



Your Social Security Number ●

19. Enter amount from Line 18. 19. .00

3	Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Schedule CT K-1 or 1099	Column B - Connecticut wages, tips, etc.	Schedule CT K-1	Column C - Connecticut income tax withheld Check box at left if from Schedule CT K-1.
W-2 and 1099 Information Only enter information from your W-2, Schedule CT K-1, and 1099 forms if Connecticut income tax was withheld.	20a. _____ ●	<input type="text"/> .00 ●	<input type="checkbox"/>	20a. <input type="text"/> .00
	20b. _____ ●	<input type="text"/> .00 ●	<input type="checkbox"/>	20b. <input type="text"/> .00
	20c. _____ ●	<input type="text"/> .00 ●	<input type="checkbox"/>	20c. <input type="text"/> .00
	20d. _____ ●	<input type="text"/> .00 ●	<input type="checkbox"/>	20d. <input type="text"/> .00
	20e. _____ ●	<input type="text"/> .00 ●	<input type="checkbox"/>	20e. <input type="text"/> .00
	20f. Additional CT withholding from <i>Supplemental Schedule CT-1040WH</i>			20f. <input type="text"/> .00
20. 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.			20. <input type="text"/> .00	
21. All 2016 estimated tax payments and any overpayments applied from a prior year			21. <input type="text"/> .00	
22. Payments made with Form CT-1040 EXT (Request for extension of time to file)			22. <input type="text"/> .00	
22a. Claim of right credit: From Form CT-1040CRC, Line 6. Attach Form CT-1040CRC to the back of this return.			22a. <input type="text"/> .00	
23. Total payments: Add Lines 20, 21, 22, and 22a.			23. <input type="text"/> .00	
4 24. Overpayment: If Line 23 is more than Line 19, subtract Line 19 from Line 23.			24. <input type="text"/> .00	
25. Amount of Line 24 overpayment you want applied to your 2017 estimated tax			25. <input type="text"/> .00	
26. CHET contribution from Schedule CT-CHET, Line 4. Attach Schedule CT-CHET to the back of this return.			26. <input type="text"/> .00	
26a. Total contributions of refund to designated charities from <i>Schedule 4</i> , Line 63			26a. <input type="text"/> .00	
27. Refund: Subtract Lines 25, 26, and 26a from Line 24. For direct deposit, complete Lines 27a, 27b, and 27c. Direct deposit is not available to first-time filers.			27. <input type="text"/> .00	
27a. Checking <input type="checkbox"/> Savings <input type="checkbox"/> 27c. Account number _____				
27b. Routing number _____ 27d. Will this refund go to a bank account outside the U.S.? <input type="checkbox"/> Yes				
If you do not elect direct deposit, a refund check will be issued and processing may be delayed.				
5 28. Tax due: If Line 19 is more than Line 23, subtract Line 23 from Line 19.			28. <input type="text"/> .00	
29. If late: Enter penalty. Multiply Line 28 by 10% (.10).			29. <input type="text"/> .00	
30. If late: Enter interest. Multiply Line 28 by number of months or fraction of a month late, then by 1% (.01).			30. <input type="text"/> .00	
31. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 18.			31. <input type="text"/> .00	
32. Total amount due: Add Lines 28 through 31.			32. <input type="text"/> .00	

6 Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, 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
	Your email address	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	
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)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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