

# Schedule CT-SI

## Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

**Use this schedule if you were a Nonresident or Part-Year Resident of Connecticut  
Complete and Attach to Form CT-1040NR/PY**

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 ____-____-____

**IMPORTANT: SEE INSTRUCTIONS ON PAGE 25 BEFORE COMPLETING THIS SCHEDULE.**

**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 29 below. **Nonresidents:** Enter 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 (including lump-sum distributions) .....	14		
15. Gross income from Connecticut sources (Add Lines 1 through 14) .....	15		00

**PART 2 — ADJUSTMENTS TO CONNECTICUT INCOME —** Enter adjustments that are **directly** related to income reported above.

16. Educator expenses .....	16		
17. Certain business expenses of reservists, artists, and fee-basis government officials .....	17		
18. IRA deduction .....	18		
19. Student loan interest deduction .....	19		
20. Tuition and fees deduction .....	20		
21. Health savings account deduction .....	21		
22. Moving expenses .....	22		
23. One-half of self-employment tax .....	23		
24. Self-employed health insurance deduction .....	24		
25. Self-employed SEP, SIMPLE, and qualified plans .....	25		
26. Penalty on early withdrawal of savings .....	26		
27. Alimony paid. Recipient's last name: _____ SSN _____ - _____ - _____	27		
28. Total adjustments (Add Lines 16 through 27) .....	28		
29. <b>Income from Connecticut sources</b> (Subtract Line 28 from Line 15) Enter the amount here and on <b>Form CT-1040NR/PY</b> , Line 6 .....	29		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 source income.** (See instructions, Page 29.)

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 <b>Schedule CT-SI</b> , Line 1 .....	G		

Basis, if other than working days: \_\_\_\_\_