

Form CT-1040X**AMENDED CONNECTICUT INCOME TAX RETURN FOR INDIVIDUALS**

2004

For the year January 1 - December 31, 2004, or other taxable year ► beginning _____, 2004, ► ending _____, _____.

Please Print or Type	Your First Name and Middle Initial	Last Name	▶	Social Security Number	_____ : _____ : _____
	If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial	Last Name		Spouse's Social Security Number	_____ : _____ : _____
	Home Address (number and street), Apartment Number, PO Box			Your Telephone Number	() _____
	City, Town, or Post Office	State		ZIP Code	DRS USE ONLY

Filing Status: *On original return:* ☐ Single ☐ Married filing jointly/qualifying widow(er) ☐ Married filing separately ☐ Head of household
On this return: ☐ Single ☐ Married filing jointly/qualifying widow(er) ☐ Married filing separately ☐ Head of household

Are you amending your return as a result of federal or another state's changes? (See instructions) ☐ YES ☐ NO

If YES, enter the date of federal change / / OR enter the date of other state's change / /

You must attach a copy of the IRS audit results, federal Form 1040X, the other state's audit results or amended returns, and supporting documentation.

Enter in the space below the line number for each item you are changing and give the reason for each change. Attach supporting forms and schedules for items changed. Write your name and Social Security Number on all attachments.

		A. Original amount or as previously adjusted	B. Net change increase or (decrease)	C. Correct amount	
Income	1. Federal Adjusted Gross Income (from federal Form 1040, Line 36; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal TeleFile Tax Record, Line 1) 1				00
	2. Additions, if any (<i>See instructions</i>) 2				00
	3. Add Line 1 and Line 2 3				00
	4. Subtractions, if any (<i>See instructions</i>) 4				00
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3) 5				00
Residents go to Line 10; Nonresidents and Part-Year Residents go to Line 6					
Nonresidents and Part-Year Residents Only	6. Enter your income from Connecticut sources from Schedule CT-SI; (If less than or equal to zero, enter "0.") 6				00
	7. Enter the greater of Line 5 or Line 6 (If zero, go to Line 10 and enter "0.") 7				00
	8. Income Tax (From Tax Calculation Schedule, <i>see instructions</i>) 8				00
	9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000.) 9	.			.
Tax	10. Income Tax (<i>See instructions</i>) 10				00
	11. Credit for income taxes paid to qualifying jurisdictions (<i>See instructions</i>) Residents and Part-Year Residents only 11				00
	12. Subtract Line 11 from Line 10 12				00
	13. Connecticut Alternative Minimum Tax (from Form CT-6251) 13				00
	14. Add Line 12 and Line 13 14				00
	15. Credit for property tax paid on your primary residence and/or motor vehicle. Residents only (<i>See instructions</i>) 15				00
	16. Subtract Line 15 from Line 14 (If less than or equal to zero, enter "0.") ... 16				00
	17. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801) 17				00
	18. Connecticut Income Tax (Subtract Line 17 from Line 16) 18				00
	19. Individual Use Tax (<i>See instructions</i>) 19				00
	20. Total Tax (Add Line 18 and Line 19) 20				00
Payments	21. Connecticut tax withheld (<i>See instructions</i>) 21				00
	22. All 2004 estimated Connecticut income tax payments (including any overpayments applied from a prior year) and extension payments 22				00
	23. Amounts paid with original return, plus additional tax paid after it was filed 23				00
	24. Total Payments (Add Lines 21, 22, and 23) 24				00
	25. Overpayment, if any, as shown on original return (or as previously adjusted) 25				00
	26. Subtract Line 25 from Line 24 26				00
Refund	27. If Line 26, Column C, is greater than Line 20, Column C, enter the amount overpaid REFUND 27				00
Amount You Owe	28. If Line 20, Column C, is greater than Line 26, Column C, enter the amount you owe 28				00
	29. Interest (Multiply Line 28 by number of months or fraction thereof, then by 1% (.01)) 29				00
	30. Amount you owe with this return (Add Line 28, Column C, and Line 29, Column C) AMOUNT YOU OWE 30				00

**ATTACH A COPY OF ALL APPLICABLE SCHEDULES AND FORMS TO THIS RETURN
SEE MAILING INSTRUCTIONS ON REVERSE – TAXPAYERS MUST SIGN DECLARATION ON REVERSE**

SCHEDULE 1 MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (Enter all amounts as positive numbers)

Additions to Federal Adjusted Gross Income (See instructions, Page 3)	31. Interest on state and local government obligations other than Connecticut	31		00
	32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations other than Connecticut	32		00
	33. Special depreciation allowance for qualified property placed in service prior to September 11, 2004	33		00
	34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34		00
	35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	35		00
	36. Loss on sale of Connecticut state and local government bonds	36		00
	37. Allocated for future use	37		
	38. Other - specify _____	38		00
	39. TOTAL ADDITIONS (Add Lines 31 through 38); Enter here and on Line 2, Column C, on the front of this form.	39		00
	Subtractions From Federal Adjusted Gross Income (See instructions, Page 3)	40. Interest on U.S. government obligations	40	
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations		41		00
42. Social Security benefit adjustment (See <i>Social Security Benefit Adjustment Worksheet, Page 4</i>)		42		00
43. Refunds of state and local income taxes		43		00
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities		44		00
45. Special depreciation allowance for qualified property placed in service during the preceding year		45		00
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)		46		00
47. Gain on sale of Connecticut state and local government bonds		47		00
48. Allocated for future use		48		
49. Other - specify (Do not include out-of-state income) _____		49		00
50. TOTAL SUBTRACTIONS (Add Lines 40 through 49); Enter here and on Line 4, Column C, on the front of this form.		50		00

SCHEDULE 2 CREDIT FOR INCOME TAXES PAID TO QUALIFYING JURISDICTIONS (See instructions for Form CT-1040 or Form CT-1040NR/PY)

Important: You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.	51. MODIFIED CONNECTICUT ADJUSTED GROSS INCOME	51		00
	FOR EACH COLUMN, ENTER THE FOLLOWING:			
	52. Enter qualifying jurisdiction's name and two-letter code			
	53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from <i>Schedule 2 Worksheet</i>)			
	54. Divide Line 53 by Line 51 (may not exceed 1.0000)			
	55. Income tax liability (Subtract Line 15, Column C, from Line 10, Column C)			
	56. Multiply Line 54 by Line 55			
	57. Income tax paid to a qualifying jurisdiction			
	58. Enter the lesser of Line 56 or Line 57			
	59. TOTAL CREDIT (Add Line 58, all columns) Enter here and on Line 11, Column C, on the front of this form.			

COLUMN A		COLUMN B	
Name	Code	Name	Code
52			
53	00		00
54	.	.	
55	00		00
56	00		00
57	00		00
58	00		00
59			00

Make your check or money order payable to: **"Commissioner of Revenue Services"**
To ensure proper posting of your payment, write your Social Security Number(s) and **"2004 Form CT-1040X"** on your check or money order.

MAIL TO: Department of Revenue Services
PO Box 2978
Hartford CT 06104-2978

I declare under penalty of law 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. I understand the penalty for willfully delivering a false return 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 for your records.	Your Signature	Date	Spouse's Signature (if joint return)		Date
	Paid Preparer's Signature	Date	Telephone Number ()	Preparer's SSN or PTIN	
	Firm's Name, Address, and ZIP Code				FEIN