

Form CT-1040NR/PY

CONNECTICUT NONRESIDENT OR PART-YEAR RESIDENT INCOME TAX RETURN

1998
NR/PY

Check here for 1998 resident status: ☐ Nonresident ☐ Part-Year Resident
For the year January 1 - December 31, 1998, or other taxable year beginning _____, 1998, ending _____, 19____.

Label

Use the
DRS label
located on
the inside of
this booklet.

Otherwise,
please print
or type.
(See
instructions)

▶ Your First Name and Middle Initial	Last Name	▶ Your Social Security Number
▶ If a JOINT Return, Spouse's First Name and Middle Initial	Last Name	▶ Your Spouse's Social Security Number
▶ Home Address	Number and Street	▶ DEPARTMENT USE ONLY
▶ City, Town or Post Office	State	ZIP Code
		▶ Your Telephone Number

Check here if you do not want forms sent to you next year. Checking this box does not relieve you of your responsibility to file. ☐
If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here ☐

Filing Status

Check only one box.

- ▶ A. ☐ Single
▶ B. ☐ Married filing joint return or Qualifying widow(er) with dependent child
▶ C. ☐ Married filing SEPARATE return
▶ D. ☐ Head of household (with qualifying person) Spouse's full name _____ Spouse's Social Security Number _____

Income and Tax

1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 18; Form 1040EZ, Line 4; or TeleFile Tax Record, Line H) ▶ 1
2. Additions, if any (from Schedule 1, Line 39 on reverse) ▶ 2
3. Add Line 1 and Line 2 ▶ 3
4. Subtractions, if any (from Schedule 1, Line 49 on reverse) ▶ 4
5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3) ▶ 5
6. Income from Connecticut sources (from Schedule CT-SI, Line 26) ▶ 6
7. Enter the greater of Line 5 or Line 6 (If zero or less, go to Line 12 and enter 0) ▶ 7
8. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions) ▶ 8
9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000) ▶ 9
10. Multiply Line 9 by Line 8 ▶ 10
11. Credit for income taxes paid to other jurisdictions by part-year residents only (from Schedule 2) ▶ 11
12. Subtract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter 0) ▶ 12
13. Connecticut Alternative Minimum Tax (from Form CT-6251) ▶ 13
14. Add Line 12 and Line 13 ▶ 14
15. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801) ▶ 15
16. Connecticut Income Tax (Subtract line 15 from Line 14. If less than zero, enter 0.) ▶ 16
17. Individual Use Tax You must enter a zero on this line if no use tax is due; otherwise you will not be considered to have filed a use tax return. (See instructions) ▶ 17
18. Total Tax (Add Line 16 and Line 17) ▶ 18

Payments

19. Connecticut tax withheld (Attach all W-2s and certain 1099s; see instructions) ▶ 19
20. All 1998 estimated tax payments and any overpayments applied from a prior year ▶ 20
21. Payments made with extension request (Form CT-1040 EXT) ▶ 21
22. Total payments (Add Lines 19, 20 and 21) ▶ 22

Refund, Amount You Owe or Contribution

23. If Line 22 is greater than Line 18, enter amount overpaid. (Subtract Line 18 from Line 22) ▶ 23
24. Amount of Line 23 you want applied to your 1999 estimated tax ▶ 24
25. Amount of Line 23 you want to contribute to: (See instructions for details of funds)
AIDS Research ▶ \$2 ▶ \$5 ▶ \$15 ▶ other .00
Organ Transplant ▶ \$2 ▶ \$5 ▶ \$15 ▶ other .00
Endangered Species/Wildlife ▶ \$2 ▶ \$5 ▶ \$15 ▶ other .00
Breast Cancer Research ▶ \$2 ▶ \$5 ▶ \$15 ▶ other .00
Safety Net Services ▶ \$2 ▶ \$5 ▶ \$15 ▶ other .00
TOTAL CONTRIBUTIONS ▶ 25 00
26. Amount of Line 23 you want refunded to you (Subtract Line 24 and Line 25 from Line 23) ▶ 26
REFUND ▶ 26
27. If Line 18 is greater than Line 22, enter the amount of tax you owe. (Subtract Line 22 from Line 18) ▶ 27
28. If late: Enter Penalty (See instructions) ▶ 28
29. If late: Enter Interest (1% (.01) x number of months late or fraction thereof x amount on Line 27) ▶ 29
30. Interest on underpayment of estimated tax (from Form CT-2210; see instructions) ▶ 30
31. Amount you owe with this return (Add Lines 27 through 30) **AMOUNT YOU OWE** ▶ 31

SEE PAYMENT AND MAILING INSTRUCTIONS ON REVERSE
TAXPAYERS MUST SIGN DECLARATION ON REVERSE

SCHEDULE 1 - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE INSTRUCTIONS)**Additions To Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers**

32. Interest on state and local government obligations other than Connecticut	▶ 32		
33. Exempt-interest dividends from a mutual fund derived from state or municipal government obligations other than Connecticut	▶ 33		
34. Shareholder's pro rata share of S corporation nonseparately computed loss (See instructions)	▶ 34		
35. Taxable amount of lump sum distributions from qualified plans not included in federal adjusted gross income	▶ 35		
36. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	▶ 36		
37. Loss on sale of Connecticut state and local government bonds	▶ 37		
38. Other- specify (See instructions)	▶ 38		
39. Total additions (Add Lines 32 through 38) Enter here and on Line 2 on the front of this form.	▶ 39		

Subtractions From Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers

40. Interest on United States government obligations	▶ 40		
41. Exempt dividends from certain qualifying mutual funds derived from United States government obligations	▶ 41		
42. Social security benefit adjustment (See instructions)	▶ 42		
43. Refunds of state and local income taxes	▶ 43		
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	▶ 44		
45. Shareholder's pro rata share of S corporation nonseparately computed income (See instructions)	▶ 45		
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)	▶ 46		
47. Gain on sale of Connecticut state and local government bonds	▶ 47		
48. Other- specify (Do not include out-of-state income; see instructions)	▶ 48		
49. Total subtractions (Add Lines 40 through 48) Enter here and on Line 4 on the front of this form.	▶ 49		

SCHEDULE 2 - CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS (FOR PART-YEAR RESIDENTS ONLY)**IMPORTANT:** You must attach a copy of your return filed with the other jurisdictions or the credit will be disallowed.

50. Connecticut AGI during the residency portion of the taxable year only (See instructions)	▶ 50		
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FOR EACH COLUMN, ENTER THE FOLLOWING:

51. Enter other jurisdiction's name and two-letter code (See instructions)
52. Non-Connecticut income included on Line 50 and reported on another jurisdiction's income tax return (from Schedule 2 Worksheet)
53. Divide Line 52 by Line 50 (may not exceed 1.0000)
54. Apportioned income tax (See instructions)
55. Multiply Line 53 by Line 54
56. Income tax paid to another jurisdiction
57. Enter the lesser of Line 55 or Line 56
58. **TOTAL CREDIT** (Add Line 57, all columns)
Enter this amount here and on Line 11 on the front of this form.

	COLUMN A		COLUMN B	
	Name	Code	Name	Code
51	▶		▶	
52	▶		▶	
53	▶		▶	
54	▶		▶	
55	▶		▶	
56	▶		▶	
57	▶		▶	
58	▶			

TAXPAYERS MUST SIGN DECLARATION BELOW**DUE DATE: April 15, 1999**Make your check or money order payable to: **COMMISSIONER OF REVENUE SERVICES**, and write your Social Security Number(s) and "1998 Form CT-1040NR/PY" on your check or money order.

Attach a copy of all applicable schedules and forms to this return. Mail in the envelope provided (with the correct label affixed).

For refund request or no tax due, mail to: **DRS
PO Box 2968
Hartford, CT 06104-2968**For payment, mail to: **DRS
PO Box 2969
Hartford, CT 06104-2969****DECLARATION:**

I declare under the penalties of false statement 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Your Signature	Date	Spouse's Signature (If joint return)	Date
	Paid Preparer's Signature			Date
	Firm Name and Address			Federal Employer ID Number

CT-1040NR/PY Back (Rev. 12/98)