

First Name Surname JAGADISH KARNA

Selected mailing address 307 SE JAYHAWK BLVD, ap. 201

City BENTONVILLE

State/Province, ZIP/Postal Code AZ 72712

Country United States of America

#### Dear JAGADISH,

Thank you for preparing your Connecticut State tax return via Sprintax tax prep software. Enclosed are two copies of your 2019 Connecticut tax return. Please file one copy with the State and retain the second copy for your records. We have attached instructions detailing how to file your tax return with the Connecticut State tax office. Please remember to review, sign and date your filing copy on page 2 before mailing.

#### **Tax Summary**

Filing status	Single							
Connecticut Adjusted gross income	40132							
Connecticut taxable income	40132							
Amount you owe	743							

#### How much Connecticut tax do I owe?

Your return shows a balance due of \$743.

#### How do I make payment?

If you are paying Connecticut State income tax by check, make your check payable to "Commissioner of Revenue Services" and print your Social Security number and "2019 Form CT-1040NR/PY"

Alternatively, you can pay the balance due electronically. For more information follow that link.

#### How do I file my tax return?

You must post your Connecticut tax return with the required documents (see table 2 on page Connecticut State Tax return Checklist) to the address below. Your tax return must be received by July 15th. We recommend you mail your return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following address:

DEPARTMENT OF REVENUE SERVICES
PO BOX 2977
HARTFORD CT 06104-2977
USA



If you have any questions, please email us at hello@sprintax.com.

Sincerely,

The Sprintax team



### Connecticut Tax Return Checklist

1. Review and sign the following forms where indicated.

Form	Action
CT-1040NR/PY	Sign on page 2

2. Attach copies of all your supporting documents described in the table below:

Supporting Documents	Quantity
No supporting documents needed	

- 3. Confirm that the SSN on your tax return and all your W-2 forms is correct. If you don't have your W-2 form(s) or if the SSN is incorrect, then you'll need to obtain a valid W-2 form(s) from your employer(s).
- 4. Mail your Connecticut State tax return with all necessary supporting documents and attachments as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

DEPARTMENT OF REVENUE SERVICES
PO BOX 2977
HARTFORD CT 06104-2977
USA



# Connecticut Tax Return Frequently Asked Questions

#### How long will it take to process my Connecticut tax return?

The Connecticut Tax office will take approximately 10-12 weeks after receiving your return to process your application.

#### What is the July 15th deadline?

The July 15th tax deadline is the date by which all tax returns must be filed for the previous year. If you owe the Connecticut tax office money and you don't file your tax return by July 15th, the Connecticut tax authorities will impose late filing penalties and interest on the amount you owe, so the sooner you apply the better. If you need to file an extension to give you more time to file your return, the extension request must also be submitted by the due date. Extension requests only extend your time to file your return, not to pay your taxes. Make sure your estimated tax liability is paid before the deadline to avoid paying any late payment penalties and interest.

#### What taxes can Sprintax prepare for me?

With Sprintax, you can prepare your Federal, State, FICA tax returns. Once prepared, you must then sign and submit them yourself to the relevant authorities (as detailed in your instruction pack). Sprintax cannot file any returns on your behalf.

#### Can I use an international tax treaty on my Connecticut State tax return?

No. Connecticut State does not honor federal tax treaty agreements with foreign countries that the Internal Revenue Service uses.

#### Could I owe money to the State tax authorities?

Depending on how your employer taxed you and what the actual tax liability under the tax law is, you may owe tax or be due a tax refund. If you have a tax liability or if other particular factors apply, then you have an obligation to file a tax return. Sprintax takes into consideration all of these factors. Remember, if you owe money and don't file your return before the deadline, you'll get penalties and fines added to the amount you owe.



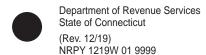
# CONNECTICUT STATE TAX RETURN FOR

JAGADISH KARNA

2019

STATE FILING COPY

SUBMIT TO THE CONNECTICUT TAX OFFICE





#### Form CT-1040NR/PY Connecticut Nonresident and Part-Year Resident Income Tax Return

2019 CT-1040NR/PY

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)

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Due date: April 15, 2020 - Attach a copy of all applicable schedules and forms to this return. Do not use staples. For a faster refund, file your return electronically at portal.ct.gov/TSC and choose direct deposit.





Your Social Security Number • 4

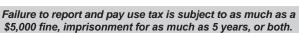
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7	25.	Am	ount o	f Line	24 0\	/erpa	ayme	nt yo	u wa	ant <b>a</b> ı	pplie	d to	vol	ur 2	2020 esti	imated	l tax			25.		.00
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Schedule 1 - Modifications to Federal Adjusted Gross Income Enter all items as positive numbers. .00 33. 33. Interest on state and local government obligations other than Connecticut Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 34. .00 Taxable amount of lump-sum distributions from qualified plans not included in federal 35. .00 adjusted gross income .00 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. .00 .00 Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. 38. .00 38a. 80% of Section 179 federal deduction. See instructions. 38a. .00 Other - specify • 39. 39. .00 Total additions: Add Lines 33 through 39. Enter here and on Line 2. 40. Interest on U.S. government obligations 41. .00 41. .00 42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 42. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet instructions. .00 43. 43. .00 Refunds of state and local income taxes 44. .00 Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 45. Military retirement pay 46. .00 46. .00 47. 25% of income received from the Connecticut teacher's retirement system 47. .00 Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero. 48. .00 49. Gain on sale of Connecticut state and local government bonds 49. 50. Connecticut Higher Education Trust (CHET) contributions made in 2019 or 50. .00 an excess carried forward from a prior year. See instructions. Enter CHET account number: Do not add spaces or dashes. .00 50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years. 50a. .00 50b. 14% of pension or annuity income. See instructions. 50b. .00 51. Other - specify: Do not include out of state income. ● 51. 52. Total subtractions: Add Lines 41 through 51. Enter here and on Line 4. 52. .00

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions - Part-Year Residents Only You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. See instructions.** 

53. Connecticut adjusted gross income during the residency portion of the t	axable year	53.	.00	
See instructions.	Colui  Name	mn A	Column  Name	<b>B</b> Code
	Name	Oode	Name	Code
54. Enter qualifying jurisdiction's name and two-letter code	. 54.			
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return: Complete Schedule 2 Worksheet	. 55.	.00		.00
56. Divide Line 55 by Line 53. May not exceed 1.0000	. 56.		_•	
57. Apportioned income tax: See instructions	57.	.00		.00
58. Multiply Line 56 by Line 57.	. 58.	.00		.00
59. Allowable income tax paid to a qualifying jurisdiction. See instructions	. 59.	.00		.00
60. Enter the lesser of Line 58 or Line 59.	. 60.	.00		.00
61. Total credit: Add Line 60, all columns. Enter here and on Line 11		61.	.00	



#### Schedule 3 - Individual Use Tax \$5,000 fine,

**Do you owe use tax for online or other purchases where you paid no sales tax?** See instructions. Complete the *Connecticut Individual Use Tax Worksheet* to calculate your use tax liability.

62a. Total use tax due at 1%: From Connecticut Individual Use Tax Worksheet, Section A, Column 7	62a.	.00
62b. Total use tax due at 6.35%: From Connecticut Individual Use Tax Worksheet, Section B, Column 7	62b.	.00
62c. Total use tax due at 7.75%: From Connecticut Individual Use Tax Worksheet, Section C, Column 7	62c.	.00
62d. Total use tax due at 2.99%: From Connecticut Individual Use Tax Worksheet, Section D, Column 7	62d.	.00
62. Individual use tax: Add Lines 62a through 62d. If no use tax is due, you must enter "0."	60	0 00
Enter here and on Line 17.	62.	• 0 .00

#### Schedule 4 - Contributions to Designated Charities - For more information, see instructions.

63a. AIDS Research	63a.	.00
63b. Organ Transplant	63b.	.00
63c. Endangered Species/Wildlife	63c.	.00
63d. Breast Cancer Research	63d.	.00
63e. Safety Net Services	63e.	.00
63f. Military Relief	63f.	.00
63g. CHET Baby Scholars	63g.	.00
63h. Mental Health Community Investment Account	63h.	.00
63. Total Contributions: Add Lines 63a through 63h. Enter amount here and on Line 26a.	63.	.00

#### Complete and send all four pages of the return to DRS.

Use the correct mailing address for returns with a payment or requesting a refund.													
For all tax forms with payment:	For refunds and all other tax forms without payment:												
Department of Revenue Services	Department of Revenue Services												
PO Box 2977	PO Box 2976												
Hartford CT 06104-2977	Hartford CT 06104-2976												

Make your check payable to: Commissioner of Revenue Services

To ensure proper posting, write your SSN(s) (optional) and "2019 Form CT-1040NR/PY" on your check.

Department of Revenue Services State of Connecticut

Schedule CT-SI

2019

(Rev. 12/19)

## Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete 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).

You	r first name and middle initial	Last name		Your Social Security Number							
JA	GADISH	KARNA	4 9	<u>4 9 4 6 1 9 6 5 8</u>							
If jo	int return, spouse's first name and middle initial	Last name	Spouse'	s So	cial Security Number						
					_						
S	ee 2019 Connecticut Nonresident and Part-Year	Resident Income Tax Return Instructions of	nline b	efor	e completing this sched	ule.					
	rt 1 - Connecticut Income - Part-Year Residen										
	d Columns B and D for each line of Schedule CT		rough	30 k	pelow.						
NO	nresidents: Enter the income received from Co	nnecticut sources.									
	Wages, salaries, tips, etc.				4013	2					
	Taxable interest			-							
	Ordinary dividends										
	Alimony received										
	Business income or (loss)										
	Capital gain or (loss)										
	Other gains or (losses)			-							
	Taxable amount of IRA distributions			_							
	Taxable amounts of pension and annuities										
	Rental real estate, royalties, partnerships, S corporati		_	0.							
11.	Farm income or (loss)		🕨 11	١.							
	Unemployment compensation			2.							
	Taxable amount of social security benefits		_	3.							
	Other income: See instructions			_							
	Gross income from Connecticut sources: Add Lines 1					2 00					
Pai	rt 2 - Adjustments to Connecticut Income - E	nter adjustments <b>directly</b> related to income	e report	ed a	above.						
16.	Educator expenses		🕨 16	6.							
17.	Certain business expenses of reservists, performing a	artists, and fee-basis government officials	▶ 17	7.							
18.	Health savings account deduction		🕨 18	3.							
19.	Moving expenses for members of the armed forces		▶ 19	9.							
20.	Deductible part of self-employment tax		▶ 20	).							
	Self-employed SEP, SIMPLE, and qualified plans		_	1.							
22.	Self-employed health insurance deduction		▶ 22	2.							
23.	Penalty on early withdrawal of savings		▶ 23	3.							
24.	Alimony paid. Recipient's last name ▶	SSN ▶	▶ 24	1.							
25	IRA deduction		▶ 25	5.							
26.	Student loan interest deduction		▶ 26	3.							
27.	Tuition and fees		▶ 27	7.							
28.	Reserved for future use		▶ 28	3.	///////////////////////////////////////						
29.	Total adjustments: Add Lines 16 through 27		▶ 29	9.							
30.	Income from Connecticut sources: Subtract Line 29	9 from Line 15.									
	Enter the amount here and on ${\bf Form~CT\text{-}1040NR/PY},$	Line 6	🕨 30	0.	4013	2 00					
Em	ployee Apportionment Worksheet - Complete	Lines A through G only when the income	from e	mple	oyment is earned both in	nside					
	d outside Connecticut and the exact amount of Co										
the	exact amount of your Connecticut-sourced i	ncome.									
Α.	Working days (or other basis) outside Connecticut		F	A							
B.	Working days (or other basis) inside Connecticut		E	3							
C.	Total working days: Add Line A and Line B		_								
D.	Nonworking days (Holidays, weekends, etc.)		[	5							
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		3							
	Basis, if other than working days:										



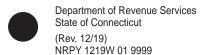
# CONNECTICUT STATE TAX RETURN FOR

JAGADISH KARNA

2019

YOUR COPY

**RETAIN FOR YOUR RECORDS** 





#### Form CT-1040NR/PY Connecticut Nonresident and Part-Year Resident Income Tax Return

2019 CT-1040NR/PY

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).

1	For	Ja	nuary 1 - Dec	ember 31	, 2019	or o	ther tax	year b	eginnir	ng	-	- 20	19	and	ending	-	,	-	
1	Fil	lin	g Status - Ch	eck only	one b	ox.					M M -	D D - Y Y	YY			M M -	D D	- <u>Y Y Y Y</u>	
•	X	5	Single			Н	ead of ho	ousehol	d		Ма	rried filing sep	parately		•				
		1	Married filing joir	ntly		Q	ualifying	widow(	er)						Enter s	pouse's nar	ne h	ere and SSN b	elow.
<b>→</b>			Social Security I						Check	c if		Spouse's So	cial Se	curity Nu	mber			Check	if
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aillir he			first name					MI				vo last names	s, insert	t a space	between	names.)		Suffix (Jr./	Sr.)
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ame, mailing or town here	IT J	oin	t return, spouse	's first nam	ie			MI		Last	name (If tv	vo last names	s, insert	a space	between	names.)		Suffix (Jr./	Sr.)
Print your SSN, name, mailing address, and city or town here	Ma	ailir	ng address (num	her and st	reet)							Mailing	address	s 2 (anar	tment num	ber, PO Box	x)		
r SSN, n and city			SE JAYHAV									201	address	3 Z (apai	unont nun	ibel, i e be	~)		
our s, a			town, or post off			vords	, leave a	space b	oetween	the w	ords.)	State		Z	IP code		2	2019 Resident	Status
Print yo address,		-	ITONVILLE	,								AZ	7	72712				Nonresiden	X
Pri	En	ter	city or town of r	esidence i	f differer	nt fror	n above.					ZIP cod							
<b>→</b>	O	NC	GOLE									523002					Part-	-Year Residen	1
			appropriate				Form C	T-1040	CRC.	Clain	n of Right	: Credit	For	m CT-8	<b>379</b> . Non	obligated S	Spou	ıse Claim	
II yo	u ar	e	attaching a c	ompieted	1.		Form C	T-2210	), Unde	erpayı	ment of E	stimated In				•	•		
_							checkin	g any i	oox tro	m Pai	rt 1.				٧	Vhole Do	llar	s Only	
2	1.		Federal adjus	_				leral F	orm 10	040, l	_ine 8b							-	00
			or federal Fo											1.				40132	
-	2.		Additions to f	ederal a	djusted	l gro	ss inco	me fro	m Sch	nedul	e 1, Line	40		2.					.00
<del>-</del>	3.		Add Line 1 a	nd Line 2	2.									3.				40132	.00
⊢ Ÿ	4.		Subtractions	from fed	eral ac	ljuste	ed gros	s inco	me fro	m Sc	hedule	1, Line 52		4.					.00
staples. chedules CT K-1	5.		Connecticut	adjuste	d gros	s in	come:	Subtra	act Lin	e 4 fr	om Line	3.		5.				40132	.00
staples chedule	6.		Income from	Connect	ticut so	urce	s from	Sched	lule C	T-SI, I	Line 30			6.				40132	.00
	7.		Enter the gr											7.				40132	.00
use or S	8.		Income tax o See instruction		ount o	n Lir	ne 7 fro	m tax	tables	or Ta	x Calcul	ation Sche	edule:	8.				1446	.00
not 99,	9.		Divide Line 6		5 If Li	20 6	ic oque	al to or	groot	or tha	n Lino 5	ontor 1 0	000	9.	1 0	0 0	Λ	1440	.00
25						16 0	is equa	11 10 01	greate	ei iiia	III LIIIE S	, enter 1.0	000.				_		00
ere.			Multiply Line Credit for inc			to o	ualifvin	a iuris	diction	ıs dur	ina resid	lent portion	า	10.				1446	.00
s N	١.,		of taxable ye										'	11.					.00
chec	12	2.	Subtract Line	11 from	Line 1	0. If	Line 11	is gre	ater th	nan L	ine 10, e	enter "0."		12.				1446	.00
Olip	13	3.	Connecticut a	alternativ	e mini	mum	tax fro	m For	m CT-	6251				13.					.00
Clip check here. Do Do not send Forms W-2 or 10	14	1	Add Line 12	and Line	13.									14.				1446	.00
0 0	15	5.	Total allowab	le credits	s from	Sche	edule C	T-IT C	redit, I	Part I	, Line 11			15.					.00
<b>4</b>	16	6.	Connecticut	income	tax: S	ubtra	act Line	15 fro	m Line	14. l	f less tha	ın zero, ent	er "0."	16.				1446	.00
	17	7.	Individual use	e tax fror	n Sche	edule	3, Line	62: If	no tax	x is d	ue, ente	r "0."		17.				C	.00
	18	3.	Add Line 16	and Line	17.									18.				1446	.00

Due date: April 15, 2020 - Attach a copy of all applicable schedules and forms to this return. Do not use staples. For a faster refund, file your return electronically at portal.ct.gov/TSC and choose direct deposit.



Your Social Security Number • 4 9 4 - 6 1 - 9

	19. Enter amount from Line 18. 19. 1446 .00  Withholding Schedule: You must complete Columns A, B, and C or your withholding will be disallowed.																	
3		<b>Co</b>	_	A - En	nploye	er's fe	deral	ID N	o. fro	m Bo	x b of	W-2,	or (	Column B	nholding will B - Connecticus, tips, etc.		ule (	Column C - Connecticut income tax withheld Check box at left if from Schedule CT K-1.
1099			20a.	8	2	3	2	2	4	4	3	1_	•		40132	•	20a.	703 .00
inforr	enter nation		20b.										•			•	20b.	.00
and 1	Forms 099, a	nd	20c.										•			•	20c.	.00
if Cor	dules ( nnectic	ut	20d.										•			•	20d.	.00
withh	ne tax v eld.	was	20e.										•			•	20e.	.00
			20f.	Addit	ional	CT	withho	oldin	g fro	m <i>Su</i>	pplen	nenta	l Sch	nedule C	T-1040WH		20f.	.00
	20.		I Con amour								c, 20c	l, 20e	, and	d 20f, and	d enter here.		20.	703 .00
	21.	All 2	019 e	stima	ted ta	ах ра	ymer	its ar	nd ar	ny ove	erpay	ment	s app	olied from	n a prior yea	r	21.	.00
	22.	Payr	nents	made	e with	n For	m CT	-104	0 EX	(T (re	quest	for e	xten	sion of tir	me to file)		22.	.00
	22a.	Clair	n of ri	ght cı	edit:	Fror	n For	m CT	-104	10 CR	C, Li	ne 6.					22a.	.00
	22b.	Pass	-Thro	ugh E	ntity	Tax	Credit	: Fro	m S	chedu	ıle CT	-PE,	Line	1. Sched	lule must be	attached.	22b.	.00
	23.	Tota	l payı	ment	s and	d ref	undal	ole c	redi	ts: Ad	dd Lin	es 20	), 21	, 22, 22a	, and 22b.		23.	703 .00
4	24.	Ove	paym	ent: I	f Line	23	is mo	re tha	an Li	ine 19	), sub	tract	Line	19 from	Line 23.		24.	.00
	25.	Amo	unt of	Line	24 o	verpa	ayme	nt yo	u wa	ant ap	plied	to y	our 2	2020 esti	mated tax		25.	.00
	26.	Amo	unt of Sche	Line dule	24 o CT-C	verp: HET	ayme , Line	nt yo 4.	u wa	ant ap	plied	as a	CHE	T contrib	ution		26.	.00
								•	_					<i>edule 4</i> , irect dep			26a.	.00
	21.	com	plete l	Lines	27a,	27b	25, 26 , and	, and 27c.	Dire	ct de	oosit i	s not	avai	lable to f	เราะ irst-time filer	rs.	27.	.00
	27a.	Che	king			Savi	ings			270	c. Ac	count	num	ber				
			ing nu not ele		ect c	depos	sit, a ı	efun	d ch	eck w	/ill be	issue	ed ar		Will this refusions	•		account outside the U.S.? Yes
5	28.	Tax	due:	If Line	19 i	s mo	re tha	an Lir	ne 23	3, sub	otract	Line	23 fr	om Line	19.		28.	743 .00
		If lat	e: Ent e: Ent then I	er inte	erest	. Mul							nths	or fractio	n of a month	1	29. 30.	
	31		est or	•	`	<b>'</b>	t of e	stims	ated:	tay fr	om Fo	orm C	T-22	210:			31.	
		See	instru	ctions	s. ´							J C	,, 22					
	32.	Tota	l amo	ount o	lue:	Add	Lines	28 th	nrou	gh 31							32.	743 .00
6	and deliv	paym ering	ent of a fals	any i se reti	use ta urn o	ax du r doc	ie, an umen	d, to t to [	the b	oest o	of my l	know not m	ledge ore t	e and bel han \$5,00	ief, it is true	, complete onment for	e, and cor or not m	edules and statements, including reporting correct. I understand the penalty for willfully nore than five years, or both. The declaration lowledge.
0:	ar	Yo	our sigi	nature											Date (MMDD) 0 3 - 2		0 2 0	Home/cell telephone number
	gn ere	S	oouse'	s signa	ature	(if joir	nt retu	n)							Date (MMDD)			Daytime telephone number
	ep a	Y	our em	ail add	dress									•				•
this i	eturn your	P	aid pre	parer'	s sign	ature									Date (MMDD)	YYYY)		Telephone number
1600	ords.	T	ype or	print r	aid n	repar	er's na	ime						F	Firm's Federal	Employer	Identific	ation Number (FEIN)
			irm's n															Check if self-employed Paid preparer's PTIN
			511	ame, a	addie	oo, al	IU ZIP	coue										Tala proparer of Tilly
		_	hird D	arty D	oeian	100	Compl	oto th	ne foll	lowing	to au	horiza	DPG	S to contac	ot another per	son about	his retur	Th.
			esigne	-	_	.ce -	Compi	eie if	ic 10	owing	io aul	. 101126		phone nun		oui about	elul	Personal identification number (PIN)
													_					



Schedule 1 - Modifications to Federal Adjusted Gross Income Enter all items as positive numbers. .00 33. 33. Interest on state and local government obligations other than Connecticut Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations .00 34. Taxable amount of lump-sum distributions from qualified plans not included in federal 35. .00 adjusted gross income .00 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. .00 .00 Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. 38. .00 38a. 80% of Section 179 federal deduction. See instructions. 38a. .00 Other - specify • 39. 39. .00 Total additions: Add Lines 33 through 39. Enter here and on Line 2. 40. Interest on U.S. government obligations .00 41. 41. .00 42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 42. Social Security benefit adjustment: See Social Security Benefit Adjustment Worksheet instructions. .00 43. 43. .00 Refunds of state and local income taxes 44. .00 Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 45. Military retirement pay 46. .00 46. .00 47. 25% of income received from the Connecticut teacher's retirement system 47. .00 48. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero. 48. .00 49. Gain on sale of Connecticut state and local government bonds 49. 50. Connecticut Higher Education Trust (CHET) contributions made in 2019 or 50. .00 an excess carried forward from a prior year. See instructions. Enter CHET account number: Do not add spaces or dashes. .00 50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years. 50a. .00 50b. 14% of pension or annuity income. See instructions. 50b. .00 51. Other - specify: Do not include out of state income. ● 51. 52. Total subtractions: Add Lines 41 through 51. Enter here and on Line 4. 52. .00

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions** - Part-Year Residents Only You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. See instructions.

53. Connecticut adjusted gross income during the residency portion of the ta	53.	.00		
See instructions.	• Name		Column B Name	Code
54. Enter qualifying jurisdiction's name and two-letter code	54.			
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return: Complete Schedule 2 Worksheet	55.	.00		.00
56. Divide Line 55 by Line 53. May not exceed 1.0000	56.		_•	_
57. Apportioned income tax: See instructions.	57.	.00		.00
58. Multiply Line 56 by Line 57.	58.	.00		.00
59. Allowable income tax paid to a qualifying jurisdiction. See instructions	59.	.00		.00
60. Enter the lesser of Line 58 or Line 59.	60.	.00		.00
61. Total credit: Add Line 60, all columns. Enter here and on Line 11		61.	.00	



Failure to report and pay use tax is subject to as much as a \$5,000 fine, imprisonment for as much as 5 years, or both.

Do you owe use tax for online or other purchases where you paid no sales tax? See instructions.

Complete the Connecticut Individual Use Tax Worksheet to calculate your use tax liability.

62a. Total use tax due at 1%: From Connecticut Individual Use Tax Worksheet, Section A, Column 7	62a.	.00
62b. Total use tax due at 6.35%: From Connecticut Individual Use Tax Worksheet, Section B, Column 7	62b.	.00
62c. Total use tax due at 7.75%: From Connecticut Individual Use Tax Worksheet, Section C, Column 7	62c.	.00
62d. Total use tax due at 2.99%: From Connecticut Individual Use Tax Worksheet, Section D, Column 7	62d.	.00
62. Individual use tax: Add Lines 62a through 62d. If no use tax is due, you must enter "0."		
Enter here and on Line 17.	62.	0 .00

#### Schedule 4 - Contributions to Designated Charities - For more information, see instructions.

63a. AIDS Research	63a.	.00
63b. Organ Transplant	63b.	.00
63c. Endangered Species/Wildlife	63c.	.00
63d. Breast Cancer Research	63d.	.00
63e. Safety Net Services	63e.	.00
63f. Military Relief	63f.	.00
63g. CHET Baby Scholars	63g.	.00
63h. Mental Health Community Investment Account	63h.	.00
63. Total Contributions: Add Lines 63a through 63h. Enter amount here and on Line 26a.	63.	.00

#### Complete and send all four pages of the return to DRS.

Use the correct mailing address for	or returns with a payment or requesting a refund.
For all tax forms with payment:	For refunds and all other tax forms without payment:
Department of Revenue Services	Department of Revenue Services
PO Box 2977	PO Box 2976
Hartford CT 06104-2977	Hartford CT 06104-2976

Make your check payable to: Commissioner of Revenue Services

To ensure proper posting, write your SSN(s) (optional) and "2019 Form CT-1040NR/PY" on your check.

#### **Schedule CT-SI**

2019

(Rev. 12/19)

## Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete 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).

ioul	first name and middle initial	Last name				urity Num				
JAC	GADISH	KARNA	4	9_	4_	<u>6</u> _	<u>1</u> .	9 6	5_5_	8_
If joir	nt return, spouse's first name and middle initial	Last name	Spor	ıse's S	Social	Security	Numbe	r		
						<u>:</u>	4:			
Se	ee 2019 Connecticut Nonresident and Part-Year	Resident Income Tax Return Instructions	nline	e bef	ore o	comple	eting t	his so	chedul	e.
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 30 below.										
loM	nresidents: Enter the income received from Con	necticut sources.								
1.	Wages, salaries, tips, etc		▶	1.				4	40132	
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.						
	Taxable amounts of pension and annuities			9.						
10.	Rental real estate, royalties, partnerships, S corporation	ns, trusts, etc	\ ▶	10.						
11.	Farm income or (loss)		▶	11.						
12.	Unemployment compensation		►	12.						
13.	Taxable amount of social security benefits		▶	13.						
	Other income: See instructions			14.						
15.	Gross income from Connecticut sources: Add Lines 1 to	through 14	▶	15.				4	40132	00
Par	t 2 - Adjustments to Connecticut Income - En	ter adjustments <b>directly</b> related to income	e rep	orted	d abo	ove.				
16.	Educator expenses		▶	16.						
17.	Certain business expenses of reservists, performing a	rtists, and fee-basis government officials	▶	17.						
18.	Health savings account deduction		>	18.						
19.	Moving expenses for members of the armed forces		▶	19.						
20.	Deductible part of self-employment tax		▶	20.						
21.	Self-employed SEP, SIMPLE, and qualified plans		▶	21.						
22.	Self-employed health insurance deduction		▶	22.						
	Penalty on early withdrawal of savings		▶	23.						
24.	Alimony paid. Recipient's last name ▶	SSN ▶		24.						
25	IRA deduction		▶	25.						
26.	Student loan interest deduction		▶	26.						
27.	Tuition and fees		▶	27.						
28.	Reserved for future use		▶	28.						
29.	Total adjustments: Add Lines 16 through 27		▶	29.						
	Income from Connecticut sources: Subtract Line 29								40400	00
	Enter the amount here and on Form CT-1040NR/PY, I	_ine 6	<b>&gt;</b>	30.					40132	00
Em	ployee Apportionment Worksheet - Complete	Lines A through G only when the income	from	em	ployr	ment is	s earr	ed b	oth ins	side
	outside Connecticut and the exact amount of Co		mple	ete L	ines	A thro	ough	G if y	ou kn	ow
_	exact amount of your Connecticut-sourced in									
	Working days (or other basis) outside Connecticut			Α						
	Working days (or other basis) inside Connecticut			В						
	Total working days: Add Line A and Line B			С						
	Nonworking days (Holidays, weekends, etc.)			D						
	Connecticut ratio: Divide Line B by Line C. Round to f			E	•	)				
	Total income being apportioned			F						
	Connecticut income: Multiply Line E by Line F. Enter I Basis, if other than working days:	nere and on Schedule CT-SI, Line 1		G						
		<del></del>								