



9. Enter amount from Line 8. 9.  ,  . **00**

**3**

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

	Column A Employer's federal ID No. from Box b of W-2, or Payer's federal ID No. from W-2G, or 1099	Column B Connecticut Wages, Tips, etc.	Column C Connecticut Income Tax Withheld
10a.	<input type="text"/>	• <u>                    - 00</u>	10a. <input type="text"/> . <b>00</b>
10b.	<input type="text"/>	• <u>                    - 00</u>	10b. <input type="text"/> . <b>00</b>
10c.	<input type="text"/>	• <u>                    - 00</u>	10c. <input type="text"/> . <b>00</b>
10d.	<input type="text"/>	• <u>                    - 00</u>	10d. <input type="text"/> . <b>00</b>
10e.	<input type="text"/>	• <u>                    - 00</u>	10e. <input type="text"/> . <b>00</b>
10f.	<input type="text"/>	• <u>                    - 00</u>	10f. <input type="text"/> . <b>00</b>
10g.	<input type="text"/>	• <u>                    - 00</u>	10g. <input type="text"/> . <b>00</b>
10h.	Enter amount from Supplemental Schedule CT-1040WH, Line 3.		10h. <input type="text"/> . <b>00</b>

10. **Total Connecticut Income Tax Withheld** (Add amounts in Column C and enter here.) 10.  . **00**  
**You must complete Columns A, B, and C or your withholding will be disallowed.**

11. All 2005 estimated tax payments and any overpayments applied from a prior year 11.  . **00**

12. Payments made with **Form CT-1040 EXT** (Request for extension of time to file) 12.  . **00**

13. **Total Payments** (Add Lines 10, 11, and 12.) 13.  . **00**

**4**

14. Overpayment (If Line 13 is more than Line 9, subtract Line 9 from Line 13.) 14.  . **00**

15. Amount of Line 14 you want **applied to your 2006 estimated tax** **15.**  . **00**

16. Total Contributions of Refund to Designated Charities (From *Schedule 3EZ*, Line 29) 16.  . **00**

17. **Refund** (Subtract Lines 15 and 16 from Line 14.) 17.  . **00**  
 For faster refund, use Direct Deposit by completing Lines 17a, 17b, and 17c.

17a. Type: checking  17b. Routing  17c. Account   
 savings  Number  Number

**5**

18. **Total Amount Due** (If Line 9 is more than Line 13, subtract Line 13 from Line 9.) **18.**  . **00**

**6**

**Declaration:** 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 or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

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	Preparer's SSN or PTIN	
	• _____	_____	
		FEIN	
		_____	

**Third Party Designee** - Complete the following if you wish to authorize DRS to contact another person about this return.

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

**Schedule 1EZ - Property Tax Credit Worksheet**

Qualifying Property	Primary Residence	Auto 1	Auto 2 (Married Filing Jointly Only)
Name of Connecticut Tax Town or District	•	•	•
Description of Property If primary residence, enter street address. If motor vehicle, enter year, make, and model.	•	•	•
Date(s) Paid (See instructions, Page 13.)	•    __ / __ / 2005 •    __ / __ / 2005	•    __ / __ / 2005 •    __ / __ / 2005	•    __ / __ / 2005 •    __ / __ / 2005
Amount Paid	19. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	20. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	21. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
22. Total Property Tax Paid (Add Lines 19, 20, and 21.)			22. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
23. Maximum Property Tax Credit Allowed			• 23. <b>350. 00</b>
24. Enter the lesser of Line 22 or Line 23.			• 24. <input type="text"/> . 00
25. Enter the <b>decimal amount</b> for your filing status and Connecticut AGI from the Property Tax Credit Table located on the inside back cover of this booklet. (If zero, enter amount from Line 24 on Line 27.)			• 25. <input type="text"/> . <input type="text"/>
26. Multiply Line 24 by Line 25.			• 26. <input type="text"/> . 00
27. Subtract Line 26 from Line 24. Enter here and on Line 5.			27. <input type="text"/> . 00

**Schedule 2EZ - Individual Use Tax Worksheet**

Complete this worksheet to calculate your Connecticut individual use tax liability.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Date of purchase	Description of goods or services	Retailer or service provider	Purchase price	CT tax due (.06 X Column D)	Tax, if any, paid to another jurisdiction	Balance due (Column E minus Column F but not less than zero)
•						
•						
•						
•						
•						
• Total of individual purchases under \$300 not listed above						

28. Individual Use Tax (Add all amounts for Column G.) Enter here and on Line 7. • 28.  ,  ,  . 00

**Schedule 3EZ - Contribution Worksheet**

29a. AIDS Research	29a.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29b. Organ Transplant	29b.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29c. Endangered Species/Wildlife	29c.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29d. Breast Cancer Research	29d.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29e. Safety Net Services	29e.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29f. Military Family Relief Fund	29f.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00
29. Total Contributions (Add Lines 29a through 29f; enter amount here and on Line 16.)	• 29.	<input type="text"/> , <input type="text"/> , <input type="text"/> . 00

Use envelope provided, with correct mailing label, or mail to:

<p><b>For refunds and all other tax forms without payment:</b>                      Department of Revenue Services                      PO Box 150420                      Hartford CT 06115-0420</p>	<p><b>For all tax forms with payment:</b>                      Department of Revenue Services                      PO Box 150440                      Hartford CT 06115-0440</p>
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Make your check or money order payable to: **Commissioner of Revenue Services**

To ensure proper posting, write your SSN(s) (optional) and "2005 Form CT-1040EZ" on your check or money order.