_	1	Form CT-1040NR/PY       FOR DRS         Connecticut Nonresident and Part-Year       USE ONLY         Resident Income Tax Return       -	- 2	20		006 40NR/PY					
		Complete return in blue or black ink only. Taxpayers must	sign de	claration o	n reverse	side.					
For	r the year January 1 - December 31, 2006, or other taxable year beginning:, 2006 and ending:										
1	F	Single     Married filing jointly     Civil union filing jointly     Married filing filing jointly     Civil union filing jointly	Qualifying widow(er) with dependent child								
		(Enter spouse's name here and SSN below									
	Ye	bur Social Security Number Check if deceased deceased deceased									
	Y	our First Name MI Last Name (If two last names, insert	a space be	etween names	.)	Suffix (Jr./Sr.)					
<b>–</b> 9											
Her		Joint Return, Spouse's First Name MI Last Name (If two last names, insert	a space be	etween names	.)	Suffix (Jr./Sr.)					
ləc	rint	ailing Address (number and street, apartment number, suite number, PO Box)			00000						
Place Label Here	<u>ר</u>		2006 resident sta								
ICe	0				Pa	rt-Year Resident					
Pla	С	ity, Town, or Post Office (If town is two words, leave a space between the words.) State ZIP Code	_ r								
$\rightarrow$											
	to y	eck here if you do not want forms sent you next year. (This does not relieve u of your responsibility to file.)Check here if you filed Form CT-2210 and checked any boxes on Part 1.Form C Form C	g and attach	ere if you are filing the and attach the form to of the return.							
2	1	Federal adjusted gross income (from federal Form 1040, Line 37;		Whole	Dollars (	Only					
2		Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.			. 00					
	2.	Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	,		. 00					
	3.	Add Line 1 and Line 2.	3.			. 00					
e.)	4.	Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.			00					
staple.) ns.	5.		5.			00					
ot sta orms	6.	Income from Connecticut sources (from <i>Schedule CT-SI</i> , Line 30)	6.			. 00					
⊆ш		Enter the greater of Line 5 or Line 6. (If zero or less, go to Line 12 and enter "0				. 00					
00) 000	7. 8.	Income tax on the amount on Line 7 (See instructions, Page 16.)	,								
ere or 1	0.	(From Tax Tables or Tax Calculation Schedule)	8.	,							
۳ ۳	9.	Divide Line 6 by Line 5. (If Line 6 is equal to or greater than Line 5, enter 1.0000	).) 9.								
order here ( , W-2G, or 10	10	. Multiply Line 9 by Line 8.	,	,	. 00						
t send W-2,	11.	. Credit for income taxes paid to qualifying jurisdictions during resident portion of taxable year — <b>Part-Year Residents Only</b> (From <i>Schedule 2</i> , Line 61)			. 00						
end	12	. Subtract Line 11 from Line 10. (If Line 11 is greater than Line 10, enter "0.")	12.			. 00					
k or ot s	13	. Connecticut Alternative Minimum Tax (from Form CT-6251)	13.	,	,	. 00					
check o Do not	14	. Add Line 12 and Line 13.	14.			. 00					
о С С	15	Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)	15.			. 00					
Clip		Connecticut Income Tax (Subtract Line 15 from Line 14. If less than zero, enter "0.	.")16.	,		. 00					
_		. Individual Use Tax (From <i>Schedule 3</i> , Line 62. If no tax is due, enter "0.")	17.	,		. 00					
÷		Add Line 16 and Line 17.	18.			. 00					

Due date: April 15, 2007 - Attach a copy of all applicable schedules and forms to this return. For a faster refund, see Page 3 of the booklet for electronic filing options.

_				I	Form	CT-104	40NR/F	PY - Pag	je 2			Yc Security	our Socia / Numbe				-	-		
		19.	. Enter amount from Line 18. 19.												. 00					
3		Column A         Column B           Employer's federal ID No. from Box b of W-2, or Payer's federal ID No. from Schedule CT K-1, W-2G, or 1099         Connecticut Wages, Tips, etc.									Schedul CT K-1			Column C necticut Income Tax Withheld pox at left if from Schedule CT K-1)						
W-2	, W-2G,	20a.		]-[					•	-	. 00	•	20a.							. 00
	1099 prmation	20b.		1-Г					•		. 00	•	20b.							00
· ·	y enter mation	20c.		1-F					•		. 00	•	20c.							00
W-2	,	20d.		1-F					•		. 00	• 🗆	20d.							. 00
K-1,	and 1099	20e.		1_1					٠		. 00	• □	20e.				,, 			. 00
	necticut	20f.		1_1					•		. 00	• □	20f.							. 00
	me tax withheld.)			1_1-					•		. 00		20g.							. 00
		20g. 20b	Entor		nt fro		nlemen	tal Sch	edule CT-	104014/11			20g. 20h.							. 00
	00 Tata												Ē							. 00
								•	nounts in ( withholdi				.) 20.		,			,		. 00
	21. All 2	2006 (	estimat	ed ta	k pay	nents a	and any	/ overpa	ayments a	pplied fro	om a pric	or year	21.							. 00
	22. Payr	Il 2006 estimated tax payments and any overpayments applied from a prior year 21 ayments made with <b>Form CT-1040 EXT</b> (Request for extension of time to file) 22.																	. 00	
	23. <b>Tota</b>							· ·				,	23.		ΪГ					00
4									ubtract Lin	e 19 fron	n Line 2:	3.)	24.							00
		· · · · · · · · · · · · · · · · · · ·																00		
<ul><li>25. Amount of Line 24 you want applied to your 2007 estimated tax</li><li>26. Total Contributions of Refund to Designated Charities (from Schedule 4, Line</li></ul>									ine 63								. 00			
	27. <b>Ref</b>						•						,		,		,) 1			
270	For	faster	refund	, use	Direc				ng Lines 2				27.		,[			,		. 00
218	21	checking 27b. Routing Number 27c. Account Number																		
5	28. <b>Tax Due</b> (If Line 19 is more than Line 23, subtract Line 23 from Line 19.)										28.		,			,		. 00		
	29. lf La	f Late: Enter Penalty (Multiply Line 28 by 10% (.10).) 29.														, 🗌 [		. 00		
			nter Inte by 1%			ply Line	e 28 by	numbe	r of month	ns or frac	tion of a	month	30.							. 00
			on underpayment of estimated tax (See instructions, Page 18.) 31.									],[			, 🗌 [		. 00			
	32. <b>Tota</b>	l Am	ount D	ue (A	dd Lii	1es 28	through	n 31.)		-			32.							. 00
6	Declarat schedule I unders than \$5, other tha	Total Amount Due (Add Lines 28 through 31.)       32.         claration: I declare under penalty of law that I have examined this return (including any accompanying nedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct.       1         nderstand the penalty for willfully delivering a false return or document to DRS is a fine of not more in \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer ter than the taxpayer is based on all information of which the preparer has any knowledge.													n					
	Your Sig ප් •	nature Date								•	Daytime (	e relep	none l	number						
đ	Spouse's	s Signature (if joint return) Date										Daytime Telephone Number								
Sign Here	spouse's Spouse's Paid Pre									•				•	(	)				
		d Preparer's Signature  Date  Telephone Nur  ()							e Number	Number			er's SSI	N or P1	IIN					
	Firm's N	ame, Ao	ddress, ar	nd ZIP (	Code									_	FEIN	-				
	TI		Party D ee's Nar		nee -	Comple	ete the	followi	ng if you v Te	wish to a lephone N		DRS to	o conta	ct an					this ret Numbe	

	Form CT-1040NR/PY - Page 3			Se	Your So curity Num				-	-							
	Schedule 1 - Modifications to Federal A	> Federal Adjusted Gross Income						(Enter all items as positive numbers.)									
33.	(See Instructions, Page 20.) Interest on state and local government obligations other than Conr	other than Connecticut										. 0	)0				
34.	Mutual fund exempt-interest dividends from non-Connecticut state government obligations	34							(	)0							
35.	Allocated for future use				/////35	/////			/////			///					
36.	Taxable amount of lump-sum distributions from qualified plans not adjusted gross income	36.		,		,			].[	)0							
37.	Beneficiary's share of Connecticut fiduciary adjustment (Enter on	37.							. 0	)0							
38.	Loss on sale of Connecticut state and local government bonds				38							. 0	)0				
39.	Allocated for future use				•/39	////											
40.	Other-specify •				40		,		$\square$ ,			. 0	)0				
41.	Total Additions (Add Lines 33 through 40.) Enter here and on L	ine 2.			41.							. 0	)0				
42.	Interest on U.S. government obligations				42				$\Box$ ,			. 0	)0				
43.	Exempt dividends from certain qualifying mutual funds derived from	U.S. gov	vernmer	nt obliga	ations 43							. 0	)0				
44.	Social Security benefit adjustment (See Social Security Benefit Adju	istment W	/orkshee	et, Page	e 21.) 44							. 0	)0				
45.	Refunds of state and local income taxes				45		),		Ш.́			. 0	)0				
46.	Tier 1 and Tier 2 railroad retirement benefits and supplemental anr	nuities			46				Ì.			. 0	)0				
47.	Special depreciation allowance for qualified property placed in service	e during p	recedin	g year(:	s) 47.	. 🗌			TT.			. 0	)0				
48.	Beneficiary's share of Connecticut fiduciary adjustment (Enter or	ıly if less	than ze	ero.)	48							. 0	)0				
49.	Gain on sale of Connecticut state and local government bonds				49	. 🗌 [						. 0	)0				
50.	Connecticut Higher Education Trust (CHET) contributions				50				ТП́				00				
	Enter CHET account number:								,								
51.	Other - specify (Do not include out of state income) •				51							. 0	)0				
52.	Total Subtractions (Add Lines 42 through 51.) Enter here and c	on Line 4	-		52		,					. 0	)0				
	chedule 2 - Credit for Income Taxes Paid to Qua ou must attach a copy of your return filed with the qualifying									s Or	าไy						
53.	Connecticut Adjusted Gross Income during residency portion of ta	axable ve	ear.		53							(	)0				
	(See instructions, Page 26.)	Co	olumn	Α	Code		Column B					Cada					
54.	Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 26.) 54.							▶ Na	ame			Code	e				
55.	Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (Complete <i>Schedule 2 Worksheet</i> , Page 25.) 55.				00							] [	00				
56	. Divide Line 55 by Line 53 (May not exceed 1.0000) 56.											] [					
	Apportioned Income tax (See instructions, Page 26.) 57.				00		╡┝					(	)0				
	. Multiply Line 56 by Line 57. 58.				. 00							(* )=	)0				
	Income tax paid to a qualifying jurisdiction					,ır	,		, - 1			, 1					
	(See instructions, Page 26.) 59.				. 00							(* )=	)0				
60.	Enter the lesser of Line 58 or Line 59. 60.				. 00				_L,				)0				

Complete applicable schedules on Page 4

61. Total Credit (Add Line 60, all columns.) Enter here and on Line 11. 61.

00

## 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	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)				
•											
•											
• 1	Total of indiv	idual purchases under \$300	) not listed above								
62.	Individua	I Use Tax (Add all amou	nts for Column G.) Enter	here and on l	ine 17.	• 62.	. 00				
Sc	hedule 4	- Contribution Worl	ksheet								
_	a. AIDS Re		63a.			1					
					. 00						
	o. Organ Ti		63b.		. 00						
63c	. Endange	red Species/Wildlife	63c.		, 00						
630	l. Breast C	ancer Research	63d.		, 00						
63e	e. Safety N	et Services	63e.		. 00						
63f.	. Military F	amily Relief Fund	63f.		. 00						
63.	Total Cor	ntributions (Add Lines 63a	i through 63f, enter amou	nt here and on	Line 26.) 63.		, 00				
	Γ	Use envelope provided, with correct mailing label, or mail to:									
	-	For refunds and all of Department of Reven PO Box 2968 Hartford CT 06104-29		ayment:		ns with payment: Revenue Services 6104-2969					

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.