

FORM CT-1040EZ
Connecticut Resident EZ Income Tax Return

For the year January 1 - December 31, 1999, or other taxable year ▶ beginning _____, 1999, ▶ ending _____, _____.

Label Use the DRS label located on the inside of this booklet. Otherwise, please print or type. (See instructions, page 11)	L A B E L H E R E	Your First Name and Middle Initial _____ Last Name _____	Social Security Number _____
		If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial _____ Last Name _____	Spouse's Social Security Number _____
		Home Address _____ Number and Street _____ Apt. No. _____	DEPARTMENT USE ONLY
		City, Town or Post Office _____ State _____ ZIP Code _____	Your Telephone Number (____) _____

You may file Form CT-1040EZ if you meet ALL of the following conditions: (See instructions, page 6)

A. You have no modifications to Federal Adjusted Gross Income for Connecticut income tax purposes; or your only modification is a federally taxable refund of state and local income taxes; **and**

B. You were a resident of Connecticut for the entire taxable year; **and**

C. You are not claiming credit for income taxes paid to another jurisdiction; **and**

D. You do not have a federal alternative minimum tax liability, and you are not claiming an adjusted net Connecticut minimum tax credit.

Check here if you do not want forms sent to you next year. Checking this box does not relieve you of your responsibility to file.....

Filing Status Check only one box.	NOTE: Your filing status must be the same as your federal income tax filing status for this year. (See instructions, page 11)
	<input type="checkbox"/> A. <input type="checkbox"/> Single
	<input type="checkbox"/> B. <input type="checkbox"/> Married filing joint return or Qualifying widow(er) with dependent child
	<input type="checkbox"/> C. <input type="checkbox"/> Married filing <i>SEPARATE</i> return _____ Spouse's full name _____ Spouse's Social Security Number _____

Income and Tax	1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 18; Form 1040EZ, Line 4; or TeleFile Tax Record, Line I) ▶	1		
	2. Refunds of state and local income taxes (from federal Form 1040, Line 10; see instructions, page 11) ▶	2		
	3. Connecticut Adjusted Gross Income (Subtract Line 2 from Line 1) ▶	3		
	4. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, page 11) ▶	4		
	5. Credit for property taxes paid on your primary residence and/or motor vehicle. (You must complete Schedule 2 EZ on reverse.) Enter the amount from Line 26 here. (See instructions, page 11) ▶	5		
	6. Connecticut Income Tax (Subtract Line 5 from Line 4. If less than zero, enter 0.) ▶	6		
	7. Individual Use Tax (Complete Schedule 1 EZ on reverse) Enter the amount from Line 18 here. You must enter 0 on this line if no use tax is due. (See instructions, page 12) ▶	7		
	8. Total Tax (Add Line 6 and Line 7) ▶	8		

Payments	9. Connecticut tax withheld (Attach all W-2s and certain 1099s ; see instructions, page 12) ▶	9		
	10. All 1999 estimated tax payments and any overpayments applied from a prior year ▶	10		
	11. Payments made with extension request (Form CT-1040 EXT) ▶	11		
	12. Total payments (Add Lines 9, 10 and 11) ▶	12		

Refund, Amount You Owe, or Contribution	13. If Line 12 is greater than Line 8 , enter amount overpaid. (Subtract Line 8 from Line 12) ▶	13		
	14. Amount of Line 13 you want applied to your 2000 estimated tax ▶	14		
	15. Amount of Line 13 you want to contribute to: (See instructions, page 12)			
	AIDS Research ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00			
	Organ Transplant ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00			
	Endangered Species/Wildlife ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00			
	Breast Cancer Research ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00			
	Safety Net Services ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00			
	TOTAL CONTRIBUTIONS ▶	15		00
	16. Amount of Line 13 you want refunded to you (Subtract Line 14 and Line 15 from Line 13) REFUND ▶	16		
17. If Line 8 is greater than Line 12 , enter the amount of tax you owe. (Subtract Line 12 from Line 8. See instructions, page 12) AMOUNT YOU OWE ▶	17			

Make your check or money order payable to: COMMISSIONER OF REVENUE SERVICES Write your Social Security Number(s) and "1999 Form CT-1040EZ" on your check or money order.	For refund request or no tax due, mail to: Department of Revenue Services PO Box 150420 Hartford CT 06115-0420	For payment, mail to: Department of Revenue Services PO Box 150440 Hartford CT 06115-0440
	Mail in the envelope provided with the correct label affixed.	

SCHEDULE 1 EZ - INDIVIDUAL USE TAX

Complete this schedule if you have a Connecticut individual use tax liability. You owe use tax if you purchased taxable goods or services during the taxable year and did not pay Connecticut sales tax on the purchase. *Individual items with the purchase price of \$300 or more must be listed separately below. 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 on Line A.* Multiply the sales and use tax rate by the purchase price of the item and enter the result in Column E.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G
DATE OF PURCHASE	DESCRIPTION OF ARTICLES OR SERVICES	RETAILER OR SERVICE PROVIDER	PURCHASE PRICE	CT TAX DUE (.06 X Column D)	TAX, IF ANY, PAID TO ANOTHER JURISDICTION	BALANCE DUE (Col. E - Col. F but not less than zero)
A. TOTAL OF INDIVIDUAL PURCHASES UNDER \$300 NOT LISTED ABOVE						A

18. **Individual Use Tax** (Add all amounts for Column G) Enter here and on Line 7 on the front of this form.
See Informational Publication 99(28), Q & A on the Connecticut Individual Use Tax, for more information.

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SCHEDULE 2 EZ - CREDIT FOR PROPERTY TAXES PAID ON YOUR PRIMARY RESIDENCE AND/OR MOTOR VEHICLE
Failure to complete this schedule could result in the disallowance of this credit.

QUALIFYING PROPERTY	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E
	NAME OF CONNECTICUT TAX TOWN OR DISTRICT	DESCRIPTION OF PROPERTY If primary residence, enter street address If motor vehicle, enter year, make, and model	LIST OR BILL NUMBER (if available)	DATE PAID (See instructions, page 14)	AMOUNT PAID
PRIMARY RESIDENCE					19 ▶
AUTO 1					20 ▶
MARRIED FILING JOINTLY ONLY - AUTO 2					21 ▶
22. TOTAL PROPERTY TAX PAID (Add all amounts for Column E)					22 ▶
23. Maximum Property Tax Credit Allowed					23 425 00
24. Enter the Lesser of Line 22 or Line 23 (If \$100 or less, enter this amount on Line 26. If greater than \$100, go to Line 25).					24
25. Limitation - Enter the result from the Property Tax Credit Limitation Worksheet. (See note below)					25
26. Subtract Line 25 from Line 24. Enter here and on line 5 on the front of this form.					26 ▶

NOTE: If you meet any of the conditions below, enter 0 on Line 25 and go to Line 26:

- Your filing status is **Single** and your Connecticut AGI is \$52,500 or less;
- Your filing status is **Married Filing Jointly** and your Connecticut AGI is \$100,500 or less;
- Your filing status is **Married Filing Separately** and your Connecticut AGI is \$50,250 or less;
- Your filing status is **Head of Household** and your Connecticut AGI is \$78,500 or less.

Otherwise, complete the *Property Tax Credit Limitation Worksheet* on page 15 and enter the amount from the worksheet on Line 25. DRS will help you calculate your property tax credit. See the *Property Tax Credit Calculator* on the DRS Web site at: www.state.ct.us/drs

DECLARATION: I declare under the penalties of false statement 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. The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Your Signature _____ Date _____	Spouse's Signature (if joint return) _____ Date _____
	Paid Preparer's Signature _____ Date _____	
	Firm Name _____ Preparer's EIN, SSN or PTIN _____ ▶	