Your Social Security Number ● [___ - ___ - ___]

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

3 Withholding Schedule: You must complete Columns A, B, and C or your withholding will be disallowed.

Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099 or Schedule CT K-1

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.

Forms W-2 and 1099 Information Only enter information from your Forms W-2 and 1099, and Schedules CT K-1 if Connecticut income tax was withheld.

	Column A	Column B		Column C
20a.		●	● 20a.	.00
20b.		●	● 20b.	.00
20c.		●	● 20c.	.00
20d.		●	● 20d.	.00
20e.		●	● 20e.	.00

20f. Additional CT withholding from *Supplemental Schedule CT-1040WH* | 20f. | .00

20. **Total Connecticut income tax withheld:** Add amounts in Column C, Lines 20a, 20b, 20c, 20d, 20e, and 20f, and enter here. | **20.** | .00

21. All 2022 estimated tax payments and any overpayments applied from a prior year | **21.** | .00

22. Payments made with Form CT-1040 EXT *(request for extension of time to file)* | **22.** | .00

22a. Claim of right credit: From Form CT-1040 CRC, Line 6. | **22a.** | .00

22b. Pass-Through Entity Tax Credit: From Schedule CT-PE, Line 1. Schedule must be attached. | **22b.** | .00

23. **Total payments and refundable credits:** Add Lines 20, 21, 22, 22a, and 22b. | **23.** | .00

4 **24.** Overpayment: If Line 23 is more than Line 19, subtract Line 19 from Line 23. | **24.** | .00

25. Amount of Line 24 overpayment you want **applied to your 2023 estimated tax** | **25.** | .00

26. Amount of Line 24 overpayment you want applied as a CHET contribution from Schedule CT-CHET, Line 4. | **26.** | .00

26a. Total contributions of refund to designated charities from *Schedule 4*, Line 63 | **26a.** | .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.** | .00

27a. Checking [ ] Savings [ ] 27c. Account number [_____]

27b. Routing number [_____] 27d. 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 **28.** **Tax due:** If Line 19 is more than Line 23, subtract Line 23 from Line 19. | **28.** | .00

29. If late: Enter penalty. Multiply Line 28 by 10% (.10). | **29.** | .00

30. If late: Enter interest. Multiply Line 28 by number of months or fraction of a month late, then by 1% (.01). | **30.** | .00

31. Interest on underpayment of estimated tax from Form CT-2210: See instructions. | **31.** | .00

32. **Total amount due:** Add Lines 28 through 31. | **32.** | .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

Keep a copy of this return for your records.

Your signature ●

Date (MMDDYYYY) ● [__ - __ - ____]

Home/cell telephone number [___ - ___ - ____]

Spouse's signature (if joint return) ●

Date (MMDDYYYY) ● [__ - __ - ____]

Daytime telephone number ● [___ - ___ - ____]

Your email address

Paid preparer's signature

Date (MMDDYYYY) ● [__ - __ - ____]

Telephone number ● [___ - ___ - ____]

Type or print paid preparer's name

Firm's Federal Employer Identification Number (FEIN) [_____]

Check if self-employed ●

Firm's name, address, and ZIP code ●

Paid preparer's PTIN [_____]

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.
Visit us at **portal.ct.gov/DRS** for more information.