

Form CT-1040

Connecticut Resident Income Tax Return

2003
1040

For the year January 1 - December 31, 2003, or other taxable year beginning _____, 2003, ending _____.

| | | | | | |
|--|--|---|--------------|--|---|
| Label Use the DRS label located on cover. Otherwise, print or type. (See instructions, Page 14) | L | Your First Name and Middle Initial | Last Name | Your Social Security Number | |
| | A | ⤵ | ⋮ | ⋮ | ⋮ |
| | B | If a <i>JOINT</i> Return, Spouse's First Name and Initial | Last Name | Spouse's Social Security Number | |
| | E | ⤵ | ⋮ | ⋮ | ⋮ |
| H | Home Address (number and street), Apartment Number, PO Box | | | IMPORTANT! You must enter your SSN(s) above. | |
| E | City, Town, or Post Office | | | | |
| R | State | ZIP Code | DRS USE ONLY | | |
| E | - 20 | | | | |

File over the Internet. **WEBFILE OR E-FILE YOUR RETURN FOR FASTER REFUND, see Page 4.**

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 ...

If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here

Filing Status
Check only one box.

NOTE: Generally, your filing status **must** be the same as your federal income tax filing status for this year (See instructions, Page 14).

▶ A. Single
▶ B. Married filing jointly or Qualifying widow(er) with dependent child
▶ C. Married filing *SEPARATELY*. Enter spouse's SSN above and full name here: _____
▶ D. Head of household (with qualifying person)

| | | | |
|--|---|----------------|----|
| Income | 1. Federal Adjusted Gross Income (From federal Form 1040, Line 34; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal Telefile Tax Record, Line I) | ▶ 1 | 00 |
| | 2. Additions to Federal Adjusted Gross Income (From <i>Schedule 1</i> , Line 37) | ▶ 2 | 00 |
| | 3. Add Line 1 and Line 2 | ▶ 3 | 00 |
| | 4. Subtractions from Federal Adjusted Gross Income (From <i>Schedule 1</i> , Line 47) | ▶ 4 | 00 |
| | 5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3) | ▶ 5 | 00 |
| Tax | 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 <i>Schedule 2</i> , Line 56) | ▶ 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 and/or motor vehicle (You must complete <i>Schedule 3</i> , on back. Enter the amount from Line 64. See instructions, Page 15.) | ▶ 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 (Complete the <i>Individual Use Tax Worksheet</i> , Page 29.) | ▶ 15 | 00 |
| | 16. Total Tax (Add Line 14 and Line 15) | ▶ 16 | 00 |
| Payments | 17. Connecticut tax withheld (From <i>Schedule CT-1040WH</i> , Line 3. See instructions, Page 15.) | ▶ 17 | 00 |
| | 18. All 2003 estimated tax payments and any overpayments applied from a prior year | ▶ 18 | 00 |
| | 19. Payments made with Form CT-1040 EXT (Request for extension of time to file) | ▶ 19 | 00 |
| | 20. Total Payments (Add Lines 17, 18, and 19) | ▶ 20 | 00 |
| Refund | 21. If Line 20 is greater than Line 16, enter amount overpaid. (Subtract Line 16 from Line 20) | ▶ 21 | 00 |
| | 22. Amount of Line 21 you want applied to your 2004 estimated tax | ▶ 22 | 00 |
| | 23. Amount of Line 21 you want to contribute to charity (From <i>Schedule 4</i> , Line 65) Total Contributions | ▶ 23 | 00 |
| | 24. Amount of Line 21 you want refunded to you. (Subtract Lines 22 and 23 from Line 21) REFUND For faster refund, choose Direct Deposit and complete Lines 24a, 24b, and 24c. | ▶ 24 | 00 |
| 24a. Type of Account: <input type="radio"/> Checking <input type="radio"/> Savings | | | |
| 24b. <input type="text"/> | 24c. <input type="text"/> | | |
| Routing Number | | Account Number | |
| Amount You Owe | 25. If Line 16 is greater than Line 20, enter the amount of tax you owe. (Subtract Line 20 from Line 16) | ▶ 25 | 00 |
| | 26. If Late: Enter Penalty (Multiply Line 25 by 10% (.10)) | ▶ 26 | 00 |
| | 27. If Late: Enter Interest (Multiply Line 25 by number of months late or fraction thereof, then by 1% (.01)) | ▶ 27 | 00 |
| | 28. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, Page 17.) | ▶ 28 | 00 |
| | 29. Amount you owe with this return (Add Lines 25 through 28) Check if paying by credit card <input type="checkbox"/> (See instructions, Page 17) AMOUNT YOU OWE | ▶ 29 | 00 |

Make your check or money order payable to: **"Commissioner of Revenue Services"**
To ensure proper posting, write your SSN(s) and "2003 Form CT-1040" on your check or money order.

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 |
|---|--|

Taxpayers must sign declaration on reverse — Due date: April 15, 2004 — Attach a copy of all applicable schedules and forms to this return.

STAPLE W-2s, W-2Gs, AND CERTAIN 1099s HERE

CLIP CHECK OR MONEY ORDER HERE (Do Not Staple)



To Direct Deposit your refund, you must complete Lines 24a, 24b, and 24c.

Schedule 1 **Modifications To Federal Adjusted Gross Income (enter all amounts as positive numbers)**

| | | | | |
|---|---|---|------|----|
| Additions to Federal Adjusted Gross Income (See instructions, Page 18) | 30. Interest on state and local government obligations other than Connecticut | ▶ 30 | | 00 |
| | 31. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | ▶ 31 | | 00 |
| | 32. Special depreciation allowance for qualified property placed in service during this year | ▶ 32 | | 00 |
| | 33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | ▶ 33 | | 00 |
| | 34. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero) | ▶ 34 | | 00 |
| | 35. Loss on sale of Connecticut state and local government bonds | ▶ 35 | | 00 |
| | 36. Other - specify _____ | ▶ 36 | | 00 |
| | 37. TOTAL ADDITIONS (Add Lines 30 through 36) Enter here and on Line 2. | ▶ 37 | | 00 |
| Subtractions from Federal Adjusted Gross Income (See instructions, Page 19) | 38. Interest on U.S. government obligations | ▶ 38 | | 00 |
| | 39. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | ▶ 39 | | 00 |
| | 40. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page 20) | ▶ 40 | | 00 |
| | 41. Refunds of state and local income taxes | ▶ 41 | | 00 |
| | 42. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | ▶ 42 | | 00 |
| | 43. Special depreciation allowance for qualified property placed in service during the preceding year | ▶ 43 | | 00 |
| | 44. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero) | ▶ 44 | | 00 |
| | 45. Gain on sale of Connecticut state and local government bonds | ▶ 45 | | 00 |
| | 46. Other - specify (Do not include out-of-state income) _____ | ▶ 46 | | 00 |
| | | 47. TOTAL SUBTRACTIONS (Add Lines 38 through 46) Enter here and on Line 4. | ▶ 47 | |

Schedule 2 **Credit for Income Taxes Paid to Qualifying Jurisdictions**

48. **MODIFIED CONNECTICUT ADJUSTED GROSS INCOME** (See instructions, Page 24) ▶ 48

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

FOR EACH COLUMN, ENTER THE FOLLOWING:

| | COLUMN A | | COLUMN B | |
|---|----------|------|----------|------|
| | Name | Code | Name | Code |
| 49. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 24) | ▶ 49 | | ▶ | |
| 50. Non-Connecticut income included on Line 48 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 23) | ▶ 50 | 00 | ▶ | 00 |
| 51. Divide Line 50 by Line 48 (May not exceed 1.0000) | ▶ 51 | . | ▶ | . |
| 52. Income tax liability (Subtract Line 11 from Line 6) | ▶ 52 | 00 | ▶ | 00 |
| 53. Multiply Line 51 by Line 52 | ▶ 53 | 00 | ▶ | 00 |
| 54. Income tax paid to a qualifying jurisdiction (See instructions, Page 25) | ▶ 54 | 00 | ▶ | 00 |
| 55. Enter the lesser of Line 53 or Line 54 | ▶ 55 | 00 | ▶ | 00 |
| 56. TOTAL CREDIT (Add Line 55, all columns) Enter here and on Line 7. | ▶ 56 | | | 00 |

Schedule 3 **Credit for Property Taxes Paid on Your Primary Residence and/or Motor Vehicle**

| 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(s) Paid (See instructions, Page 25) | Amount Paid | |
| PRIMARY RESIDENCE | | | | | 57 ▶ | 00 |
| AUTO 1 | | | | | 58 ▶ | 00 |
| MARRIED FILING JOINTLY ONLY - AUTO 2 | | | | | 59 ▶ | 00 |
| | 60. TOTAL PROPERTY TAX PAID (Add all amounts for Column E) | | | | 60 ▶ | 00 |
| Property Tax Credit Calculation | 61. MAXIMUM PROPERTY TAX CREDIT ALLOWED | | | | 61 | 350 00 |
| | 62. Enter the Lesser of Line 60 or Line 61. | | | | 62 | 00 |
| | 63. Limitation - Enter the result from the <i>Property Tax Credit Limitation Worksheet</i> (See Page 27) | | | | 63 | 00 |
| | 64. Subtract Line 63 from Line 62. Enter here and on Line 11. | | | | 64 ▶ | 00 |

Schedule 4 **Contributions of Refund to Designated Charities (See instructions, Page 28)**

| | |
|--|---|
| AIDS Research ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00 | Breast Cancer Research ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00 |
| Organ Transplant ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00 | Safety Net Services ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00 |
| Endangered Species/Wildlife ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00 | |
| 65. TOTAL CONTRIBUTIONS. Enter here and on Line 23. | |
| 65 <input type="text" value="00"/> | |

Third Party Designee: Do you authorize DRS to contact another person about this return? (See Page 17) Yes. Complete the following. No

Designee's Name _____ Telephone Number () _____ Personal Identification Number (PIN)

Sign Here **Keep a copy for your records.**

| | | |
|--|------------|------------------------------------|
| 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 _____ | | FEIN _____ |

Schedule CT-1040WH
Connecticut Income Tax Withholding

2003

Complete and attach to Forms CT-1040EZ, CT-1040, CT-1040NRPY, or CT-1040X

| | |
|--|--|
| Name | Your Social Security Number <div style="display: flex; justify-content: space-between;"> [] [] [] - [] [] - [] [] [] [] </div> |
| Spouse's Name (if joint return) | Spouse's Social Security Number <div style="display: flex; justify-content: space-between;"> [] [] [] - [] [] - [] [] [] [] </div> |

1. Enter the total number of W-2, W-2G, and 1099 forms showing Connecticut income tax withholding.

2. W-2, W-2G, and 1099 Identification Information (only enter information from your W-2, W-2G, and 1099 forms if Connecticut income tax was withheld).

| | Column A Employer Identification Number from your W-2, W-2G, or 1099 Forms | | | | | | | | | Column B Connecticut Income Tax Withheld | |
|-----|---|-----|---|-----|-----|-----|-----|-----|-----|---|-----|
| 1st | [] | [] | - | [] | [] | [] | [] | [] | [] | [] | .00 |
| 2nd | [] | [] | - | [] | [] | [] | [] | [] | [] | [] | .00 |
| 3rd | [] | [] | - | [] | [] | [] | [] | [] | [] | [] | .00 |
| 4th | [] | [] | - | [] | [] | [] | [] | [] | [] | [] | .00 |
| 5th | [] | [] | - | [] | [] | [] | [] | [] | [] | [] | .00 |
| 6th | [] | [] | - | [] | [] | [] | [] | [] | [] | [] | .00 |
| 7th | [] | [] | - | [] | [] | [] | [] | [] | [] | [] | .00 |

3. Total Connecticut Income Tax Withheld. (Add the amounts in Column B. Enter here and on Form CT-1040EZ, Line 9, Form CT-1040, Line 17, Form CT-1040NRPY, Line 19, or Form CT-1040X, Line 21.) .00

Instructions for Completing Schedule CT-1040WH

Section 1 — Number of W-2s, W-2Gs, and 1099s. Enter the total number of W-2s, W-2Gs, and 1099s you received for the 2003 taxable year that show **Connecticut** income tax withheld (if you are filing a joint return, include your spouse's W-2s, W-2Gs, and 1099s). Verify that **Box 15** of each W-2 is **Connecticut** income tax withheld. **Do not include W-2s, W-2Gs, or 1099s for other states or the IRS.** See sample W-2 at right.

Section 2 — W-2, W-2G, and 1099 Identification Information. Enter in Column A, the nine-digit Employer Identification Number of **each** federal Form W-2 (located in Box b of federal Form W-2). For each 1099, enter the payer's nine-digit Federal Identification Number. For unemployment compensation, this number is located directly below the address for the Department of Labor. If the number is unclear or missing, contact your employer or payer.

Connecticut Income Tax Withheld. Enter in Column B, the amount of Connecticut income tax withholding as shown on **each** federal Form W-2, W-2G, or 1099 (from Form W-2, **Box 17**; Form W-2G, **Box 14**; Form 1099-R, **Box 10**; Form 1099-MISC, **Box 16**; or Form UC-1099G, **Box 5**.)

Enter the number from Box b in Column A.

| | | | | | |
|---|--|----------------------------|--|---|--|
| a Control number | | 22222 | | OMB No. 1545-0008 | |
| b Employer identification number | | XX-XXXXXXX | | 1 Wages, tips, other compensation | |
| c Employer's name, address, and ZIP code | | | | 2 Federal income tax withheld | |
| | | | | 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 Employee's social security number | | | | 9 Advance EIC payment | |
| | | | | 10 Dependent care benefits | |
| e Employee's first name and initial | | Last name | | 11 Nonqualified plans | |
| | | | | 12a | |
| | | | | 12b | |
| | | | | 12c | |
| | | | | 12d | |
| f Employee's address and ZIP code | | | | 13 | |
| 15 State | | Employer's state ID number | | 16 State wages, tips, etc. | |
| CT | | | | XX.00 | |
| | | | | 17 Local wages, tips, etc. | |
| | | | | 18 Local income tax | |
| | | | | 19 Local income tax | |
| | | | | 20 Locality name | |
| | | | | | |
| Form W-2 Wage and Tax Statement | | 2003 | | 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 Column B (in whole dollars).**

Section 3 — Total Connecticut Income Tax Withheld. Add the amounts in Section 2, Column B and enter the total here.

Attach Schedule CT-1040WH to the back of Form CT-1040EZ, Form CT-1040, Form CT-1040NR/PY, or Form CT-1040X. If you have more than seven 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. Attach federal Forms W-2, W-2G, or 1099 to the **front** of your Connecticut income tax return.