Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. Social Security Number The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; and Form CT-6251, Pages 1 and 2.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at **www.ct.gov/TSC** using the Taxpayer Service Center.)
- 9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2021 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977 For refunds and tax returns without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

	Y1221V011555	5		Conne	m CT-	onr	esident	t and	Part-	Year		
Page 1 of 4				Resid	ent Incoi	me	lax Re	turn (Rev. 12	2/21)		
Othe	er tax year, beginning:			and ending:								
y s N	FJ	1	N MFS		N	1	НОН	Ν	QW			
870 - 55	- 4288	-	-									
SHASHANK		VINAI	A						N N	Dec. Dec.	N Y	P N
12500 MAI	RION LN W					N	CT-83	79	Ν	CT-22	10	
					:	Ν	CT-10	40 CR	сN	Federa	al Form	1310
MINNETON	KA	MN	55305		•	•						

1.	Federal adjusted gross income (from federal Form 1040, Line 11 or federal Form 1040-SR, Line 11)	1.	142065
2.	Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3.	Add Line 1 and Line 2	3.	142065
4.	Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5.	Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	142065
6.	Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	50063
7.	Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	142065
8.	Income tax	8.	7775
9.	Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.3524
10	Line 9 multiplied by Line 8	10.	2740
11.	Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12	Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	2740
13	Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14	Add Line 12 and Line 13.	14.	2740
15	Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16	Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	2740
17	Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18	Total tax: Add Line 16 and Line 17.	18.	2740



←



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	Form	CT-1040NR	PY , Page	2 of 4	
NRPY1221V021555			• 8	370554288	
19. Amount from Line 18			19. •	2740	
Forms W-2, W-2G, 1099, and Schedule CT K-1 In	formation				
Col. A - Employer's Federal ID # Col. B - C	T Wages, Tips, etc.	Sch. CT K-	1 Col. C -	CT Income Tax Withhe	eld
20a. 84 - 5030863 •	50063	• N		2495	
20b. - •	0	٠		0	
20c. – •	0	•		0	
20d. – •	0	•		0	
20e. - •	0	•		0	
20f. Additional Connecticut withholding (from Suppler	mental Schedule CT-	1040WH, Line 3	3) 20f.	0	
20. Total Connecticut income tax withheld: Amount	ts in Column C.			20.	2495
21. All 2021 estimated tax payments and any overp	ayments applied fror	n a prior year		21.	0
22. Payments made with Form CT-1040 EXT				22.	0
22a. Claim of right credit (from Form CT-1040 CRC	, Line 6)			22a.	0
22b. Pass-through entity tax credit (from Schedule 0	CT-PE, Line 1). Sche	dule must be at	tached.	22b.	0
23. Total payments and refundable credits: Add	Lines 20, 21, 22, 22a	and 22b.		23.	2495
24. Overpayment: If Line 23 is more than Line 19, L	ine 19 subtracted fro	m Line 23.		24.	0
25. Amount of Line 24 you want applied to your 20	22 estimated tax			25.	0
26. Amount of Line 24 you want applied as a CHET		chedule CT-CH	ET, Line 4)	26.	0 0
26a. Total contributions of refund to designated cha			. ,	26a.	0
27. Refund: Lines 25, 26, and 26a subtracted from If you have not elected to direct deposit, a refun		led and proces	ssing may be	27. delayed.	0
27a. Acct. type N Ck. N Sv. 27b. Rou	ıt. #	27c./	Acct. #		
27d. Refund going to a bank account outside the U.S.	27d N				
28. Tax due: If Line 19 is more than Line 23, Line 2		ne 19		28.	245
29. If late: Penalty entered. Line 28 multiplied by 10				29.	0
30. If late: Interest entered.					0
Line 28 multiplied by number of months or fraction	on of a month late, the	en by 1% (.01).		30.	0
31. Interest on underpayment of estimated tax (from		, , , ,		31.	0
32. Total amount due: Add Lines 28 through 31.				32.	245.00
Declaration: I declare under penalty of law that I h statements, including reporting and payment of it is true, complete, and correct. I understand the DRS is a fine of not more than \$5,000, or imprisoo a paid preparer other than the taxpayer is based Your signature	any use tax due, an e penalty for willfull nment for not more	d, to the best of y delivering a than five years of which the pr ●	of my knowle false return o , or both. The	dge and belief, or document to e declaration of ny knowledge. Home/cell telephone numb 203916284	11
Spouse's signature (if joint return)		Date ●		Daytime telephone number	
Paid preparer's signature	Date	Telephone number		Paid Preparer's PTIN	
• RVSSMANIKUMARAPPANA	•041223	•646727	7157	P02090332	2
Paid preparer's name RVSSMANIKUMARAPPANA				301017196	5
Firm's name, address and ZIP code GLOBAL TAXI				Self-employed	<u> </u>
	BRUNSWI NJ	J 08816	-	N	
Third Party Designee - Complete the following to au Designee's name	Telephone number			ation number (PIN)	·
	NRPY1221V02	21555			

Sign Here Keep a copy for your records.

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Schedule 1 - Modifications to Federal Adjusted Gross Income			
33. Interest on state and local government obligations other than Connec	ticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or			0
obligations		34.	0
35. Taxable amount of lump-sum distributions from qualified plans not inc	luded in fe	deral adjusted gross	-
income		35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if greater t	han zero. 36.	0
37. Loss on sale of Connecticut state and local government bonds		37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property	placed in s	service during this year. 38.	0
38a. 80% of Section 179 federal deduction.		38a.	0
39. Other - specify ●		39.	0
40. Total additions: Add Lines 33 through 39.		40.	0
41. Interest on U.S. government obligations		41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U	J.S. govern	ment obligations 42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjus	tment Wor	ksheet) 43.	0
44. Refunds of state and local income taxes		44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuit	ies	45.	0
46. Military retirement pay		46.	0
47. 50% of income received from Connecticut Teachers' Retirement Syste		47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if less thar		0
49. Gain on sale of Connecticut state and local government bonds		49.	0
50. CHET contributions made in 2021 or		50	0
an excess carried forward from a prior year Acct. #		50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in prec	eding four years. 50a.	0
50b. 42% of pension or annuity income.		50b.	0
51. Other - specify ●		51.	0
52. Total subtractions: Add Lines 41 through 51.		52.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdiction	s		
53. Connecticut AGI during residency portion of taxable year		53.	0
		Col. A	Col. B
54. 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 (from Schedule 2 Worksheet)	55.	0	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000	0.0000
57. Apportioned income tax	57.	0	0
58. Line 56 multiplied by Line 57	58.	0	0
		0	
59. Allowable income tax paid to a qualifying jurisdiction	59.	0	0
60. Lesser of Line 58 or Line 59	60.	0	0
61 Total gradit: Add Ling 60, all columns		61.	0
61. Total credit: Add Line 60, all columns.		01.	0

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Visit us at **portal.ct.gov/DRS** for more information.





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Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0
Schedule 4 - Contributions to Designated Charities		
63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email

NRPY1221V041555

Schedule CT-SI

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).

Your first name and middle initial	Last name	Your Social S	Security Number	
SHASHANK	VINALA	870	5 5 4 2 8	8
If joint return, spouse's first name and middle initial	Last name		• • • cial Security Number	
, , , ,			• •	
See 2021 Connecticut Nonresident and Pa	art-Year Resident Income Tax Return Instructions		e completing this schedu	
				iic.
	Residents: Complete Schedule CT-1040AW, Par dule CT-1040AW and enter the totals on Lines 1 rom Connecticut sources.			
1. Wages, salaries, tips, etc		🕨 1.	50,063	
2. Taxable interest		► 2.	0	
3. Ordinary dividends		🕨 3.		
4. Alimony received		► 4.		
5. Business income or (loss)		► 5.		
6. Capital gain or (loss)		► 6.	0	
7. Other gains or (losses)		► 7.		
8. Taxable amount of IRA distributions		🕨 8.		
9. Taxable amounts of pension and annuities		► 9.		
10. Rental real estate, royalties, partnerships, S c	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: See instructions		► 14.	0	
15. Gross income from Connecticut sources: Add	Lines 1 through 14.	🕨 15.	50,063	00
Part 2 - Adjustments to Connecticut Inco	me - Enter adjustments directly related to incon	ne reported a	above.	
16. Educator expenses		► 16.		
17. Certain business expenses of reservists, perfe	orming artists, and fee-basis government officials	🕨 17.		
18. Health savings account deduction		🕨 18.		
	forces			
21. Self-employed SEP, SIMPLE, and qualified pl	ans	► 21.		
24. Alimony paid. Recipient's last name ►	SSN ▶			
25 IRA deduction		► 25.		
26. Student loan interest deduction		► 26.		
27. Archer MSA deduction		► 27.		
29. Total adjustments: Add Lines 16 through 28.		► 29.		
30. Income from Connecticut sources: Subtrac Enter the amount here and on Form CT-1040	ct Line 29 from Line 15. NR/PY, Line 6	► 30.	50,063	00

and	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 he exact amount of your Connecticut-sourced income.					
Α.	Working days (or other basis) outside Connecticut	Α				
В.	Working days (or other basis) inside Connecticut	В				
C.	Total working days: Add Line A and Line B	С				
D.	Nonworking days (Holidays, weekends, etc.)	D				

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:		

Connecticut ratio: Divide Line B by Line C. Round to four decimal places.

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