of the organization. B must pay sales tax on all meals purchased. It may, however, complete and file CERT-122 to claim a refund of the taxes paid only on meals consumed by the honoree and members of the immediate family.

Example 2: C, an exempt organization, sponsors a retirement dinner to honor one of its employees. The restaurant charges C \$60 per meal. C sells tickets for \$50 per person and pays the \$10 difference to the restaurant from its own funds. C must pay sales tax on the full price of all meals purchased. Because the organization received partial reimbursement for all of the meals, C is not eligible for a refund of any of the tax paid.

Instructions for Retailer of Meals or Lodging: Acceptance of this certificate, when properly completed and with DRS official approval noted, relieves the retailer from the burden of proving the sale of meals or lodging was not subject to tax. This certificate is valid only if taken in good faith from an exempt entity.

Do **not** accept this certificate unless you directly invoice and charge the exempt entity for the meals or lodging. Do **not** accept the certificate unless you are directly paid by the exempt entity with a check drawn on the exempt entity's own checking account or with a credit card issued in the exempt entity's name (not in the name of one of its members, employees, or officers). Cash payments do not satisfy this condition, regardless of the cost of the meals or lodging.

Keep this certificate, the documents attached, and bills or invoices to the exempt entity for at least six years from the date that the meals or lodging were purchased. The bills, invoices, or records covering the purchase made under this certificate must be marked "Exempt Under CERT-112" to indicate an exempt purchase has occurred. This certificate only applies to the specific event indicated and may not be used for the exempt purchase of any meals or lodging at any other event.

| | |
|--------------------------|---|
| Name of Exempt Entity: | Federal Employer Identification Number |
| Address of Exempt Entity | Connecticut Exemption Permit Number <i>(If any)</i> |

(If the exempt entity was not issued a Connecticut exemption permit (E-number), attach a copy of the exempt entity's I.R.C. §501(c)(3), (4), or (13) determination letter.)

| | |
|---------------------|--|
| Name of Retailer | Check Appropriate Box(es) <input type="checkbox"/> Meals <input type="checkbox"/> Lodging |
| Address of Retailer | Date(s) of Event |

Describe Purpose or Reason for Event: (Be specific. For example, meeting of board of trustees, or luncheon to honor volunteers)

The exempt entity must provide the following information about the meals or lodging being purchased: *(See instructions)*

| Column A | Column B | Column C |
|--|---|---|
| Total Number of Meals or Lodging to be Purchased _____ | Number for Which <i>No</i> Reimbursement, Full or Partial, Will Be Received _____ | Number for Which Reimbursement, Full or Partial, Will Be Received _____ |
| <i>The sum of the numbers entered in Column B and in Column C should equal the number entered in Column A.</i> | | |

- | | | |
|---|------------------------------|-----------------------------|
| 1. Will the exempt entity make a charge for the meals or lodging to those attending the event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Will the retailer of the meals or lodging directly invoice and charge the exempt entity for the meals or lodging? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Will the exempt entity directly pay the retailer of the meals or lodging with a check drawn on its own checking account or with a credit card issued in its own name (and not in the name of one of its members, employees, or officers)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Declaration by Exempt Entity

I declare that the exempt organization, qualifying governmental agency, nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home:

- Is being directly invoiced and charged by the retailer;
- Is directly paying the retailer with a check drawn on its own account or with a credit card issued in its own name; and
- Will not be reimbursed, directly or indirectly, by donation or otherwise, for all or a portion of the cost of the meals or lodging by those consuming the meals or lodging.

I also declare that any exemption permit noted on this certificate, any determination letter or group exemption letter (as the case may be), and license issued by the Department of Public Health, if applicable, attached to this certificate, has not been canceled or revoked. I declare under penalty of law that I have examined this document (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 or document 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.

| | |
|--------------------------------------|-----------------------------------|
| Print Name _____ | Title _____ |
| Signature of Authorized Person _____ | Date _____ Telephone Number _____ |

Notice to Retailers: Do not accept this certificate if DRS has not completed the following section and noted official approval.

For DRS Use Only

Request Approved by DRS

| | |
|-----------------------------|---------------------|
| Official Approval/DRS _____ | Date Approved _____ |
|-----------------------------|---------------------|

Request Disapproved by DRS

- Exempt entity did not provide proof of exempt status. (Connecticut exemption permit number or I.R.C. §501(c)(3), (4), or (13) determination letter, and license issued by the Department of Public Health, if applicable.)
- Exempt entity will not be directly invoiced and charged by the retailer of the meals or lodging.
- Exempt entity will not directly pay the retailer of the meals or lodging with a check drawn on its own checking account or with a credit card issued in its own name (and not in the name of one of its members, employees, or officers).
- Exempt entity will be reimbursed, in full or in part, for its payment for the meals or lodging by those consuming the meals or lodging.

| | |
|--------------------------------|------------------------|
| Official Disapproval/DRS _____ | Date Disapproved _____ |
|--------------------------------|------------------------|

For More Information: For other information, call the *Exempt Organization Coordinator* at **1-800-382-9463** (in-state) and choose Option 0 or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling **860-297-4911**. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

Submit this certificate for approval to:
 Department of Revenue Services
 Taxpayer Services Division - Exempt Organization Coordinator
 25 Sigourney Street
 Hartford CT 06106-5032

Purchases of Tangible Personal Property and Services by a Nonprofit Charitable Hospital, Nonprofit Nursing Home, Nonprofit Rest Home, or Nonprofit Residential Care Home

General Purpose: A nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home must issue this certificate to retailers when purchasing tangible personal property or taxable services to be used by the institution exclusively for the purposes for which it was established.

The term **hospital** is defined in Conn. Gen. Stat. §19a-490(b) as an establishment for the lodging, care, and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals.

The terms **nursing home, rest home, and residential care home** are defined in Conn. Gen. Stat. §19a-490(c) as an establishment that furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and in addition, provides services that meet a need beyond the basic provisions of food, shelter, and laundry.

Under Conn. Gen. Stat. §12-412(5), a qualifying nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home is:

- An institution that holds a valid and active license issued by the Department of Public Health under Conn. Gen. Stat. §19a-491 of Chapter 368v; **and either**
- An institution issued an exemption permit before July 1, 2002, by the Department of Revenue Services (DRS) that has not been cancelled or revoked by DRS; **or**
- An institution that is exempt from federal income tax under I.R.C. §501(a) and has been issued a determination letter by the Internal Revenue Service (IRS) as an organization described in I.R.C. §501(c)(3) or (4), and that has not been revoked by IRS.

A qualifying nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home that is not, and is not required to be, registered as a retailer with DRS may use this certificate to purchase any tangible personal property for resale at one of the five fundraising or social events of a day's duration during any calendar year. The event must be exempt from tax under Conn. Gen. Stat. §12-412(94). Otherwise, these nonprofit institutions may not purchase tangible personal property for resale with this certificate.

This certificate may not be used for purchases of taxable services for resale. This certificate may not be used for the purchase of meals or lodging, unless a qualifying nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home that is not, and is not required to be, registered as a retailer with DRS is purchasing meals for resale at one of the five fundraising or social events per year that is exempt from tax under Conn. Gen. Stat. §12-412(94). (See **Special Notice 98(11)**, *Exemption From Sales and Use Taxes of Sales by Nonprofit Organizations at Fundraising or Social Events* or **Informational Publication 2002(11)**, *Nonprofit Hospitals, Nonprofit Nursing Homes, Nonprofit Rest Homes, and Nonprofit Residential Care Homes*.)

If the purchaser is not a qualifying nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home or does not use the property or services purchased exclusively for the purposes for which the institution was established, the purchaser owes use tax on the total purchase price of the property or services.

Statutory Authority: Conn. Gen. Stat. §12-412(5) and (94), and Chapter 368v of the Connecticut General Statutes.

Instructions for the Purchaser: An officer of a qualifying nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home must issue and sign this certificate to advise the seller of tangible personal property or taxable services that sales and use taxes do not apply to the purchase. Keep a copy of the certificate, the documents attached, and records that substantiate the information entered on this certificate for at least six years from the date this certificate is issued.

The purchaser must attach to this certificate a copy of the:

- License issued by the Department of Public Health under Chapter 368v of the Connecticut General Statutes **and either**;
- Exemption permit issued to the organization by DRS prior to July 1, 2002; **or**
- Determination letter issued by the IRS that establishes the organization is an exempt organization as described in I.R.C. §501(c)(3) or (4).

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and storage, use, or other consumption, of the tangible personal property or taxable services are not subject to sales and use taxes. The certificate is valid only if taken in good faith from a qualifying nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not a qualifying nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home.

Keep this certificate, the documents attached, and bills or invoices to the purchaser for at least six years from the date the items or services were purchased. The bills, invoices, or records covering the purchases made under this certificate must be marked "Exempt Under CERT-113" to indicate that the purchases were exempt.

This certificate may be used for a single exempt purchase, in which case the box marked "Certificate for One Purchase Only" must be checked. This certificate may also be used for a continuing line of exempt purchases, in which event the purchaser must check the box marked "Blanket Certificate." A blanket certificate remains in effect from the date CERT-113 is issued until the date the institution's license with the Department of Public Health expires unless the purchaser revokes CERT-113 in writing before the date the license with the Department of Public Health expires.

A nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home must pay for its exempt purchases by a check drawn on its checking account or by a credit card issued in its name (and not in the name of any of its members or officers). A nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home may make a purchase of \$10 or less using cash from the institution's own funds. However, a blanket CERT-113 may not be used for a cash purchase, and a properly completed CERT-113, with the appropriate documents attached, must be issued to the retailer at the time of each cash purchase.

Commercial Motor Vehicle or Motor Bus Purchased Within Connecticut for Use in Interstate Commerce as an Interstate Motor Bus

General Purpose: The purchaser of either: (1) a commercial motor vehicle as defined in Conn. Gen. Stat. §14-1(11)(A) and (B); **or** (2) a motor bus as defined in Conn. Gen. Stat. §14-1(44); should use this certificate to purchase the commercial motor vehicle or motor bus which will:

- Be operated as defined in Conn. Gen. Stat. §13b-88 or 13b-89; **and**
- Derive 75% of its revenue from its days in service from out-of-state trips or trips crossing state lines during the one-year period following the purchase date of the vehicle.

If the commercial motor vehicle or motor bus is not used in the manner described above, the purchaser owes use tax on the total purchase price.

Statutory Authority: Conn. Gen. Stat. §12-412(82) and (83).

Instructions for the Purchaser: An owner or officer of a business purchasing a commercial motor vehicle or motor bus for use in the manner described above can sign and issue this certificate to advise the seller of these items that the purchase is exempt. Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale and storage, use, or other consumption, of the commercial motor vehicle or motor bus is not subject to sales and use taxes. The certificate is valid only if taken in

good faith from a person who is purchasing a commercial motor vehicle or motor bus that will be operated as defined in Conn. Gen. Stat. §13b-88 or 13b-89, and that will derive 75% of its revenue from its days in service from out-of-state trips or trips crossing state lines during the one-year period following the purchase date of the vehicle. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the commercial motor vehicle or motor bus will not be operated under the provisions of Conn. Gen. Stat. §13b-88 or 13b-89. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words “Exempt under CERT-114” satisfy the requirement.

This certificate can be used for a single exempt purchase only and cannot be used as a “blanket certificate” for a continuing line of purchases.

You may enter a permit number issued by the Connecticut Department of Public Utility Control instead of a permit number issued by the Connecticut Department of Transportation (DOT) if the permit was issued prior to October 1, 1979, and has not been suspended or revoked by the DOT.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

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|-------------------|---------|--|-----------------------|
| Name of Purchaser | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID # |
| | | | Permit Number |
| Name of Seller | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID # |

Vehicle Identification Data

Make of Vehicle _____ Model _____ Year _____
 Color _____ Vehicle Identification Number _____
 Manufacturer's Gross Vehicle Weight Rating _____ Number of Passengers (including driver) _____
 Will this vehicle be used to transport students under age 21 to and from school? Yes No

Computation of Price

Trade-in Data

Gross Sales Price _____ Make _____ Model _____
 Trade-in Allowance _____ Year _____
 Net Sales Price _____ State of Registration and Plate Number _____
 Vehicle Identification Number _____

Declaration by Purchaser

The vehicle described above is a commercial motor vehicle as defined in Conn. Gen. Stat. §14-1(11)(A) and (B); or a motor bus as defined in Conn. Gen. Stat. §14-1(44) that:

- Will be operated as defined in Conn. Gen. Stat. §13b-88 or 13b-89; **and**
- Will derive 75% of its revenue from its days in service from out-of-state trips or trips crossing state lines during the one-year period following the purchase date of the vehicle.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

 Name of Purchaser

By: _____
 Signature of Authorized Person Title Date

Exempt Purchases of Gas, Electricity, and Heating Fuel

General Purpose: This certificate is used by the purchaser of: gas, including bottled gas; electricity when delivered to consumers through mains, lines, pipes, or bottles; or heating fuel for use:

- In any residential dwelling when the meter through which the gas, electricity, or heating fuel is measured furnishes gas, electricity, or heating fuel for both residential and non-residential purposes. (If a building is used solely for housing, the consumer need not provide this certificate to make exempt purchases of gas, electricity, or heating fuel.);
- Directly in agricultural production provided the exemption is allowed only for a metered building, location, or premises at which not less than 75% of the gas, electricity, or heating fuel consumed at the building, location, or premises is used for agricultural production;
- Directly in the fabrication of a finished product to be sold provided the exemption is allowed only for a metered building, location, or premises at which not less than 75% of the gas, electricity, or heating fuel consumed at the building, location, or premises is used for fabrication; **or**
- Directly in an industrial manufacturing plant provided the exemption is allowed only for a metered building, location, or premises at which not less than 75% of the gas, electricity, or heating fuel consumed at the building, location, or premises is used for manufacturing.

If the gas, electricity, or heating fuel is not used in the manner described above, the purchaser who claimed an exemption owes use tax on the total price of the gas, electricity, or heating fuel purchased under this exemption.

Statutory Authority: Conn. Gen. Stat. §§12-412(1), 12-412(3)(A), 12-412(5), 12-412(8), 12-412(16), and 12-412h.

Instructions for the Purchaser: This certificate is used by:

- An owner of a commercial building at which the gas, electricity, or heating fuel is used predominantly (more than 50%) for residential purposes; **or**
- An owner or officer of an establishment that uses the gas, electricity, or heating fuel in a location at which (A) agricultural production; (B) the fabrication of a finished product to be sold; or (C) production in an industrial manufacturing plant takes place.

The certificate advises the seller of gas, electricity, or heating fuel that the purchase is exempt. Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and storage, use, or other consumption of the gas, electricity, or heating fuel is not subject to sales and use taxes. The certificate is valid only if taken in good faith from the owner of a commercial building at which the gas, electricity, or heating fuel is used predominantly (more than 50%) for residential purposes; or the owner or officer of an establishment that uses the gas, electricity, or heating fuel in a location at which (A) agricultural production; (B) the fabrication of a finished product to be sold; or (C) production in an industrial manufacturing plant takes place. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not purchasing gas, electricity, or heating fuel for use in the portion of the building in which a finished product to be sold is fabricated. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words "Exempt under CERT-115" satisfy the requirement.

This certificate is a "blanket certificate" covering all purchases of gas, electricity, or heating fuel made under it. A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | |
|--|--|---|
| Name of Purchaser | Service Location | Federal Employer ID # |
| | Mailing Address if Different From Service Location | CT Tax Registration Number <i>(If none, explain)</i> |
| Name of Seller | Address | Federal Employer ID # |
| | | CT Tax Registration Number <i>(If none, explain)</i> |
| Check One Box: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Heating Fuel | | |

Exempt Petroleum Products Certificate

Statutory Authority: Conn. Gen. Stat. §12-587.

General Purpose: To establish that charges made by a distributor selling **exempt petroleum products** to a purchaser are not subject to the petroleum products gross earnings tax, this certificate must be issued to the distributor by any person who is purchasing exempt petroleum products. Any person purchasing exempt petroleum products must issue this certificate to the distributors.

Definitions: For petroleum products gross earning tax purposes, the following products are **exempt petroleum products**:

- The product designated by the American Society for Testing and Materials as "Specification for Heating Oil D396-69," commonly known as Number 2 heating oil, to be used exclusively for heating purposes or to be used in a commercial fishing vessel that qualifies for an exemption under Conn. Gen. Stat. §12-412;
- Kerosene, commonly known as Number 1 oil, to be used exclusively for heating purposes, provided delivery is of both Number 1 and Number 2 oil and via a truck with a metered delivery ticket to a residential dwelling or to a centrally metered system serving a group of residential dwellings;
- The product identified as propane gas to be used exclusively for heating purposes;
- Bunker fuel oil, intermediate fuel, marine diesel oil, and marine gas oil to be used in any vessel having a displacement exceeding 4,000 dead weight tons;
- Any first sale occurring on or after July 1, 2002, of Number 6 fuel oil, as defined in regulations adopted according to Conn. Gen. Stat. §16a-22c, to be used exclusively by a company that, in accordance with census data contained in the *Standard Industrial Classification (SIC) Manual, 1987*, is included in code classifications 2000 to 3999, inclusive, or in Sector 31, 32, or 33 in the *North American Industry Classification Systems (NAICS) United States, 1997*;
- Any first sale occurring on or after July 1, 2002, of Number 2 heating oil used exclusively in a vessel primarily engaged in interstate commerce, which vessel qualifies for an exemption under Conn. Gen. Stat. §12-412;
- Paraffin or microcrystalline waxes;
- Any first sale occurring on or after July 1, 2006, of a commercial heating oil blend containing not less than 10% alternative fuels derived from agricultural produce, food waste, waste vegetable oil or municipal solid waste including but not limited to biodiesel or low sulfur dyed diesel fuel. Commercial heating oil includes Number 2 heating oil, Number 4 fuel oil, Number 6 fuel oil, low sulfur dyed diesel fuel and kerosene. Such blended products must be used for commercial heating; **and**
- Any first sale occurring on or after July 1, 2007, within Connecticut of diesel fuel other than diesel fuel to be used in an electric generating facility to generate electricity.

Instructions for the Purchaser: Any person who is purchasing exempt petroleum products, **whether or not for resale to others**, must issue this certificate to the distributor from whom those products are being purchased.

A purchaser who is required to issue this certificate to a distributor must keep a copy of this certificate and the records that substantiate the information entered on the certificate for at least three years from the date it is issued.

This certificate may be used for a single exempt purchase (in which event the purchaser must check the box marked "Certificate for One Purchase Only") or may be used for a continuing line of exempt purchases (in which event the purchaser must check the box marked "Blanket Certificate"). A blanket certificate remains in effect for three years from the date the certificate is issued unless the purchaser revokes it in writing before the period expires.

If the purchaser issues CERT-116 to the distributor for exempt petroleum products that ultimately are not put to an exempt use (for example, Number 2 heating oil to be used exclusively for heating purposes is ultimately used as fuel for a motor vehicle), the purchaser is subject to and must pay the petroleum products gross earnings tax on the products.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the seller's gross earnings from the sale of an exempt petroleum product were not subject to the petroleum products gross earnings tax. The certificate is valid only if taken in good faith by the seller. The good faith of the seller will be questioned if the seller has knowledge of facts that give rise to a reasonable inference that the product sold is not an exempt petroleum product. For example, the seller has knowledge of facts that Number 2 heating oil the seller has sold to the purchaser is likely to be used as fuel for a motor vehicle.

The seller must maintain a copy of this certificate and bills or invoices to the purchaser for at least three years from the date of purchase or, if the certificate is used for a continuing line of exempt purchases, three years from the date of the last purchase. The seller marks the bills, invoices, or records covering all purchases made under this certificate with the words "Exempt Petroleum Products Certificate" or "Exempt under CERT-116" to indicate an exempt purchase has occurred.

If the distributor is making a first sale in this state of petroleum products, some of which are exempt petroleum products and others of which are non-exempt petroleum products, tax is due on the distributor's gross earnings from the first sale of non-exempt petroleum products. The distributor's invoice should indicate that the tax applies to the gross earnings from the sale of the non-exempt petroleum products.

For More Information: Call the Excise Taxes Unit at **860-541-3224**. If you have questions about other Connecticut taxes, call the Department of Revenue Services (DRS) during business hours, Monday through Friday at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling **860-297-4911**. Visit the DRS website at **www.ct.gov/DRS** to download and print Connecticut tax forms.

| | | |
|----------------------|----------|--|
| Name of Purchaser: | Address: | Federal Employer Identification Number |
| | | Connecticut Tax Registration Number <i>(If none, explain)</i> |
| Name of Distributor: | Address: | Federal Employer Identification Number |
| | | Connecticut Tax Registration Number <i>(If none, explain)</i> |

Check One Box: Blanket Certificate Certificate for One Purchase Only

Description of Petroleum Product(s) Sold:

- The product designated by the American Society for Testing and Materials as "Specification for Heating Oil D396-69," commonly known as Number 2 heating oil, to be used exclusively for heating purposes or to be used in a commercial fishing vessel, which vessel qualifies for an exemption under Conn. Gen. Stat. §12-412;
- Kerosene, commonly known as Number 1 oil, to be used exclusively for heating purposes, provided delivery is of both Number 1 and Number 2 oil and via a truck with a metered delivery ticket to a residential dwelling or to a centrally metered system serving a group of residential dwellings;
- The product identified as propane gas to be used exclusively for heating purposes;
- Bunker fuel oil, intermediate fuel, marine diesel oil, and marine gas oil to be used in any vessel having a displacement exceeding 4,000 dead weight tons;
- Any first sale occurring on or after July 1, 2002, of Number 6 fuel oil, as defined in regulations adopted according to Conn. Gen. Stat. §16a-22c, to be used exclusively by a company which, in accordance with census data contained in the *Standard Industrial Classification (SIC) Manual, 1987*, is included in code classifications 2000 to 3999, inclusive, or in Sector 31, 32, or 33 in the *North American Industry Classification Systems (NAICS) United States, 1997*;
- Any first sale occurring on or after July 1, 2002, of Number 2 heating oil to be used exclusively in a vessel primarily engaged in interstate commerce, which vessel qualifies for an exemption under Conn. Gen. Stat. §12-412;
- Paraffin or microcrystalline waxes;
- Any first sale occurring on or after July 1, 2006, of a commercial heating oil blend containing not less than 10% alternative fuels derived from agricultural produce, food waste, waste vegetable oil or municipal solid waste including but not limited to biodiesel or low sulfur dyed diesel fuel. Commercial heating oil includes Number 2 heating oil, Number 4 fuel oil, Number 6 fuel oil, low sulfur dyed diesel fuel and kerosene. Such blended products must be used for commercial heating; **or**
- Any first sale occurring on or after July 1, 2007, within Connecticut of diesel fuel, other than diesel fuel to be used in an electric generating facility to generate electricity.

Declaration by Purchaser

The petroleum product(s) described above is an **exempt petroleum product** as defined in this certificate and charges for the product(s) are not subject to the petroleum products gross earnings tax.

I declare under penalty of law that I have examined this certificate (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.

Name of Purchaser

By: _____
Signature of Authorized Owner, Officer, or Agent Title Date

Purchases of Tangible Personal Property Incorporated Into or Consumed in Air Pollution Control Facilities

General Purpose: The purchaser uses this certificate to claim exemption from sales and use taxes under Conn. Gen. Stat. §12-412(22). The exemption is for purchases of tangible personal property or supplies acquired for incorporation into or used and consumed in the operation of facilities, the primary purpose of which is the reduction, control, or elimination of air pollution, certified as approved for such purpose by the Commissioner of the Department of Environmental Protection. The Commissioner may certify to a portion of the tangible personal property acquired for incorporation into such facilities to the extent that the portion has as its primary purpose the reduction, control, or elimination of air pollution.

This certificate may also be used to certify that, for purposes of the municipal property tax exemption under Conn. Gen. Stat. §12-81(52), the tangible personal property has been approved for incorporation into or used and consumed in the operation of air pollution abatement facilities. For information on either of these provisions, see **Policy Statement 99(2), Tax Exemptions for Certain Air Pollution Control Equipment.**

Statutory Authority: Conn. Gen. Stat. §§12-412(22) and 12-81(52)

Repeal of the Corporation Business Tax Credit: Effective for income years beginning on or after January 1, 1998, the corporation business tax credit under Conn. Gen. Stat. §12-217c, for certain expenses for air pollution abatement is repealed. Any corporation eligible for this tax credit may carry any remaining tax credit forward as the provisions of this section would have allowed prior to repeal.

Purchases of Items Not Listed in PS 99(2): The purchaser must obtain and attach to this certificate written approval from the Commissioner of the Department of Environmental Protection indicating that an item of tangible personal property is approved for use in an air pollution control facility. For information on how to obtain written approval from the Department of Environmental Protection (DEP), see PS 99(2).

Instructions for the Purchaser: An owner or officer of a business that purchases tangible personal property to be incorporated into or consumed in the operation of facilities, the primary purpose of which is the reduction, control or elimination of air pollution, certified as approved for such purpose by the Commissioner of the Department of Environmental Protection can issue and sign this certificate. To qualify for the exemption from sales and use taxes under Conn. Gen. Stat. §12-412(22), the purchaser must present this certificate to the retailer at the time of purchase of the qualifying tangible personal property.

To obtain the municipal property tax exemption under Conn. Gen. Stat. §12-81(52) which may be available for qualifying structures or equipment, the taxpayer must file a properly completed copy of this certificate with the assessor of the municipality in which the structures or equipment are located after confirming the municipality's procedures for qualifying for the exemption.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale of tangible personal property is not subject to sales and use taxes when the tangible personal property or supplies will be used or consumed in the operation of facilities, the primary purpose of which is the reduction, control, or elimination of air pollution, and is certified as approved for such purpose by the Commissioner of the Department of Environmental Protection.

The certificate is valid only if taken in good faith from a person who is an owner or officer of a business that will use tangible personal property being purchased as provided in Conn. Gen. Stat. §12-412(22). For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser will not use the tangible personal property for air pollution abatement or that the tangible personal property cannot be used for such purpose or that the tangible personal property has not been approved by DEP. Keep this certificate together with proof that the tangible personal property is approved for use or consumption in air pollution abatement, and bills or invoices to the purchaser for at least six period from the date the items were purchased. The bills, invoices, or records covering purchases made under this certificate must be appropriately marked to indicate this is an exempt purchase. The words "Exempt Under CERT-117" satisfy the requirement.

This certificate may be used for individual exempt purchases, in which event the box marked "Certificate for One Purchase Only" must be checked. This certificate may also be used for a continuing line of exempt purchases, in which event the box marked "Blanket Certificate" must be checked. A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|-------------------|---------|--|----------------------------|
| Name of Purchaser | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID Number |
| Name of Seller | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID Number |

Check One Box: Blanket Certificate Certificate for One Purchase Only

Check Applicable Box(es): Air Pollution Equipment Supplies/Consumables

Itemized Description of Items Purchased (For the municipal property tax exemption, include date acquired, date installed, and purchase price. These items must also be included on the *Declaration of Personal Property*):

Declaration by Purchaser

The item(s) described above are tangible personal property to be used or consumed by a business in the operation of facilities, the primary purpose of which is the reduction, control or elimination of air pollution, certified as approved for such purpose by the Commissioner of the Department Environmental Protection.

In accordance with Conn. Gen. Stat. §12-412(22), the purchase of these item(s) is exempt from sales and use taxes.

In accordance with Conn. Gen. Stat. §12-81(52), these items may be exempt from municipal property tax. Describe the items above and include on the *Declaration of Personal Property*.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchasing Business

By: _____ Title _____ Date _____
Authorized Signature of Owner or Officer

Purchases of Tangible Personal Property and Services by Qualifying Exempt Organizations

General Purpose: A qualifying exempt organization must issue this certificate to retailers when purchasing items to be used by the organization exclusively for the purposes for which it was established. Under Conn. Gen. Stat. §12-412(8), a **qualifying exempt organization** is either:

- An organization issued an exemption permit by the Department of Revenue Services (DRS) under Conn. Agencies Regs. §12-426-15, if the permit has not been canceled or revoked by DRS; or
- An organization that is exempt from federal income tax under I.R.C. §501(a) and has been issued a determination letter by the U.S. Treasury Department as an organization described in I.R.C. §501(c)(3) or (13), if the determination letter has not been revoked by the Internal Revenue Service (IRS).

A qualifying exempt organization may use this certificate to purchase any tangible personal property for resale at one of five fundraising or social events of a day's duration during any calendar year. The event must be exempt from tax under Conn. Gen. Stat. §12-412(94). Otherwise, exempt organizations are not allowed to purchase tangible personal property for resale with this certificate. See **Special Notice 98(11)**, *Exemption From Sales and Use Taxes of Sales by Nonprofit Organizations at Fundraising or Social Events*.

Purchases of Meals and Lodging: In general, qualifying exempt organizations may not use this certificate to purchase meals and lodging, but must get preapproval from DRS for these purchases, and use **CERT-112**, *Exempt Purchases of Meals and Lodging by Exempt Entities*, or **CERT-123**, *Blanket Certificate for Exempt Qualifying Purchases of Meals or Lodging by an Exempt Entity*.

However, a qualifying exempt organization may purchase meals tax exempt using this certificate, without prior approval from DRS, when it will resell the meals at one of five fundraising or social events per year exempt under Conn. Gen. Stat. §12-412(94). See **Policy Statement 2003(4)**, *Purchases of Meals or Lodging by Exempt Entities*.

If the purchaser is not a qualifying exempt organization or does not use the property or services purchased exclusively for the purposes for which the organization was established, the purchaser owes use tax on the total purchase price of the property or services.

Statutory Authority: Conn. Gen. Stat. §12-412(8) and (94).

Instructions for the Purchaser: An officer of a qualifying exempt organization must issue and sign this certificate to advise the seller of tangible personal property or taxable services that sales and use taxes do not apply to the purchase. Keep a copy of this certificate, the documents attached, and records that substantiate the information entered on this certificate for at least six years from the date this certificate is issued.

The purchaser must attach to this certificate a copy of the:

- Exemption permit issued to the organization by DRS under Conn. Agencies Regs. §12-426-15; or
- Determination letter or group exemption letter issued by the IRS which establishes that the organization has been determined to be an exempt organization described in I.R.C. §501(c)(3) or (13).

For purchases made on or after January 1, 1996, a qualifying exempt organization covered by a group exemption letter, and that was **not** issued an exemption permit by DRS under Conn. Agencies Regs. §12-426-15, must attach to this certificate a copy of:

- The group exemption letter issued by the IRS to subordinate organizations (including the qualifying exempt organization) on whose behalf a central organization applied for recognition of exemption;
- The organization's written consent to the central organization to be covered by the group exemption letter; **and**
- The central organization's written notification to the IRS that the organization consents to be covered by the group exemption letter.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale and the storage, use, or consumption of the tangible personal property or taxable services are not subject to sales and use taxes. This certificate is valid only if taken in good faith from a qualifying exempt organization. The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not a qualifying exempt organization.

Keep this certificate, the documents attached, and bills or invoices to the purchaser for at least six years from the date the items or services were purchased. The bills, invoices or records covering the purchase made under this certificate must be marked "Exempt Under CERT-119" to indicate the purchase was exempt.

This certificate may be used for a single exempt purchase, in which case the box marked "Certificate for One Purchase Only" must be checked. This certificate may also be used for a continuing line of exempt purchases, in which case the box marked "Blanket Certificate" must be checked. A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the expiration of the three-year period. CERT-119 may not be used as a blanket certificate for purchases of tangible personal property for resale at any one of five fundraising or social events per calendar year exempt under Conn. Gen. Stat. §12-412(94).

An exempt organization must pay for its exempt purchases by a check drawn on its checking account or by a credit card issued in its name (and not in the name of any of its members or officers). An exempt organization may make a purchase of \$10 or less using cash from the organization's own funds. However, a blanket CERT-119 may not be used for a cash purchase, and a properly completed CERT-119, with the appropriate documents attached, must be issued to the retailer at the time of each cash purchase.

For More Information: Call Taxpayer Services at **1-800-382-9463** (in-state) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries 24 hours a day by calling **860-297-4911**. Preview and download forms and publications from the DRS Web site at **www.ct.gov/DRS**

Machinery, Equipment, Tools, Materials, and Supplies Used in the Production of Printed Material or in Prepress Production

General Purpose: This certificate is used by the purchaser of machinery, equipment, tools, materials, and supplies to establish that the item(s) being purchased will be used predominantly:

- (a) In the production of printed material by a commercial printer or publisher; **or**
- (b) In the typesetting, color separation, finished copy with type proofs and artwork or similar content mounted for photomechanical reproduction, or other similar products to be sold for use in the production of printed materials (prepress production).

If the machinery, equipment, tools, materials, or supplies are not used in this manner, a purchaser who claimed the exemption owes a use tax on the total price of the item(s) purchased using this certificate.

Statutory Authority: Conn. Gen. Stat. §12-412(71) and (72).

Instructions for the Purchaser: An owner or officer of a purchaser described above can issue and sign this certificate to advise the seller of machinery, equipment, tools, materials, or supplies that the sales and use taxes do not apply to the charges for the purchase. This certificate may only be issued for machinery, equipment, tools, materials, or supplies used predominantly in the production of printed material by a commercial printer or publisher or by a person engaged in prepress production as described in Conn. Gen. Stat. §12-412(71) and (72). You must keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date of the purchase. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale and the storage, use, or other consumption of machinery, equipment, tools, materials, or supplies is not subject to sales and use taxes. The certificate is valid only if taken in good faith from a person who is a commercial printer or publisher engaged in the production of printed material or prepress production of products to be sold for use in the production of printed material. The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not a commercial printer, publisher or engaged in prepress production. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words "Exempt under CERT-120" satisfy the requirement.

This certificate can be used for individual exempt purchases, in which event the box marked "Certificate for One Purchase Only" must be checked. The certificate can also be used for a continuing line of exempt purchases, in which event the box marked "Blanket Certificate" must be checked. A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|---|---------|---|-----------------------|
| Name of Purchaser | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Name of Seller | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Check One Box: <input type="checkbox"/> Blanket Certificate <input type="checkbox"/> Certificate for One Purchase Only | | | |
| Check Appropriate Box and Provide Written Description of Each Item Purchased <input type="checkbox"/> Machinery <input type="checkbox"/> Equipment <input type="checkbox"/> Tools <input type="checkbox"/> Materials <input type="checkbox"/> Supplies | | | |
| Description: | | | |

Declaration by Purchaser

The item(s) described on the front are machinery, equipment, tools, materials, or supplies to be used predominantly in:

- (a) The production of printed material by a commercial printer or publisher, as described in Conn. Gen. Stat. §12-412(71); or
- (b) The prepress production of products to be sold for use in the production of printed material, as described in Conn. Gen. Stat. §12-412(72).

In accordance with Conn. Gen. Stat. §12-412(71) and (72), the purchase of these item(s) is exempt from sales and use taxes.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchasing Company

By: _____
Authorized Signature of Owner or Officer Title Date

Exemption for Landscaping and Horticulture Services, Window Cleaning Services, and Maintenance Services Provided to Recipients of Total Disability Benefits

General Purpose: A person eligible for and currently receiving total disability benefits under Title II of the Social Security Act (42 USC §401 et seq.) uses this certificate to purchase landscaping and horticulture services, window cleaning services, or maintenance services when the services are provided at that person's residence. If the services purchased exempt under this certificate are not provided at the person's residence, the purchaser who claimed the exemption owes use tax on the total price of the services purchased under the exemption.

Statutory Authority: Conn. Gen. Stat. §12-412(85).

Instructions for the Purchaser: A person eligible for and currently receiving total disability benefits under Title II of the Social Security Act signs and issues this certificate to the provider of the services described above to purchase the services to be provided at that person's home.

For this exemption, a *residence* is a place of abode for which the purchaser bears the primary financial responsibility of the upkeep. Therefore, a homeowner or condominium owner may qualify for the exemption. However, the Department of Revenue Services (DRS) will presume a renter or person living with a family member does not qualify unless there is a written agreement stating that the person receiving total disability benefits is responsible for the upkeep of the residence.

In the event of an audit by DRS, the purchaser must be able to present a Third Party Query certificate from the Social Security Administration proving the purchaser was eligible for and receiving total disability benefits at the time the services were purchased.

Keep a copy of this certificate for at least six years from the date the services were purchased.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and the consumption of landscaping and horticulture services, window cleaning services, or maintenance services are not subject to sales and use taxes. This certificate is valid only if taken in good faith from a person eligible for and receiving total disability benefits under the Social Security Act who is purchasing services to be provided at that person's residence. The good faith of the seller will be questioned if the seller knows of facts that suggest that the person furnishing this certificate is not receiving total disability benefits under the Social Security Act or that the services are to be provided at a location that is not the residence of that person. Keep this certificate and bills or invoices to the purchaser for at least six years from the date on which the services were purchased. The bill, invoices, or records covering all purchases made under this certificate must be marked **Exempt Under CERT-121** to indicate that the purchase was not taxable.

This certificate may be used for a single purchase, in which event the box marked **Certificate for One Purchase Only** must be checked. This certificate may also be used for a continuing line of purchases, in which event the box marked **Blanket Certificate** must be checked. A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at **1-800-382-9463** (in-state) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling **860-297-4911**. Preview and download forms and publications from the DRS Web site at **www.ct.gov/DRS**

| | | | |
|-------------------|---------|--|----------------------------|
| Name of Purchaser | Address | | Social Security Number |
| Name of Seller | Address | CT Tax Registration Number (If None, <i>explain</i>) | Federal Employer ID Number |

Check One Box Blanket Certificate Certificate for One Purchase Only

Description of Services Purchased

Declaration by Purchaser

I am eligible for and am currently receiving total disability benefits under the Social Security Act. The services described on this certificate are landscaping and horticulture services, window cleaning services, or maintenance services to be provided at my residence, as described in Conn. Gen. Stat. §12-412(85).

In accordance with Conn. Gen. Stat. §12-412(85), the purchase of these services is not subject to sales and use taxes.

I declare under penalty of law that I have examined the information in this certificate 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.

By: _____

| | | |
|-------------------|-----------|------|
| Name of Purchaser | Signature | Date |
|-------------------|-----------|------|

Refund of Tax Paid on Purchases of Meals or Lodging by Exempt Entities

General Purpose: Exempt organizations, qualifying governmental agencies, nonprofit charitable hospitals, nonprofit nursing homes, nonprofit rest homes, and nonprofit residential care homes must use this certificate to request a refund of tax paid on a qualifying exempt purchase of meals or lodging. (Any reference to *tax* in this document includes sales and use taxes and room occupancy tax, as applicable.) These organizations, governmental agencies, hospitals, and homes will be referred to as exempt entities throughout this certificate. Use this certificate **only** if all four of these conditions are met:

1. The retailer directly invoices and charges the exempt entity for the meals or lodging; **and**
2. The exempt entity directly pays the retailer with a check drawn on its own account or with a credit card issued in its own name; **and**
3. The exempt entity is not reimbursed, in whole or in part, by donation or otherwise, for its payment for the meals or lodging by those consuming the meals or lodging; **and**
4. This certificate is filed with the Department of Revenue Services (DRS) within three years from the last day of the month after the period for which the sales tax was paid.

Statutory Authority: Conn. Gen. Stat. §12-412(1)(A), (5), (8), and (94); §12-425.

Credit Card Purchases: If a credit card is used to pay the retailer of meals or lodging, the card must be issued in the name of the exempt entity. The credit card must be used exclusively to make purchases for the use of the exempt entity (not for the convenience of its officers, employees, or members). The credit card charges must be paid by a check drawn on the exempt entity's own checking account.

Nonqualifying Purchases: This certificate may not be used (and tax will not be refunded) on the purchase of meals or lodging not meeting all four conditions above. Nonqualifying purchases include fundraisers where those who attend are charged or are required to make any payment and seminars or conferences where meals or lodging are included in the conference or seminar registration fee except as described below.

An exempt entity may purchase meals tax exempt using **CERT-113**, *Purchases of Tangible Personal Property and Services by a Nonprofit Charitable Hospital, Nonprofit Nursing Home, Nonprofit Rest Home, or Nonprofit Residential Care Home*; **CERT-119**, *Purchases of Tangible Personal Property and Services by Qualifying Exempt Organizations*; or **CERT-134**, *Exempt Purchases by Qualifying Governmental Agencies*; when it will resell the meals at one of five fundraising or social events per year that is exempt from tax under Conn. Gen. Stat. §12-412(94) including meals resold at conferences and seminars. If a qualifying exempt entity pays tax on meals and later resells them at these events, the organization may request a refund from DRS without using CERT-122. See **Special Notice 98(11)**, *Exemption From Sales and Use Taxes of Sales by Nonprofit Organizations at Fundraising or Social Events*, **Informational Publication 2002(11)**, *Nonprofit Hospitals, Nonprofit Nursing Homes, Nonprofit Rest Homes, and Nonprofit Residential Care Homes* and **Policy Statement 98(5)**, *Sales and Use Tax Refund Policy*.

Government Purchases Not Requiring Preapproval: The federal government has implemented the "GSA SmartPay" program, which uses four categories of credit cards: Fleet, Purchase, Travel, and Integrated cards. Federal employees may purchase meals and lodging tax exempt by using **certain** GSA SmartPay credit cards when the purchases are billed to and paid by the federal government. U.S. government agencies making tax-exempt purchases of meals and lodging using GSA SmartPay cards are not required to get preapproval for these purchases from DRS and are not required to provide the retailer with **CERT-112**, *Exempt Purchases of Meals or Lodging by Exempt Entities*. See **Policy Statement 2000(1.1)**, *Retailer's Acceptance of U.S. Government "GSA SmartPay" Credit Card for Exempt Purchases*.

Who Should File This Certificate: If the exempt entity did not receive prior approval of exemption from DRS, either because it was reimbursed in whole or in part, for certain meals or lodging (although not reimbursed in whole or in part for other meals or lodging) or because it did not submit a properly completed CERT-112 at least three weeks before the event, the exempt entity must pay the tax to the retailer at the time of the purchase of the meals or lodging. It may then request a refund of tax paid on the particular meals or lodging for which it was not reimbursed, in whole or in part, by submitting this certificate to DRS.

Events That Qualify for Refund Only: If the exempt entity will be paying (and will not be reimbursed, in whole or in part) for the meals or lodging of some of the attendees, but will be reimbursed in whole or in part for the meals or lodging of others, a preapproved exemption will **not** be issued. The exempt entity must pay tax on **all** the meals or lodging at the time of purchase. However, if the exempt entity files CERT-122, and DRS approves the certificate, DRS will refund the tax on those meals or lodging paid by the exempt entity and not reimbursed in whole or in part. The exempt entity is not eligible for a refund of the tax paid on meals or lodging for which it received full or partial reimbursement other than for meals sold under the five one-day fundraising events per calendar year exemption. See **Policy Statement 2003(4)**, *Purchases of Meals or Lodging by Exempt Entities*, for more information.

Example 1: B, an exempt organization, sponsors a dinner to honor one of its members. The restaurant charges B \$50 per meal and B sells tickets for \$50 per person. The honoree and members of the immediate family attend as guests of the organization. B must pay sales tax on all meals purchased. It may, however, complete and file CERT-122 to claim a refund of the taxes paid only on meals consumed by the honoree and members of the immediate family.

Example 2: C, an exempt organization, sponsors a retirement dinner to honor one of its employees. The restaurant charges C \$60 per meal. C sells tickets for \$50 per person and pays the \$10 difference to the restaurant from its own funds. C must pay sales tax on the full price of all meals purchased. Because the organization received partial reimbursement for all of the meals, C is not eligible for a refund of any of the tax paid.

Instructions for the Purchaser: An officer of an exempt entity must complete and sign this certificate to request a refund of taxes paid on the qualifying exempt purchase of meals or lodging. If the purchaser is an exempt organization, it must attach **either** a copy of its I.R.C. §501(c)(3) or (13) determination letter issued by the U.S. Treasury Department **or**, if it was issued an exemption permit by DRS, enter its exemption permit number on CERT-122. If the purchaser is a qualifying governmental agency, no attachment is required. If the purchaser is a nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home, it must attach a copy of a valid and active license issued by the Department of Public Health under Chapter 368v of the Connecticut General Statutes and either a copy of its I.R.C. §501(c)(3) or (4) determination letter issued by the U.S. Treasury Department **or**, if it was issued an exemption permit by DRS, enter its exemption permit number on CERT-122. If DRS concludes a qualifying exempt purchase was made, the tax paid will be refunded to the purchaser. Keep a copy of this certificate and records that substantiate the information entered on this certificate for at least six years from the date it was issued. The following items must be included with CERT-122:

1. A copy of an itemized bill directly invoicing and charging the exempt entity for the meals or lodging. The bill must separately state the amount of sales tax charged on meals and lodging; **and either**
2. A copy of the cancelled check(s) (front and back), including the initial deposit, drawn on the exempt entity's checking account, directly paying for the meals or lodging; **or**
3. If payment is made by credit card, a copy of the exempt entity's credit card statement showing the purchase of the meals and lodging and a copy of the cancelled check(s) (front and back) drawn on the exempt entity's checking account that paid the credit card bill.

| | |
|--|--|
| Name of Exempt Entity: | Federal Employer Identification Number |
| Address of Exempt Entity | Connecticut Exemption Permit Number <i>(If any)</i> |
| <i>(If the exempt entity was not issued a Connecticut exemption permit (E-number), attach a copy of the exempt entity's I.R.C. §501(c)(3), (4), or (13) determination letter.)</i> | |
| Name of Retailer | Check Appropriate Box(es) <input type="checkbox"/> Meals <input type="checkbox"/> Lodging |
| Address of Retailer | Date(s) of Event |

Describe Purpose or Reason for Event: (Be specific. For example, meeting of board of trustees, or luncheon to honor volunteers)

The exempt entity must provide the following information about the purchases of meals or lodging: *(See instructions)*

| Column A | Column B | Column C |
|--|---|---|
| Total Number of Meals or Lodging Purchased _____ | Number for Which <i>No</i> Reimbursement, Full or Partial, Was Received _____ | Number for Which Reimbursement, Full or Partial, Was Received _____ |
| Total Cost of Meals or Lodging Purchased (Excluding Tax) \$ _____ | Cost of Meals or Lodging for Which <i>No</i> Reimbursement, Full or Partial, Was Received (Excluding Tax) \$ _____ | Cost of Meals or Lodging for Which Reimbursement, Full or Partial, Was Received (Excluding Tax) \$ _____ |
| Total Tax Paid on This Amount \$ _____ | Total Tax Paid on This Amount \$ _____ | Total Tax Paid on This Amount \$ _____ |

The sum of the numbers entered in Column B and in Column C should equal the number entered in Column A.

Declaration by Exempt Entity

I declare that the exempt organization, qualifying governmental agency, nonprofit charitable hospital, nonprofit nursing home, nonprofit rest home, or nonprofit residential care home:

- Was directly invoiced and charged by the retailer;
- Directly paid the retailer with a check drawn on its own account or with a credit card issued in its own name; **and**
- Was not or will not be reimbursed, directly or indirectly, by donation or otherwise, for all or a portion of the cost of the meals or lodging by those consuming the meals or lodging.

I also declare that any exemption permit noted on this certificate, any determination letter or group exemption letter (as the case may be), and license issued by the Department of Public Health, if applicable, attached to this certificate, has not been canceled or revoked. I declare under penalty of law that I have examined this document (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 or document 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.

| | |
|----------------------|------------------|
| Print Name | Title |
| Authorized signature | Date |
| | Telephone Number |

This Section is Completed by DRS

Request Approved by DRS

| | |
|-----------------------|---------------|
| Official Approval/DRS | Date Approved |
|-----------------------|---------------|

Request Disapproved by DRS

- Exempt entity did not provide proof of exempt status. (Connecticut exemption permit number or I.R.C. §501(c)(3), (4), or (13) determination letter and the license issued by the Department of Public Health, if applicable.)
- Exempt entity was not directly invoiced and charged by the retailer of the meals or lodging.
- Exempt entity did not directly pay the retailer of the meals or lodging with a check drawn on its own checking account or with a credit card issued in its own name (and not in the name of one of its members, employees, or officers).
- Exempt entity was or will be reimbursed, in whole or in part, for its payment for the meals or lodging by those consuming the meals or lodging.
- Certificate was not timely filed.

| | |
|--------------------------|------------------|
| Official Disapproval/DRS | Date Disapproved |
|--------------------------|------------------|

For More Information: For other information, call the *Exempt Organization Coordinator* at **1-800-382-9463** (in-state) and choose Option 0 or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling **860-297-4911**. Preview and download forms and publications from the DRS Web site at **www.ct.gov/DRS**

Submit this certificate for approval to: Department of Revenue Services
Taxpayer Services Division - Exempt Organization Coordinator
25 Sigourney Street
Hartford CT 06106-5032

Blanket Certificate for Exempt Qualifying Purchases of Meals or Lodging by an Exempt Organization or Qualifying Governmental Agency

General Purpose: Exempt organizations or qualifying governmental agencies should use this certificate to establish that their purchases of meals or lodging are exempt from sales and use taxes. This certificate may be used **only** if these four conditions are met:

1. The retailer directly invoices and charges the exempt organization or qualifying governmental agency for the meals or lodging;
2. The exempt organization or qualifying governmental agency directly pays the retailer with a check drawn on its own account or with a credit card issued in its own name;
3. The exempt organization or qualifying governmental agency is not reimbursed, in whole or in part, by donation or otherwise, for its payment for the meals or lodging by those consuming the meals or lodging; **and**
4. The purchase of the meals or lodging occurs before the expiration date specified on the blanket certificate.

Statutory Authority: Conn. Gen. Stat. §12-412(1)(A), (8) and (94).

Credit Card Purchases: If a credit card is used to pay the retailer of meals or lodging, the card must be issued in the name of the exempt organization or qualifying governmental agency. The credit card must be used exclusively to make purchases for the use of the exempt organization or qualifying governmental agency (not for the convenience of its officers, employees or members). The credit card charges must be paid by a check drawn on the organization's or agency's own checking account.

Nonqualifying Purchases: This certificate may not be used (and tax must be paid) on the purchase of meals or lodging not meeting all four of the conditions above. Nonqualifying purchases include fund raisers where those who attend are charged or are required to make any payment and seminars or conferences where meals or lodging are provided at no extra charge to those paying the conference or seminar registration fee.

However, a qualifying exempt organization may purchase meals exempt from tax using **CERT-119, Purchases of Tangible Personal Property and Services by Qualifying Exempt Organizations**, or **CERT-134, Exempt Purchases by Qualifying Governmental Agencies**, and does not have to get prior approval from the Department of Revenue Services (DRS), when the organization will resell the meals at one of five fundraising or social events per year that is exempt from tax under Conn. Gen. Stat. §12-412(94). See **Special Notice 98(11), Exemption From Sales and Use Taxes of Sales by Nonprofit Organizations at Fundraising or Social Events**.

Purchases Not Requiring Preapproval: The federal government recently implemented the "GSA SmartPay" program, which uses four categories of credit cards: Fleet, Purchase, Travel, and Integrated cards. Federal employees may purchase meals and lodging tax exempt by using **certain** GSA SmartPay cards when the purchases are billed to and paid by the federal government. U.S. government agencies making tax-exempt purchases of meals and lodging using GSA SmartPay cards are not required to get preapproval for these purchases from DRS and are not required to provide the retailer with **CERT-112, Exempt Purchases of Meals or Lodging by Exempt Entities**. See **Policy Statement 2000(1.1), Retailer's Acceptance of U.S. Government "GSA SmartPay" Credit Card for Exempt Purchases**.

Instructions for the Purchaser: An officer of an exempt organization or qualifying governmental agency must complete and sign this certificate and submit it to DRS for qualifying exempt purchases of meals or lodging during a one year period. If the purchaser is an exempt organization, it must attach **either** a copy of its I.R.C. §501(c)(3) or (13) determination letter issued by the U.S. Treasury Department **or**, if it was issued an exemption permit by DRS, enter its exemption permit number on CERT-123. If the purchaser is a

qualifying governmental agency, no attachment is required. If DRS concludes that qualifying exempt purchases are being made, the certificate, with DRS official approval noted, will be returned to the exempt organization or qualifying governmental agency. The exempt organization or qualifying governmental agency must then provide the approved CERT-123 to the retailer of meals or lodging. Keep a copy of this certificate, documents attached, and records that substantiate the information on this certificate for at least six years from the date it is issued.

Events That Qualify for Refund Only: If the exempt organization or qualifying governmental agency will be paying (and will not be reimbursed, in whole or in part) for the meals or lodging of some of the attendees but will be reimbursed in whole or in part for the meals or lodging of others, a preapproved exemption will **not** be issued. The exempt organization or qualifying governmental agency must pay tax on **all** the meals or lodging at the time of the purchase. However, DRS will refund the tax on those meals or lodging that were paid for by the exempt organization or qualifying governmental agency for which it was not reimbursed. The exempt organization or qualifying governmental agency must file, and DRS must approve, **CERT-122, Refund of Sales Tax Paid on Purchases of Meals or Lodging by Exempt Entities**. The exempt organization or qualifying governmental agency is not eligible for refund of tax paid on those meals or lodging for which it received full or partial reimbursement. See **Policy Statement 2003(4), Purchases of Meals or Lodging by Exempt Entities**, for additional information.

Example 1: B, an exempt organization, sponsors a dinner at a restaurant to honor one of its members. The restaurant charges B \$50 per meal and B sells tickets for \$50 per person. The honoree and members of the immediate family attend as guests of the exempt organization. B must pay sales tax on all meals purchased. It may, however, complete and file CERT-122 to claim a refund of the taxes paid only on meals consumed by the honoree and members of the immediate family.

Example 2: C, an exempt organization, sponsors a retirement dinner at a restaurant to honor one of its employees. The restaurant charges C \$60 per meal. C sells tickets for \$50 per person and pays the \$10 difference to the restaurant from its own funds. C must pay sales tax on the full price of all meals purchased. Because the organization received partial reimbursement for all of the meals, C is not eligible for a refund of any of the tax paid.

Instructions for Retailer of Meals or Lodging: Accept this certificate only if you directly invoice and charge the exempt organization or qualifying governmental agency for the meals or lodging. Accept the certificate only if you are directly paid by the exempt organization or qualifying governmental agency with a check drawn on the exempt organization's or qualifying governmental agency's own checking account or with a credit card issued in the organization's or agency's name (not in the name of one of its members, employees or officers). Cash payments will not satisfy this condition, regardless of the cost of the meals or lodging.

Acceptance of this certificate, when properly completed and with DRS official approval noted, relieves the retailer from the burden of proving the sale of meals or lodging is not subject to sales and use taxes. This certificate is valid only if taken in good faith from an exempt organization or qualifying governmental agency.

Keep a copy of this certificate, the attached documents, and bills or invoices to the purchaser for at least six years from the date the meals or lodging were purchased. The bills, invoices or records covering the purchase made under this certificate must be marked "Exempt Under CERT-123" to indicate an exempt purchase has occurred.

| | |
|---|--|
| Name of: (Check one box) <input type="checkbox"/> Exempt Organization <input type="checkbox"/> Qualifying Governmental Agency | Federal Employer Identification Number |
| Address of Exempt Organization or Qualifying Governmental Agency | Connecticut Exemption Permit Number (If any) |

(If the exempt organization was not issued a Connecticut exemption permit (E-number), attach a copy of the exempt organization's I.R.C. §501(c)(3) or (13) determination letter.)

| | |
|---------------------|--|
| Name of Retailer | Check Appropriate Box(es) <input type="checkbox"/> Meals <input type="checkbox"/> Lodging |
| Address of Retailer | |

Describe Purpose or Reason for Events: (Be specific. For example, meeting of board of trustees, or luncheon to honor volunteers)

| | |
|---|--|
| Will the exempt organization or qualifying agency receive reimbursement, full or partial, for any or all of the meals or lodging? <input type="checkbox"/> Yes <input type="checkbox"/> No | Will the retailer of the meals or lodging directly invoice and charge the agency or organization for the meals or lodging? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will a charge, by whatever name called, be made for the meals or lodging by the exempt organization or qualifying governmental agency to those who will consume the meals or lodging? <input type="checkbox"/> Yes <input type="checkbox"/> No | Will the agency or organization directly pay the retailer of the meals or lodging with a check drawn on its own checking account or with a credit card issued in its own name (and not in the name of one of its members, employees or officers)? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Declaration by Exempt Organization or Qualifying Governmental Agency

I declare that the exempt organization or qualifying governmental agency:

- Is being directly invoiced and charged by the retailer;
- Is directly paying the retailer with a check drawn on its own account or with a credit card issued in its own name; **and**
- Will not be reimbursed, directly or indirectly, by donation or otherwise, for all or a portion of the cost of the meals or lodging by those consuming the meals or lodging.

I also declare that any exemption permit noted on this certificate or any determination letter or group exemption letter (as the case may be) attached to this certificate has not been canceled or revoked. I declare under penalty of law that I have examined this document (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 or document 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.

| | | |
|--------------------------------|---------------------|------------------|
| Signature of Authorized Person | Date | Telephone Number |
| Print or Type Name | Print or Type Title | |

Notice to Retailers: Do not accept this certificate if the following section has not been completed and DRS official approval has not been noted.

This Section is Completed by the Department of Revenue Services

Request Approved by the Department

| | |
|--|---------------|
| Official Approval/Department of Revenue Services | Date Approved |
|--|---------------|

Expiration of Blanket Certificate: This certificate expires on _____

Request Disapproved by the Department

- Exempt organization did not provide proof of exempt status. (Connecticut exemption permit number or I.R.C. §501(c)(3) or (13) determination letter.)
- Exempt organization or qualifying governmental agency will not be directly invoiced and charged by the retailer of the meals or lodging.
- Exempt organization or qualifying governmental agency will not directly pay the retailer of the meals or lodging with a check drawn on its own checking account or with a credit card issued in its own name (and not in the name of one of its members, employees or officers).
- Exempt organization or qualifying governmental agency will be reimbursed, in whole or in part, for its payment for the meals or lodging by those consuming the meals or lodging.

| | |
|---|------------------|
| Official Disapproval/Department of Revenue Services | Date Disapproved |
|---|------------------|

For More Information: For other information, call the *Exempt Organization Coordinator* at **1-800-382-9463** (in-state) and choose Option 0 or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling **860-297-4911**. Preview and download forms and publications from the DRS web site at www.ct.gov/DRS

Submit this certificate for approval to: Department of Revenue Services
Taxpayer Services Division
Exempt Organization Coordinator
25 Sigourney Street
Hartford CT 06106-5032

Purchases of Tangible Personal Property Incorporated Into or Consumed in Water Pollution Control Facilities

General Purpose: The purchaser uses this certificate to claim exemption from sales and use taxes under Conn. Gen. Stat. §12-412(21). The exemption is for purchases of tangible personal property acquired for incorporation into or used and consumed in the operation of facilities for the treatment of industrial waste before the discharge of industrial waste into any waters of the state or into any sewerage system emptying into the waters, the primary purpose of which is the reduction, control, or elimination of water pollution, certified as approved for the purpose by the Commissioner of the Department of Environmental Protection. The Commissioner may certify to a portion of the tangible personal property acquired for incorporation into the facilities to the extent that the portion has as its primary purpose the reduction, control, or elimination of water pollution.

This certificate may also be used to certify that for purposes of the municipal property tax exemption under Conn. Gen. Stat. §12-81(51), the tangible personal property has been approved for incorporation into or used and consumed in the operation of water pollution abatement facilities. For information on either of these provisions, see **Policy Statement 99(3)**, *Tax Exemptions for Certain Water Pollution Control Equipment*.

Statutory Authority: Conn. Gen. Stat. §§12-412(21) and 12-81(51)

Repeal of the Corporation Business Tax Credit: Effective for income years beginning on or after January 1, 1998, the corporation business tax credit under Conn. Gen. Stat. §12-217d for certain expenses for treating industrial waste is repealed. Any corporation eligible for this tax credit may carry any remaining tax credit forward as the provisions of this section would have allowed prior to repeal.

Purchases of Items Not Listed in PS 99(3): The purchaser must obtain and attach to this certificate written approval from the Commissioner of the Department of Environmental Protection indicating that an item of tangible personal property is approved for use in a water pollution control facility. For information on how to obtain written approval from the Department of Environmental Protection (DEP), see **PS 99(3)**.

Instructions for the Purchaser: An owner or officer of a business that purchases tangible personal property to be incorporated into or consumed in the operation of facilities for the treatment of industrial waste before the discharge of industrial waste into any waters of the state or into any sewerage system emptying into the waters, the primary purpose of which is the reduction, control, or elimination of water pollution, certified as approved for such purpose by the Commissioner of the Department of Environmental Protection issues and signs this certificate. To qualify for the exemption from sales and use taxes under Conn. Gen. Stat. §12-412(21), the purchaser must present this certificate to the retailer at the time of purchase of the qualifying tangible personal property.

To obtain the municipal property tax exemption under Conn. Gen. Stat. §12-81(51) which may be available for qualifying structures or equipment, the taxpayer must file a properly completed copy of this certificate with the assessor of the municipality in which the structures or equipment are located after confirming that municipality's procedures for qualifying for the exemption.

Instructions for the Seller: Acceptance of this certificate, when properly completed, shall relieve the seller from the burden of proving the sale of tangible personal property is not subject to sales and use taxes when the tangible personal property will be used or consumed in the operation of facilities for the treatment of industrial waste before the discharge of industrial waste into any waters of the state or into any sewerage system emptying into any waters, the primary purpose of which is the reduction, control, or elimination of water pollution, and is certified as approved for the purpose by the Commissioner of the Department of Environmental Protection.

The certificate is valid only if taken in good faith from a person who is an owner or officer of a business that will use tangible personal property being purchased as provided in Conn. Gen. Stat. §12-412(21). For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser will not use the tangible personal property for water pollution abatement or that the tangible personal property cannot be used for that purpose, or that the tangible personal property has not been approved by DEP. This certificate together with proof that the tangible personal property is approved for use or consumption in water pollution abatement, and bills or invoices to the purchaser, must be maintained by the seller for at least six years from the date on which the items were purchased. The bills, invoices, or records covering purchases made under this certificate must be appropriately marked to indicate an exempt purchase has occurred. The words "Exempt Under CERT-124" satisfy the requirement.

This certificate may be used for individual exempt purchases, in which event the box marked "Certificate for One Purchase Only" must be checked. This certificate may also be used for a continuing line of exempt purchases, in which event the box marked "Blanket Certificate" must be checked. A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|-------------------|---------|--|----------------------------|
| Name of Purchaser | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID Number |
| Name of Seller | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID Number |

Check One Box:

Blanket Certificate

Certificate for One Purchase Only

Check Applicable Box(es):

Water Pollution Equipment

Supplies/Consumables

Itemized description of items purchased (For the municipal property tax exemption include date acquired, date installed, and purchase price. These items must also be included on the *Declaration of Personal Property*):

Declaration by Purchaser

The item(s) described above are tangible personal property to be used or consumed by a business in the operation of facilities for the treatment of industrial waste before the discharge of industrial waste into any waters of the state or into any sewerage system emptying into the waters, the primary purpose of which is the reduction, control, or elimination of water pollution, certified as approved for the purpose by the Commissioner of the Department of Environmental Protection.

In accordance with Conn. Gen. Stat. §12-412(21), the purchase of these item(s) is exempt from sales and use taxes.

In accordance with Conn. Gen. Stat. §12-81(51), these items may be exempt from municipal property tax. Describe the items above and include on the *Declaration of Personal Property*.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchasing Business

BY: _____
Authorized Signature of Owner or Officer Title Date

Sales and Use Tax Exemption for a Motor Vehicle Purchased by a Nonresident of Connecticut

Part I Instructions

Conn. Gen. Stat. §12-412(60) exempts from sales and use taxes the sale of any motor vehicle in this state:

- When the purchaser of the motor vehicle is not a resident of this state and does not maintain a permanent place of abode in this state; **and**
- The motor vehicle is not presented, or is not required to be presented, for registration with the Department of Motor Vehicles (DMV) in this state.

General Purpose: A nonresident purchaser should use this certificate in connection with the purchase of a motor vehicle exempt from sales and use taxes from a licensed Connecticut motor vehicle dealer (retailer) when the vehicle will not be presented, or is not required to be presented, for any form of registration in Connecticut except to obtain an in-transit plate.

This certificate is not valid unless it is wholly and correctly completed and acknowledged. Any misrepresentation will result in the imposition of use tax liability and statutory interest and penalties on the purchaser or sales tax liability and statutory interest and penalties on the retailer. The information in this certificate will be furnished to other states and is subject to verification by the State of Connecticut. If the purchaser is a corporation, an officer or authorized representative must sign the Purchaser's Declaration.

Instructions for the Purchaser: Use this certificate only if you do not maintain a permanent place of abode in Connecticut and will not present, or are not required to present, the motor vehicle for any form of registration in Connecticut except to obtain an in-transit plate.

Do **not** use this form if you maintain a permanent place of abode in Connecticut. A **permanent place of abode** is a dwelling place permanently maintained by an individual, whether or not owned by, rented, or leased to the individual and generally includes a dwelling place owned by or leased to his or her spouse. Generally, a barracks, motel room, or any construction that does not contain facilities ordinarily found in a dwelling, such as facilities for cooking, bathing, etc., are not deemed a permanent place of abode. Also, a place of abode is not deemed permanent if it is maintained only during a temporary stay for the accomplishment of a particular purpose.

A corporation, partnership, limited liability company, or other business entity may qualify for this exemption only if:

- The entity maintains no Connecticut situs and owns no fixed assets located in this state;
- No partner, officer, or member of the entity or its affiliates, and no operator or user of the motor vehicle with an ownership interest in the entity or its affiliates, is a resident of Connecticut or is a nonresident that maintains a permanent place of abode in Connecticut; **and**
- The motor vehicle is not presented, or is not required to be presented, for registration with DMV.

Instructions for the Retailer: You **must** keep a copy of the certificate and a bill or invoice for at least six years from the date the item is purchased. The certificate is valid only if taken in good faith from a person who does not maintain a permanent place of abode in this state or a business entity that meets the requirements stated above and will not present, or is not required to present, this motor vehicle for any form of registration in Connecticut except to obtain an in-transit plate. The good faith of the retailer will be questioned if the retailer knows or has knowledge of facts that give rise to a reasonable inference that the purchaser is a resident of Connecticut, maintains a permanent place of abode here, intends to present, or is required to present, the motor vehicle for registration with DMV in this state except to obtain an in-transit plate. The bill, purchase invoice, or records covering the purchase made under this certificate must be appropriately marked to indicate that an exempt purchase has occurred. The words "Exempt under CERT-125" satisfy this requirement.

For More Information: See **Informational Publication 2004(27), Q & A on Purchases of Motor Vehicles by Nonresidents**. Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911.

Part II Retailer and Purchaser - Read instructions first, then complete Parts II, III, IV, and V.

Retailer Information

Name of retailer _____ CT Tax Registration No. _____
Street address _____ Date of sale _____
City or town, State, ZIP Code _____ Telephone No. _____

Purchaser Information

Name of Purchaser _____ Daytime Telephone No. _____
If an individual: _____ If corporation, partnership, limited liability company, or other business entity:
Home address _____ Business address _____
Name and address of employer _____ Name and address of partners, officers, members, and operator(s) of motor vehicle _____

Driver's License Number _____ State _____ Expiration Date _____ Driver's License Number _____ State _____ Expiration Date _____
(Attach copy of each out-of-state driver's license. Use additional sheets if necessary for the names, addresses, and license numbers of additional drivers.)

Part III Motor Vehicle Identification Data

Year _____ Model _____ Make of vehicle _____ Color _____
Vehicle identification number _____ State of registration and number _____

Computation of Price

Trade-in Data

Gross sales price* _____ Year _____ Make _____ Model _____
Trade-in allowance _____ State of registration and plate number _____
Net sales price _____ Vehicle identification number _____

* Do not deduct manufacturer's rebates from the gross sales price.

Part IV Purchaser's Declaration

Please initial:

_____ I, the purchaser, or person authorized to sign on behalf of the purchaser named in Part II, acknowledge that the retailer has explained to me the meaning of a **permanent place of abode** as defined in Part I (or the requirements for business entities as described in Part I) and I declare that I do not maintain such a permanent place of abode in Connecticut.

I, the purchaser, or person authorized to sign on behalf of the purchaser named in Part II, declare that I purchased the motor vehicle described in Part III from the retailer named in Part II. The purchaser is not a Connecticut resident and does not maintain a permanent place of abode in Connecticut, or the business entity meets the requirements described in Part I. The purchaser is a resident of (or the business entity is located in) the State of _____. This motor vehicle will not be presented, or is not required to be presented, for registration with the Connecticut DMV. I declare under the penalty of false statement that I have examined this certificate and to the best of my knowledge and belief it is true, complete, and correct. I understand the penalty for wilfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Signature of purchaser or authorized person _____ Date _____

If corporation, partnership, limited liability company, or other business entity:

Print name of purchaser or authorized person _____ Title _____ Date _____

If jointly purchased, signature of other purchaser _____ Print name of other purchaser _____

Part V Retailer's Declaration

Please initial:

_____ I, an authorized agent of the retailer named in Part II, declare that I have explained to the purchaser that owning, leasing or otherwise maintaining a **permanent place of abode** in Connecticut, even if it is not permanently occupied by the purchaser, subjects this purchase to Connecticut sales tax and prohibits the use of this certificate. If the purchaser is a business entity, I have explained the exemption requirements for business entities set forth in Part I, or if pertinent, I have explained the requirement for business entities to use this certificate as described in Part I.

I, an authorized agent of the retailer named in Part II, declare under the penalty of false statement that I have examined this certificate and to the best of my knowledge and belief it is true, complete, and correct. I understand the penalty for wilfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print name of retailer's authorized agent _____ Date _____

Signature of retailer's authorized agent _____ Title _____

Exempt Purchases of Tangible Personal Property or Services for Low and Moderate Income Housing Facilities

General Purpose: Sponsors, owners, or operators of low and moderate income housing facilities, as well as contractors for the construction, renovation, repair, maintenance, or operation of these facilities, should use this certificate to purchase tangible personal property or services to be incorporated into or to be used and consumed exclusively in the operation of the facilities. The tangible personal property may be materials that will be physically incorporated into a construction project or supplies or equipment that will be used and consumed in the operation of the facility after its construction. The services may be renovation, repair, maintenance, janitorial, landscaping, or other services.

If the tangible personal property or services are not used in the manner described above, a purchaser who claimed an exemption owes use tax on the total price of the property.

Statutory Authority: Conn. Gen. Stat. §12-412(29).

Instructions for the Purchaser: Use this certificate for purchases of tangible personal property or services to be incorporated into or used and consumed exclusively in the operation of a low and moderate income housing facility. To qualify for the exemption from sales and use taxes afforded by Conn. Gen. Stat. §12-412(29), you must present this certificate to the retailer at the time of the purchase of the qualifying tangible personal property or services together with a signed and dated copy of the Facility Approval Letter from the Department of Revenue Services (DRS) identifying the low and moderate income housing facility named in this certificate and acknowledging that the facility is entitled to the exemption. Keep a copy of this certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that tangible personal property or services are not subject to sales and use taxes when the tangible personal property or services will be incorporated into or used and consumed exclusively in the operation of a low and moderate income housing facility. The certificate is valid only if taken in good faith from a sponsor, owner, or operator of a low and moderate income housing facility, as described in Conn. Gen. Stat. §12-412(29), or from a contractor under contract with a sponsor, owner, or operator of the facility. Attach a signed and dated copy of the Facility Approval Letter from DRS identifying the low and moderate income housing facility named in the certificate and acknowledging that the facility is entitled to the exemption. The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser does not intend to use the property or services in connection with the low and moderate income housing facility identified in the Facility Approval Letter, or that the purchaser is not the sponsor, owner, or operator of the facility, or a contractor under contract with the sponsor, owner, or operator. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of purchase. The bills, invoices, or records covering the purchase made under this certificate must be marked to indicate an exempt purchase was made. The words “Exempt under CERT-126” satisfy the requirement.

This certificate may be used for individual purchases, in which case the box marked “Certificate for One Purchase Only” must be checked. This certificate may also be used for a continuing line of exempt purchases, in which case the box marked “Blanket Certificate” must be checked. A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

Exempt Purchases by an Enrolled Member or by the Tribal Government of the Mashantucket Pequot Tribe or Mohegan Tribe

General Purpose: An enrolled member or an agent of the Mashantucket Pequot Tribe or Mohegan Tribe uses this certificate for purchases or rentals of tangible personal property or purchases of services in Indian country of the tribe.

The purchaser who claims this exemption will owe use tax on the total purchase price of the tangible personal property or services if, at the time of purchase, the purchaser does not intend to use the tangible personal property or services exclusively in Indian country of the tribe and subsequently uses the tangible personal property or services outside of Indian country of the tribe.

Statutory Authority: Conn. Gen. Stat. §§12-407(a)(6), 12-408c, and 12-412(2).

Instructions for the Purchaser: An enrolled member or an agent of the Mashantucket Pequot Tribe or Mohegan Tribe signs and issues this certificate for purchases or rentals of tangible personal property or purchases of services in Indian country of the tribe with which the purchaser is affiliated.

Tangible personal property

- Sales and purchases of tangible personal property take place in Indian country of the tribe if title to the property passes to the purchaser in Indian country of the tribe.
- Rentals of tangible personal property take place in Indian country of the tribe if delivery of the property occurs in Indian country of the tribe.

Purchases or rentals of tangible personal property **are not exempt**, and sales and use taxes apply to the purchases, where title to the property or delivery of the rented property is taken by the purchaser outside of Indian country of the tribe even if the purchaser immediately transports the property into Indian country of the tribe.

Under the Buy Connecticut provision described in Conn. Gen. Stat. §12-408c, a business may apply to the Department of Revenue Services (DRS) for a refund of sales and use taxes paid on tangible personal property purchased from a Connecticut retailer when those goods will be:

- Shipped outside of Connecticut by common or contract carrier for exclusive use outside of Connecticut; or
- Incorporated into other property to be shipped outside of Connecticut for exclusive use outside of Connecticut.

The Buy Connecticut provision also allows the Commissioner of Revenue Services to issue permits that enable qualified purchasers to purchase property without payment of sales and use taxes. DRS considers Indian country of the tribe to be outside of Connecticut for purposes of the Buy Connecticut provision. (See **Special Notice 2001(5)**, *The “Buy Connecticut” Provision*.)

In addition, Conn. Gen. Stat. §12-407(6) excludes from use tax the exercise of any right or power over tangible personal property shipped or brought into Connecticut for the purpose of subsequently transporting it outside the state for use solely outside Connecticut, or to be processed, fabricated, or manufactured into, attached to, or incorporated into other tangible personal property to be transported and used solely outside Connecticut.

Services

The sale, storage, use, or other consumption of a service occurs where the benefit of the service is realized in accordance with Chapter 219 of the Connecticut General Statutes and related regulations. For example, certain

services, such as business management services, rendered for the benefit of a tribal business operating exclusively in Indian country of the tribe are realized in Indian country of the tribe even if the services are performed by a service provider located outside Indian country of the tribe. Services to real property, such as services to industrial, commercial, or income producing real property, are considered to be realized where the real property is located. Services to tangible personal property, such as repairs to motor vehicles or appliances, are also generally considered to occur at the location where the services are rendered. Purchasers of services should inquire with the DRS if they are uncertain of the taxability of the service.

Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale, storage, use, or other consumption of tangible personal property or services is not subject to sales and use taxes. The certificate is valid only if taken in good faith from an enrolled member or an agent of the Mashantucket Pequot Tribe or Mohegan Tribe for sales where:

- Title to the tangible personal property passes to the purchaser in Indian country of the tribe (unless a Buy Connecticut permit is provided);
- The delivery of rented tangible personal property takes place in Indian country of the tribe; **or**
- The benefit of the service is realized in Indian country of the tribe under Connecticut law.

The good faith of the seller will be questioned if the seller knows of facts that suggest:

- Title to the property will not pass in Indian country of the tribe;
- Delivery of rented property will not take place in Indian country of the tribe;
- The benefit of the services rendered will be realized outside Indian country of the tribe;
- The purchaser does not intend to use the tangible personal property exclusively in Indian country of the tribe; **or**
- The purchaser is not an enrolled member or agent of the tribal government.

Sellers of services should inquire with DRS if they are uncertain of the taxability of the service being sold.

Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words “Exempt under CERT-127” satisfy the requirement.

This certificate may be issued annually as a blanket certificate for a line of continuing purchases.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|----------------|--|--|---|
| Name of Seller | Address | CT Tax Registration Number (If none, explain) | Federal Employer ID # |
| Check One Box | <input type="checkbox"/> Blanket Certificate | <input type="checkbox"/> Certificate for One Purchase Only | |
| Check One Box | <input type="checkbox"/> Property Purchased | <input type="checkbox"/> Property Rented | <input type="checkbox"/> Services Purchased |
| Description | | | |

Declaration by Purchaser

I declare that:

- I am either an enrolled member or agent of the Mashantucket Pequot Tribe or the Mohegan Tribe purchasing tangible personal property or services in Indian country of the tribe;
- Title to the property or delivery of rented property will be taken in Indian country of the tribe (unless a Buy Connecticut permit is provided); **and**
- The property purchased or rented or the benefit of services purchased is realized in Indian country of the tribe and will be used exclusively in Indian country of the tribe.

If, however, the tangible personal property purchased or rented under this certificate is intended to be used outside of Indian country of the tribe or the benefit of services purchased under this certificate will be realized outside of Indian country of the tribe, I acknowledge that the enrolled member or tribal government will be liable for Connecticut use tax on the total purchase price of the tangible personal property or services if and when the tangible personal property is actually used or the benefit of the services are realized outside Indian country of the tribe.

I declare under penalty of law that I have examined this document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print Name of Purchaser

Name of Tribe With Which the Purchaser Is Affiliated

By: _____
Signature Title Date

Enrolled Member Agent of the Tribal Government

Exempt Purchases by Contractors in Connection With Construction Projects in Indian Country of the Mashantucket Pequot or Mohegan Tribes

General Purpose: A construction contractor uses this certificate to purchase or rent tangible personal property for use exclusively in connection with construction projects performed for the Mashantucket Pequot Tribe or Mohegan Tribe or their enrolled members in Indian country of those tribes.

The tangible personal property may consist of materials and supplies to be physically incorporated into the construction project or equipment purchased or rented by the contractor to be used in Indian country of those tribes in fulfilling the contract if:

- The equipment is used exclusively and permanently in Indian country of the tribes; **and**
- The entire cost of the purchase is passed on to the tribe or an enrolled member of the tribe.

The exemption applies **only** when title to tangible personal property passes to the contractor or delivery of rented property is taken by the contractor in Indian country of the tribe.

Statutory Authority: Conn. Gen. Stat. §§12-407(a)(6), 12-408c, and 12-412(2).

Instructions for the Purchaser: A construction contractor signs and issues this certificate for purchases or rentals of tangible personal property used in connection with a construction contract performed for the Mashantucket Pequot Tribe or Mohegan Tribe or an enrolled member of the tribe in Indian country of the tribe when:

- Title to the property passes or the delivery of the rented property is taken in Indian country of the tribe (unless a Buy Connecticut permit is provided);
- The entire cost of the purchase or rental of the property is passed on to the tribe or an enrolled member of the tribe; **and**
- The equipment will be used exclusively and permanently (or for the entire rental period in the case of rented property) in Indian country of the tribe.

Purchases or rentals of tangible personal property **are not exempt**, and sales and use taxes apply to the purchases by a construction contractor, where title to the property or delivery of the rented property is taken by the purchaser outside of Indian country of the tribe even if the purchaser immediately transports the property to Indian country of the tribe.

However, under the Buy Connecticut provision as described in Conn. Gen. Stat. §12-408c, a business may apply to the Department of Revenue Services (DRS) for a refund of sales and use taxes paid on tangible personal property purchased from a Connecticut retailer when those goods will be:

- Shipped outside of Connecticut by common or contract carrier for exclusive use outside of Connecticut; **or**
- Incorporated into other property to be shipped outside of Connecticut for exclusive use outside of Connecticut.

The Buy Connecticut provision also allows the Commissioner of Revenue Services to issue permits that enable qualified purchasers to purchase property without payment of sales and use taxes. DRS considers Indian country to be outside of Connecticut for purposes of the Buy Connecticut

provision. (See **Special Notice 2001(5)**, *The “Buy Connecticut” Provision*.)

In addition, Conn. Gen. Stat. §12-407(6) excludes from use tax the exercise of any right or power over tangible personal property shipped or brought into Connecticut for the purpose of subsequently transporting it outside the state for use solely outside Connecticut, or to be processed, fabricated, or manufactured into, attached to, or incorporated into other tangible personal property to be transported, and used solely, outside Connecticut (such as into Indian country).

If title to property or delivery of rented property is taken outside of Indian country of the tribe and the purchaser intends to use the property outside of Indian country of the tribe and subsequently uses it outside of Indian country of the tribe, or if the entire cost of the purchase or rental is not passed on to the tribe or an enrolled member of the tribe, the purchaser is liable for use tax on the purchase price of the property.

Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale, storage, use, or other consumption of tangible personal property is not subject to sales and use taxes. The certificate is valid only if taken in good faith from a contractor for sales or rentals of property that take place in Indian country of the tribe in connection with a construction contract that will be performed for the Mashantucket Pequot Tribe or Mohegan Tribe or an enrolled member of the tribe in Indian country of the tribe. Sales of property take place at the location where title to the property passes or where the rented property is delivered. The good faith of the seller will be questioned if the seller knows of facts that suggest:

- Title to the property does not pass or the delivery of rented property does not take place in Indian country of the tribe (unless a Buy Connecticut permit is provided);
- The purchaser does not intend to use the property, permanently and exclusively in Indian country of the tribe, in connection with a construction contract for the tribe or their enrolled members in Indian country of the tribe; **or**
- The entire cost of the purchase will not be passed on to the tribe or one of its enrolled members.

Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words “Exempt under CERT-128” satisfy the requirement.

This certificate may be issued annually as a blanket certificate for a line of continuing purchases.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|-------------------|--|--|-----------------------|
| Name of Seller | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Name of Purchaser | Address | CT Tax Registration Number <i>(If none, explain)</i> | Federal Employer ID # |
| Check One Box | <input type="checkbox"/> Blanket Certificate | <input type="checkbox"/> Certificate for One Purchase Only | |
| Check One Box | <input type="checkbox"/> Purchased | <input type="checkbox"/> Rented | |
| Description | | | |

Declaration by Purchaser

I declare that:

- The purchaser is a construction contractor purchasing or renting tangible personal property for use in connection with a construction contract with the Mashantucket Pequot Tribe or the Mohegan Tribe or an enrolled member of the tribe performed in the Indian country of the tribe;
- Title to the property or delivery of rented property will be taken in Indian country of the tribe (unless a Buy Connecticut permit is provided);
- The property will be used exclusively and permanently (in the case of rented property, for the entire rental period) by the contractor in Indian country of the tribe; **and**
- The entire cost of the property or entire cost of the rental of the property during the rental term will be passed on to the tribe or an enrolled member of the tribe.

I acknowledge that the contractor will be liable for Connecticut use tax, plus penalty and interest, on the total purchase price of the property if the contractor does not meet the conditions listed above.

I declare under penalty of law that I have examined this document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Tribe or Enrolled Member

Location of Construction Project

By: _____
Signature of Purchaser

Title

Date

Exemption for Items Used Directly in the Biotechnology Industry

General Purpose: The purchaser of machinery, equipment, tools, materials, supplies, and fuel uses this certificate to establish the item(s) being purchased will be used directly in the biotechnology industry.

If the machinery, equipment, tools, materials, supplies, and fuel are not used in the manner described above, a purchaser who claimed an exemption owes use tax on the total price of any items purchased under this exemption.

Statutory Authority: Conn. Gen. Stat. §12-412(89).

Instructions for the Purchaser: An owner or officer of a business involved in the application of technologies in biotechnology can sign and issue this certificate to advise the seller of machinery, equipment, tools, materials, supplies, and fuel that the purchase is exempt. Issue this certificate only for machinery, equipment, tools, materials, supplies, and fuel as defined in Conn. Gen. Stat. §12-412(89). Biotechnological applications include: recombinant DNA techniques, biochemistry, molecular and cellular biology, genetics and genetic engineering, biological cell fusion techniques, and new bioprocesses using living organisms, or parts of organisms, to produce or modify products, to improve plants or animals, to develop microorganisms for specific uses, to identify targets for small molecule pharmaceutical development, and to transform biological systems into useful processes and products.

Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale and storage, use, or other consumption of the machinery, equipment, tools, materials, supplies, and fuel is not subject to sales and use taxes. The certificate is valid only if taken in good faith from a person who is engaged in the application of technologies in biotechnology. The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not engaged in applying technologies in biotechnology or that the item(s) purchased will not be used directly in these activities.

Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words "Exempt under CERT-129" satisfy the requirement.

This certificate can be used for individual exempt purchases, in which event the purchaser must check the box marked "Certificate for One Purchase Only." The certificate can also be used for a continuing line of exempt purchases, in which event the purchaser must check the box marked "Blanket Certificate." A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

Sales and Use Tax Exemption for Purchases by Water Companies

General Purpose: A purchaser of tangible personal property or services uses this certificate to establish the item(s) are being purchased by a water company for use in maintaining, operating, managing, or controlling a water source or distributing plant or system employed for the purpose of supplying water to 50 or more consumers.

Statutory Authority: Conn. Gen. Stat. §12-412(90).

Instructions for the Purchaser: An owner or officer of a water company, as the term is defined in Conn. Gen. Stat. §16-1(10), signs and issues this certificate to advise the seller of tangible personal property or services that sales and use taxes do not apply to charges for the purchase. This certificate may be issued only for purchases exempted under Conn. Gen. Stat. §12-412(90).

If the tangible personal property or services are not used in the manner described in this certificate, a purchaser who claimed the exemption owes a use tax on the total price of the item(s) purchased under the exemption.

Keep a copy of this certificate and records to substantiate the information entered on this certificate for at least six years from the date it is issued.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale to, and the storage, use, or other consumption by a water company of tangible personal property or services is not subject to sales and use taxes. This certificate is valid only if taken in good faith from a person who is an owner or

officer of a water company, as the term is defined in Conn. Gen. Stat. §16-1(10). The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not the water company or the tangible personal property or services purchased will not be used in maintaining, operating, managing, or controlling a water source or distributing plant or system employed for the purpose of supplying water to 50 or more consumers.

Keep this certificate and bills or invoices to the purchaser for at least six years from the date on which the items were purchased. The bills, invoices, or records covering all purchases made under this certificate must be appropriately marked "Exempt Under CERT-130" to indicate the purchase was not taxable.

This certificate may be used for a single purchase, in which event the box marked "Certificate for One Purchase Only" must be checked. This certificate may also be used for a continuing line of purchases, in which event the box marked "Blanket Certificate" must be checked. A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at **1-800-382-9463** (in-state) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling **860-297-4911**. Preview and download forms and publications from the DRS Web site at **www.ct.gov/DRS**

| | | | |
|-------------------|---------|--|----------------------------|
| Name of Purchaser | Address | CT Tax Registration Number (If None, <i>explain</i>) | Federal Employer ID Number |
| Name of Seller | Address | CT Tax Registration Number (If None, <i>explain</i>) | Federal Employer ID Number |

Check One Box Blanket Certificate Certificate for One Purchase Only

Check Appropriate Box(es) and Provide a Written Description of Each Item Purchased

Tangible Personal Property Services

Description

Declaration by Purchaser

The item(s) described on this certificate are tangible personal property or services being purchased by a water company under the exemption provided in Conn. Gen. Stat. §12-412(90).

In accordance with Conn. Gen. Stat. §12-412(90), the purchase of the described item(s) is exempt from sales and use taxes.

I, the authorized representative of the **purchaser** named above, declare under penalty of law that I have examined the information in this certificate 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.

Name of Purchaser

By: _____
Signature Title Date

Exemption for Projects of the Connecticut Resources Recovery Authority and Solid Waste-To-Energy Facilities

General Purpose: A purchaser of tangible personal property or services uses this certificate to establish the item(s) are being purchased to be incorporated into or used or consumed in the operation of a project of the Connecticut Resources Recovery Authority (CRRRA) or in a solid waste-to-energy facility.

Statutory Authority: Conn. Gen. Stat. §12-412(92) and (95).

Instructions for the Purchaser: An owner or officer of the following signs and issues this certificate:

- CRRRA;
- A lessee or operator of a project of CRRRA where the purchases will be reimbursed by CRRRA;
- An authority or operating committee of a solid waste-to-energy facility that holds a permit issued by the Commissioner of Environmental Protection under Conn. Gen. Stat. §22a-208a; or
- A lessee or operator of a solid waste-to-energy facility where the purchaser will be reimbursed by an authority or operating committee.

This certificate advises the seller of tangible personal property or services that sales and use taxes do not apply to charges for the purchase. This certificate may be issued only for purchases exempted under Conn. Gen. Stat. §12-412(92) or (95).

If the tangible personal property or services are not used in the manner described in this certificate, the purchaser who claimed the exemption owes a use tax on the total price of the item(s) purchased under the exemption.

Keep a copy of this certificate and records to substantiate the information entered on this certificate for at least six years from the date it is issued. If no Connecticut registration number has been assigned to the purchaser, enter the tax registration number assigned by another state and identify the state.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale to, and the storage, use, or other consumption by a purchaser, as identified on the certificate, of tangible personal property or services is not subject to sales and use taxes. This certificate is valid only if taken in good faith from a person who is an owner or officer of the purchaser identified on the certificate. The good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not a purchaser as identified on the certificate or item(s) purchased will not be incorporated into or used or consumed in the operation of a project of the CRRRA or in a solid waste-to-energy facility.

Keep this certificate and bills or invoices to the purchaser for at least six years from the date on which the items were purchased. The bills, invoices, or records covering all purchases made under this certificate must be appropriately marked “Exempt Under CERT-131” to indicate the purchase was not taxable.

This certificate may be used for a single purchase, in which event the box marked “Certificate for One Purchase Only” must be checked. This certificate may also be used for a continuing line of purchases, in which event the box marked “Blanket Certificate” must be checked. A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at **1-800-382-9463** (in-state) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling **860-297-4911**. Preview and download forms and publications from the DRS Web site at **www.ct.gov/DRS**

| | | | |
|-------------------|---------|--|----------------------------|
| Name of Purchaser | Address | CT Tax Registration Number (If None, <i>explain</i>) | Federal Employer ID Number |
| Name of Seller | Address | CT Tax Registration Number (If None, <i>explain</i>) | Federal Employer ID Number |

Check One Box Blanket Certificate Certificate for One Purchase Only

Address of CRRRA Project or Solid Waste-To-Energy Facility

Name of Owner (If purchaser is lessee or operator)

Address of Owner

Check Appropriate Box(es) and Provide a Written Description of Each Item Purchased

Tangible Personal Property Services

Description

Declaration by Purchaser

The item(s) described on this certificate are tangible personal property or services being purchased under the exemption provided in Conn. Gen. Stat. §12-412(92) and (95).

In accordance with Conn. Gen. Stat. §12-412(92) or (95), the purchase of the described item(s) is exempt from sales and use taxes.

I, the authorized representative of the **purchaser** named above, declare under penalty of law that I have examined the information in this certificate 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.

Name of Purchaser

By: _____
Signature Title Date

Sales and Use Tax Exemption for Purchases Made Under the Buy Connecticut Provision

General Purpose: The holder of a *Buy Connecticut Provision Exemption Permit* uses this certificate to purchase tangible personal property in Connecticut without payment of tax, for use in carrying on a trade, occupation, business, or profession, when the property will be shipped out of the state for exclusive use by the purchaser outside the state.

Statutory Authority: Conn. Gen. Stat. §12-408c.

Instructions for the Purchaser: An owner or officer of an entity carrying on a trade, occupation, business, or profession in Connecticut that holds a valid *Buy Connecticut Provision Exemption Permit* from the Department of Revenue Services (DRS) must sign and issue this certificate to advise the seller of tangible personal property that sales and use taxes do not apply to the charges for the purchase. You may issue this certificate only for purchases exempted under the Buy Connecticut provision. **Attach a copy of your valid Buy Connecticut Provision Exemption Permit to this certificate.**

You may store tangible personal property purchased with this certificate in Connecticut or process, fabricate, manufacture, or incorporate it into other tangible personal property in Connecticut. You may make no other use of the property. Within three years after purchase, you must transport the tangible personal property or the item into which the property has been incorporated outside Connecticut for exclusive use outside the state.

Keep a copy of this certificate and records that substantiate the information entered on this certificate for at least six years from the issue date.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale to or use of the tangible personal property described on the back of this document is not subject to sales and use taxes.

This certificate is valid only if the seller takes it in good faith from a person who is an owner or officer of an entity carrying on a trade, occupation, business, or profession in Connecticut that holds a valid *Buy Connecticut Provision Exemption Permit* from DRS. Do not accept this certificate unless the purchaser attached a copy of its valid *Buy Connecticut Provision Exemption Permit* to the certificate.

DRS will question the good faith of the seller if the seller knows, or could reasonably infer that:

- The purchaser is not carrying on a trade, occupation, business, or profession; **or**
- The tangible personal property will not eventually be transported outside Connecticut for exclusive use outside the state after being either stored or incorporated into other tangible personal property by the purchaser.

Keep this certificate and bills or invoices to the purchaser for at least six years from the date on which the items were purchased. Mark the bills, invoices, or records covering all purchases made under this certificate to show that the purchase was exempt. The words "Exempt Under CERT-132" satisfy the requirement.

You may use this certificate for individual exempt purchases. Check the box marked "Certificate for One Purchase Only." You may also use this certificate for a continuing line of exempt purchases, in which event you must check the box marked "Blanket Certificate." A blanket certificate for this exemption remains in effect from the date of the first purchase in a calendar year until the end of the calendar year unless the purchaser revokes it in writing before the period expires.

For More Information: See **Special Notice 2001(5)**, *The "Buy Connecticut" Provision*. Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

| | | | |
|-------------------|---------|--|-----------------------------------|
| Name of Purchaser | Address | Connecticut Tax Registration # (If none, explain) | Federal Employer Identification # |
| Name of Seller | Address | Connecticut Tax Registration # (If none, explain) | Federal Employer Identification # |

Check One Box: Blanket Certificate (Through end of calendar year) Certificate for One Purchase Only

Describe the Tangible Personal Property Purchased:

Declaration by Purchaser

The item(s) described on this certificate are tangible personal property being purchased exempt from sales and use taxes by an entity carrying on a trade, occupation, business, or profession in Connecticut with a valid *Buy Connecticut Provision Exemption Permit*. A copy of the permit is attached to this certificate.

Declaration: I declare, under the penalty of false statement, that I am an owner or officer of the purchaser, and that I have personal knowledge about the information contained in this certificate. I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchaser

By: _____
Authorized Signature Title Date

Contractor's Exempt Purchase Certificate for a Renovation Contract With a Direct Payment Permit Holder

(This certificate **may not** be used for new construction.)

I declare I am engaged in performance of a renovation construction contract for the following Direct Payment Permit holder:

Connecticut Tax Registration Number of Direct Payment Permit Holder: _____

Name of Direct Payment Permit Holder: _____

Address: _____

Project Name and Address: _____

The contractor or subcontractor must attach a copy of the direct payment permit to this certificate.

Construction Contracts Entered Into With Direct Payment Permit Holders: The contractor must purchase materials and supplies that are to be installed or placed in a project performed under this renovation contract and that will **remain** in the project after its completion without payment of sales and use tax. The contractor will not charge the Direct Payment Permit holder any sales or use tax on the materials and supplies. This includes tangible personal property that remains tangible personal property after its installation or placement. For such exempt purchases, the contractor must furnish the contractor's suppliers a completed certificate for each project. Note: The General Contractor's Information and Declaration Section must be completed in full. **Notice to Nonresident Contractors:** This certificate **does not** supersede any bonding requirements previously established by the Department of Revenue Services (DRS).

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

General Contractor's Information and Declaration Section: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Connecticut Tax Registration Number of General Contractor: _____

Name of General Contractor: _____

Authorized Signature: _____ Date: _____

Address: _____

Description of Work Performed: _____

Subcontractor's Information and Declaration Section: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Connecticut Tax Registration Number of Subcontractor: _____

Name of Subcontractor: _____

Authorized Signature: _____ Date: _____

Address: _____

Description of Work Performed: _____

Name of Contractor You Are Directly Subcontracted to,
if Different from Above: _____

Notice to Nonresident Contractors: This certificate **does not** supersede any bonding requirements previously established by DRS.

Exempt Purchases by Qualifying Governmental Agencies

General Purpose: Qualifying governmental agencies must issue this certificate to retailers when purchasing tangible personal property or enumerated services. For purposes of this certificate, qualifying governmental agencies include:

- The United States and its agencies;
- The State of Connecticut or its political subdivisions or their agencies;
- Certain other entities exempt under Connecticut law; and
- Persons acting as agents for any of these entities.

A qualifying governmental agency may use this certificate to purchase any tangible personal property for resale at any one of five fundraising or social events of a day's duration during any calendar year. The event must be exempt from tax under Conn. Gen. Stat. §12-412(94). Otherwise, governmental agencies are not allowed to purchase tangible personal property for resale with this certificate. See **Special Notice 98(11)**, *Exemption From Sales and Use Taxes of Sales by Nonprofit Organizations at Fundraising or Social Events*.

Statutory Authority: Conn. Gen. Stat. §12-412(1)(A)

Instructions for the Purchaser: An authorized person acting on behalf of a qualifying governmental agency must issue and sign this certificate to advise the seller of tangible personal property or taxable services that sales and use taxes do not apply to the purchase. The purchases must be made by the qualifying governmental agency using the agency's own funds.

Purchases made by individual employees who will be reimbursed by a qualifying governmental agency **do not** qualify for exemption under any circumstances, even if the purchases are made in the employee's official capacity.

If a purchaser other than an agency of the U.S. or the State of Connecticut, not named on the reverse of this certificate, is expressly exempted from state sales and use taxes by a federal or Connecticut statute, the purchaser must identify the exempting statute on the reverse of this certificate. If a purchaser is not expressly exempted by a federal statute, but believes it is exempt by reason of federal law, it must request a letter from the Department of Revenue Services (DRS) (address above) acknowledging the exempt status and attach a copy of the letter to this certificate.

Purchases of Meals and Lodging: In general, qualifying governmental agencies may **not** use this certificate to purchase meals and lodging, but must get preapproval from DRS for these purchases, and use **CERT-112**, *Exempt Purchase of Meals and Lodging by Exempt Entities*, or **CERT-123**, *Blanket Certificate for Exempt Qualifying Purchases of Meals or Lodging by an Exempt Entity*.

However, a qualifying governmental agency may purchase meals tax exempt using this certificate, without prior approval from DRS, when it will resell the meals at one of five fundraising or social events per year exempt under Conn. Gen. Stat. §12-412(94). See **Policy Statement 2003(4)**, *Purchases of Meals or Lodging by Exempt Entities*.

Federal Government Purchases Not Requiring This Certificate: The federal government has implemented the "GSA SmartPay" program, which uses four categories of cards: Fleet, Purchase, Travel, and Integrated Cards. Federal employees may purchase tangible personal property and services, including meals and lodging, tax exempt when using GSA SmartPay cards, if the purchases are billed to and paid by the federal government. U.S. government agencies making tax-exempt purchases using GSA SmartPay cards are not required to use any DRS certificates or to get preapproval for purchases. Some GSA SmartPay purchases **do not** qualify for exemption. See **Policy Statement 2009(2)**, *Retailer's Acceptance of U.S. Government "GSA SmartPay 2" Charge Cards for Exempt Purchases*.

Instructions for Agents Making Purchases for Qualifying Governmental Agencies: A person acting as the agent of a qualifying governmental agency making purchases of tangible personal property or enumerated services must issue this certificate to notify the seller sales and use taxes do not apply to the charges for the purchases.

The agent must:

- Complete and sign this certificate **as the purchaser**;
- Attach a copy of the document from the qualifying governmental agency that expressly designates the person as the agent for purchasing the types of goods or services being purchased; and
- Claim an exemption only on purchases of goods or services used exclusively by the qualifying governmental agency.

Keep a copy of this certificate, the documents attached, and records that substantiate the information entered on this certificate for at least six years from the date this certificate is issued.

Instructions for the Seller: Acceptance of this certificate, when properly completed and accompanied by any other required documents, relieves the seller from the burden of proving the sale and the storage, use, or consumption of the tangible personal property or taxable services are not subject to sales and use taxes. This certificate is valid only if taken in good faith from a person who is authorized to furnish it to the seller on behalf of a qualifying governmental agency. The good faith of the seller will be questioned if the seller has knowledge of facts that give rise to a reasonable inference the purchaser is not a qualifying governmental agency or an agent of a qualifying governmental agency or the items purchased will not be used exclusively by or on behalf of the qualifying governmental agency.

Keep this certificate, the documents attached, and bills or invoices to the purchaser for at least six years from the date the items or services were purchased. The bills, invoices, or records covering the purchase made under this certificate must be marked "Exempt Under CERT-134" to indicate an exempt purchase has occurred.

This certificate may be used for a single exempt purchase, in which case the box marked "Certificate for One Purchase Only" must be checked. This certificate may also be used for a continuing line of exempt purchases, in which case the box marked "Blanket Certificate" must be checked. It remains in effect for three years unless the purchaser revokes it in writing before the three-year period expires. CERT-134 may not be used as a blanket certificate for purchases of tangible personal property for resale at any one of five fundraising or social events per calendar year exempt under Conn. Gen. Stat. §12-412(94).

A qualifying governmental agency must pay for its exempt purchases with a check drawn on its own account or with a credit card issued in its own name (and not in the name of any of its members or officers). An exempt purchase of \$10 or less may be made using cash, as long as the purchase is made with the qualifying governmental agency's own funds, except a blanket certificate may not be used for cash purchases.

For More Information: Call Taxpayer Services at **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries 24 hours a day by calling **860-297-4911**. Visit the DRS website at **www.ct.gov/DRS** to preview and download forms and publications.

Purchaser is:

United States _____ State of Connecticut _____
Name of agency Name of agency (List exemption number, if any.)

Federal credit union _____ Connecticut municipality _____
Name of credit union Town or district and agency

Other entity exempted by Connecticut law _____
Name of entity Exempting Connecticut statute

Other entity exempted by federal law _____
Name of entity Exempting federal statute
or check box if acknowledgment letter from DRS is attached.

Connecticut Development Authority

Agent of a qualifying governmental agency listed above (Attach documentation of appointment as agent.)
Name of agent: _____

Agent's CT Tax Registration Number: _____ Agent's Federal Employer ID Number: _____

Name of qualifying governmental agency: _____

Appointed agent for making the following types of purchases: _____

Address of purchaser: _____

| | | |
|----------------|---------|---|
| Name of seller | Address | CT Tax Registration Number (If none, explain.) |
| | | Federal Employer ID Number |

Check one box:

- Blanket certificate (CERT-134 may not be used as a blanket certificate for purchases of tangible personal property for resale at any one of five fundraising or social events per calendar year exempt under Conn. Gen. Stat. §12-412(94). See below.)
- Certificate for one purchase only
- Purchases that qualify for exemption under Conn. Gen. Stat. §12-412(94). Indicate the number of prior fundraising or social events during this calendar year for which you claimed exemption under Conn. Gen. Stat. §12-412(94): _____

Check the appropriate box(es) and provide a written description of each item purchased:

- Tangible personal property
- Taxable services

Description:

Declaration by Purchaser

The item(s) described above are tangible personal property or services being purchased under the exemption provided in Conn. Gen. Stat. §12-412(1)(A) or other applicable statute. The purchase of these items is exempt from sales and use taxes.

I declare under penalty of law that I have examined this certificate (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.

Name of purchaser

By: _____
Signature of authorized person Title Date

If the purchaser is an entity exempted under Connecticut law other than Conn. Gen. Stat. §12-412(1)(A), I have entered the citation of the exempting law above. If the purchaser is an entity exempted under federal law, I have entered the citation of the exempting law above, or, if there is no specific statutory authority, I have attached a copy of the letter from DRS acknowledging the exempt status.

If the purchaser is an agent of a qualifying governmental agency, I have attached a copy of the document from the qualifying governmental agency expressly designating the purchaser as agent.

Reduced Sales and Use Tax Rate for Motor Vehicles Purchased by Nonresident Military Personnel and Their Spouses

Part I Instructions

General Purpose: A nonresident purchaser who is a member of the armed forces of the United States on full-time active duty in Connecticut, or the purchaser and the purchaser's spouse, should use this certificate in connection with the purchase of a motor vehicle from a licensed Connecticut motor vehicle dealer at the reduced rate of 4.5%. A purchase includes a lease of a motor vehicle. Whenever the term *purchase* is used, this includes a lease agreement.

This certificate is not valid unless it is wholly and correctly completed and acknowledged. Any misrepresentation will result in the imposition of use tax liability and statutory interest and penalties on the member of the armed forces or the member's spouse, or sales tax liability and statutory interest and penalties on the retailer. A member of the armed forces who purchases a vehicle from an out-of-state retailer must complete all parts of this certificate other than the declaration of the retailer and submit this certificate to the Department of Motor Vehicles if the vehicle is to be registered in this state.

Statutory Authority: Conn. Gen. Stat. §12-408(1)(B)

Instructions for the Purchaser: You must provide the motor vehicle dealer with the following documents to prove you have met the requirements to purchase a motor vehicle at the 4.5% sales and use tax rate:

- Military enlistment papers or a signed letter from a commanding officer on military letterhead. The letter must include the name and address of the member and must contain a statement that the member is on full-time active duty at a duty station in Connecticut;
- A copy of the last *Leave and Earnings Statement* issued showing the member's state of residence or home of record.

You can also use a copy of the most recent personal income tax return filed with your state of residence and a copy of a motor vehicle operator's license issued by your state of residence to substantiate permanent residency in another state.

Joint Purchases by the Member and the Member's Spouse: A member of the armed forces and the spouse of the member must also provide the motor vehicle dealer with one of the following documents to jointly purchase a motor vehicle at the 4.5% rate:

- A copy of their marriage certificate; **or**
- A copy of their most recent federal income tax return filed with the Internal Revenue Service showing the box checked under filing status as married filing joint return or married filing separate return.

Instructions for the Retailer: You **must** file this form with **Form OS-114, Sales and Use Tax Return**, for the period in which the sale is reported. Keep a copy for your records and provide a copy of the executed certificate to the purchaser. Keep copies of the certificate, all documents accompanying the certificate, and the bill or invoice for at least six years from the date the motor vehicle was purchased. The certificate is valid only if taken in good faith from a nonresident member of the armed forces on full-time active duty in Connecticut or jointly from the member and the member's spouse.

The good faith of the retailer will be questioned if the retailer knows or has knowledge of facts that suggest the purchaser is a resident of Connecticut or is not a member of the armed forces on full-time active duty in Connecticut. The bill, purchase invoice, or records covering the purchase made under this certificate must be appropriately marked to indicate a purchase at the 4.5% sales and use tax rate has occurred. The words "Purchased under CERT-135" satisfy this requirement.

For More Information: See **Special Notice 99(5), Sales of Motor Vehicles to Nonresident Military Personnel and Joint Sales of Motor Vehicles to Nonresident Personnel and Their Spouses**. Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

Part II Retailer and Purchaser - Read instructions first, then complete this Part and Parts III, IV, and V.

Retailer Information

Name of Retailer _____ CT Tax Registration No. _____
Street Address _____ Date of Sale _____
City or Town, State, ZIP Code _____ Telephone _____

Purchaser Information

Name of Purchaser _____ Spouse's Name _____
Resident of _____ Resident of _____
Home Address _____ Home Address _____

Telephone _____ Telephone _____

Driver's License Number _____ State _____ Expiration Date _____
Driver's License Number _____ State _____ Expiration Date _____

Part III Motor Vehicle Identification

Motor Vehicle Identification Data

Make of Vehicle _____ Model _____ Year _____
Color _____ Vehicle Identification Number _____
State of Registration and Number _____

Computation of Price

Gross Sales Price* _____
Trade-in Allowance _____
Net Sales Price _____

Trade-in Data

Make _____ Model _____
Year _____
State of Registration and Plate Number _____
Vehicle Identification Number _____

* Do not deduct manufacturer's rebates from the gross sales price.

Part IV Purchaser's Declaration

I, the purchaser, declare that I purchased the motor vehicle described in Part III from the retailer named in Part II. I am not a Connecticut resident; I am a resident of the State of _____. I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Signature of Purchaser _____ Social Security Number _____
Print Name of Purchaser _____ Date _____
If Jointly Purchased,
Signature of Spouse _____ Social Security Number _____
Print Name of Spouse _____ Date _____

Part V Retailer's Declaration

I, an authorized agent of the retailer named in Part II, declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print Name of Retailer's Authorized Agent _____ Date _____
Signature of Retailer's Authorized Agent _____ Title _____

Purchases of Items by Eleemosynary Organizations and Schools That Will Be Resold Tax-Exempt for \$20 or Less

General Purpose: Connecticut eleemosynary organizations formed to sponsor and support youth activities and accredited elementary or secondary schools may sell items tax-exempt for \$20 or less when the sales are made for purposes of these youth activities or schools or organized activities of students enrolled in the school. This certificate may only be used by Connecticut eleemosynary organizations and schools **not** registered with the Department of Revenue Services (DRS) as retailers for the sole purpose of purchasing items intended to be resold tax-exempt for \$20 or less. See **Policy Statement 2002(3)**, *Sales and Use Tax Exemptions for Sales by Eleemosynary Organizations and Elementary and Secondary Schools*, for more information.

Statutory Authority: Conn. Gen. Stat. §12-412(26).

Instructions for the Purchaser: An officer of a qualifying eleemosynary organization formed to sponsor and support youth activities or an authorized person acting on behalf of an accredited elementary or secondary school must sign and issue this certificate to advise the seller of tangible personal property or taxable services that sales and use taxes do not apply to the purchase because the items being purchased are intended to be resold tax-exempt for \$20 or less under Conn. Gen. Stat. §12-412(26). Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date this certificate is issued.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving the sale and storage, use, or other consumption, of the tangible personal property or taxable services are not subject to sales and use taxes. The certificate is valid only if taken in good faith from a qualifying eleemosynary organization formed to sponsor and support youth activities or an accredited elementary or secondary school. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not a qualifying eleemosynary organization or an accredited elementary or secondary school.

Keep this certificate and bills or invoices to the purchaser for at least six years from the date the items or services were purchased. The bills, invoices, or records covering the purchases made under this certificate must be marked “Resale under CERT-136” to indicate the purchases were not taxable.

This certificate may be used for a single purchase, in which case the box marked “Certificate for One Purchase Only” must be checked. This certificate may also be used for a continuing line of purchases, in which event the purchaser must check the box marked “Blanket Certificate.” A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the three-year period expires.

An eleemosynary organization formed to sponsor and support youth activities and an accredited elementary or secondary school must pay for its resale purchases with a check drawn on its own checking account or with a credit card issued in its own name (and not in the name of any of its members or officers). An eleemosynary organization or accredited elementary or secondary school may make a purchase of \$10 or less using cash from the organization’s or school’s own funds. However, a blanket CERT-136 may not be used for a cash purchase, and a properly completed CERT-136 must be issued to the retailer at the time of each cash purchase.

For More Information: Call Taxpayer Services during business hours at **1-800-382-9463** (in-state) or **860-297-5962** (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries 24 hours a day by calling **860-297-4911**. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

Sales and Use Tax Certificate for Sale and Leaseback Arrangements

General Purpose: Retailers and purchasers use this certificate in connection with original sales of tangible personal property that are eligible for sales and use tax exclusions or refunds in connection with sale and leaseback arrangements under Conn. Gen. Stat. §12-407(a)(3)(B).

Original sales of tangible personal property are excluded from sales and use taxes, or are eligible for refunds of the taxes, if within 120 days of the purchase date the purchaser enters into a contract with a lessor to sell the property to the lessor and lease it back in a lease that is taxable at its inception in Connecticut.

Depending on the circumstances, a purchaser or a retailer may use this certificate in one of the following ways:

1. A purchaser may purchase tangible personal property from a retailer to be used in a sale and leaseback arrangement without paying sales and use taxes;
2. A purchaser may obtain a sales and use tax refund from a retailer for tangible personal property to be used in a sale and leaseback arrangement;
3. A retailer that has refunded tax to a purchaser may claim a tax refund or credit from the Department of Revenue Services (DRS);
or
4. A purchaser may obtain a sales and use tax refund directly from DRS for tangible personal property to be used in a sale and leaseback arrangement.

Statutory Authority: Conn. Gen. Stat. §12-407(a)(3)(B).

Tax Exclusion at Time of Original Sale: At the time of sale of an item of tangible personal property, if a purchaser has contracted with a lessor to sell the property to the lessor and lease it back from the lessor within one year of the date of purchase in a lease taxable at its inception in Connecticut, the original sale is excluded from sales and use taxes.

The purchaser must provide this certificate to the retailer, together with an executed copy of its sale and leaseback contract with the lessor **or** a copy of a binding agreement with the lessor to sell the property to the lessor and lease it back, signed by both the purchaser and the lessor.

A retailer must accept this certificate and the proper attachments in good faith. A retailer's good faith will be questioned if the retailer knows anything from which the retailer could reasonably infer that the purchaser is not entitled to the exclusion under Conn. Gen. Stat. §12-407(a)(3)(B).

Refund From Original Retailer: Within 120 days of the date of an original sale on which tax was paid, the purchaser may present this certificate to the retailer and the retailer will immediately refund to the purchaser the tax collected on the original sale provided the purchaser has contracted to sell the item of tangible personal property to a lessor and lease it back from the lessor within one year of the date of purchase, in a lease taxable at its inception in Connecticut.

The purchaser must give this certificate to the retailer, with a signed copy of its sale and leaseback contract with the lessor **or** a copy of a binding agreement with the lessor to sell the property to the lessor and lease it back, signed by both the purchaser and the lessor. The purchaser must also attach a copy of its receipt or invoice showing sales and use taxes were paid on the original sale.

Retailer's Refund or Credit From DRS: If a retailer refunds tax to a purchaser within 120 days, the retailer may present a copy of this certificate and the attachments to the certificate to claim a tax refund or credit from DRS.

Purchaser's Refund From DRS: If a purchaser paid tax to a retailer on the original sale, or self-assessed use tax, the purchaser may provide this certificate directly to DRS for a refund. The purchaser may claim the refund within three years under Conn. Gen. Stat. §12-425.

Within 120 days of the date of an original sale on which tax was paid, the purchaser must have sold or contracted to sell the item of tangible personal property to a lessor and lease it back from the lessor within one year of the date of purchase in a lease that is taxable at its inception in Connecticut.

The purchaser must provide this certificate to DRS, together with an executed copy of its sale and leaseback contract with the lessor **or** a copy of a binding agreement with the lessor to sell the property to the lessor and lease it back, signed by both the purchaser and the lessor. If the purchaser paid tax to a retailer at the time of sale, the purchaser must also include a bill of sale so indicating and a copy of **Form AU-524, Assignment of Retailer's Rights for Refund**, signed by the retailer.

Notice to Purchasers and Retailers: Keep a copy of this certificate and all attachments for six years after the date of purchase.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS

Purchases for Use in Audio or Video Production or Broadcasting

General Purpose: The purchaser of the items listed below uses this certificate to establish that the item(s) being purchased qualify for exemption under Conn. Gen. Stat. § 12-412(44):

- Any filmed and taped television and radio programs and any materials which become an ingredient or component part of films or tapes used directly in the production and transmission of finished programs: (1) broadcast to the general public by a television or radio station, or (2) used for purposes of accredited medical or surgical training, including any equipment used for that purpose;
- Sales of and the storage, use, rental, lease, or other consumption of any motion picture or video production equipment or sound recording equipment purchased or leased for use in this state for production activities which become an ingredient or component part of any master tapes, records, video tapes, or film produced for commercial entertainment, commercial advertising, or commercial educational purposes; **or**
- Equipment including, but not limited to, antennas used directly in the production or broadcast of programs to the general public by a television or radio station.

If the items listed above are not used in the manner described above, a purchaser who claimed an exemption owes use tax on the total price of any items purchased under this exemption.

Statutory Authority: Conn. Gen. Stat. §12-412(44).

Instructions for the Purchaser: An owner or officer of a business purchasing the items described above can sign and issue this certificate to advise the seller of these items that the purchase is exempt.

Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued.

If you do not have a Connecticut tax registration number, enter the tax registration number assigned by another state and identify the state. In addition, you must attach some documentation that includes a location and telephone number and demonstrates you are engaged in business (for example, a business card, brochure, or business stationery). If you have no tax identification number because your home state does not have a sales tax, you should provide the federal identification number.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and storage, use, rental, lease, or other consumption of the items described above is not subject to sales and use taxes. The certificate is valid only if taken in good faith from a person who is purchasing the items described above. For example, the good faith of the seller will be questioned if the seller knows of facts that suggest the purchaser is not engaged in an activity described above or will not use the item being purchased in an activity described above. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words "Exempt under CERT-138" satisfy the requirement.

This certificate can be used for individual exempt purchases, in which event the purchaser must check the box marked "Certificate for One Purchase Only." The certificate can also be used for a continuing line of exempt purchases, in which event the purchaser must check the box marked "Blanket Certificate." A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the Department of Revenue Services (DRS) Web site at **www.ct.gov/DRS**

Sales and Use Tax Exemption for a Vessel Purchased by a Nonresident of Connecticut

Part I Instructions

Statutory Authority: Conn. Gen. Stat. §12-412(60); Conn. Gen. Stat. §15-142(b).

The sale of any vessel in this state is exempt from sales and use taxes provided:

- The purchaser of the vessel is not a resident of this state and does not maintain a permanent place of abode in this state; **and**
- The vessel is neither presented for registration nor required to be registered with the Connecticut Department of Motor Vehicles (DMV) in this state.

Presented for registration means a vessel registered with DMV under Conn. Gen. Stat. §15-142.

Required to be registered means a vessel obligated to display a Connecticut registration decal provided by DMV under Conn. Gen. Stat. §15-142(b). Conn. Gen. Stat. §15-142(b) provides that a vessel that holds a valid marine document issued by the United States Coast Guard, a valid certificate of number awarded by the United States under the provisions of the federal Boat Safety Act of 1971, or a valid certificate of number awarded by another state will be required to display a Connecticut registration decal when it is used upon the waters of this state for more than 60 days in any calendar year.

General Purpose: A nonresident purchaser should use this certificate in connection with the purchase of a vessel exempt from sales and use taxes from a Connecticut vessel dealer (retailer) when the vessel is neither presented for registration nor required to be registered in Connecticut.

This certificate is not valid unless it is wholly and correctly completed and acknowledged. Any misrepresentation will result in the imposition of use tax liability and statutory interest and penalties on the purchaser, or sales tax liability and statutory interest and penalties on the retailer. The information in this certificate will be furnished to other states and is subject to verification by the State of Connecticut. If the purchaser is a corporation, an officer or authorized representative must sign the Purchaser's Declaration.

Instructions for the Purchaser: Use this certificate only if you do not maintain a permanent place of abode in Connecticut and will not register, or are not required to register, the vessel in Connecticut.

Do **not** use this form if you maintain a permanent place of abode in Connecticut. A **permanent place of abode** is a dwelling place permanently maintained by an individual, whether or not owned by, rented, or leased to the individual and generally includes a

dwelling place owned by or leased to his or her spouse. Generally, a barracks, motel room, or any construction that does not contain facilities ordinarily found in a dwelling, such as facilities for cooking, bathing, etc., are not deemed a permanent place of abode. Also, a place of abode is not deemed permanent if it is maintained only during a temporary stay for the accomplishment of a particular purpose.

A corporation, partnership, limited liability company, or other business entity may qualify for this exemption only if:

- The entity maintains no Connecticut situs and owns no fixed assets located in this state;
- No partner, officer, or member of the entity or its affiliates, and no operator or user of the vessel with an ownership interest in the entity or its affiliates, is a resident of Connecticut or is a nonresident that maintains a permanent place of abode in Connecticut; **and**
- The vessel is neither presented for registration nor required to be registered with DMV.

If the Department of Revenue Services (DRS) determines at a later date that you did not meet the requirements of the exemption, the exemption may be nullified and you will be liable for the use tax, penalty, and interest. You will be disqualified from this exemption if DRS finds you did not qualify based on factors such as having riparian rights or a mooring slip in Connecticut.

Instructions for the Retailer: You **must** keep a copy of the certificate and a bill or invoice for at least six years from the date the item is purchased. The certificate is valid only if taken in good faith from a person who does not maintain a permanent place of abode in this state or a business entity that meets the requirements stated above and will not present this vessel for any form of registration in Connecticut. The good faith of the retailer will be questioned if the retailer knows or has knowledge of facts that give rise to a reasonable inference that the purchaser is a resident of Connecticut, maintains a permanent place of abode here, intends to present the vessel for registration, or the vessel is required to be registered with DMV in this state. The bill, purchase invoice, or records covering the purchase made under this certificate must be appropriately marked to indicate that an exempt purchase has occurred. The words "Exempt under CERT-139" satisfy this requirement.

For More Information: Call DRS Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. See **Informational Publication 2006(12), Q & A on Purchases of Vessels**, for more information.

Part II Retailer and Purchaser - Read instructions first, then complete Parts II, III, IV, and V.

Retailer Information

Name of retailer _____ CT Tax Registration No. _____
Street address _____ Date of sale _____
City or town, State, ZIP Code _____ Telephone No. _____

Purchaser Information

Name of purchaser _____ Daytime Telephone No. _____

If an individual: _____ If corporation, partnership, limited liability company, or other business entity: _____
Home address _____ Business address _____
Name and address of employer _____ Name and address of partners, officers, members, and operator(s) of vessel _____

Driver's License Number _____ State _____ Expiration Date _____ Driver's License Number _____ State _____ Expiration Date _____
(Attach copy of each out-of-state driver's license. Use additional sheets if necessary for the names, addresses, and license numbers of additional drivers.)

Part III Vessel Identification Data

Year _____ Make of vessel _____ Model _____
Length _____ Hull ID number _____ State of registration and number _____
Location of slip or mooring _____

Computation of Price

Gross sales price* _____
Trade-in allowance _____
Net sales price _____

Trade-In Data

Make _____ Model _____
Type _____ Length _____ Year _____
State of registration and number _____
Hull ID number _____
U.S.C.G. vessel documentation number _____

* **Do not deduct manufacturer's rebates from the gross sales price.**

Part IV Purchaser's Declaration

Please initial:

_____ I, the purchaser, or person authorized to sign on behalf of the purchaser named in Part II, acknowledge that the retailer has explained to me the meaning of a **permanent place of abode** as defined in Part I (or the requirements for business entities as described in Part I) and I declare that I do not maintain such a permanent place of abode in Connecticut.

I, the purchaser, or person authorized to sign on behalf of the purchaser named in Part II, declare that I purchased the vessel described in Part III from the retailer named in Part II. The purchaser is not a Connecticut resident and does not maintain a permanent place of abode in Connecticut, or the business entity meets the requirements described in Part I. The purchaser is a resident of (or the business entity is located in) the State of _____. This vessel will not be presented for registration, or is not required to be registered, with the Connecticut DMV. I declare under the penalty of false statement that I have examined this certificate 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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Signature of purchaser or authorized person _____ Date _____

If corporation, partnership, limited liability company, or other business entity:

Print name of purchaser or authorized person _____ Title _____ Date _____

If jointly purchased, signature of other purchaser _____ Print name of other purchaser _____

Part V Retailer's Declaration

Please initial:

_____ I, an authorized agent of the retailer named in Part II, declare that I have explained to the purchaser that owning, leasing or otherwise maintaining a **permanent place of abode** in Connecticut, even if it is not permanently occupied by the purchaser, subjects this purchase to Connecticut sales tax and prohibits the use of this certificate. If the purchaser is a business entity, I have explained the exemption requirements for business entities set forth in Part I, or if pertinent, I have explained the requirement for business entities to use this certificate as described in Part I.

I, an authorized agent of the retailer named in Part II, declare under the penalty of false statement that I have examined this certificate 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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print name of retailer's authorized agent _____ Date _____

Signature of retailer's authorized agent _____ Title _____

Solar Heating Systems, Solar Electricity Generating Systems, and Ice Storage Cooling Systems

General Purpose: A contractor, property owner, or tenant uses this certificate to purchase the following items exempt from sales and use taxes:

- Solar energy electricity generating systems;
- Passive solar water or space heating systems;
- Active solar water or space heating systems;
- Geothermal resource systems;
- Equipment related to any of the systems above; **and**
- Services described in Conn. Gen. Stat. §12-407(a)(37)(I) relating to the installation of any of the systems above.

A contractor, property owner, or tenant uses this certificate to purchase the following items exempt from sales and use taxes for a utility ratepayer who is billed by a utility on a time-of-service metering basis:

- Ice storage systems used for cooling;
- Equipment related to ice storage cooling systems; **and**
- Services described in Conn. Gen. Stat. §12-407(a)(37)(I) relating to the installation of ice storage cooling systems.

This certificate advises the seller that the purchase of the system, equipment for the system, or services related to the installation of the system is exempt from tax. This certificate may only be used for purchases exempt under 2007 Conn. Pub. Acts 242, §68. See **Special Notice 2007(7)**, *2007 Legislation Granting a Connecticut Sales and Use Tax Exemption for Sales of Solar Heating Systems, Solar Electricity Generating Systems, and Ice Storage Cooling Systems*.

Statutory Authority: 2007 Conn. Pub. Acts 242, §68.

Instructions for the Purchaser: A purchaser of a solar energy electricity generating system, passive or active solar water or space heating system, or geothermal resource system, including equipment related to the system, and sales of services described in Conn. Gen. Stat. §12-407(a)(37)(I) related to the installation of the system can sign and issue this certificate to advise the seller of these items that the purchase is exempt.

A purchaser of an ice storage system used for cooling, equipment related to the system, and services described in Conn. Gen. Stat. §12-407(a)(37)(I) related to the installation of the system for a utility ratepayer who is billed by the utility on a time-of-service metering basis can sign and issue this certificate to advise the seller of these items that the purchase is exempt.

Keep a copy of the certificate and records that substantiate the information entered on this certificate for at least six years from the date it is issued. If you have a Connecticut Tax Registration Number, enter the tax registration number. If you have a tax registration number assigned by another state, enter the other state's tax registration number and identify the state.

The purchaser must provide the address where the services are being performed when purchasing services relating to the installation of a solar energy electricity generating system, passive or active solar water or space heating system, or geothermal resource system.

The purchaser must provide the address where the services are being performed when purchasing services relating to the installation of an ice storage system used for cooling for a utility ratepayer who is billed by the utility on a time-of-service metering basis.

The purchaser must provide the address where a solar energy electricity generating system, passive or active solar water or space heating system, geothermal resource system, or ice storage cooling systems, including equipment related to any of these systems, are to be installed if the information is available at the time that this certificate is issued.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that the sale and storage, use, or other consumption of the items described above are not subject to sales and use taxes. This certificate is valid only if taken in good faith from the person who is purchasing the items. The good faith of the seller will be questioned if the seller has knowledge of the facts that suggest the purchaser is not purchasing a system, equipment related to the system, and services related to installing the system that qualifies for exemption under 2007 Conn. Pub. Acts 242, §68 and, in the case of a purchase of an ice storage system used for cooling, good faith will also be questioned if the seller has reason to believe the purchase is not made for a utility ratepayer who is billed on a time-of-service metering basis. Keep this certificate and bills or invoices to the purchaser for at least six years from the date of the purchase. The bills, invoices, or records covering all purchases made under this certificate must be marked to indicate this was an exempt purchase. The words "Exempt under CERT-140" satisfy the requirement.

This certificate can be used for individual exempt purchases of the tangible personal property described above or of services described in Conn. Gen. Stat. §12-407(a)(37)(I), in which event the purchaser must check the box marked "Certificate for One Purchase Only." The certificate can also be used for a continuing line of exempt purchases of the tangible personal property described above, in which event the purchaser must check the box marked "Blanket Certificate." A blanket certificate remains in effect for a three-year period unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Visit the Department of Revenue Services (DRS) website at www.ct.gov/DRS to preview and download forms and publications.

| | | | |
|-------------------|---------|---|--|
| Name of Purchaser | Address | CT Tax Registration Number (If applicable) | Federal Employer ID # (If applicable) |
| Name of Seller | Address | CT Tax Registration Number (If none, explain.) | Federal Employer ID # |

Check one box: Blanket certificate for purchase of tangible personal property described below
 Certificate for one purchase only of tangible personal property or services described below

Check the appropriate box(es) and provide a written description of each item purchased:

- Solar energy electricity generating systems;
- Passive solar water or space heating systems;
- Active solar water or space heating systems;
- Geothermal resource systems;
- Equipment related to any of the systems above;
- Services described in Conn. Gen. Stat. §12-407(a)(37)(I) relating to the installation of any of the systems above;
- Ice storage systems used for cooling;
- Equipment related to ice storage cooling systems; **or**
- Services described in Conn. Gen. Stat. §12-407(a)(37)(I) relating to the installation of ice storage cooling systems.

Description

Provide the address where systems and related equipment purchased with this certificate are intended to be used, if available.

Provide the address where services related to the installation of systems described above purchased with this certificate will be performed. This must be completed if services related to the installation of the systems are purchased.

Street Address: _____

City, State, ZIP Code: _____

Declaration by Purchaser

The item(s) described above qualify for exemption under 2007 Conn. Pub. Acts 242, §68.

Declaration: I declare under penalty of law that I have examined this return or document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of Purchaser

By: _____
Authorized Signature of Property Owner, Tenant, or Contractor Title Date

Statutory and Regulatory Authority

- Conn. Agencies Regs. §12-426-18;
- Conn. Gen. Stat. §12-412(1) and (2), the United States, the State of Connecticut, or any political subdivisions or agencies of the State of Connecticut; for example state or municipal schools, universities, police, municipal fire departments, and state or municipal libraries. Only Connecticut state agencies have been issued an exemption number that can be entered on this form;
- Conn. Gen. Stat. §12-412(5), nonprofit charitable hospitals, nonprofit nursing homes, nonprofit rest homes and nonprofit residential care homes; and an acute care, for-profit hospital, in operation as of May 12, 2004;
- Conn. Gen. Stat. §12-412(8), Internal Revenue Code §501(c)(3) or (13) organizations exempt from federal income tax. Only charitable or religious organizations that applied to the Department of Revenue Services (DRS) prior to 7/1/95 were issued a Connecticut exemption permit number that can be entered on this form. Other charitable or religious organizations have not been issued a permit number and will leave that space blank;
- Conn. Gen. Stat. § 12-412(84), for purchases with regard to the Connecticut Technology Park;
- Conn. Gen. Stat. § 12-412(90), water companies;
- Conn. Gen. Stat. § 12-412(92), the Connecticut Resources Recovery Authority;
- Conn. Gen. Stat. § 12-412(93), tourism districts;
- Conn. Gen. Stat. § 12-412(95), solid waste-to-energy facilities;
- Conn. Gen. Stat. §7-273mm, municipal or regional resource recovery authorities; and
- Conn. Gen. Stat. § 16-344, the Metropolitan Transportation Authority or subsidiary in connection with the New Haven commuter railroad service.

Instructions for the Purchaser: Use this certificate for purchases of tangible personal property to be installed or placed in a project being performed under a contract with an exempt entity that will remain in the project after its completion. To qualify for the exemption from sales and use taxes, you must present this certificate to the retailer at the time of the purchase of the qualifying tangible personal property. For at least six years from the date it is issued, keep a copy of this certificate and records that substantiate the information entered on this certificate including records to support the contractor's use of this certificate and to show the disposition of all materials or supplies purchased.

If you are unable to designate the exact amount of materials or supplies to be installed or placed in a project being performed under contract with an exempt entity, you must estimate the amount of the purchases. You will be held strictly accountable for any use tax due the state on the purchases in the event of any use other than the permanent installation or placement of the purchases in the exempt project identified in this certificate.

Contractors are the consumers of all the tools, supplies, and equipment used in fulfilling a construction contract that are not installed or placed in the exempt job even if they are used up during the job.

Instructions for the Seller: Acceptance of this certificate, when properly completed, relieves the seller from the burden of proving that tangible personal property is not subject to sales and use taxes when the tangible personal property will be installed or placed in a project being performed under a contract with an exempt entity and will remain in the project after its completion. The certificate is valid only if taken in good faith from a contractor under contract with an exempt entity. The good faith of the seller will be questioned if the seller knows of, or should know of, facts that suggest the contractor does not intend to install or place the property in a project being performed under contract with an exempt entity.

Keep this certificate and bills or invoices to the purchaser for at least six years from the date of purchase. The bills, invoices, or records covering the purchase made under this certificate must be marked to indicate an exempt purchase was made. The words "Exempt under CERT-141" satisfy the requirement.

This certificate may be used for individual purchases, in which case the box marked "Certificate for One Purchase Only" must be checked. This certificate may also be used for a continuing line of exempt purchases for the project identified in this certificate, in which case the box marked "Blanket Certificate" must be checked. A blanket certificate remains in effect for three years unless the purchaser revokes it in writing before the period expires.

For More Information: Call Taxpayer Services at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) or 860-297-5962 (from anywhere). **TTY, TDD, and Text Telephone users** only may transmit inquiries anytime by calling 860-297-4911. Visit the DRS website at www.ct.gov/DRS to preview and download forms and publications.



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

I certify that Name of Firm (Buyer) is engaged as a registered

Street Address or P.O. Box No.

City State Zip

- () Wholesaler
- () Retailer
- () Manufacturer
- () Lessor
- () Other (specify)

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

.....
.....

| | | | |
|---------------|-----------------------------------|---------------|-----------------------------------|
| City or state | State Registration or I.D. No. | City or State | State Registration or I.D. No. |
| _____ | _____ | _____ | _____ |
| City or state | State Registration or I.D. No. | City or State | State Registration or I.D. No. |
| _____ | _____ | _____ | _____ |
| City or state | State Registration or I.D. No. | City or State | State Registration or I.D. No. |
| _____ | _____ | _____ | _____ |

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature _____
(Owner, Partner or Corporate Officer) Title Date

REG-19

Low and Moderate Income Housing Facilities Application for a Facility Approval Letter

Statutory Authority: Conn. Gen. Stat. §12-412(29)

Purpose: Use REG-19 to apply with the Department of Revenue Services (DRS) for qualification as an exempt low and moderate income housing facility.

1. Identification of the Facility:

Name and address of facility _____

Attach a description of the housing facility including the number of dwelling units, the number of units occupied by low and moderate income persons or families, the policies instituted that ensure the facility will continue to qualify for the exemption, its location, its dates of construction, and commencement of operation.

2. Identification of Sponsoring Organization:

| | |
|---|--|
| Full name of the organization (as shown on organizing document) | Name and daytime telephone number of person to be contacted for information () |
|---|--|

Sponsoring organization's address: number and street, city or town, state, and ZIP code

| | |
|-----------------------------|-------------------------------------|
| Date incorporated or formed | State of incorporation or formation |
|-----------------------------|-------------------------------------|

Organizing documents: Submit a copy of the sponsoring organization's organizing document that states it has as one of its purposes the development, construction, sponsorship, or ownership of housing for low and moderate income families. The copy may be a photocopy of the signed and dated original document. (Do not send originals because all documents submitted become part of the application file.)

Corporation: Attach a copy of the articles of incorporation (including amendments and restatements) showing the stamp or seal of the Secretary of the State.

Unincorporated: Attach a copy of the constitution and bylaws.

3. Identification of Operating Organization:

If the operating organization is different from the sponsoring organization, provide the information requested in addition to the full name and address of the operating organization.

| | |
|---|--|
| Full name of the organization (as shown on organizing document) | Name and daytime telephone number of person to be contacted for information () |
|---|--|

Operating organization's address: number and street, city or town, state, and ZIP code

| | |
|-----------------------------|-------------------------------------|
| Date incorporated or formed | State of incorporation or formation |
|-----------------------------|-------------------------------------|

Organizing documents. Submit a copy of the operating organization's organizing document. If the operating organization is a nonprofit housing organization, submit a copy of the organization's organizing document that states it has as one of its purposes the development, construction, sponsorship, or ownership of housing for low and moderate income families. The copy may be a photocopy of the signed and dated original document. (Do not send originals because all documents submitted become part of the application file.)

Corporation: Attach a copy of the articles of incorporation (including amendments and restatements) showing the stamp or seal of the Secretary of the State.

Unincorporated: Attach a copy of the constitution and bylaws.

4. Identification of Owner

If the owner of the housing facility is different from the sponsoring or operating organization, provide the information requested in addition to the full name and address of the owner's organization.

| | |
|--|--|
| Full name of the owner (as shown on organizing document) | Name and daytime telephone number of person to be contacted for information () |
|--|--|

Owner's address: number and street, city or town, state, and ZIP code

| | |
|-----------------------------|-------------------------------------|
| Date incorporated or formed | State of incorporation or formation |
|-----------------------------|-------------------------------------|

Organizing documents: Submit a copy of the owner's organizing document. If the owner is a nonprofit housing organization, submit a copy of the owner's organizing document that states it has as one of its purposes the development, construction, sponsorship, or ownership of housing for low and moderate income families. The copy may be a photocopy of the signed and dated original document. (Do not send originals because all documents submitted become part of the application file.)

Corporation: Attach a copy of the articles of incorporation (including amendments and restatements) showing the stamp or seal of the Secretary of State.

Unincorporated: Attach a copy of the constitution and bylaws.

5. Internal Revenue Service determination letter: Attach the IRS determination letter(s) issued to the nonprofit housing organization(s) identified above.

6. Management and regulatory agreements: Attach documents that describe and establish the sponsorship and arrangements for financing, construction, and operation of the facility, such as management contracts, construction, or regulatory agreements with federal or state housing authorities. All attachments should be copies of signed and dated documents.

7. Declaration: An officer or other authorized signatory from the sponsoring organization named in Section 2 must sign this declaration.

I declare under penalty of law that I have examined this application 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 application to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Name of sponsoring organization _____

By: _____
Authorized Signature Title Date

You must submit the required information and appropriate documents, or all documents may be returned to you.

Have you enclosed the following documents?

1. This form signed by an authorized person.
2. Description of the housing facility.
3. Organizing documents.
4. IRS determination letter(s)
5. Management or other agreements or contracts.

Mail the completed application and all required information to:

Department of Revenue Services
Exemption Unit
Taxpayer Services Division
25 Sigourney Street
Hartford CT 06106-5032



DEPARTMENT OF REVENUE SERVICES

AUDIT DIVISION
25 SIGOURNEY STREET
HARTFORD, CONNECTICUT 06106

ASSIGNMENT OF RETAILER'S RIGHTS FOR REFUND

SCHEDULE NO. _____

Form with three rows: NAME OF CLAIMANT, NAME OF RETAILER, and STREET ADDRESS, CITY OR TOWN. Each row has a corresponding SALES TAX PERMIT NO. field.

Table with 6 columns: DATE, INVOICE NUMBER, GROSS AMOUNT OF SALES EXCLUDING TAX, PORTION OF SALE SUBJECT TO REFUND CLAIM, TAX COLLECTED AND PAID ON PORTION SUBJECT TO REFUND CLAIM, ITEM SOLD.

ATTACH ADDITIONAL WORKSHEETS AS NEEDED.

DECLARATION BY RETAILER

I am the authorized representative of the retailer listed above. I declare under penalty of false statement that the figures above are true and correct for the sales indicated; that the sales tax shown was collected from this claimant and was remitted to the Department of Revenue Services; and that this retailer disclaims any interest in these sales taxes remitted to the Department of Revenue Services for the period / / through / / . Any refunds due are assigned to the claimant. The retailer understands that by signing this declaration it does not necessarily agree with the refund claim. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

NAME OF RETAILER (PLEASE PRINT)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)

TITLE (PLEASE PRINT)

THIS SCHEDULE SHALL BE ATTACHED AND MADE A PART OF SALES TAX CLAIM OF CLAIMANT

Form AU-526
Sales and Use Tax Refund Application
for Purchases Made Under the
“Buy Connecticut” Provision

| | | |
|--------------|-------------------------------------|----------------------------|
| Name | Connecticut Tax Registration Number | Federal Employer ID Number |
| Address | Number and Street | PO Box |
| City or Town | State | ZIP Code |

General Instructions

Purpose: Use this form to claim a refund of sales and use taxes paid on tangible personal property that is purchased from Connecticut retailers under Conn. Gen. Stat. §12-408c (the “Buy Connecticut” provision) and is eventually shipped out of Connecticut for exclusive use outside the state. Any person carrying on a trade, occupation, business, or profession in Connecticut who purchases from a retailer tangible personal property for use or consumption in carrying on a trade, occupation, business, or profession can file a refund claim. For more information, see **Special Notice 2001(5)**, *The “Buy Connecticut” Provision*.

Due Date: All claims for refund of taxes paid on tangible personal property purchased under the “Buy Connecticut” provision during a calendar year **must** be filed by April 1 of the next calendar year. No extensions are allowed by law. A refund claim is considered timely if the date shown by the U. S. Post Office cancellation mark is on or before the due date. If April 1 is a Saturday, Sunday, or legal holiday, the refund claim must be filed by the next succeeding day that is not a Saturday, Sunday, or legal holiday.

Complete **Schedule A** on Page 2 of this form. For each item listed, provide a copy of the purchase invoice or bill of sale along with documentation substantiating that the qualifying tangible personal property has been shipped outside the state by common or contract carrier. Attach additional sheets if necessary. If the tangible personal property has not been shipped outside Connecticut at the time the refund claim is filed, your signature on this claim attests to the fact that the property will be shipped outside the state by common or contract carrier within three years from the date of purchase for use solely outside Connecticut.

Complete all other lines on the face of this return. Sign and date the form.

Mail all refund applications to:

Department of Revenue Services
Refunds, Clearances, and Adjustments Unit
25 Sigourney Street
Hartford CT 06106

Special Note

Documentation: All applicants must supply substantiating documentation supporting the fact that the tangible personal property purchased under the “Buy Connecticut” provision has been shipped outside the State of Connecticut. If any of the tangible personal property has not been shipped outside

Connecticut when a refund claim is filed, the taxpayer must still complete this form attesting to that fact that the property will be shipped outside Connecticut within three years of the date the property was purchased.

For Further Information

Call the Department of Revenue Services Refunds, Clearances, and Adjustments Unit at **860-541-3253** during business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m.,

Declaration: I certify under the penalty of false statement that the tangible personal property described in this refund application has been, or will be, shipped outside Connecticut by common or contract carrier, to be used or consumed solely outside the state thereafter, and that no other claim for refund or credit has been filed with the Commissioner of Revenue Services for this tangible personal property. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

| | | |
|------------------|------------------------|-------|
| Sign Here | Print Name of Taxpayer | Date |
| | Authorized Signature | Title |

Department of Revenue Services
 Discovery Unit
 25 Sigourney Street
 Hartford CT 06106-5032
 (Rev. 03/06)

Form AU-764

Deposit by a Person Doing Business With a Nonresident Contractor

| |
|-------------------------|
| For Period Ending |
| Due Date |
| Total Amount Remitted |
| For Department Use Only |

Purpose: A person doing business with a nonresident contractor files Form AU-764 with the Department of Revenue Services (DRS) to deposit 5% of all payment(s) made to a nonresident contractor during the calendar quarter for each project in the state.

If you need help, call **860-541-3280**, Monday through Friday, 8:30 a.m. to 4:30 p.m., and choose Option 7.

| Person Doing Business With a Nonresident Contractor | | | |
|---|--|--|--------------------------------|
| Name | | Connecticut Tax Registration Number | |
| Address (Street or PO Box, City, State, and ZIP Code) | | Federal Employer Identification Number | |
| Project Information | | | |
| Physical Location of Project #1 (Street, City or Town) | | Name of Project | |
| Nonresident Contractor(s) Information | | | |
| Name of Nonresident Contractor #1 | | Connecticut Tax Registration Number | |
| Address (Street or PO Box, City, State, and ZIP Code) | | Federal Employer Identification Number | |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order | Total Payments This Quarter |
| | | <input type="checkbox"/> Check the box if this deposit is for a change order | Amount of Deposit This Quarter |
| Name of Nonresident Contractor #2 | | Connecticut Tax Registration Number | |
| Address (Street or PO Box, City, State, and ZIP Code) | | Federal Employer Identification Number | |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order | Total Payments This Quarter |
| | | <input type="checkbox"/> Check the box if this deposit is for a change order | Amount of Deposit This Quarter |
| Name of Nonresident Contractor #3 | | Connecticut Tax Registration Number | |
| Address (Street or PO Box, City, State, and ZIP Code) | | Federal Employer Identification Number | |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order | Total Payments This Quarter |
| | | <input type="checkbox"/> Check the box if this deposit is for a change order | Amount of Deposit This Quarter |

| | | | |
|---|--|--|--|
| Project Information | | | |
| Physical Location of Project #2 (Street, City or Town) | | | Name of Project |
| Nonresident Contractor(s) Information | | | |
| Name of Nonresident Contractor #1 | | | Connecticut Tax Registration Number |
| Address (Street or PO Box, City, State, and ZIP Code) | | | Federal Employer Identification Number |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order <input type="checkbox"/> Check the box if this deposit is for a change order | Total Payments This Quarter |
| | | | Amount of Deposit This Quarter |
| Name of Nonresident Contractor #2 | | | Connecticut Tax Registration Number |
| Address (Street or PO Box, City, State, and ZIP Code) | | | Federal Employer Identification Number |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order <input type="checkbox"/> Check the box if this deposit is for a change order | Total Payments This Quarter |
| | | | Amount of Deposit This Quarter |
| Name of Nonresident Contractor #3 | | | Connecticut Tax Registration Number |
| Address (Street or PO Box, City, State, and ZIP Code) | | | Federal Employer Identification Number |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order <input type="checkbox"/> Check the box if this deposit is for a change order | Total Payments This Quarter |
| | | | Amount of Deposit This Quarter |

Conditions of the deposit for the project(s) detailed above:

- The nonresident contractor has entered into a contract related to real property at a Connecticut location.
- The person doing business with the nonresident contractor deposits 5% of the payments to the nonresident contractor during the calendar quarter with DRS.
- The deposit will be returned to the nonresident contractor upon written request by the contractor after DRS has examined its records and determined all taxes, interest, and penalties due during the term of the contract have been paid.
- The person doing business with the nonresident contractor must attach a copy of the final periodic billing to **Form AU-764** if this deposit is the final payment to the nonresident contractor for this project.

Declaration: I, an authorized agent of the person doing business with the nonresident contractor named above, declare under penalty of law that I have examined **Form AU-764** and, to the best of my knowledge and belief it is true, complete, and correct. I understand the penalty for willfully delivering a false document or return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print Name

Title

Authorized Signature

Date

General Instructions

A person doing business with a nonresident contractor working in Connecticut must submit **Form AU-764, *Deposit by a Person Doing Business With a Nonresident Contractor***, with a deposit of 5% of any payment of the total contract price, including change orders and add-ons, by the last day of the month following the calendar quarter that follows the calendar quarter in which the first payment to the nonresident contractor was made and every calendar quarter thereafter. This applies to all contracts with nonresident contractors, regardless of the nature of the real property affected or the tax-exempt status of the property owner. For more information, see **Special Notice 2005(12), *Nonresident Contractors Bonds and Deposits***.

The person doing business with a nonresident contractor is not required to withhold 5% of any payment made to the contractor if the contractor provides a Certificate of Compliance issued by the Department of Revenue Services (DRS) stating that the contractor has filed a guarantee bond or a cash bond for 5% of the total contract price.

Use Form AU-764 each quarterly period to report payments made to nonresident contractors for:

- One project with one or more nonresident contractor(s); **or**
- More than one project with one or more nonresident contractor(s) on each project.

If you need additional space, attach as many **Forms AU-764a, *Form AU-764 Continuation Schedule***, as necessary.

A **nonresident contractor** is a contractor who does not maintain a regular place of business in this state. A **regular place of business** means any bona fide office, factory, warehouse, or other space in Connecticut at which a contractor is doing business in its own name in a regular and systematic manner, and which place is continuously maintained, occupied, and used by the contractor in carrying on its business through its employees regularly in attendance to carry on the contractor's business in the contractor's own name. A regular place of business does not include a place of business for a statutory agent for service of process or a temporary office whether or not it is located at the site of construction. A regular place of business also does not include locations used by the contractor only for the duration of the contract, such as short-term leased offices, warehouses, storage facilities, or facilities that do not have full time staff with regular business hours. An office maintained, occupied and used by a person affiliated with a contractor is not a regular place of business of the contractor.

Specific Instructions

Enter the period ending date for the calendar quarter in which the payment to a nonresident contractor was made. Enter the due date of the deposit. The deposit is due the last day of the month following the calendar quarter that follows the calendar quarter in which the payment to the nonresident contractor was made.

Person Doing Business With a Nonresident Contractor

Enter the name and complete address of the person doing business with the nonresident contractor. If the nonresident contractor is the general contractor, enter the name and address of the owner of the property. If the nonresident contractor is a subcontractor, enter the name and address of the general contractor.

Enter the Federal Employer Identification Number (FEIN) of the person doing business with the nonresident contractor. If the person doing business with the nonresident contractor does not have an FEIN, enter that person's Social Security Number.

Project Information

Enter the complete address, including the street address and the city or town where the project is physically located, and the name of the project. If you use Form AU-764a to report payments to more than three nonresident contractors working on a specific project during the period, identify the project by location and enter the same project number as was entered on Form AU-764.

Enter the name and complete address of the nonresident contractor(s) on whose behalf the deposit is being made. Include the nonresident contractor's Connecticut tax registration number and FEIN.

Nonresident Contractor Information

Enter the commencement date of this project for the nonresident contractor. The commencement date is the date the contract is signed or the date the nonresident contractor begins work on the project, but it is never later than the date the nonresident contractor begins work.

Enter the date on which each nonresident contractor's work on this project is expected to be completed, which is the date the final periodic billing for the contract will be made by the nonresident contractor. Note the final periodic billing may be due before payment of any retainage becomes due. The person making the deposit must attach a copy of the final periodic billing to Form AU-764.

If this is a deposit for a change order occurring after the deposit for the initial contract has been remitted to DRS, enter the additional amount being deposited for the change order and check the box. For a change order made after the final periodic billing for the original contract, the change order is deemed complete when it is billed by the nonresident contractor. Attach a copy of the final billing for the change order.

Enter, in words and figures, the total amount paid to the nonresident contractor under the contract or for the change order. Check the box if the deposit is for a change order.

Enter the total of all payments made to the nonresident contractor during the calendar quarter.

Multiply the total payments to the nonresident contractor during the calendar quarter by 5% (.05) and enter the result on this line.

If you are reporting payments to a nonresident contractor for more than one project, separately list the payments to that nonresident contractor for each project.

Declaration: An authorized representative of the person doing business with a nonresident contractor must sign and date the declaration. Return Form AU-764, with the copy of the final periodic billing, to:

Department of Revenue Services
Discovery Unit
25 Sigourney Street
Hartford CT 06106

Form AU-764a
Form AU-764 Continuation Schedule

| |
|-------------------|
| For Period Ending |
| Due Date |

Purpose: Use Form AU-764a as a continuation sheet if you need additional space to report information required for **Form AU-764, Deposit by a Person Doing Business With a Nonresident Contractor**. Make copies as needed. See instructions for Form AU-764.

| Project Information | | | |
|---|--|--|--|
| Physical Location of Project # _ (Street, City or Town) Enter number of project. | | | Name of Project |
| Nonresident Contractor(s) Information | | | |
| Name of Nonresident Contractor #1 | | | Connecticut Tax Registration Number |
| Address (Street or PO Box, City, State, and ZIP Code) | | | Federal Employer Identification Number |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order | Total Payments This Quarter |
| <input type="checkbox"/> Check the box if this deposit is for a change order | | | Amount of Deposit This Quarter |
| Name of Nonresident Contractor #2 | | | Connecticut Tax Registration Number |
| Address (Street or PO Box, City, State, and ZIP Code) | | | Federal Employer Identification Number |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order | Total Payments This Quarter |
| <input type="checkbox"/> Check the box if this deposit is for a change order | | | Amount of Deposit This Quarter |
| Name of Nonresident Contractor #3 | | | Connecticut Tax Registration Number |
| Address (Street or PO Box, City, State, and ZIP Code) | | | Federal Employer Identification Number |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order | Total Payments This Quarter |
| <input type="checkbox"/> Check the box if this deposit is for a change order | | | Amount of Deposit This Quarter |
| Name of Nonresident Contractor #4 | | | Connecticut Tax Registration Number |
| Address (Street or PO Box, City, State, and ZIP Code) | | | Federal Employer Identification Number |
| Commencement Date for Nonresident Contractor | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order | Total Payments This Quarter |
| <input type="checkbox"/> Check the box if this deposit is for a change order | | | Amount of Deposit This Quarter |

Form AU-766 Guarantee Bond

Purpose: A nonresident contractor working in Connecticut and a surety company licensed to do business in Connecticut use **Form AU-766** to post a guarantee bond with the Department of Revenue Services (DRS) for a specific project in the state. The guarantee bond ensures all taxes due to the State of Connecticut from the contractor are paid to DRS. Read the instructions on the reverse side before you complete this form. If you need help, call **860-541-7538**, Monday through Friday, during business hours.

| | | |
|--|--|--|
| Part I: Nonresident Contractor Information | | |
| Name | Connecticut Tax Registration No. | |
| Address (Street or PO Box, City, State, and ZIP Code) | | |
| Part II: Person Doing Business With a Nonresident Contractor Information | | |
| Name | Connecticut Tax Registration No., Federal ID No., or SSN | |
| Address (Street or PO Box, City, State, and ZIP Code) | | |
| Part III: Surety Company Information | | |
| Name | Bond No. | Amount of Bond |
| Address (Street or PO Box, City, State, and ZIP Code) | | |
| Part IV: Project Information <input type="checkbox"/> Check the box if this bond is for a change order. | | |
| Physical Location of Project (Street, City or Town) | | Name of Project |
| Commencement Date | Completion Date for Nonresident Contractor | Total Contract Price or Amount of Change Order |
| <p>Conditions of the obligation for the project detailed above:</p> <ul style="list-style-type: none"> • The nonresident contractor has entered into a contract related to real property at a Connecticut location. • The nonresident contractor and the surety company are posting a bond of 5% of the total contract price, including any change orders and add-ons, with DRS to ensure that all taxes that become due and owing during the period of the contract will be paid. • A bond must be posted within 120 days of the commencement of the contract or 30 days after the completion of the contract, whichever is earlier. • If the nonresident contractor pays all taxes, interest, and penalties within three years from the last day of the month succeeding the reporting period in which the contractor posted the bond, the bond expires; otherwise the obligation remains in full force. • This bond jointly and severally binds the nonresident contractor and the surety company, their heirs, executors, administrators, successors, and assigns for payment of this obligation. | | |
| <p>Nonresident Contractor Declaration: I, the nonresident contractor named above or its authorized agent, declare under the penalty of law that I have examined Form AU-766 and, to the best of my knowledge and belief it is true, complete, and correct. I understand the penalty for willfully delivering a false document or return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.</p> | | |
| Print Name | | Title |
| Authorized Signature | | Date |
| <p>Surety Company Declaration: I, an authorized agent of the surety company named above, declare under the penalty of law that I have examined this Form AU-766 and, to the best of my knowledge and belief it is true, complete, and correct. I understand the penalty for willfully delivering a false document or return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.</p> | | |
| Print Name | | Seal: |
| Authorized Signature | | Date |

General Instructions

A nonresident contractor and a surety company licensed to do business in Connecticut must execute **Form AU-766, Guarantee Bond**, to post a guarantee bond with the Department of Revenue Services (DRS) for a specific project in Connecticut. A power of attorney for the person signing the bond on behalf of the surety company **must** be attached to the bond, carry the corporate seal of the surety company, and bear the same date as the execution date of the bond.

A nonresident contractor has the option of filing a guarantee bond or a cash bond instead of the customer making a deposit with DRS under Conn. Gen. Stat. §12-430(7)(B). Under this option, the nonresident contractor has 120 days from the commencement of the contract or 30 days after the completion of the contract, whichever is earlier, to file a guarantee bond or a cash bond (Form AU-72) with DRS.

Return Form AU-766 to: Department of Revenue Services
Discovery Unit
25 Sigourney Street
Hartford CT 06106-5032

See **Special Notice 2005(12), Nonresident Contractor Bonds and Deposits**, for more information.

Nonresident contractor means a contractor who does not maintain a regular place of business in Connecticut.

Regular place of business means:

- Any bona fide office, factory, warehouse, or other space in Connecticut at which a contractor is doing business in its own name in a regular and systematic manner; **and**
- Which place is continuously maintained, occupied, and used by the contractor in carrying on its business through its employees regularly in attendance to carry on the contractor's business in the contractor's own name.

A regular place of business **does not include**:

- A place of business for a statutory agent for service of process or a temporary office whether or not it is located at the site of construction;
- Locations used by the contractor only for the duration of the contract, such as short-term leased offices, warehouses, storage facilities, or facilities that do not have full time staff with regular business hours; **or**
- An office maintained, occupied, and used by a person affiliated with a contractor.

Contract price means the total contract price, including deposits, amounts held as retainage, costs for any change orders, or charges for add-ons.

Person doing business with a nonresident contractor means any person who makes payments of the contract price to a nonresident contractor, and includes, but is not limited to property owners, governmental, charitable or religious entities, and resident or nonresident general contractors or subcontractors. An owner or tenant of residential real property is not a person doing business with a nonresident contractor and is not required to comply with the provisions of Conn. Gen. Stat. §12-430(7). However, the nonresident contractor doing business with such an owner or tenant must comply with the bond requirements under Conn. Gen. Stat. §12-430(7)(F).

Commencement of the contract means the time when the nonresident contractor signs the contract, but, in any event, occurs no later than when the work under the contract actually starts. If a change order is made after the commencement of the original contract, the change order commences when it is signed by the nonresident contractor, but, in any event, occurs no later than when the work under the change order actually starts.

Completion of the contract means the time when the nonresident contractor makes the final periodic billing for the contract. The final periodic billing may be due before payment of any retainage becomes due. If a change order is made after the final periodic billing for the original contract, the change order is complete when the nonresident contractor bills for the change order.

Residential real property means real property used exclusively for residential purposes and consisting of three or fewer dwelling units in one of which the owner or tenant resides.

Any bond that bears an erasure or alteration, regardless of its nature, must have the change authenticated by a notation in the margin. The notation should describe the correction and be signed in the name of the surety company by the officer who executed the bond and must bear the corporate seal of the surety company.

Specific Instructions

Part I: Enter the name and complete address of the nonresident contractor furnishing the bond. Include the nonresident contractor's Connecticut tax registration number. The name and address of the nonresident contractor appearing on the bond must agree with the name and address on **Form REG-1, Business Taxes Registration Application**, filed with DRS. (If the information originally provided on Form REG-1 is now incorrect, you must notify the DRS Registration Unit in writing of the correct information.) If the nonresident contractor is a corporation, the corporate name appearing on the bond must be the same shown in the records of the Office of the Secretary of State, or similar agency of another state if the nonresident contractor is not a Connecticut corporation.

Part II: Enter the name and complete address of the person doing business with the nonresident contractor. If the nonresident contractor is the general contractor, enter the name and address of the owner or tenant of the property who has entered the contract. If the nonresident contractor is a subcontractor, enter the name and address of the general contractor.

Enter the Connecticut tax registration number of the person doing business with the nonresident contractor. If the person doing business with the nonresident contractor does not have a Connecticut tax registration number, enter that person's Federal Employer Identification Number or Social Security Number.

Part III: Enter the name and complete address of the surety company that guarantees this bond. Include the bond number.

Part IV: Check the box if the deposit is for a change order occurring after the bond for the initial contract was furnished to DRS.

Enter the name of the project and the complete address including the street address and the city or town where the project is physically located.

Enter the commencement date of this project or change order.

Enter the date by which the nonresident contractor is expected to complete work on this project or change order.

Enter, in words and figures, the total amount to be paid to the nonresident contractor under the contract. Indicate if this amount is an estimate.

Declarations: An authorized representative for the nonresident contractor and the surety company must sign and date the declaration on Form AU-766. The name of the nonresident contractor and the surety company must be exactly as it appears on the bond. The corporate seal of the surety company must be affixed by its signature on Form AU-766.

Form REG-1 Business Taxes Registration Application

1. Reason for Filing Form REG-1 Check the applicable box:

DRS use only Connecticut Tax Registration Number

- Opening a new business including but not limited to:
 - a. An existing out-of-state business opening a location in Connecticut;
 - b. Selling at a craft show, flea market, fair, or other venue in Connecticut or selling over the Internet; **or**
 - c. An existing out-of-state business having employees in Connecticut (including nonresident contractors and loan-out companies).
- Opening a new location. **Enter your Connecticut Tax Registration No.:** _____
- Registering for additional taxes. **Enter your Connecticut Tax Registration No.:** _____
- Reopening a closed business.
Enter Connecticut Tax Registration No. of the closed business: _____
- Purchasing an ongoing business. The buyer of an existing business may be responsible for tax liabilities of the previous owner. See the **Informational Publication** on *Successor Liability for Sales and Use Taxes and Admissions and Dues Tax*.
Enter Connecticut Tax Registration No. of the previous owner: _____
- Forming a business entity under Connecticut law or a non-Connecticut entity required to register with or to obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in Connecticut.
- Establishing a passive investment company (PIC).
- Changing organization type. **Enter your current Connecticut Tax Registration No.:** _____
- Hiring household employees and intend to withhold Connecticut income tax.
- Other (explain); see *Who Needs to Complete REG-1*. _____

2. Business Information

Type of organization

- | | | |
|--|---|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Limited liability company (LLC) | <input type="checkbox"/> S Corporation |
| | <input type="checkbox"/> Check if taxed as a corporation | |
| | <input type="checkbox"/> Check if taxed as an S corporation | |
| <input type="checkbox"/> General partnership | <input type="checkbox"/> Single member LLC (SMLLC) | <input type="checkbox"/> Limited partnership |
| | <input type="checkbox"/> Check if taxed as a corporation | <input type="checkbox"/> Check if taxed as a corporation |
| | <input type="checkbox"/> Check if taxed as an S corporation | |
| <input type="checkbox"/> Limited liability partnership (LLP) | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other (explain): _____ |

3. Nature of Business Activity

Check the box(es) that best describe your business:

- Retailer Wholesaler Manufacturer Service provider Other (explain): _____

4. Major Business Activity

Describe your major business activities: _____

5. Business Name and Address

| | | |
|--|---------------|--|
| Organization name: Enter the name of the sole proprietor, partnership, corporation, or LLC. | | Federal Employer Identification Number, if applicable |
| Business trade name | | CT Secretary of the State Business ID No., if applicable |
| Business Location: Enter the physical address of the business. A post office box or rural route number is not acceptable. Home-based businesses and flea market or craft show vendors must enter a home address. | | |
| Address line 1 | | Address line 2 |
| City | State | ZIP code |
| Mailing address line 1 (Street or PO Box) | | Address line 2 |
| City | State | ZIP code |
| Business telephone number () | Email address | Bank name |

6. List All Owners, Partners, Corporate Officers, or LLC Members Attach a separate sheet if needed.

| | | | |
|------------------------------------|----------------------|---------------------|---------------------------------|
| Name (last, first, middle initial) | | | Title |
| Home address line 1 (street) | | Home address line 2 | |
| City | State | ZIP code | Home telephone number () |
| SSN | Date of birth / / | Bank name | |
| Name (last, first, middle initial) | | | Title |
| Home address line 1 (street) | | Home address line 2 | |
| City | State | ZIP code | Home telephone number () |
| SSN | Date of birth / / | Bank name | |
| Name (last, first, middle initial) | | | Title |
| Home address line 1 (street) | | Home address line 2 | |
| City | State | ZIP code | Home telephone number () |
| SSN | Date of birth / / | Bank name | |
| Name (last, first, middle initial) | | | Title |
| Home address line 1 (street) | | Home address line 2 | |
| City | State | ZIP code | Home telephone number () |
| SSN | Date of birth / / | Bank name | |

7. Income Tax Withholding

Are you an employer that transacts business or maintains an office in Connecticut and intends to pay wages to resident employees or nonresident employees who work in Connecticut?..... Yes No

If you have a Connecticut tax registration number for withholding for another location and intend to file withholding for this new location under that number, enter that number here: _____ and skip to Section 8; otherwise continue.

Are you an out-of-state company voluntarily registering to withhold Connecticut income tax for your Connecticut resident employees who work outside of Connecticut?..... Yes No

Do you intend to withhold Connecticut income tax from pension plans, annuity plans, retirement distributions, or gambling distributions? Yes No

Do you pay nonresident athletes or entertainers for services they render in Connecticut? Yes No

Do you only have household employees and wish to withhold Connecticut income tax?..... Yes No

Do you only have agricultural employees and wish to withhold Connecticut income tax?..... Yes No

If **Yes**, do you file federal Form 943, Employer's Annual Tax Return for Agricultural Employees, and wish to file **Form CT-941**, *Connecticut Quarterly Reconciliation of Withholding*, annually? Yes No

If you answered **Yes** to any of the income tax withholding questions, **enter the date** you will start withholding Connecticut income tax. - - / - - / /

If you use a payroll service, enter the name of the payroll company: _____

8. Sales and Use Taxes

Do you sell, or will you be selling, goods in Connecticut (either wholesale or retail)? Yes No
Do you rent equipment or other tangible personal property to individuals or businesses in Connecticut? Yes No
Do you serve meals or beverages in Connecticut? Yes No
Do you provide a taxable service in Connecticut? See the Informational Publication, *Getting Started in Business*, for a list of taxable services. Yes No
If you answered **Yes** to any of the sales and use taxes questions, **enter the date** you will start selling or leasing goods or taxable services. - -

9. Room Occupancy Tax

Do you provide lodging rooms for rent in a hotel, motel, or rooming house in Connecticut for 30 consecutive days or less? Yes No
If you answered **Yes**, **enter the date** you will start to provide rooms for rent for lodging purposes in Connecticut. - -

10. Business Entity Tax Do not complete this section if the entity is liable for the corporation business tax.

The **business entity tax** applies to all of the following business types formed under Connecticut law and to those non-Connecticut entities required to register with or obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in the state, whether or not the business has registered or filed a certificate of authority, as the case may be, with the Connecticut Secretary of the State.

- S corporations (Qualified subchapter S subsidiaries (QSSS) are not liable for the business entity tax.);
- Limited liability companies (LLCs or SMLLCs) — any limited liability company that is, for federal income tax purposes, either:
 - Treated as a partnership if it has two or more members; **or**
 - Disregarded as an entity separate from its owner if it has a single member;
- Limited liability partnerships (LLPs); **and**
- Limited partnership (LPs).

Are you a business entity as described above? Yes No
Enter state you are organized under: _____ **Enter date of organization.** - -
If not organized in Connecticut, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State. - -
Enter the month your tax year closes: _____

11. Corporation and Unrelated Business Income Taxes

Corporation Business Tax Do not complete this section if the entity is liable for the business entity tax.

Are you a corporation? Yes No
Are you an LLC, SMLLC, or other association taxed as a corporation? Yes No
Is this corporation exempt from federal income tax? Yes No
Have you received a determination from the Internal Revenue Services (IRS) that this corporation is exempt from federal income tax? Yes No
If **Yes**, enclose a copy of your IRS letter of determination.
Enter state you are organized under: _____ **Enter date of organization.** - -
If not a Connecticut corporation, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State. - -
Enter the month the corporate year closes: _____

Unrelated Business Income Tax

Are you a federally exempt organization that has unrelated business income attributable to a trade or business in Connecticut? Yes No
If you answered **Yes**, **enter the date** the unrelated business income tax liability started. - -

Passive Investment Company (PIC)

Is this corporation a passive investment company as defined in Conn. Gen. Stat. §12-213(a)(27)? Yes No

Enter the date the PIC was organized. - -

Enter Connecticut tax registration number of the PIC's related financial service or insurance company: _____

12. Business Use Tax

If you are registered for or are registering for sales and use taxes, you do not need to complete this section.

Business use tax is due when a business purchases taxable goods or services including the purchase or lease of assets, consumable goods, and promotional items, for use in Connecticut without paying Connecticut sales tax.

Will you be purchasing taxable goods or services for use in Connecticut without paying Connecticut sales tax? Yes No

If you answered **Yes** to the business use tax question, **enter the tax liability start date.** / - /

If you answered **No**, you must complete the *Business Use Tax Declaration* section below.

Business Use Tax Declaration: By registering for any of the taxes listed in this application, you have indicated to the Department of Revenue Services (DRS) that you may have a business use tax liability. Therefore, based on your application, you will be automatically registered for the business use tax unless you complete the following declaration.

I, _____ (name of taxpayer or authorized representative of taxpayer), acknowledge I have read and understand the information concerning the business use tax and declare I will not be liable for business use tax. Please initial here. _____

13. Registration Fee Schedule

Enter the registration fee amount indicated. If you are liable for either sales and use taxes or room occupancy tax, or both, as indicated in Sections 8 or 9, you must pay a \$100 registration fee. Enter the appropriate registration fee(s) from Addendum A if you are registering for the cigarette tax. You must include the total registration fee due with Form REG-1 or your registration application **will not be processed** and will be returned.

Make your check payable to: **Commissioner of Revenue Services**. If you register by mail, send Form REG-1 with your payment to: Department of Revenue Services, PO Box 2937, Hartford CT 06104-2937

Registration Fee

| | | | |
|----|--|----|--|
| a. | If registering for sales and use taxes or room occupancy tax , enter \$100.* | a. | |
| b. | If registering for cigarette tax , see Addendum A. | b. | |
| c. | Total registration fee due: Add Line a and Line b. | c. | |

* No fee is required for room occupancy tax if you are registered or are registering for sales and use taxes.

14. All Applicants Must Sign the Following Declaration

I declare under penalty of law that I have examined this application and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false application to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

| | | | |
|---|--|-------|------------------------------|
| Sign here and keep a copy for your records. | Signature of owner, partner, LLC member, or corporate officer | Date | Telephone number () |
| | Print name of owner, partner, LLC member, or corporate officer | Title | |

Instructions for Form REG-1 Business Taxes Registration Application

Purpose of Form REG-1

Use Form REG-1 to obtain a Connecticut tax registration number or to register for additional tax types under your current Connecticut tax registration number.

Use Form REG-1 to register for any of these taxes:

- Business entity tax
- Business use tax
- Corporation business income tax (including PIC)
- Income tax withholding
- Room occupancy tax
- Sales and use taxes
- Unrelated business income tax

In addition to Form REG-1, you must complete and attach the appropriate addendum to register for any of the taxes noted below. Visit the the Department of Revenue Services (DRS) website at www.ct.gov/DRS to preview and download forms.

REG-1 Addendum A

- Cigarette taxes
- Tobacco products tax

REG-1 Addendum B

- Admissions and dues taxes
- Dry cleaning surcharge
- Rental surcharge
- Tourism surcharge

REG-1 Addendum C

- Motor fuels tax
- Petroleum products gross earnings tax

REG-1 Addendum D

- Alcoholic beverages tax

REG-1 Addendum E

- Community antenna television system companies tax
- Certified competitive video service provider companies tax
- Railroad companies tax
- Satellite companies tax
- Solid waste assessment
- Suppliers of natural gas
- Utility companies tax

Registering for Other Tax Types

To register for these taxes, use the form listed:

- Authority to Collect Use Tax **REG-7**
- International Fuel Tax Agreement (IFTA) **CT-IFTA-2**
- Motor Carrier Road Tax **REG-3MC**

For information on registering with DRS, visit the DRS website at www.ct.gov/DRS or call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

How to Register

Online Registration

You may register for most taxes online using the **Taxpayer Service Center (TSC)**. If you register online and there is a fee, you must make direct payment from your savings or checking account. Credit card payments are not accepted. If you register for sales tax, room occupancy tax, or as an over-the-counter cigarette dealer (retailer), a temporary permit will be available to print immediately. Be sure to print a copy of the temporary permit for your records. Once you have the temporary permit you may begin using it immediately. After you complete the registration, you will receive a confirmation number which serves as an official acknowledgement that your application has been received by DRS and acts as your temporary tax identification number. You will receive your registration package with your permanent Connecticut tax registration number in approximately ten business days.

If you are registering for a tax type that requires you to attach Addendum B to the REG-1 or if you are registering as a cigarette retailer (included on Addendum A), you may register online. If you are registering for another tax type that requires you to attach Addendum A, C, D, or E to the REG-1, you must register by mail or in person at the DRS office in Hartford.

Mail-In Registration

Complete Form REG-1 and mail it to DRS at:

Department of Revenue Services
PO Box 2937
Hartford CT 06104-2937

If you owe a registration fee, you must include payment by check or money order with the application. You will receive your Connecticut tax registration number in the mail in **two to three weeks**.

Walk-In Registration

You may file Form REG-1 in person at the DRS office at 25 Sigourney Street in Hartford. You will be issued a Connecticut tax registration number **immediately**. Bring photo identification, such as a driver's license, and cash, a check, or a money order if you owe a registration fee. DRS does not accept credit or debit cards.

The application must be signed by the individual owner, partner, officer of the corporation, member of the limited liability company, or another who has an executed Power of Attorney with the authority to sign. If anyone other than the owner brings the signed application to the office and wants to obtain the registration for the owner, he or she must have written authorization from the owner to obtain the registration on his or her behalf.

Who Needs to Complete Form REG-1

- Businesses must register with the Connecticut DRS if they:
- Have people working in Connecticut;
 - Withhold Connecticut income tax;
 - Operate a business in Connecticut;
 - Are a corporation, S corporation, LLC, SMLLC, LP, or LLP formed under Connecticut law;
 - Are a non-Connecticut corporation, S corporation, LLC, SMLLC, LP, or LLP required to register with or to obtain a certificate of authority from the Connecticut Secretary of the State;
 - Provide taxable services in Connecticut;
 - Are a loan-out company providing services in Connecticut to eligible production companies;
 - Sell, rent, or lease goods in Connecticut (wholesale or retail);
 - Furnish space for storage of tangible personal property;
 - Have a manufacturing facility in Connecticut;
 - Serve meals or beverages in Connecticut;
 - Purchase taxable goods or services for use in Connecticut;
 - Provide lodgings in Connecticut subject to the room occupancy tax;
 - Carry on a business as a corporation in Connecticut;
 - Distribute alcoholic beverages in Connecticut;
 - Distribute motor fuel used to propel motor vehicles on public highways or roads in Connecticut;
 - Sell petroleum products in Connecticut;
 - Operate a place of amusement, entertainment, or recreation in Connecticut;
 - Operate a social, health, athletic, or sporting club in Connecticut;
 - Sell or distribute cigarettes or tobacco products in Connecticut;
 - Own, lease, maintain, operate, manage, or control a community antenna television system in Connecticut;
 - Provide satellite television services to Connecticut;
 - Provide video service under a certificate of video franchise authority issued by the Connecticut Department of Public Utility Control;
 - Operate a railroad in Connecticut on a for-profit basis;
 - Are a resources recovery facility in Connecticut;
 - Market natural gas to an end user in Connecticut;
 - Provide distribution or transmission services for electricity in Connecticut;
 - Sell electricity as a municipality to customers in Connecticut;
 - Manufacture, sell, or distribute gas to be used for light, heat, or power in Connecticut; **or**
 - Operate a dry cleaning establishment in Connecticut.

Registration Fees

| | |
|---------------------------------------|---------|
| Sales and use taxes | \$100 |
| Room occupancy tax* | \$100 |
| Cigarette dealer's license | \$50 |
| Cigarette distributor's license | \$1,250 |
| Cigarette distributor chain operator | |
| 5 to 14 retail locations | \$315 |
| 15 to 24 retail locations | \$625 |
| 25 or more retail locations..... | \$1,250 |
| Cigarette manufacturer..... | \$5,250 |
| Distributor of tobacco products | \$200 |

* No fee is required for room occupancy tax if you are registered or are registering for sales and use taxes.

Electronic Filing Methods for Certain Tax Forms

Once you are registered with DRS, you may file certain tax forms by Internet or telephone using the DRS **Taxpayer Service Center (TSC)** program. Look for this logo.



Filing Requirements for State Taxes

Visit the DRS website at www.ct.gov/DRS to preview and download the **Informational Publication, *Getting Started in Business***.

Other Connecticut Licensing Requirements

Visit www.ct-clic.com for information on other Connecticut licensing requirements.

How to Get Help

Visit the DRS website at www.ct.gov/DRS and click on *Businesses*.

Personal assistance is available by telephone or at the DRS office at 25 Sigourney Street in Hartford, Monday through Friday, during business hours.

CONN-TAX, the DRS telephone information line, is available anytime.

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

Additional forms and publications are available anytime. Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

Application Instructions

Complete the entire application unless the section instructions indicate otherwise. Answering **Yes** to any question in Sections 7 through 12 means you may have a Connecticut tax liability for that tax. In each section where you answer **Yes** to any question, you must indicate the date you first incurred a tax liability in Connecticut for that tax type.

Exceptions:

- Taxpayers with a valid Connecticut tax registration number who wish to register for another tax must complete Sections 1 through 6, Section 14, and the section for the specific tax type(s) for which you wish to register. See the section *Purpose of Form REG-1* on Page 1 of these instructions to determine if you have to complete an addendum to Form REG-1.
- Household employers who pay wages to and intend to withhold Connecticut income tax for housekeepers, nannies, health aides, caretakers, etc. – complete Sections 1 through 7 and 14 only.

REG-1 Addendum A

Cigarette and Tobacco Products Taxes

Connecticut Tax Registration Number

Instructions

1. This addendum must be submitted with **Form REG-1, Business Taxes Registration Application**.
2. If you have previously been issued a Connecticut Tax Registration Number by the Department of Revenue Services (DRS), enter the number in the space provided and only complete Sections 1 through 6 and Section 14 of **Form REG-1**.
3. If you are applying for a cigarette distributor license and will be purchasing cigarettes to which Connecticut cigarette tax stamps are not affixed, you will be required to provide additional information. Contact the DRS Registration Unit at **860-297-5770** during business hours.
4. See Page 3 for fee information. This application will not be processed without the correct accompanying fees.

Read the definitions below and check all the boxes that apply to you.

Part I: Cigarettes (Cigarette licenses expire September 30 of each year.)

Dealer

Over-the-counter retailer: Any person selling cigarettes or taxed tobacco products at a retail store

Retailer

Tobacco products mean cigars; cheroots; stogies; periques; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff tobacco products; cavendish, plug, and twist tobacco; fine cut and other chewing tobaccos; shorts, refuse scraps, clippings, cuttings, and sweepings of tobacco; and all other kinds and forms of tobacco prepared in a manner as to be suitable for chewing or smoking in a pipe or otherwise or for both chewing and smoking. Tobacco products do not include cigarettes.

Taxed tobacco products mean tobacco products purchased from persons licensed by DRS as tobacco products distributors. A list of persons licensed by DRS as tobacco products distributors is posted on the DRS website. These are tobacco products on which the Connecticut tobacco products tax has been paid.

Vending machine dealer: Any person operating and servicing 24 or less cigarette vending machines.....

Vending machine dealer

If you check the box for vending machine dealer, enter the number of vending machines you will own and operate. Exclude any vending machines in storage. Complete *Schedule A* on the back of this form.

No. of machines: _____

Distributor

Do you intend to purchase cigarettes to which you will affix Connecticut cigarette tax stamps?

Yes No

You are required to attach an affidavit from each of three recognized manufacturers of cigarettes stating the manufacturer's intent to supply cigarettes to you if you are licensed by DRS as a cigarette distributor, except as otherwise noted. The manufacturers listed in the Connecticut Tobacco Directory constitute the recognized manufacturers of cigarettes. **Note:** If you are purchasing the business of a person licensed by DRS as a cigarette distributor, or if you are applying as a chain store operator, you are not required to attach the affidavits.

Address where stamps will be affixed or cigarettes stored: _____

Wholesaler: Any person, other than a buying pool, who purchases cigarettes at wholesale from manufacturers or other distributors for sale to licensed dealers, and who maintains an established place of business which has facilities in which a substantial stock of cigarettes and related merchandise for resale can be kept at all times, and who sells at least 75% of the cigarettes to retailers who at no time will own any interest in the business of the distributor as a partner, stockholder, or trustee.....

Wholesaler

Chain store operator: Any person operating five or more retail stores in Connecticut for the sale of cigarettes. Chain store operators must complete *Schedule B* on Page 2 of this form or attach a list showing the physical location of all retail stores operated by them in Connecticut at which cigarettes are sold. To be considered as operating a retail store at a listed location, the applicant must be issued the sales tax permit and cigarette dealer's license for the location. A landlord is not considered to be operating a tenant's retail store and a franchisor is not considered to be operating a franchisee's retail store

Chain store operator

Vending machine operator: Any person operating and servicing 25 or more cigarette vending machines in this state who buys the cigarettes at wholesale and sells them in vending machines

Vending machine operator

If you check the box for vending machine operator, enter the number of vending machines you will own and operate. Exclude any vending machines in storage. Complete *Schedule A* on Page 2 of this form.

No. of machines: _____

Importer: Any person who imports into this state unstamped cigarettes, at least 75% of which are to be sold to others for resale

Importer

Storage facility operator: Any person operating storage facilities for unstamped cigarettes in this state.....

Storage facility operator

Manufacturer

Manufacturer: Any person in Connecticut engaged in the business of manufacturing cigarettes or any person who is a tobacco products manufacturer as defined in Conn. Gen. Stat. §4-28h(9)

Manufacturer

If you check any of the boxes in Part I, **enter the date** that you will start selling cigarettes:

____ - ____ - ____ - ____ - ____ - ____
m m d d y y

Declaration for Cigarette Distributors Who Will Not Purchase Unstamped Cigarettes: In accordance with the provisions of Conn. Agencies Regs. §12-293a(a)-1, the undersigned applicant for a cigarette distributor's license requests permission from DRS to be exempted from filing **Form CT-15, Monthly Tax Stamp and Cigarette Report, Resident Distributor**, or **Form CT-15a, Monthly Tax Stamp and Cigarette Report, Nonresident Distributor**, for a period corresponding with the license.

I attest: (a) I will not acquire unstamped cigarettes or cigarettes bearing tax stamps of other states in the conduct of my business; and (b) should I desire to acquire unstamped cigarettes or cigarettes bearing tax stamps of other states during the period this declaration is in effect, I know that I must immediately notify the Commissioner of Revenue Services and that any privileges granted to me by this declaration will become null and void and I will be required to file monthly distributor's reports.

Authorized signature _____ Title _____ Date _____

Declaration for All Taxpayers: I declare under penalty of law that I have examined this application (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I agree to comply and I attest that I have complied with, the provisions of Chapter 214 of the Connecticut General Statutes, including the prohibition against selling cigarettes below cost, placement of vending machines where accessible to minors, and with all rules and regulations made under Chapter 214, and have complied with all laws of the State of Connecticut related to cigarette taxes. I understand the penalty for willfully delivering a false application to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Authorized signature _____ Title _____ Date _____

| | | | Fee | Remitted |
|--|--|--|-------------|----------|
| | | | | |
| Fee Information | Cigarette Dealer's License - retailer of cigarettes or taxed tobacco products | | \$50.00 | \$ |
| | Cigarette Dealer's License - vending machine dealer (1 to 24 vending machines) | | \$50.00 | \$ |
| | Cigarette Distributor's License - vending machine operator (25 or more vending machines) | | \$1,250.00 | \$ |
| | Cigarette Distributor's License - wholesaler, importer, storage facility operator | | \$ 1,250.00 | \$ |
| | Cigarette Distributor's License Chain Store Operator | 5 to 14 retail locations under same ownership | \$315.00 | \$ |
| | | 15 to 24 retail locations under same ownership | \$625.00 | \$ |
| | | 25 or more retail locations under same ownership | \$1,250.00 | \$ |
| | Penalty for failure to secure cigarette license \$5 per day X _____ days | | \$5 per day | \$ |
| | Cigarette Manufacturer License | | \$5,250.00 | \$ |
| | Tobacco Products Distributor's License | | \$200.00 | \$ |
| | Tobacco Products Unclassified Importer's License | | \$0.00 | \$ |
| Total Remitted (Carry total amount due to Section 13 of REG-1) | | | | \$ |

REG-1 Addendum C
Motor Vehicle Fuels Tax
Petroleum Products Gross Earnings Tax

| |
|-------------------------------------|
| Connecticut Tax Registration Number |
| |

Instructions

1. This addendum must be submitted with **Form REG-1, Business Taxes Registration Application.**
2. If you have previously been issued a Connecticut Tax Registration Number by the Department of Revenue Services (DRS), enter the number in the space provided and only complete Sections 1 through 6 and Section 14 of **Form REG-1.**
3. If you are registering for the motor vehicle fuels tax, you may be required to provide additional information and post a surety bond. Contact the DRS Excise Taxes Unit at **860-541-3224** during business hours.
4. Fee information: There is no fee to register for motor vehicle fuels tax or petroleum products gross earnings tax.

Definitions: Read the definitions below and check all the boxes that apply to you.

Part I: Motor Vehicle Fuels Tax

Distributor: Any person who:

- Regardless of residency or location, imports fuels, or causes fuels to be imported into this state, for sale or use;
- Produces, refines, manufactures, or compounds fuels within this state;
- Distributes fuels by tank wagon in this state; **or**
- Stores fuels in this state in a tank or other container having a capacity equaling or exceeding 100,000 gallons.

Special Fuel Distributor: Any person distributing diesel fuel, propane, natural gas, jet fuel, kerosene, or biodiesel.

Special fuel distributor

Motor Vehicle Fuels Distributor: Any person distributing gasoline, aviation gas, ethanol, or ethanol based gasoline.

Motor vehicle fuels distributor

Tax-Paid Motor Vehicle Fuels Distributor (Purchase tax paid): Any person distributing motor vehicle fuels that includes the state excise tax at the point of purchase.

Tax-paid motor vehicle fuels distributor

Heating Oil Distributor: Any person who distributes number 2 heating oil exclusively, via tank wagon, to be sold for heating purposes only. **(You must sign this declaration.)**

Heating oil distributor

Declaration for Heating Oil Distributor only: I declare under penalty of law that, to the best of my knowledge and belief, all fuel sold by the applicant is used exclusively for heating purposes.

Authorized Signature

Title

Date

Exporter: Any person, not licensed as a distributor in Connecticut who purchases fuel exclusively for export outside the State of Connecticut and is licensed as a distributor in that state.

Motor Vehicle Fuels Exporter: Any person exporting diesel fuel, jet fuel, propane, natural gas, gasoline, aviation gas, or gasohol.

Motor vehicle fuels exporter

Provide state of destination: _____ Distributor's license no. in that state: _____

Aviation Fuel Dealer: Any person whose place of business is located upon an established airport within this state and who purchases fuel from a licensed distributor for sale directly into the fuel tank of any aircraft or aircraft engine.

Aviation fuel dealer

If you check any of the boxes in Part I, **enter the date** you will start selling motor vehicle fuels:

 m m - d d - y y

Part II: Petroleum Products Gross Earnings Tax

Petroleum Products Gross Earnings: Any company that sells petroleum products whose gross earnings are derived from the first sale of petroleum products in Connecticut, **or** any company that imports, or causes to be imported, petroleum products into Connecticut for sale, use, or consumption in Connecticut.

Petroleum products gross earnings

If you check the box in Part II, **enter the date** you will start selling petroleum products:

 m m - d d - y y

Number of gallons of motor vehicle fuel or diesel fuel you expect to sell each month in Connecticut: _____

For DRS Use Only

Authorized Signature

Date

Effective Date

Bond Amount

REG-1 Addendum E
Community Antenna Television Company
Certified Competitive Video Service Provider
Satellite Company
Railroad Companies
Solid Waste Assessment
Suppliers of Natural Gas
Utility Companies

| |
|-------------------------------------|
| Connecticut Tax Registration Number |
| |

Instructions

1. This addendum must be submitted with **Form REG-1, Business Taxes Registration Application.**
2. If you have previously been issued a Connecticut Tax Registration Number by the Department of Revenue Services (DRS), enter the number in the space provided and only complete Sections 1 through 6 and Section 14 of **Form REG-1.**
3. Fee information: There is no fee to register for any of the following taxes.

Community Antenna Television Company: Any person owning, leasing, maintaining, operating, managing, or controlling a community antenna television system for the purpose of providing the service for hire and includes any municipality which owns or operates one or more plants for the manufacture or distribution of electricity and seeks to obtain or obtains a certificate of public convenience and necessity to construct or operate a community antenna television system.

Community Antenna Television Company

Certified Competitive Video Service Provider: Any person providing video service under a certificate of video franchise authority issued by the Connecticut Department of Public Utility Control (DPUC) authorizing the entity to provide video service in Connecticut.

Certified Competitive Video Service Provider

Satellite Company: Any person that transmits video programming by satellite to Connecticut.

Satellite Company

Railroad Companies: Any person owning, leasing, maintaining, operating, managing, or controlling any railroad, or any cars or other equipment employed on or connected with a railroad, for public or general use.

Railroad Company

Solid Waste Assessment: Imposed on owners of mixed municipal solid waste landfills for all solid waste disposed of at the landfill.

Solid Waste Assessment

Suppliers of Natural Gas: Any person that sells natural gas to an end user in Connecticut.

Suppliers of Natural Gas

Utility Companies

Electric Distribution Company: Any person providing electric distribution services within Connecticut.

Electric Distribution Company

Participating Municipal Electric Utility: A municipal electric utility or any other electric utility owned, leased, maintained, operated, managed, or controlled by any unit of local government to provide electric generation services to end use customers outside its service area.

Municipal Electric Utility

Gas Company: Any person owning, leasing, maintaining, operating, managing, or controlling mains, pipes, or other fixtures, in public highways or streets, for the transmission or distribution of gas for sale for heat or power within Connecticut or engaged in the manufacture of gas to be transmitted or distributed.

Gas Company

If you checked any of the boxes above, **enter the start date:**

$\frac{\quad}{m} \frac{\quad}{m} - \frac{\quad}{d} \frac{\quad}{d} - \frac{\quad}{y} \frac{\quad}{y}$

If you are registering for more than one tax type, complete and submit one Addendum E for each tax type.

LGL-001 Power of Attorney

Part I: Taxpayer(s) Giving a Power of Attorney to Another Person

| | | | |
|--|-------|----------|--|
| Taxpayer's Name | | | Social Security Number |
| Spouse's Name (Personal income tax or individual use tax only) | | | Social Security Number |
| Mailing Address | | | Connecticut Tax Registration Number |
| City | State | ZIP Code | Federal Employer Identification Number |

Taxpayer is: (Check box)

Corporation
 Partnership
 Sole Proprietorship
 Trust (other than a business trust)
 Estate
 Individual
 Limited Liability Company
 Business Trust
 Other (specify) _____

Part II: Declaration of Person(s) Giving Power of Attorney and Powers Given

See instructions for who may execute this power of attorney. This power of attorney revokes all previous powers of attorney on file with the Department of Revenue Services (DRS) for the same tax matters and years or periods covered by this power of attorney.

Any of the attorney(s)-in-fact are authorized, subject to revocation, to receive tax returns and tax return information as defined in Conn. Gen. Stat. §12-15, and to perform on behalf of the taxpayer(s) the following acts for the tax matters described below. The authority does not include the power to sign certain returns unless specifically stated below.

Check the boxes for the powers given to:

- Receive, but not to endorse and collect, checks (made payable to the taxpayer mentioned above) in payment of any refund of Connecticut taxes, penalties, or interest.
- Execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- Execute or terminate consents extending the statutory period for assessment or collection of tax.
- Execute closing agreements under Conn. Gen. Stat. §12-2e.
- Delegate authority or to substitute another representative.
- Represent the taxpayer(s) named above before DRS.
- Sign returns. (See instructions.)

Declaration: I am the taxpayer identified in Part I, or if I am not the taxpayer identified in Part I, I have been authorized by the taxpayer to execute this power of attorney on behalf of the taxpayer and I am permitted by the instructions on this Form LGL-001 to execute this power of attorney. I declare under penalty of law that I have examined this document (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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print Name: _____ Title: _____
 Signature: _____ Date: _____

Part III: Power of Attorney Given To

The taxpayer(s) named above appoints the following individual(s) as attorney(s)-in-fact to represent the taxpayer(s) before DRS and receive tax returns and return information for the following tax matters. Specify all tax types and periods affected by this power of attorney with the understanding that this authority applies only to the tax types and periods listed below. Enter the date of death for succession and estate taxes. Indicate the representative to whom a copy of any notice from DRS should be sent by checking the box below. Check one box only.

| Name | Address | Check One Box | Telephone Number |
|---|---------|-----------------------------|------------------|
| | | <input type="checkbox"/> | () |
| | | <input type="checkbox"/> | () |
| Tax Type (Sales Tax, Gift Tax, etc.) | | Year(s) or Period(s) | |
| | | | |
| | | | |
| | | | |

Instructions

Use **LGL-001**, *Power of Attorney*, to authorize one or more individuals to represent you before DRS. This authorization allows your representative(s) to receive and inspect confidential tax information and to act on your behalf in matters before DRS.

Connecticut law stipulates that all official mailings will be sent to the taxpayer of record at the address on file with DRS. As a matter of policy, DRS also provides taxpayers with the right to have a copy of any notice sent to its counsel or other qualified representative who has properly executed and filed this power of attorney with DRS for the type of tax and tax period that is the subject of the notice. This power of attorney does not change the requirement that DRS send all official mailings directly to the taxpayer.

Part I: Taxpayer(s) Giving a Power of Attorney to Another Person

Provide the taxpayer's name and address and either your Social Security Number (SSN) or Connecticut Tax Registration Number and Federal Employer Identification Number. If you are a sole proprietor, enter your name and SSN. Do not enter your trade name. Do not use your representative's address as your own.

Your spouse's name is not required except for joint personal income tax or individual use tax returns.

If you are filing a joint personal income tax return and you and your spouse have the same representative(s), include your spouse's name and SSN in the space provided. Otherwise, each spouse must file a separate LGL-001.

Check the box that describes the taxpayer.

Part II: Declaration of the Person Giving Power of Attorney And Powers Given

Any person giving a power of attorney to another person(s) must sign this declaration and must check the box for **each** act being granted to the attorney-in-fact to perform in matters before DRS. If a tax matter concerns a joint return, **both** husband and wife must sign in the space provided if they wish to be represented by the same person(s).

Who may execute this power of attorney?

- Any individual if the request is for an income tax return filed by that individual (or filed by that individual and his or her spouse if the request is for a joint income tax return);

Conn. Agencies Regs. §12-725-1(b) allows an agent, or a fiduciary charged with the care of the person or property of the taxpayer, to make and sign a return only when illness, absence, minority, or other good cause prevents the person required or permitted to make or file a Connecticut income tax return from doing so. You **must** state a reason why the taxpayer cannot sign the return.

- A limited liability company (LLC) member if the taxpayer is an LLC and has no manager or a manager if the taxpayer is an LLC and has managers;
- The sole proprietor if the taxpayer is a sole proprietorship;
- A general partner if the taxpayer is a partnership or a limited partnership;
- The administrator or executor if the taxpayer is an estate;
- The trustee if the taxpayer is a trust;
- If the taxpayer is a corporation, a principal officer or corporate officer (who has legal authority to bind the corporation), any

person who is designated by the board of directors or other governing body of the corporation, any officer or employee of the corporation upon written request signed by a principal officer of the corporation and attested to by the secretary or other officer of the corporation, or any other person who is authorized to receive or inspect the corporation's return or return information under I.R.C. §6103(e)(1)(D);

- The successor, receiver, guarantor, or any assignee of the taxpayer; **or**
- The authorized representative of any of the above.

Part III: Power of Attorney Given To

Provide the name, address, and telephone number of the person(s) designated by you to be your attorney(s)-in-fact. If you are adding additional representatives to an existing power of attorney, include the names of all individuals you wish to represent you. This power of attorney revokes all previous powers of attorney on file with DRS for the same tax matters and years or periods covered by this power of attorney.

Enter the tax type and the tax periods or tax years that are the subject of this power of attorney. Be specific about the type of tax at issue (refer to the following examples):

- Withholding tax;
- Income tax;
- Sales and use taxes;
- Corporation business tax;
- Admissions and dues tax;
- Estate tax;
- Gift tax;
- Motor vehicle fuels tax;
- Gross earnings tax (petroleum, gas, hospital, community antenna);
- Cigarette tax distributor; **and**
- Individual use tax.

The terms **years** and **periods** can indicate various time frames.

A *tax year* may be a calendar year of 1/1/06 through 12/31/06 or a fiscal year of 7/1/06 through 6/30/07 for corporation tax. A *tax period* may have one or more monthly or quarterly periods.

Example: A sales and use tax period of 1/1/04 through 12/31/06 may contain 36 monthly or 12 quarterly periods.

Indicate the tax year(s) or tax period(s) to be covered by the power of attorney.

Where to File

Do not send an LGL-001 to DRS unless you have been in contact with DRS and determined that you would like a third party to represent your interests before the agency.

Mail, fax, or deliver LGL-001 directly to the DRS employee or unit with whom the attorney-in-fact will interact. Consult a DRS representative to find out the name and the address or fax number where the LGL-001 should be directed. To contact DRS, call 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only) and select Option 2 from a touch-tone phone, or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

LGL-002

Request for Disclosure of Tax Return or Tax Return Information

Part 1 — Who Is Entitled to Make This Request?

- The sole proprietor, if the taxpayer is a sole proprietorship;
- A general partner, if the taxpayer is a partnership or a limited partnership;
- The administrator or executor, if the taxpayer is an estate;
- The trustee, if the taxpayer is a trust;
- A member, if the taxpayer is a limited liability company that is not managed by managers; or a manager, if the taxpayer is a limited liability company that is managed by managers;
- A principal officer, if the taxpayer is a corporation (See Part 6 below);
- The successor, receiver, guarantor or assignee of the taxpayer;
- The authorized representative of any of the above; and
- Any individual, if the request is for an income tax return filed by that individual (or filed by that individual and his or her spouse if the request is for a joint income tax return). (Check the applicable box in Part 2 and Part 3.)

Mail or hand-deliver this request to the address above, Attn: Director, Taxpayer Services Division. Please put the caption **Request for Tax Return or Tax Return Information** on the envelope.

Part 2 — Whose Returns Are You Requesting?

| | | | | |
|----------------|----------------------------|-------|----------|----------------------------|
| Taxpayer Name | Social Security Number | | | |
| Business Name | CT Tax Registration Number | | | |
| Street Address | City | State | ZIP Code | Federal Employer ID Number |

Taxpayer is: (Check box)

- Corporation Partnership Sole Proprietorship Trust (other than a business trust) Estate
 Individual Limited Liability Company Business Trust Other (Specify.) _____

Part 3 — Information Requested: (Copy of Return) For Tax Periods: _____

- Income Tax Sales and Use Tax Corporation Tax Copy of Audit Workpapers Account Reconciliation (See instructions.)
 Gift Tax Other Return Type _____ Other (Specify.) _____

Part 4 — What Is Your Status?

Check a box

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietor (Check box in Part 2.) | <input type="checkbox"/> Partner (Check box for partnership in Part 2; attach partnership agreement.) | <input type="checkbox"/> Guarantor (Attach guaranty.) |
| <input type="checkbox"/> Receiver (Attach certificate of appointment.) | <input type="checkbox"/> Trustee (Check appropriate box for trusts in Part 2; attach trust agreement.) | <input type="checkbox"/> Other (Specify.) |
| <input type="checkbox"/> Successor (Attach agreement.) | <input type="checkbox"/> Assignee (Attach assignment.) | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Authorized Representative (Attach LGL-001 , <i>Power of Attorney</i> .) | <input type="checkbox"/> Executor or Administrator (Check box for estate in Part 2; attach Certificate of Appointment.) | <input type="checkbox"/> Principal Officer (Check box for corporation in Part 2; attach last annual report filed with Secretary of the State.) |
| <input type="checkbox"/> Member of a limited liability company that is not managed by managers (Check box for limited liability company in Part 2.) | <input type="checkbox"/> Manager of a limited liability company that is managed by managers. (Check box for limited liability company in Part 2.) | |

Part 5 — What Is Your Name and Mailing Address?

| | | | |
|-------------------------------|------------------|-----------------------------|----------|
| Name of Person Making Request | Telephone Number | Email Address, if available | |
| Street Address | City | State | ZIP Code |

Part 6 — Declaration

I declare that if I am not the taxpayer identified above, I have been authorized by that taxpayer to execute this request on behalf of the taxpayer, and I am permitted by the instructions on this form to make this request. (Attach **LGL-001**, *Power of Attorney*.)

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.

Signature _____ Title _____ Date _____

Instructions

Use **Form LGL-002, Request for Disclosure of Tax Return or Tax Return Information**, to request copies of tax returns, tax return information, or certain other documents, such as audit workpapers, from the Department of Revenue Services (DRS).

Part 1: Who Is Entitled to Make This Request?

- Any individual, if the request is for an income tax return filed by that individual (or filed by that individual and his or her spouse if the request is for a joint income tax return);
- A limited liability company (LLC) member, if the taxpayer is an LLC and has no manager, or a manager, if the taxpayer is an LLC and has managers;
- The sole proprietor, if the taxpayer is a sole proprietorship;
- A general partner, if the taxpayer is a partnership or a limited partnership;
- The administrator or executor, if the taxpayer is an estate;
- The trustee, if the taxpayer is a trust;
- If the taxpayer is a corporation, a principal officer or corporate officer who has legal authority to bind the corporation; any person who is designated by the board of directors or other governing body of the corporation; any officer or employee of the corporation upon written request signed by a principal officer of the corporation and attested by the secretary or other officer of the corporation; or any other person who is authorized to receive or inspect the corporation's return or return information under I.R.C. §6103(e)(1)(D);
- The successor, receiver, guarantor, or any assignee of the taxpayer; **or**
- The authorized representative of any of the above.

Part 2: Whose Returns Are You Requesting?

Provide the taxpayer's name, business name (dba), address, Social Security Number, Connecticut Tax Registration Number, and Federal Employer Identification Number, if applicable.

Check the box that indicates the type of taxpayer for which a tax return or tax return information is being requested.

Part 3: Information Requested

Check the tax type and enter the tax periods or tax years for which you are requesting a tax return or tax return information. The terms *years* and *periods* can indicate various time frames. For example, a *tax year* may be a calendar year of 1/1/99 through 12/31/99 or a fiscal year of 7/1/98 through 6/30/99 for corporation tax. A *tax period* may have one or more monthly or quarterly periods. For example, a sales and use tax period of 1/1/97 through 12/31/99 may contain 36 monthly or 12 quarterly periods. Please be specific.

Account Reconciliation: DRS will generally provide an account reconciliation only when there is a specific discrepancy between DRS and the taxpayer's records. When requesting an account reconciliation, you **must** provide a short explanation indicating the tax type and specific tax periods in question. Attach any documentation, such as copies (front and back) of cancelled checks, that will help us in resolving any differences.

Part 4: What Is Your Status?

Check the box that indicates your relationship to the taxpayer for whom you are requesting a copy of a tax return or tax return information. You must also attach the requested documentation to support the status that entitles you to make this request.

Part 5: What Is Your Name and Mailing Address?

Provide the requested information so a DRS representative can contact you if we need additional information.

Part 6: Declaration

You must sign the declaration section of LGL-002. Only the taxpayer or an authorized representative listed in Part 1 can sign this section. For example, the taxpayer is other than a natural person (an estate), DRS requires the signature of the individual who is the authorized representative of the taxpayer.

Limited Power of Attorney LGL-003

LGL-003 gives another person authority to receive blank tax returns, return information and refund checks for a taxpayer.

Who is Giving a Limited Power of Attorney to Another Person?

| | |
|---------------------|--|
| Taxpayer's Name | Social Security Number |
| Spouse's Name | Social Security Number |
| Street Address | CT Tax Registration Number |
| City State Zip Code | Federal Employer Identification Number |

Taxpayer is:

- Any individual (for an income or individual use tax return filed by that individual or a joint income tax return filed by the individual and his or her spouse)
- Corporation
 Partnership
 Sole Proprietorship
 Trust (other than a business trust)
 Estate
 Business Trust
 Limited Liability Company
 Other (specify)

To Whom is a Limited Power of Attorney Given?

The above-named taxpayer hereby appoints the following individual(s) as attorney(s)-in-fact to be mailed blank tax returns, return information, including notices of assessment, billing statements, credit notices, refund checks (made payable to the above-named taxpayer), and other items that pertain to the taxpayer and that would otherwise be mailed directly to the taxpayer.

| Name | Address | Telephone Number |
|--|---------|----------------------|
| | | |
| | | |
| | | |
| Type of Tax (Corporation Business Tax, Admissions Tax, etc.) | | Year(s) or Period(s) |
| | | |
| | | |
| | | |

Any of the attorney(s)-in-fact are authorized, subject to revocation, to receive blank returns and the information specified above, but are not authorized to represent the above-named taxpayer before any division of the Department of Revenue Services (DRS). This limited power of attorney revokes all earlier similar powers on file with DRS for the same tax matter and years or periods covered by this power of attorney.

Who May Execute This Limited Power of Attorney?

- Any individual, if the request pertains to an income or individual use tax return filed by that individual (or by an individual and his or her spouse if the request pertains to a joint income tax return)
 - A limited liability company (LLC) member, if the taxpayer is an LLC that is not managed by managers, or a manager, if the taxpayer is an LLC that is managed by managers
 - The sole proprietor, if the taxpayer is a sole proprietorship
- A general partner, if the taxpayer is a partnership or a limited partnership
 - The administrator or executor, if the taxpayer is an estate
 - The trustee, if the taxpayer is a trust
 - A principal officer, if the taxpayer is a corporation
 - The successor, receiver, guarantor or assignee of the taxpayer
 - The authorized representative of any of the above

Declaration

I hereby declare that if I am not the taxpayer identified above, I have been authorized by that taxpayer to execute this power of attorney on behalf of the taxpayer and I am permitted by the instructions on this form (LGL-003) to execute this power of attorney.

I understand that I am authorizing DRS to mail blank tax returns, not to the taxpayer, but to the person(s) that I have appointed in this limited power of attorney, and I acknowledge that the taxpayer's duty to file timely tax returns is in no way diminished.

I understand that I am authorizing DRS to mail return information, including but not limited to notices of assessment and billing statements, and other correspondence, not to the taxpayer, but to the person(s) that I have appointed in this limited power of attorney. I acknowledge that the period within which the taxpayer is permitted to file any petition for reassessment begins to run once DRS mails the notice of assessment to the person(s) that I have appointed in this limited power of attorney.

I declare under the penalty of false statement that I have examined this document and, to the best of my knowledge and belief it is true, correct and complete. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars.)

Print your name

Print your title

Signature

Date

LGL-006 Request for Issuance of a Ruling



| | | | | |
|-----------------|-------|----------|--|--|
| Taxpayer's Name | | | Social Security Number | |
| Mailing Address | | | Connecticut Tax Registration Number | |
| City | State | ZIP Code | Federal Employer Identification Number | |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does this request involve a prospective (as opposed to a consummated) transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does this request involve an issue that is the same or similar to one: | | |
| A. Being considered by the Department of Revenue Services (DRS) in connection with an audit examination of this taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Being appealed to the Appellate Division of DRS by this taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Being litigated in the Connecticut courts by this taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Being considered by DRS in connection with a claim for refund made by this taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is this taxpayer undergoing an audit examination by DRS with respect to any issue or tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this taxpayer been notified concerning a pending audit examination by DRS with respect to any issue or tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does this request involve an issue that is clearly and adequately addressed by a statute, regulation, or decision of the Connecticut or federal courts or by a declaratory ruling, ruling, Special Notice, Policy Statement, or tax return instruction that has been issued by DRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has this taxpayer previously been issued a ruling on the same or a similar issue by DRS? If Yes , attach a copy of the ruling. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has a representative been authorized to request the issuance of a ruling on behalf of this taxpayer? If Yes , enter the name and address of the representative. The representative must be an individual or individuals and may not sign declaration below. | <input type="checkbox"/> | <input type="checkbox"/> |

8. Enter name and address to which the original ruling and other correspondence are to be mailed.

Only an individual having personal knowledge of the facts may sign the declaration below. An authorized representative may not sign the declaration. If this taxpayer is a corporation, partnership, trust, or estate, the individual signing the declaration on behalf of the taxpayer must be a corporate officer, general partner, or fiduciary, as the case may be.

Declaration: I declare under penalty of law that I have examined this document (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 or document to DRS is a fine of not more than \$5,000 or imprisonment for not more than five years, or both.

 Signature _____
 Date

 Print or Type Name _____
 Print or Type Title

The procedures that a taxpayer or authorized representative must comply with in requesting the issuance of a ruling and the procedures that DRS follows in issuing a ruling are described in **Policy Statement 2008(2)**, *Requests for the Issuance of a Ruling*. Visit the DRS website at www.ct.gov/DRS to preview and download forms and publications.

Form CT-8822

Change of Address

Complete in blue or black ink only. This form can be filed electronically; see instructions on reverse. Do not attach this form to your return.

Part I Complete This Part to Change Individual Income Tax, Estate Tax, and Gift Tax Address Information

Check **all** boxes this change affects:

1. Connecticut individual income tax returns (**Forms CT-1040, CT-1040EZ, and CT-1040NR/PY**)
 If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here.
2. Connecticut estate and gift tax return (**Form CT-706/709**)

| | |
|--|-------------------------------------|
| 3a. Your First Name, Middle Initial, and Last Name | 3b. Your Social Security Number |
| 4a. Spouse's First Name, Middle Initial, and Last Name | 4b. Spouse's Social Security Number |
| 5. Prior Name(s): See instructions. | |

| | |
|---|----------|
| 6a. Your Old Address (No., Street, City or Town, State, and ZIP Code). If a PO Box or foreign address, see instructions. | Apt. No. |
| 6b. Spouse's Old Address, if different from Line 6a (No., Street, City or Town, State, and ZIP Code). If a PO Box or foreign address, see instructions. | Apt. No. |
| 7. New Address (No., Street, City or Town, State, and ZIP Code). If a PO Box or foreign address, see instructions. | Apt. No. |

| | |
|-------------------------------------|------------------------------|
| 8. Effective Date of Address Change | 9. Reason for Address Change |
|-------------------------------------|------------------------------|

Part II Complete This Part to Change Business Mailing Address or Business Location

Check **all** boxes this change affects:

10. Other income tax returns (**Form CT-1041, Form CT-1065/CT-1120SI, etc.**)
11. Business returns (**Form OP-424, Form OS-114, etc.**)
12. Business location

| | | |
|--|--|---------------------------------|
| 13a. Business Name | 13b. Connecticut Tax Registration Number | 13c. Federal Employer ID Number |
| 14. Old Mailing Address (No., Street, City or Town, State, and ZIP Code). If a PO Box or foreign address, see instructions. | | Room or Suite No. |
| 15. Old Business Location (No., Street, City or Town, State, and ZIP Code). If a PO Box or foreign address, see instructions. | | Room or Suite No. |
| 16. New Mailing Address (No., Street, City or Town, State, and ZIP Code). If a PO Box or foreign address, see instructions. | | Room or Suite No. |
| 17. New Business Location (No., Street, City or Town, State, and ZIP Code). If a PO Box or foreign address, see instructions. | | Room or Suite No. |
| 18. Effective Date of Address Change | 19. Reason for Address Change | |

Part III Signature

| | | | | |
|-------------------------|--|------|--------------------------------------|------|
| Please Sign Here | Your Signature | Date | Spouse's Signature (if joint return) | Date |
| | If Part II completed: Signature of Owner, Officer, or Representative | Date | Title | |
| | Daytime Telephone Number (optional) () | | | |

Form CT-8822 Instructions

File Electronically Through the Taxpayer Service Center (TSC)

The **TSC** is a self-service interactive tool that can be accessed through the Connecticut Department of Revenue Services (DRS) website for a free, fast, easy, and secure way to conduct business with DRS. Taxpayers can access the **TSC** to file tax returns, pay Connecticut tax responsibilities, and update account information, such as a change of address, electronically. If you file electronically, you do not have to mail in a paper Form CT-8822. Visit the DRS website at www.ct.gov/DRS, click on the **TSC** logo, and follow the instructions.

File by Paper

Use Form CT-8822 to notify DRS you changed your home or business mailing address, or the physical location of your business.

If this change affects the mailing address of your children who filed Connecticut income tax returns, complete and file a separate Form CT-8822 for each child.

If you received a Connecticut tax return with an incorrect address on the preprinted mailing label, and a return has not yet been filed, note the new address on the return. There is no need to file this form. If a return is not due at this time or a return with the corrected address information was not filed, use this form to notify DRS of the new address.

If the change of address occurred after the return was filed and a refund is expected, also notify the post office serving the old address. This will help forward the refund to the proper address.

Prior Name(s)

If you or your spouse changed your name due to marriage, divorce, etc., complete Line 5.

PO Box

If the post office does not deliver mail to your street address, write the PO box number instead of the street address.

Apartment Number or Suite

Be sure to include any apartment, room, or suite number in the space provided.

Foreign Address

If the address is outside the United States or its possessions or territories, enter the information in the following order: Number, Street, City, Province or State, Postal Code, and Country. **Do not** abbreviate the country name.

Signature

If you are completing Part I, you must sign this form and in the case of a joint return, both you and your spouse must sign this form. In the case of gift tax, the donor must sign this form.

Part III requires the owner, an officer, or a representative of the business entity to sign this form. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid Power of Attorney to handle tax matters. If you are a representative signing for the taxpayer, attach a copy of your Power of Attorney to Form CT-8822. In the case of trusts and estates, the fiduciary or an officer representing the fiduciary must sign this form.

Where to File

Mail to: Department of Revenue Services
State of Connecticut
Registration Unit
PO Box 2937
Hartford CT 06104-2937