

Form CT-1040EZ
Connecticut Resident EZ Income Tax Return

FOR DRS
USE ONLY

20

2007
CT-1040EZ

Complete return in blue or black ink only.

Taxpayers must sign declaration on reverse side.

For the year January 1 - December 31, 2007, or other taxable year beginning: _____, 2007 and ending: _____, _____.

1 **Filing Status**

Single
 Married filing jointly
 Civil union filing jointly
 Married filing separately
 Civil union filing separately
 Head of household
 Qualifying widow(er) with dependent child

Enter spouse's name here and SSN below.

↓ Place Label Here ↑ or Print

Your Social Security Number - -

Spouse Social Security Number - -

Check if deceased Check if deceased

Your First Name MI

Last Name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

If Joint Return, 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)

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.

Form CT-8379 Check here if you are filing Form CT-8379 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. Refunds of state and local income taxes from federal Form 1040, Line 10: See instructions, Page 10. 2. .00

3. **Connecticut Adjusted Gross Income:** Subtract Line 2 from Line 1. 3. .00

4. Income Tax: from Tax Tables or Tax Calculation Schedule: See instructions, Page 10. 4. .00

5. Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach *Schedule 1EZ*, on Page 3 or your credit will be disallowed. 5. .00

6. Connecticut income tax: Subtract Line 5 from Line 4. If less than zero, enter "0." 6. .00

7. Individual Use Tax from *Schedule 2EZ*, Line 28, on Page 3: See instructions, Page 10. If no tax is due, enter "0." 7. .00

8. Add Line 6 and Line 7. 8. .00

Clip check here. Do not staple. Do not send W-2 or 1099 forms.

To complete your return, continue on Page 2, Form CT-1040EZ.

Make your check payable to: Commissioner of Revenue Services To ensure proper posting, write your SSN(s) (optional) and "2007 Form CT-1040EZ" on your check.	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 150420 Hartford CT 06115-0420	For all tax forms with payment: Department of Revenue Services PO Box 150440 Hartford CT 06115-0440
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Due date: April 15, 2008 - Attach a copy of all applicable schedules and forms to this return.
For a faster refund, see Page 2 of the booklet for electronic filing options.

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

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W-2 and 1099 Information
Only enter information from your W-2 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 Form 1099	Column B Connecticut Wages, Tips, etc.	Column C Connecticut Income Tax Withheld
10a.	<input type="text"/>	• <u> - 00</u>	10a. <input type="text"/> , <input type="text"/> . 00
10b.	<input type="text"/>	• <u> - 00</u>	10b. <input type="text"/> , <input type="text"/> . 00
10c.	<input type="text"/>	• <u> - 00</u>	10c. <input type="text"/> , <input type="text"/> . 00
10d.	<input type="text"/>	• <u> - 00</u>	10d. <input type="text"/> , <input type="text"/> . 00
10e.	<input type="text"/>	• <u> - 00</u>	10e. <input type="text"/> , <input type="text"/> . 00
10f.	<input type="text"/>	• <u> - 00</u>	10f. <input type="text"/> , <input type="text"/> . 00
10g.	<input type="text"/>	• <u> - 00</u>	10g. <input type="text"/> , <input type="text"/> . 00
10h.	Enter amount from Supplemental Schedule CT-1040WH, Line 3.		10h. <input type="text"/> , <input type="text"/> . 00

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 2007 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**

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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 2008 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

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

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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 to authorize DRS to contact another person about this return.

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

Schedule 1EZ - Property Tax Credit See instructions, Page 14.

Qualifying Property	Primary Residence	Auto 1	Auto 2 (Joint Returns or Qualifying Widow(er) 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	• ____ / ____ / 2007 • ____ / ____ / 2007	• ____ / ____ / 2007 • ____ / ____ / 2007	• ____ / ____ / 2007 • ____ / ____ / 2007
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. 500. 00
24. Enter the lesser of Line 22 or Line 23.			• 24. <input type="text"/> . 00
25. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table located in the instruction booklet. If zero, enter the 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. Attach <i>Schedule 1EZ</i> to your return or your credit will be disallowed.			• 27. <input type="text"/> . 00

Schedule 2EZ - Individual Use Tax

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 - Contributions to Designated Charities

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

To ensure proper posting, write your SSN(s) (optional) and "2007 Form CT-1040EZ" on your check.