







**Schedule 3 - Individual Use Tax**

Complete this schedule to calculate your Connecticut individual use tax liability and attach it to your return.

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 - Contributions to Designated Charities**

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 payable to: **Commissioner of Revenue Services**  
 To ensure proper posting, write your SSN(s) (optional) and "2008 Form CT-1040NR/PY" on your check.

**Complete all applicable schedules on Pages 3 and 4  
 and attach the schedules to your return.**