

<b>CT-WH</b>	<b>CONNECTICUT WITHHOLDING TAX PAYMENT FORM</b>	<b>2005</b>
CONNECTICUT TAX REGISTRATION NUMBER	FEDERAL EMPLOYER ID NUMBER	YEAR
If Name, Address, and/or Identification Number(s) are incorrect, please complete Form CTC located in the back of this book.		Date Payroll was Paid: ___ / ___ / <b>200</b> __
<b>REMOVE AND USE MAILING LABEL</b> SUBMIT ORIGINAL COUPON ONLY. THIS IS A MACHINE READABLE DOCUMENT PERSONALIZED TO YOUR BUSINESS.		1. Enter Quarter (1, 2, 3, or 4) <small>(See instructions)</small>
		2. Connecticut Tax Withheld
<ul style="list-style-type: none"> <li>See instructions for filing requirements.</li> <li><b>Do not file this Form CT-WH if no payment is due.</b></li> <li>Pay total amount shown on Line 2.</li> <li>If filing by mail, use attached mailing label to send payment to:            DRS, PO Box 5055, Hartford CT 06102-5055            Make your check payable to: Commissioner of Revenue Services.            Write your Connecticut Tax Registration Number on your check.</li> </ul>		
<b>Electronic Filing Options: Connecticut Fast-File</b> File by Internet: <a href="http://www.ct.gov/DRS">www.ct.gov/DRS</a> or Telephone: 860-947-1988 For more information, see inside front cover of this book.		

<b>CT-941</b>	<b>CONNECTICUT QUARTERLY RECONCILIATION OF WITHHOLDING</b>																																													
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<input type="checkbox"/> Check if you no longer have employees in Connecticut and enter date of last payroll _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1. Gross Wages</td><td>▶ 1.</td><td></td><td>00</td></tr> <tr><td>2. Gross Connecticut Wages</td><td>▶ 2.</td><td></td><td>00</td></tr> <tr><td>3. Connecticut Tax Withheld</td><td>▶ 3.</td><td></td><td>00</td></tr> <tr><td>4. Credit From Prior Quarter</td><td>▶ 4.</td><td></td><td>00</td></tr> <tr><td>5. Payments Made for This Quarter</td><td>▶ 5.</td><td></td><td>00</td></tr> <tr><td>6. Total Payments (Add Line 4 and Line 5)</td><td>▶ 6.</td><td></td><td>00</td></tr> <tr><td>7. Net Tax Due (or credit) (Line 3 minus Line 6)</td><td>▶ 7.</td><td></td><td>00</td></tr> <tr><td>8a. Penalty: ▶ + 8b. Interest: ▶ = 8.</td><td></td><td></td><td>00</td></tr> <tr><td>9. Amount to be Credited</td><td>▶ 9.</td><td></td><td>00</td></tr> <tr><td>10. Amount to be Refunded</td><td>▶ 10.</td><td></td><td>00</td></tr> <tr><td>11. Total Amount Due (Add Line 7 and Line 8)</td><td>▶ 11.</td><td></td><td>00</td></tr> </table>	1. Gross Wages	▶ 1.		00	2. Gross Connecticut Wages	▶ 2.		00	3. Connecticut Tax Withheld	▶ 3.		00	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	7. Net Tax Due (or credit) (Line 3 minus Line 6)	▶ 7.		00	8a. Penalty: ▶ + 8b. Interest: ▶ = 8.			00	9. Amount to be Credited	▶ 9.		00	10. Amount to be Refunded	▶ 10.		00	11. Total Amount Due (Add Line 7 and Line 8)	▶ 11.		00
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DRS, PO Box 2931, Hartford CT 06104-2931 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.																																														

**SUMMARY OF CONNECTICUT TAX LIABILITY FOR THE CALENDAR QUARTER**  
 (See Instructions for Completing Back of Form CT-941 on Page 4.)

First Month	Second Month	Third Month
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
<b>7 Total Liability for the Calendar Quarter</b>		<b>00</b>

REMOVE AND USE MAILING LABEL

**CT-W3 CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING**

CONNECTICUT TAX REGISTRATION NUMBER	FEDERAL EMPLOYER ID NUMBER	DUE DATE
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If Name, Address, and/or Identification Number(s) are incorrect, please complete Form CTC located in the back of this book.

1. Connecticut Tax Withheld From Wages (See instructions)	▶ 1.	
2. Total Connecticut Wages Reported	▶ 2.	
3. Number of W-2s submitted	▶ 3.	

- Do not send a payment with this return.
- If filing by mail, use attached mailing label to send to: DRS, PO Box 2930, Hartford CT 06104-2930

**SUBMIT ORIGINAL COUPON ONLY. THIS IS A MACHINE READABLE DOCUMENT PERSONALIZED TO YOUR BUSINESS.**

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.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**Complete for Each Period**

PERIOD		CONNECTICUT INCOME TAX WITHHELD FROM WAGES
January 1 - March 31	<b>1st Quarter</b>	
April 1 - June 30	<b>2nd Quarter</b>	
July 1 - September 30	<b>3rd Quarter</b>	
October 1 - December 31	<b>4th Quarter</b>	
TOTAL		<b>00</b>

Include the "state copy" of all wage and tax statements (Copy 1 of the optional six-part federal Form W-2 or equivalent) reporting Connecticut wages paid during the calendar year with this return.

If you are required by the IRS to file copies of federal Form W-2 on magnetic media, you **must** file these forms on magnetic media with DRS. However, if you file 24 or fewer W-2 forms with DRS, you may be excused from the magnetic media filing requirements without obtaining a waiver.

For new information regarding magnetic media reporting requirements, visit the DRS Web site at [www.ct.gov/DRS](http://www.ct.gov/DRS) or call DRS at 1-800-382-9463 (in-state) 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.

CT-W3 BACK (Rev. 12/04)

**CT-8109 CONNECTICUT WITHHOLDING TAX PAYMENT FORM FOR NONPAYROLL AMOUNTS 2005**

REMOVE AND USE MAILING LABEL

CONNECTICUT TAX REGISTRATION NUMBER FEDERAL EMPLOYER ID NUMBER YEAR

If Name, Address, and/or Identification Number(s) are incorrect, please complete Form CTC located in the back of this book.

Date Nonpayroll Amount was Paid: \_\_\_ / \_\_\_ / 200\_\_

1. Enter Quarter (1, 2, 3, or 4) (See instructions)

2. Connecticut Tax Withheld

• See instructions for filing requirements.  
 • **Do not file this Form CT-8109 if no payment is due.**  
 • Pay total amount shown on Line 2.  
 • If filing by mail, use attached mailing label to send payment to:  
 DRS, PO Box 5055, Hartford CT 06102-5055  
 Make your check payable to: Commissioner of Revenue Services.  
 Write your Connecticut Tax Registration Number on your check.

**Electronic Filing Options: Connecticut Fast-File**  
 File by Internet: [www.ct.gov/DRS](http://www.ct.gov/DRS)  
 For more information, see inside front cover of this book.

**SUBMIT ORIGINAL COUPON ONLY.  
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**CT-945 CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING FOR NONPAYROLL AMOUNTS**  
 File by Internet: [www.ct.gov/DRS](http://www.ct.gov/DRS)

REMOVE AND USE MAILING LABEL

CONNECTICUT TAX REGISTRATION NUMBER FEDERAL EMPLOYER ID NUMBER DUE DATE

If Name, Address, and/or Identification Number(s) are incorrect, please complete Form CTC located in the back of this book.

**READ INSTRUCTIONS BEFORE COMPLETING**

1. Gross Nonpayroll Amounts	▶ 1.		00
2. Gross Connecticut Nonpayroll Amounts	▶ 2.		00
3. Connecticut Tax Withheld	▶ 3.		00
4. Credit From Prior Year	▶ 4.		00
5. Payments Made for This Year	▶ 5.		00
6. Total Payments (Add Line 4 and Line 5)	▶ 6.		00
7. Net Tax Due (or credit) (Line 3 minus Line 6)	▶ 7.		00
8a. Penalty: ▶ + 8b. Interest: ▶ =	8.		00
9. Amount to be Credited	▶ 9.		00
10. Amount to be Refunded	▶ 10.		00
11. Total Amount Due (Add Line 7 and Line 8)	▶ 11.		00

Check if you are no longer making payments of nonpayroll amounts subject to withholding and enter date of last payment

**SUBMIT ORIGINAL COUPON ONLY.  
 THIS IS A MACHINE READABLE DOCUMENT  
 PERSONALIZED TO YOUR BUSINESS.**

DRS, PO Box 2931, Hartford CT 06104-2931

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.

SIGNATURE \_\_\_\_\_  
 TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**SUMMARY OF CONNECTICUT TAX LIABILITY**

(See Instructions for Completing Back of Form CT-945 on Page 5.)

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
<b>7 Total Liability for the Year</b>					<b>00</b>

CT-945 BACK (Rev. 12/04)

**CT-1096** CONNECTICUT ANNUAL SUMMARY AND TRANSMITTAL OF INFORMATION RETURNS

CONNECTICUT TAX REGISTRATION NUMBER	FEDERAL EMPLOYER ID NUMBER	DUE DATE
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If Name, Address, and/or Identification Number(s) are incorrect, please complete Form CTC located in the back of this book.

1. Connecticut Income Tax Withheld From Connecticut Nonpayroll Amounts	1.	
2. Total Nonpayroll Amounts Reported With Form CT-1096	2.	
3. Number of 1098s, 1099s, or W-2Gs Submitted	3.	

- Do not send a payment with this return.
- If filing by mail, use attached mailing label to send to:  
DRS, PO Box 5081, Hartford CT 06102-5081

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.

**SUBMIT ORIGINAL COUPON ONLY.  
THIS IS A MACHINE READABLE DOCUMENT  
PERSONALIZED TO YOUR BUSINESS.**

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Complete for Each Period**

PERIOD	CONNECTICUT INCOME TAX WITHHELD FROM NONPAYROLL AMOUNTS
January 1 - March 31 <b>1st Quarter</b>	
April 1 - June 30 <b>2nd Quarter</b>	
July 1 - September 30 <b>3rd Quarter</b>	
October 1 - December 31 <b>4th Quarter</b>	
<b>TOTAL</b> (This should equal Line 1 on the front of this return.)	<b>00</b>

If you are required to file federal Form 1096, you must file Form CT-1096. Attach every "state copy" of the following:

- Federal Form W-2G reporting: Connecticut Lottery winnings paid to resident and nonresident individuals, whether or not Connecticut income tax was withheld; or other gambling winnings paid to resident individuals, whether or not Connecticut income tax was withheld;
- Federal Form 1098 reporting property taxes paid to a Connecticut municipality on real estate;
- Federal Form 1099-MISC reporting miscellaneous payments made: to resident individuals, or, where the payments relate to services performed wholly or partly within Connecticut, to nonresident individuals, whether or not Connecticut income tax was withheld;
- Federal Form 1099-R reporting distributions from pensions, annuities, retirement or profit-sharing plans, but only if Connecticut income tax was withheld;
- Federal Form 1099-S reporting proceeds from real estate transactions in Connecticut; **and**
- Federal Form 1099-G reporting unemployment compensation payments, but only if Connecticut income tax was withheld.

on magnetic media, you **must** file these forms on magnetic media with DRS. However, if you file 24 or fewer Forms 1098, 1099, or W-2G with DRS, you may be excused from the magnetic media filing requirements for that particular type of information return without obtaining a waiver.

For new information regarding magnetic media reporting requirements, visit the DRS Web site at [www.ct.gov/DRS](http://www.ct.gov/DRS) or call DRS at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911.

CT-1096 BACK (Rev. 12/04)

**CTC WITHHOLDING CORRECTION / REORDER FORM**

REMOVE AND USE MAILING LABEL

Enter below any change to name or mailing address and continue to use this coupon book. If Federal Employer ID Number or Connecticut Tax Registration Number is listed incorrectly, see back. Any change in ownership requires a new Connecticut Tax Registration Number and a new coupon book.

CONNECTICUT TAX REGISTRATION NUMBER	FEDERAL EMPLOYER ID NUMBER	
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE		

**SEE BACK FOR REORDER INFORMATION**  
**DEPARTMENT OF REVENUE SERVICES**  
 PO BOX 2937  
 HARTFORD CT 06104-2937

- If address change, check box that applies:
- Employer (Form CT-WH)
  - Payer of Nonpayroll Amounts (Form CT-8109)
  - Both Employer and Payer of Nonpayroll Amounts

- Please use the attached mailing label.
- Do not send this form with any other returns.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**CHECK APPROPRIATE BOX FOR COUPON REORDER**

Book Damaged or Destroyed:

- Employers - Form CT-WH**     **Payers of Nonpayroll Amounts - Form CT-8109**
- Additional **Form CT-WH** Coupons Needed for Current Year
- Additional **Form CT-8109** Coupons Needed for Current Year
- CT Tax Reg. Number(s) is Incorrect:     Employer     Payer of Nonpayroll Amounts

Enter Correct CT Tax Reg. Number(s): Employer \_\_\_\_\_  
 Payer of Nonpayroll Amounts \_\_\_\_\_

Explain \_\_\_\_\_  
 \_\_\_\_\_

- Federal Employer ID Number (FEIN) is Incorrect, Enter Correct FEIN \_\_\_\_\_

Explain \_\_\_\_\_  
 \_\_\_\_\_

CTC BACK (Rev. 12/04)