

**SCHEDULE CT-SI**  
**Nonresident or Part-Year Resident**  
**Schedule of Income From Connecticut Sources**

**Use this schedule if you were a Nonresident or Part-Year Resident of Connecticut**  
**Complete and Attach to Form CT-1040NR/PY**

Your First Name and Middle Initial	Last Name	Your Social Security Number ____-____-____
If JOINT Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Social Security Number ____-____-____

**IMPORTANT: SEE INSTRUCTIONS ON PAGE 25 BEFORE COMPLETING THIS SCHEDULE**

**PART 1 — CONNECTICUT INCOME — Part-Year Residents:** Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*. Add Columns B and D for each line of **Schedule CT-1040AW** and enter the totals on Lines 1 through 26 below. **Nonresidents:** Enter income received from Connecticut sources.

1. Wages, salaries, tips, etc. ....	1		
2. Taxable interest .....	2		
3. Ordinary dividends .....	3		
4. Alimony received .....	4		
5. Business income or (loss) .....	5		
6. Capital gain or (loss) .....	6		
7. Other gains or (losses) .....	7		
8. Taxable amount of IRA distributions .....	8		
9. Taxable amount of pensions and annuities .....	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	10		
11. Farm income or (loss) .....	11		
12. Unemployment compensation .....	12		
13. Taxable amount of social security benefits .....	13		
14. Other income (including lump-sum distributions) .....	14		
15. Gross income from Connecticut sources (Add Lines 1 through 14) .....	15		

**PART 2 — ADJUSTMENTS TO CONNECTICUT INCOME —** Enter adjustments that are **directly** related to income reported above.

16. IRA deduction .....	16		
17. Student loan interest deduction .....	17		
18. Archer MSA deduction .....	18		
19. Moving expenses .....	19		
20. One-half of self-employment tax .....	20		
21. Self-employed health insurance deduction .....	21		
22. Self-employed SEP, SIMPLE, and qualified plans .....	22		
23. Penalty on early withdrawal of savings .....	23		
24. Alimony paid. Recipient's last name: _____ Social Security # _____ - _____ - _____	24		
25. Total adjustments (Add Lines 16 through 24) .....	25		
26. <b>Income from Connecticut sources</b> (Subtract Line 25 from Line 15) Enter the amount here and on <b>Form CT-1040NR/PY</b> , Line 6 .....	26		

**EMPLOYEE APPORTIONMENT WORKSHEET —** Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not Complete Lines A through G if you know the exact amount of your Connecticut source income.** (See instructions, Page 29).

A. Working days (or other basis) outside Connecticut .....	A		
B. Working days (or other basis) inside Connecticut .....	B		
C. Total working days (Add Line A and Line B) .....	C		
D. Nonworking days (holidays, weekends, etc.) .....	D		
E. Connecticut ratio (Divide Line B by Line C. Round to four decimal places.) .....	E	.	
F. Total income being apportioned .....	F		
G. Connecticut income (Multiply Line E by Line F) Enter here and on Schedule CT-SI, Line 1 .....	G		

Basis, if other than working days: \_\_\_\_\_

**COMPLETE AND ATTACH TO FORM CT-1040NR/PY**