

Department of Revenue Services
 State of Connecticut
 (Rev. 12/15)
 1040 00 15W 01 9999



Form CT-1040
 Connecticut Resident Income Tax Return

2015
 CT-1040

For DRS Use Only
 (MMDDYYYY)

Taxpayers must sign declaration on reverse side. Complete return in blue or black ink only.

For January 1 - December 31, 2015, (MMDDYYYY) and Ending (MMDDYYYY), or other taxable year Year Beginning

1 Filing Status - Check only one box.

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

Enter spouse's name here and SSN below.

Your Social Security Number
 YOUR SOCIAL SECURITY #

Spouse's Social Security Number

Check if deceased

Your first name MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr.)
 YOUR FIRST NAME YOUR LAST NAME

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)
 YOUR STREET 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

Enter city or town of residence if different from above. ZIP code

Check if you filed **Form CT-2210** and checked any boxes on Part 1. Check here if you are filing **Form CT-837** Attach to the front of the return. Check here if you are filing **Form CT-1040CRC**: Attach to the back of the return.

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

1. Federal adjusted gross income from federal Form 1040, Line 17; Form 1040A, Line 21; or Form 1040EZ, Line 4
2. Additions to federal adjusted gross income from Schedule 1, Line 38
3. Add Line 1 and Line 2.
4. Subtractions from federal adjusted gross income from Schedule 1, Line 50
5. **Connecticut adjusted gross income:** Subtract Line 4 from Line 3.
6. Income tax from tax tables or Tax Calculation Schedule: See instructions, Page 18.
7. Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59
8. Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."
9. Connecticut alternative minimum tax from Form CT-6251
10. Add Line 8 and Line 9.
11. Credit for property taxes paid on your primary residence, motor vehicle, or both: Complete and attach Schedule 3 on Page 4 or your credit will be disallowed.
12. Subtract Line 11 from Line 10. If less than zero, enter "0."
13. Total allowable credits from Schedule CT-IT Credit, Part I, Line 11
14. **Connecticut income tax:** Subtract Line 13 from Line 12. If less than zero, enter "0."
15. Individual use tax from Schedule 4, Line 69: If no tax is due, enter "0."
16. Add Line 14 and Line 15.

Whole Dollars Only

1.	34,050	.00
2.		.00
3.	34,050	.00
4.		.00
5.	34,050	.00
6.	969	.00
7.		.00
8.	969	.00
9.		.00
10.	969	.00
11.		.00
12.	969	.00
13.		.00
14.	969	.00
15.	0	.00
16.	969	.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. Enter amount from Line 16.		17.	969	.00
3	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	
18a.	0 6 0 6 4 6 9 7 3	33,700	1,100	.00
18b.				.00
18c.				.00
18d.				.00
18e.				.00
18f. Additional CT withholding from <i>Supplemental Schedule CT-1040WH</i>				
18.	18. Total Connecticut income tax withheld: Add amounts in Column C and enter here. You must complete Columns A, B, and C or your withholding will be disallowed.		1,100	.00
19.	19. All 2015 estimated tax payments and any overpayments applied from a prior year			.00
20.	20. Payments made with Form CT-1040 EXT (Request for extension of time to file)			.00
20a.	20a. Connecticut earned income tax credit: From Schedule CT-EITC, Line 16.			.00
20b.	20b. Claim of right credit: From Form CT-1040CRC, Line 6. Attach Form CT-1040CRC to the back of this return.			.00
21.	21. Total payments: Add Lines 18, 19, 20, 20a, and 20b.		1,100	.00
4	22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.		131	.00
23.	23. Amount of Line 22 overpayment you want applied to your 2016 estimated tax			.00
24.	24. CHET contribution from Schedule CT-CHET, Line 4. Attach Schedule CT-CHET to the back of this return.			.00
24a.	24a. Total contributions of refund to designated charities from <i>Schedule 5, line 30</i>			.00
25.	25. Refund: Subtract Lines 23, 24, and 24a from Line 22. For direct deposit, complete Lines 25a, 25b, and 25c. Direct deposit is not available to first-time filers.		131	.00

25a. Checking Savings 25c. Account number: _____
 25b. Routing number: _____ 25d. Will this refund go to a bank account outside the U.S.? Yes
 If you do not elect direct deposit, a refund check will be issued and processing may be delayed.

5	26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17.	26.		.00
	27. If late: Enter penalty. Multiply Line 26 by 10% (.10).	27.		.00
	28. If late: Enter interest. Multiply Line 26 by number of months or fraction of a month late, then by 1% (.01).	28.		.00
	29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 21.	29.		.00
	30. Total amount due: Add Lines 26 through 29.	30.		.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	Your signature	Date (MMDDYYYY)	Home/cell telephone number
	Email address		
Keep a copy of this return for your records.	Spouse's signature (if joint return)	Date (MMDDYYYY)	Daytime telephone number
	Paid preparer's signature	Date (MMDDYYYY)	Telephone number
	Preparer's SSN or PTIN	Firm's Federal Employer Identification 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.			
	Designee's name	Telephone number	Personal identification number (PIN)

Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS.



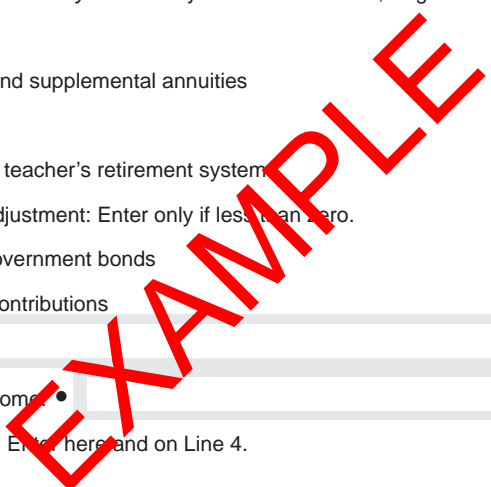
Schedule 1 - Modifications to Federal Adjusted Gross Income

See instructions, Page 23.

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

Enter all items as positive numbers.

31.		.00
32.		.00
33.		.00
34.		.00
35.		.00
36.		.00
37.		.00
38.		.00
39.		.00
40.		.00
41.		.00
42.		.00
43.		.00
44.		.00
45.		.00
46.		.00
47.		.00
48.		.00
49.		.00
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.	51.		.00
		Column A	Column B
		Name	Code
52. Enter qualifying jurisdiction's name and two-letter code.	52.		
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
54. Divide Line 53 by Line 51. May not exceed 1.0000.	54.		
55. Income tax liability. Subtract Line 11 from Line 6.	55.		.00
56. Multiply Line 54 by Line 55.	56.		.00
57. Income tax paid to a qualifying jurisdiction.	57.		.00
58. Enter the lesser of Line 56 or Line 57.	58.		.00
59. Total credit: Add Line 58, all columns. Enter here and on Line 7.	59.		.00



Your Social Security Number • YOUR SOCIAL SECURITY #

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

Qualifying 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 jointly or qualifying widow(er) only.				62. .00
63. Total property tax paid: Add Lines 60, 61, and 62.				63. .00
64. Maximum property tax credit allowed.				64. 3 0 0 .00
65. Enter the lesser of Line 63 or Line 64.				65. .00
66. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table exactly as it appears on Page 31. If zero, enter the amount from Line 65 on Line 68.				66. .
67. Multiply Line 65 by Line 66.				67. .00
68. Subtract Line 67 from Line 65. Enter here and on Line 11. Attach <i>Schedule 3</i> to your return or your credit will be disallowed.				68. .00

Failure to report and pay use taxes subject to as much as a \$5,000 fine, imprisonment for as much as 5 years, or both.

Schedule 4 - Individual Use Tax

Do you owe use tax for online or other purchases where you paid no sales tax? See instructions, Page 32. Complete the *Connecticut Individual Use Tax Worksheet* on Page 32 to calculate your use tax liability.

69a. Total use tax due at 1%: From <i>Connecticut Individual Use Tax Worksheet</i> , Section A, Column 7	69a. .00
69b. Total use tax due at 6.35%: From <i>Connecticut Individual Use Tax Worksheet</i> , Section B, Column 7	69b. .00
69c. Total use tax due at 7.75%: From <i>Connecticut Individual Use Tax Worksheet</i> , Section C, Column 7	69c. .00
69. Individual use tax: Add Lines 69a through 69c. If no use tax is due, you must enter "0." Enter here and on Line 15.	69. .00

Schedule 5 - Contributions to Designated Charities - See more information on Page 6.

70a. AIDS Research	70a. .00
70b. Organ Transplant	70b. .00
70c. Endangered Species/Wildlife	70c. .00
70d. Breast Cancer Research	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 through 70g. Enter amount here and on Line 24a.	70. .00

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

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