

**Form CT-1040NR/PY**  
**Connecticut Nonresident and Part-Year**  
**Resident Income Tax Return**

FOR DRS  
 USE ONLY

20

**2005**  
**CT-1040NR/PY**

**Complete return in  
 blue or black ink only.**

**Taxpayers must sign  
 declaration on reverse side.**

For the year January 1 - December 31, 2005, or other taxable year beginning: \_\_\_\_\_, **2005** and ending: \_\_\_\_\_, \_\_\_\_\_.

**Filing Status**

Single

Married filing jointly or qualified widow(er) with dependent child

Married filing separately

Head of household

(Enter spouse SSN below and full name here.)

Your Social Security Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

Check if deceased

Spouse Social Security Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

Check if deceased

Your First Name

\_\_\_\_\_  
 \_\_\_\_\_

MI

\_\_\_\_\_

Last Name (If two last names, insert a space between names.)

\_\_\_\_\_  
 \_\_\_\_\_

Suffix (Jr./Sr.)

\_\_\_\_\_

Spouse's First Name

\_\_\_\_\_  
 \_\_\_\_\_

MI

\_\_\_\_\_

Last Name (If two last names, insert a space between names.)

\_\_\_\_\_  
 \_\_\_\_\_

Suffix (Jr./Sr.)

\_\_\_\_\_

Mailing Address (number and street, apartment number, suite number, PO Box)

\_\_\_\_\_  
 \_\_\_\_\_

2005 resident status

Nonresident

Part-Year Resident

City, Town, or Post Office (If town is two words, leave a space between the words.)

\_\_\_\_\_  
 \_\_\_\_\_

State

\_\_\_\_\_

ZIP Code

\_\_\_\_-\_\_\_\_  
 \_\_\_\_\_

Check here if you do not want forms sent to you next year. (This **does not** relieve you of your responsibility to file.)

Check here if you filed **Form CT-2210** and checked any boxes on Part 1.

**CT-8379**

**Schedule CT-1040CRC**

Check here if you are filing the following and attach the form to the front of the return.

**2**

**Whole Dollars Only**

1. Federal adjusted gross income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.																			.00
2. Additions to federal adjusted gross income (From <i>Schedule 1</i> , Line 41)	2.																			.00
3. Add Line 1 and Line 2.	3.																			.00
4. Subtractions from federal adjusted gross income (From <i>Schedule 1</i> , Line 52)	4.																			.00
5. <b>Connecticut Adjusted Gross Income</b> (Subtract Line 4 from Line 3.)	5.																			.00
6. Income from Connecticut sources (From <i>Schedule CT-SI</i> , Line 30)	6.																			.00
7. <b>Enter the greater of Line 5 or Line 6.</b> (If zero or less, go to Line 12 and enter "0.")	7.																			.00
8. Income Tax (From <i>Tax Tables</i> or <i>Tax Calculation Schedule</i> . See instructions, Page 15.)	8.																			.00
9. Divide Line 6 by Line 5. (If Line 6 is equal to or greater than Line 5, enter 1.0000.)	9.																			
10. Multiply Line 9 by Line 8.	10.																			.00
11. Credit for income taxes paid to qualifying jurisdictions during resident portion of taxable year — <b>Part-Year Residents Only</b> (From <i>Schedule 2</i> , Line 61)	11.																			.00
12. Subtract Line 11 from Line 10. (If Line 11 is greater than Line 10, enter "0.")	12.																			.00
13. Connecticut Alternative Minimum Tax (From Form CT-6251)	13.																			.00
14. Add Line 12 and Line 13.	14.																			.00
15. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)	15.																			.00
16. <b>Connecticut Income Tax</b> (Subtract Line 15 from Line 14. If less than zero, enter "0.")	16.																			.00
17. Individual Use Tax (From <i>Schedule 3</i> , Line 62. If no tax is due, enter "0.")	17.																			.00
18. Add Line 16 and Line 17.	18.																			.00

Clip check or money order here (Do not staple.)  
 Do NOT send W-2, W-2G, or 1099 Forms.

19. Enter amount from Line 18. 19. 00

Table with 3 columns: Column A (Employer's federal ID No.), Column B (Connecticut Wages, Tips, etc.), and Column C (Connecticut Income Tax Withheld). Rows 20a-20g include checkboxes for Schedule CT K-1 and amounts of .00.

20. Total Connecticut Income Tax Withheld (Add amounts in Column C and enter here.) 20. 00
You must complete Columns A, B, and C or your withholding will be disallowed.

21. All 2005 estimated tax payments and any overpayments applied from a prior year 21. 00

22. Payments made with Form CT-1040 EXT (Request for extension of time to file) 22. 00

23. Total Payments (Add Lines 20, 21, and 22.) 23. 00

4 24. Overpayment (If Line 23 is more than Line 19, subtract Line 19 from Line 23.) 24. 00

25. Amount of Line 24 you want applied to your 2006 estimated tax 25. 00

26. Total Contributions of Refund to Designated Charities (From Schedule 4, Line 63) 26. 00

27. Refund (Subtract Lines 25 and 26 from Line 24.) 27. 00
For faster refund, use Direct Deposit by completing Lines 27a, 27b, and 27c.

27a. Type: checking savings 27b. Routing Number 27c. Account Number

5 28. Tax Due (If Line 19 is more than Line 23, subtract Line 23 from Line 19.) 28. 00

29. If Late: Enter Penalty (Multiply Line 28 by 10% (.10).) 29. 00

30. If Late: Enter Interest (Multiply Line 28 by number of months or fraction of a month late, then by 1% (.01).) 30. 00

31. Interest on underpayment of estimated tax (See instructions, Page 17.) 31. 00

32. Total Amount Due (Add Lines 28 through 31.) 32. 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.

Signature section with fields for Your Signature, Spouse's Signature, Paid Preparer's Signature, Firm's Name, Address, and ZIP Code, Date, Telephone Number, Preparer's SSN or PTIN, FEIN, and Daytime Telephone Number.

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 1 - Modifications to Federal Adjusted Gross Income** (Enter all items as positive numbers.)

(See Instructions, Page 18.)

33. Interest on state and local government obligations other than Connecticut 33. , ,   .   **00**

34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 34. , ,    .   **00**

35. *Allocated for future use* • 35.

36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income 36. , ,    .   **00**

37. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero.) 37. , ,    .   **00**

38. Loss on sale of Connecticut state and local government bonds 38. , ,    .   **00**

39. *Allocated for future use* • 39.

40. Other - specify • \_\_\_\_\_ 40. , ,    .   **00**

41. **Total Additions** (Add Lines 33 through 40.) Enter here and on Line 2. 41. , ,    .   **00**

42. Interest on U.S. government obligations 42. , ,    .   **00**

43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 43. , ,    .   **00**

44. Social Security benefit adjustment (See *Social Security Benefit Adjustment Worksheet*, Page 20.) 44. , ,    .   **00**

45. Refunds of state and local income taxes 45. , ,    .   **00**

46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 46. , ,    .   **00**

47. Special depreciation allowance for qualified property placed in service during the preceding year(s) 47. , ,    .   **00**

48. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero.) 48. , ,    .   **00**

49. Gain on sale of Connecticut state and local government bonds 49. , ,    .   **00**

50. *Allocated for future use* • 50.

51. Other - specify (Do not include out of state income) • \_\_\_\_\_ 51. , ,    .   **00**

52. **Total Subtractions** (Add Lines 42 through 51.) Enter here and on Line 4. 52. , ,    .   **00**

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions - Part-Year Residents Only**

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

53. Connecticut Adjusted Gross Income during residency portion of taxable year. 53. , ,    .   **00**  
(See instructions, Page 23.)

	<b>Column A</b>		<b>Column B</b>	
	• Name	Code	• Name	Code
54. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 24.) 54.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (Complete <i>Schedule 2 Worksheet</i> , Page 23.) 55.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
56. Divide Line 55 by Line 53 (May not exceed 1.0000) 56.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
57. Apportioned Income tax (See instructions, Page 24.) 57.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
58. Multiply Line 56 by Line 57. 58.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
59. Income tax paid to a qualifying jurisdiction (See instructions, Page 24.) 59.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
60. Enter the lesser of Line 58 or Line 59. 60.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
61. <b>Total Credit</b> (Add Line 60, all columns.) Enter here and on Line 11. 61.	<input type="text"/>			

**Schedule 3 - 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						

62. **Individual Use Tax** (Add all amounts for Column G.) Enter here and on Line 17. • 62. [ ] [ ] [ ] , [ ] [ ] [ ] . **00**

**Schedule 4 - Contribution Worksheet**

63a. AIDS Research 63a. [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] . **00**

63b. Organ Transplant 63b. [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] . **00**

63c. Endangered Species/Wildlife 63c. [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] . **00**

63d. Breast Cancer Research 63d. [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] . **00**

63e. Safety Net Services 63e. [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] . **00**

63f. Military Family Relief Fund 63f. [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] . **00**

63. Total Contributions (Add Lines 63a through 63f, enter amount here and on Line 26.) • 63. [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] . **00**

Use envelope provided, with correct mailing label, or mail to:	
<b>For refunds and all other tax forms without payment:</b> Department of Revenue Services PO Box 2968 Hartford CT 06104-2968	<b>For all tax forms with payment:</b> Department of Revenue Services PO Box 2969 Hartford CT 06104-2969

Make your check or money order payable to: **Commissioner of Revenue Services**

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