# Form CT-1040NR/PY 

Connecticut Nonresident and Part-Year Resident Income Tax Return

| $\substack{\text { FOR DRS } \\ \text { USE ONLY }}$ | 20 | 2006 |
| :--- | :--- | :--- |
| 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, 2006, or other taxable year beginning: $\qquad$ 2006 and ending:

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 <br> Form CT-2210 and checked <br> any boxes on Part 1. | $\square$ Form CT-8379 |
| :--- | :--- |

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

| Whole Dollars Only |  |  |  |
| :---: | :---: | :---: | :---: |
| 1. |  |  |  |
| 2. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |




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.


Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return. Designee's Name
$\square$

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

(See Instructions, Page 20.)
33. Interest on state and local government obligations other than Connecticut
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations
35. Allocated for future use
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income
37. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero.)
38. Loss on sale of Connecticut state and local government bonds
39. Allocated for future use
40. Other - specify
41. Total Additions (Add Lines 33 through 40.) Enter here and on Line 2.
42. Interest on U.S. government obligations
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations
44. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, Page 21.)
45. Refunds of state and local income taxes
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities
47. Special depreciation allowance for qualified property placed in service during preceding year(s)
48. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero.)
49. Gain on sale of Connecticut state and local government bonds
50. Connecticut Higher Education Trust (CHET) contributions

Enter CHET account number: (can be up to 14 digits)
51. Other - specify (Do not include out of state income)
)
51.
52.
52. Total Subtractions (Add Lines 42 through 51.) Enter here and on Line 4.

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33. $\square \square \square \square \square \square \square \square$
34.


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- 35. 



- 39. 


43.
44.
45.
46.
47. 00
48.
49.
50.


## 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. (See instructions, Page 26.)
54. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 26.)
53.
54.

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. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 25.)
56. Divide Line 55 by Line 53 (May not exceed 1.0000)
57. Apportioned Income tax (See instructions, Page 26.)
58. Multiply Line 56 by Line 57 .


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59. Income tax paid to a qualifying jurisdiction (See instructions, Page 26.)
60. Enter the lesser of Line 58 or Line 59.

## Column B <br> - Name



## 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 | $\begin{array}{\|c\|} \hline \text { CT tax due } \\ (.06 \times \text { Column } D) \\ \hline \end{array}$ | Tax, if any, paid to another jurisdiction | Balance due (Column E minus Column F but not less than zero) |
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|  |  |  |  |  |  |  |
| Total of indiv | purchases under \$3 | listed above |  |  |  |  |
| Individua | e Tax (Add all amoun | for Column G.) E | and on | 17. | 62. | 00 |

## Schedule 4-Contribution Worksheet

63a. AIDS Research
63b. Organ Transplant
63c. Endangered Species/Wildlife
63d. Breast Cancer Research
63e. Safety Net Services
63f. Military Family Relief Fund
63. Total Contributions (Add Lines 63a through 63f, enter amount here and on Line 26.)

63a.
63b.
63c.
63d.
63e.
$63 f$.


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

Make your check or money order payable to: Commissioner of Revenue Services
To ensure proper posting, write your SSN(s) (optional) and "2006 Form CT-1040NR/PY" on your check or money order.

