	St (R	epartment of Revenue Services ate of Connecticut ev. 12/15)		Form CT-10 Connecticut Res		e Tax Return	2015 CT-1040			
Taxna		040 00 15W 01 9999 must sign declaration on reve	rse side. Complete re	turn in blue or black i		or DRS Use Only (MMDDYYYY)				
For Ja	nuar	y 1 - December 31, 2015, kable year Year Beginning			YY) and Ending		(MMDD)	YYYY).		
1 →	Your	ng Status - Check only one b X Single F Married filing jointly C Social Security Number DUR SOCIAL SECURITY #		ne here and SSN below.						
mailing vn here.	Your	r first name DUR FIRST NAME	MI	deceased Last name (If two la YOUR LAST	space between names.)	deceased Suffix (Jr./Sr.)				
Print your SSN, name, mailing address, and city or town here	lf joi	nt return, spouse's first name	MI	Last name (If two la	ast names, insert a	space between names.)	Suffix (Jr./S	Sr.)		
ur SSN, and cit	Mailing address (number and street, apartment number, suite number, PO Box) YOUR STREET ADDRESS									
Print you address,		City, town, or post office (If town is two words, leave a space between the words.) State ZIP code YOUR CITY, STATE AND ZIP CODE								
→	Ente	er city or town of residence if differe	nt from above.		ZIP code					
		ou filed Form CT-2210 any boxes on Part 1.	Check here if you a Attach to the front	are filing Form CT-83 of the return.		ck here if you are filing F th to the back of the retu	ım.			
2	1.	Federal adjusted gross inco	me from federal Fo	rm 1040 in		Whole D	ollars Only			
2		Form 1040A, Line 21; or Fo				1.	27,350	.00		
-	2.	Additions to federal adjusted	d gross income from	n Stherbyle I, Line 38	3	2.		.00		
•	3.	Add Line 1 and Line 2.		5		3.	27,350	.00		
	4.	Subtractions from federal ad	djusted gloss incon	e from Schedule 1, L	ine 50	4.		.00		
а ю́	5.	Connecticut adjusted gro	ss income: Costrac	t Line 4 from Line 3.		5.	27,350	.00		
taple orm:	6.	Income tax from tax tables of	or Tax Calculation S	chedule: See instruct	tions, Page 18.	6.	375	.00		
Do not staple. or 1099 forms.	7.	Credit for income taxes paid	to qualifying jurisdic	tions from Schedule	2, Line 59	7.		.00		
Do r or 1(8.	Subtract Line 7 from Line 6.	If Line 7 is greater	than Line 6, enter "0.	,,	8.	375	.00		
	9.	Connecticut alternative mini	imum tax from Form	CT-6251		9.		.00		
Clip check here. Do not send W-2		Add Line 8 and Line 9. Credit for property taxes pai				10.	375	.00		
Slip o o no		Complete and attach Sched	C .		allowed.	11.		.00		
		Subtract Line 11 from Line 1				12.	375	.00		
	13.	Total allowable credits from	Schedule CT-IT Cre	edit, Part I, Line 11		13.		.00		
←	14.	Connecticut income tax: S	ubtract Line 13 from L	ine 12. If less than zei	ro, enter "0."	14.	375	.00		
	15.	Individual use tax from School	edule 4, Line 69: If n	o tax is due, enter "0	"	15.	0	.00 📿		
	16.	Add Line 14 and Line 15.				16.	375	.00		

Due date: April 15, 2016 - Attach a copy of all applicable schedules and forms to this return.

For a faster refund, file your return electronically at www.ct.gov/DRS/TSC and choose direct deposit.

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	17.	Ente	er am	ount	fror	n Lir	ne 16										17.	375	.00
3			Column A - Employer's federal ID No. from Box b Column B - Connecticut													Column C - Connecticut income tax			
				-2. or	ра\ 6	/er's 0	feder 6	al ID 4	No. 6	from 9	Form 7	1099 3)	wa 16,0	ages, tips, e 100	elC.	40.	withheld 100	
W-2 and 1099 Information Only enter information from your W-2			18a. 18b.		0	0	0	4	0	9	/	5	•	10,0	00		18a. 18b.	100	.00
		12																	.00
and 1	099 fo	rms	18c.										•				18c.		
incor	nnectici ne tax		18d.										•				18d.		.00
was	vithheld	d.	18e.										•				18e.		.00
			18f.	Additi	ona	I CT v	withh	olding	g froi	m Su	oplem	ental	Sche	dule CT-	1040WH		18f.		.00
														C and ent	er here. disallowe	d.	18.	100	.00
	19.	All 2	2015 estimated tax payments and any overpayments applied from a prior year												19.		.00		
	20.	Payr	nents made with Form CT-1040 EXT (Request for extension of time to file)									20.		.00					
														C, Line	16.		20a.		.00
	20b.	Claim of right credit: From Form CT-1040CRC, Line 6. Attach Form CT-1040CRC to the back of this return.									C, Lin	e 6. A	Attach	Form			20b.		.00
	21.	Total payments: Add Lines 18, 19, 20, 20a, and 20b.										0b.					21.	100	.00
4													Line 1	7 from L	ine 21.	V,	22.		.00
															nateutax	\mathbf{N}	23.		.00
	24.	CHE	T cor		on f	from	Schee			-	-	-		chedule			24.		.00
	24a.	Tota	l conti	ributio	ns c	of refu	ind to	desig	gnat	ed ch	arities	from	Sche	dule i,	ine 70		24a.		.00
														act depo ab e to	st-time file	rs.	25.		.00
	25a.	Chec	king			Sav	ings			250	c. Ac	count	i um'	C I					
	25b.	Rout	ing nu	ımber									X	25d. 1	Will this refu	und go to a	bank ad	ccount outside the U.S.? Yes	6
	lf you	u do i	not el	ect dir	ect	depo	sit, a	refun	d ch	neck y	ill be	is ue	a and	l process	sing may be	e delayed.			
5	26.	Тах	due:	lf Line	917	is mo	ore th	an Lii	ne 2	1, sub	ot act	Line :	21 froi	m Line 1	7.		26.	275	.00
				er per							· · · ·						27.		.00
				by 1%			ltiply	Line	26 b	y nun	iber o	f mor	ths oi	r fraction	of a mont	h	28.		.00
	29.			n unde	•			estima	ated	tax fr	om Fo	orm C	T-221	0:	29				.00
	30.			ount d		-		s 26 tl	hrou	gh 29							30.	275	.00
																		statements) and, to the best of my knowled	
	for not	more	than	five ye	ars,	or bo	th. Th	e decla	arati	on of a	paid	prepar	er othe	er than th	e taxpayer is	s based on a	all inform	is a fine of not more than \$5,000, or impriso nation of which the preparer has any know	ledge.
S	gn	Y	our si	gnatu	re									D	Date (MMD	DYYYY)		Home/cell telephone number	
	ere	•		mail a	ddre	222								•	\mathcal{O}				
Ke	ep a	Г		inan a	aan	000													
cop	y of	L	pouse	e's sig	nati	ure (i	f joint	retur	'n)					D	ate (MMD	DYYYY)		Daytime telephone number	
	eturn your	•							•				•						
	ords.	•	Paid preparer's signature								ate (MMD	υγγγγ)		Telephone number					
		F	Preparer's SSN or PTIN Firm's Federal Emplo										ral Employ	er Iden	tification Number (FEIN)				
			Firm's name, address, and ZIP code																
			 Third Party Designee - Complete the following to authorize DRS to contact another person about this return. 																
				ee's na		-						•		none num			•	Personal identification number (PIN)	
		-	omn	lete	an	plic	able	sch	edu	ules	on F	-	s 3 =	and 4 a	and send	all four		s of the return to DRS.	
	I	0	~ P		-10			2.011				~90					F~90		

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Schedule 1 - Modifications to Federal Adjusted Gross Income See instructions, Page 23.	Enter all items as p	oositive numbers.
31. Interest on state and local government obligations other than Connecticut	31.	.00
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	.00
33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	33.	.00
34. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	34.	.00
35. Loss on sale of Connecticut state and local government bonds	35.	.00
36. Domestic production activity deduction from federal Form 1040, Line 35	36.	.00
37. Other - specify •	37.	.00
38. Total additions: Add Lines 31 through 37. Enter here and on Line 2.	38.	.00
39. Interest on U.S. government obligations	39.	.00
40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	.00
41. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet, Page 25.	41.	.00
42. Refunds of state and local income taxes	42.	.00
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	.00
44. Military retirement pay	44.	.00
45. 10% of income received from the Connecticut teacher's retirement system	45.	.00
46. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than sero.	46.	.00
47. Gain on sale of Connecticut state and local government bonds	47.	.00
48. Connecticut Higher Education Trust (CHET) contributions Enter CHET account number: Do not add spaces or dashes.	48.	.00
49. Other - specify: Do not include out of state income	49.	.00
50. Total subtractions: Add Lines 39 through 49. ENter here and on Line 4.	50.	.00

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. See instructions, Page 27.

51. Modified Connecticut adjusted gross income			.00	
	Column A	Code	Column B	Code
52. Enter qualifying jurisdiction's name and two-letter code				
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return from <i>Schedule 2 Worksheet.</i> 53.		.00		.00
54. Divide Line 53 by Line 51. May not exceed 1.0000	•		•	
55. Income tax liability. Subtract Line 11 from Line 6		.00		.00
56. Multiply Line 54 by Line 55		.00		.00
57. Income tax paid to a qualifying jurisdiction		.00		.00
58. Enter the lesser of Line 56 or Line 57.58.		.00		.00
59. Total credit: Add Line 58, all columns. Enter here and on Line 7	59.		.00	

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Schedule 3 - Property Tax Credit See instructions, Page 30.

G	ualifying Property	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 (MMDDYYYY)	Amount Paid
60.	Primary Residence	•	•	60.	.00
61.	Auto 1	•	•	61.	.00
62.	Auto 2 - Married filing of jointly or qualifying wido		•	62.	.00
63.	Total property tax p	baid: Add Lines 60), 61, and 62.	63	.00
64.	Maximum property	tax credit allowe	d.	64	• 300 .00
65.	Enter the lesser of L	ine 63 or Line 64.		65	• .00
66.			g status and Connecticut AGI from the Propert o, enter the amount from Line 65 on Line 68.	ty Tax Credit Table 66.	•
67.	Multiply Line 65 by L	ine 66.		67.	• .00
68.	Subtract Line 67 from your credit will be dis		here and on Line 11. Attach <i>Schedule</i> 3 to you	return or 68	.00
Con	nplete the Connecticu	t Individual Use Ta	er purchases where you poid no sales ox Worksheet on Page 32 to conclude your use	e tax liability.	
			cticut Individual Use Tax Corksheet, Section A,		.00
			necticut Individual Use Tax Worksheet, Section		.00
			nectics. Individual Use Tax Worksheet, Sectior		.00
6	9. Individual use tax: Enter here and on		bugh 65. If pruse tax is due, you must enter	r "0." 69.	.00
Sc	hedule 5 - Cont	ributions to D	esignated Charities - See more infor	rmation on Page 6.	
70a	AIDS Research			70a.	.00
70b	. Organ Transplant			70b.	.00
70c	. Endangered Species	s/Wildlife		70c.	.00
70d	. Breast Cancer Rese	arch		70d.	.00
70e	. Safety Net Services			70e.	.00
70f.	Military Relief			70f.	.00
70g	. CHET Baby Scholar			70g.	.00
70.	Total Contributions:	Add Lines 70a thr	ough 70g. Enter amount here and on Line 24a	a. 70.	.00

Complete and send all four pages of the return to DRS.

Use the correct mailing address for			
For all tax forms with payment:	For refunds and all other tax forms without payment:	Commissioner of Revenue Services	
Department of Revenue Services PO Box 2977 Hartford CT 06104-2977	Department of Revenue Services PO Box 2976 Hartford CT 06104-2976	To ensure proper posting, write your SSN(s) (optional) and "2015 Form CT-1040" on your check.	