

FORM CT-19IT

Title 19 Status Release

Place this form on TOP of your completed return.

Your First Name and Middle Initial	Last Name	Social Security Number _ _ _ : _ _ : _ _ _ _
Home Address (number and street), Apartment Number, PO Box		Telephone ()
City, Town, or Post Office	State	ZIP Code

Purpose

By completing this form, you authorize the Department of Revenue Services to contact the Department of Social Services to verify your Title 19 status for the 2001 taxable year.

Who May File Form CT-19IT?

If you are required to file a Connecticut income tax return and you meet the conditions listed below, you may file **Form CT-19IT**:

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.

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 instructions for **Form CT-1040EZ**, **Form CT-1040** or **Form CT-1040NR/PY**);
2. You had Connecticut income taxes withheld;
3. You made estimated tax payments to Connecticut; **or**
4. You had a federal alternative minimum tax liability.

Complete **Form CT-19IT** and attach it to the **front** of your 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 their behalf, attach a copy of the Power of Attorney Form.

Signature of Recipient	Date
Signature of Person with Power of Attorney	Date
Name of Person with Power of Attorney (<i>Print or Type</i>)	