



**Form CT-1040**  
Connecticut Resident Income Tax Return

**2023**  
CT-1040



File and pay Form CT-1040 electronically using myconnect at [portal.ct.gov/DRS-myconnect](http://portal.ct.gov/DRS-myconnect)

For January 1 - December 31, 2023, or other tax year beginning **2023** and ending

**1 Filing Status - Check only one box.**

Single  Head of household  Married filing jointly  Married filing separately  Qualifying surviving spouse  **Enter spouse's name here and SSN below.**

Print your SSN, name, mailing address, and city or town here.

Your Social Security Number: [redacted] Spouse's Social Security Number: [redacted] Check if deceased: [ ] [ ]  
 Your first name: Julie MI Last name (if two last names, insert a space between names): MARIEN Suffix (Jr/Sr):  
 If joint return, spouse's first name: MI Last name (if two last names, insert a space between names): Suffix (Jr/Sr):  
 Mailing address (number and street): [redacted] Mailing address 2 (apartment number, PO Box): [redacted]  
 [redacted] State: CT ZIP code: [redacted]  
 Enter city or town of residence if different from above: [redacted] ZIP code: [redacted]

Check the appropriate box to identify if you are attaching a completed:

**Form CT-2210, Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates**, checking any box from Part 1.  
**Schedule CT-Dependent** (Complete this schedule if you claimed dependents on your federal Form 1040.)  
 Federal Form 1310, Statement of Person Claiming Refund Due a Deceased Taxpayer

**Form CT-191T, Title 19 Status Release**  
**Form CT-1040 CRC, Claim of Right Credit**  
**Form CT-8379, Nonobligated Spouse Claim**

**2**

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.

		Whole Dollars Only
1. Federal adjusted gross income from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11	1.	0 .00
2. Additions to federal adjusted gross income from Schedule 1, Line 38	2.	0 .00
3. Add Line 1 and Line 2.	3.	0 .00
4. Subtractions from federal adjusted gross income from Schedule 1, Line 50	4.	0 .00
5. <b>Connecticut adjusted gross income:</b> Subtract Line 4 from Line 3.	5.	597 .00
6. Income tax from tax tables or Tax Calculation Schedule. See instructions.	6.	0 .00
7. Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59	7.	0 .00
8. Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."	8.	0 .00
9. Connecticut alternative minimum tax from Form CT-6251	9.	0 .00
10. Add Line 8 and Line 9.	10.	0 .00
11. Credit for property taxes paid on your primary residence, motor vehicle, or both. Attach completed Schedule 3 on Page 4, Line 68 or your credit will be disallowed.	11.	0 .00
12. Subtract Line 11 from Line 10. If less than zero, enter "0."	12.	0 .00
13. Total allowable credits from Schedule CT-IT Credit, Part 1, Line 11	13.	0 .00
14. <b>Connecticut income tax:</b> Subtract Line 13 from Line 12. If less than zero, enter "0."	14.	0 .00
15. Individual use tax from Schedule 4, Line 69. If no tax is due, enter "0."	15.	0 .00
16. Add Line 14 and Line 15	16.	0 .00

**Due date: April 15, 2024 - Attach a copy of all applicable schedules and forms to this return. Do not use staples.**  
 Taxpayers must sign declaration on reverse side. Complete return in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to the Department of Revenue Services (DRS).

Visit us at [portal.ct.gov/DRS](http://portal.ct.gov/DRS) for more information.



Your Social Security Number • [REDACTED]

17. Enter amount from Line 16. 17. .00

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

Forms W-2 and 1099 Information	Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099	Column B - Connecticut wages, tips, etc.	Column C - Connecticut income tax withheld
18a.	510000000 496	0.00	470.00
18b.	0460000 107	0.00	2669.00
18c.			0.00
18d.			0.00
18e.			0.00
18f. Additional CT withholding from Supplemental Schedule CT-1040WH			0.00
<b>18 Total Connecticut income tax withheld:</b> Add amounts in Column C Lines 18a-18e and 18f and enter here			<b>3139.00</b>
19 All 2023 estimated tax payments and any overpayments applied from a prior year			0.00
20 Payments made with Form CT-1040 EXT (request for extension of time to file)			0.00
20a Connecticut earned income tax credit From Schedule CT-EITC, Line 16.			0.00
20b Claim of right credit From Form CT-1040 CRC, Line 6.			0.00
20c Pass-Through Entity Tax Credit From Schedule CT-PE, Line 1 Schedule must be attached.			0.00
<b>21 Total payments and refundable credits:</b> Add Lines 18-19, 20, 20a, 20b and 20c			<b>3139.00</b>
22 Overpayment If Line 21 is more than Line 17, subtract Line 17 from Line 21			3139.00
23 Amount of Line 22 overpayment you want applied to your 2024 estimated tax			0.00
24 Amount of Line 22 overpayment you want applied as a CHET contribution from Schedule CT-CHET, Line 4			0.00
24a Total contributions of refund to designated charities from Schedule 5, Line 70			0.00
25 Refund: Subtract Lines 23, 24, and 24a from Line 22. For direct deposit complete Lines 25a-25b, and 25c. Direct deposit is not available to first-time filers			3139.00
25a. Checking <input checked="" type="checkbox"/> Savings	25c. Account number		
25b. Routing number	25d. Will this refund go to a bank account outside the U.S.?	Yes	

**5**

26 Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17	26.	.00
27 If late Enter penalty. Multiply Line 26 by 10% (.10)	27.	.00
28 If late Enter interest. Multiply Line 26 by number of months or fraction of a month late then by 1% (.01).	28.	.00
29 Interest on underpayment of estimated tax from Form CT-2210. See instructions	29.	.00
30 Total amount due: Add Lines 26 through 29	30.	.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) 02-12-2024 Home/cell telephone number \_\_\_\_\_

Your email address \_\_\_\_\_ Date (MMDDYYYY) \_\_\_\_\_ Daytime telephone number \_\_\_\_\_

Keep a copy of this return for your records

Paid preparer's signature \_\_\_\_\_ Date (MMDDYYYY) \_\_\_\_\_ Telephone number \_\_\_\_\_

Type or print paid preparer's name \_\_\_\_\_ Firm's Federal Employer Identification Number (FEIN) \_\_\_\_\_

Firm's name, address, and ZIP code \_\_\_\_\_ Paid preparer's PTIN \_\_\_\_\_ Check if self-employed

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](http://portal.ct.gov/DRS) for more information.