Your Social Security Number • ___-___-____

17. Total Tax (enter amount from Line 16, on front of this return) 17. .00

W-2, W-2G, and 1099 Identification Information (only enter information from your W-2, W-2G, and 1099 forms if Connecticut income tax was withheld).

	COLUMN A Employer Identification Number	COLUMN B Connecticut Wages, Tips, etc.	COLUMN C Connecticut Income Tax Withheld
18a.	___-_____-_	• .00	18a. .00
18b.	___-_____-_	• .00	18b. .00
18c.	___-_____-_	• .00	18c. .00
18d.	___-_____-_	• .00	18d. .00
18e.	___-_____-_	• .00	18e. .00
18f.	___-_____-_	• .00	18f. .00
18g.	___-_____-_	• .00	18g. .00
18h. Enter additional CT withholding from *Schedule CT-1040WH*, Line 3			18h. .00

18. **Total Connecticut Income Tax Withheld** (add the amounts in Column C and enter here) 18. .00

19. All 2004 estimated tax payments and any overpayments applied from a prior year 19. .00

20. Payments made with Form CT-1040 EXT (Request for extension of time to file) 20. .00

21. **Total Payments** (Add Lines 18, 19, and 20) 21. .00

22. **Overpayment** (If Line 21 is more than Line 17, subtract Line 17 from Line 21.) 22. .00

23. Amount of Line 22 you want **applied to your 2005 estimated tax** 23. .00

Contributions

24a. AIDS Research .00 | 24b. Organ Transplant .00

24c. Endangered Species/Wildlife .00 | 24d. Breast Cancer Research .00 | 24e. Safety Net Services .00

24. **Total Contributions** of Refund to Designated Charities (add amounts from Lines 24a - 24e) 24. .00

25. **Refund** (Subtract Lines 23 and 24 from Line 22) For faster refund, choose Direct Deposit and complete Lines 25a, 25b, and 25c. 25. .00

25a. Type of Account: ☐ Checking ☐ Savings 25b. Routing Number

25c. Account Number

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 late or fraction thereof, then by 1% (.01)) 28. .00

29. Interest on underpayment of estimated tax (from Form CT-2210, see instructions, Page 17) 29. .00

30. **Total Amount Due** (Add Lines 26 through 29) 30. .00

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 X		• Date	• Daytime Telephone Number ( )
• Spouse's Signature (if joint return)		• Date	• Daytime Telephone Number ( )
• Paid Preparer's Signature	• Date	• Telephone Number ( )	Preparer's SSN or PTIN
• Firm's Name, Address, and ZIP Code			FEIN ___-_____

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)
•	•	• ____ ____ ____ ____ ____

Complete applicable Schedules on Form CT-1040 - Pages 3 and 4.