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-1040NRPY, 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 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 "2022 Form CT-1040NRPY" 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.

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REV 02/07/23 PRO

NRPY1222V011555



Form CT-1040NR/PY - 2022 Connecticut Nonresident and Part-Year

Resident Income Tax Return (Rev. 12/22)

Page 1 of 4

Other tax year, beginning:

and ending:

S Y FJ

MFS Ν

HOH

QSS

143 - 15 - 5138 083 - 96 - 5188

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N CT-8379

N CT-2210 N CT-19IT

USA

N CT-1040 CRC N Federal Form 1310

NAPLES

FL34120 -

| 1. Federal adjusted gross income (from federal Form 1040, Line 11 or federal Form 1040-SR, Line 11) | 1. | 163176 |
|---|-----|--------|
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 40) | 2. | 0 |
| 3. Add Line 1 and Line 2 | 3. | 163176 |
| 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. | 163176 |
| 6. Income from Connecticut sources (from Schedule CT-SI, Line 30) | 6. | 87431 |
| 7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12. | 7. | 163176 |
| 8. Income tax | 8. | 8475 |
| 9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered. | 9. | 0.5358 |
| 10. Line 9 multiplied by Line 8 | 10. | 4541 |
| 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. | 4541 |
| 13. Connecticut alternative minimum tax (from Form CT-6251) | 13. | 0 |
| 14. Add Line 12 and Line 13. | 14. | 4541 |
| 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. | 4541 |
| 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. | 4541 |







1 401 5 5 1

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19. Amount from Line 18

19. • 4541

| F K-1 Information ol. B - CT Wages, Tips, etc. 87431 | Sch. CT K-1 | Col. C - CT Income Tax Withh | eld |
|--|---|--|--|
| | Sch. CT K-1 | Col. C - CT Income Tax Withh | eld |
| 87431 | | | |
| 0,101 | • N | 6111 | |
| 0 | • | 0 | |
| 0 | • | 0 | |
| 0 | • | 0 | |
| 0 | • | 0 | |
| Supplemental Schedule CT-1 | 040WH, Line 3) | 20f. 0 | |
| Amounts in Column C. | | 20. | 6111 |
| y overpayments applied from | n a prior year | 21. | 0 |
| | , , | 22. | 0 |
| 10 CRC, Line 6) | | 22a. | 0 |
| , | dule must be attacl | hed. 22b. | 0 |
| . , | | 23. | 6111 |
| ne 19, Line 19 subtracted fro | m Line 23. | 24. | 1570 |
| your 2023 estimated tax | | 25. | 0 |
| • | hedule CT-CHET. | | Ō |
| , | | , 26a. | 0 |
| | ed and processing | 27. | 1570 |
| | | | |
| he U.S. 27d. N | | | |
| , Line 23 subtracted from Lin | e 19. | 28. | 0 |
| d by 10% (.10). | | 29. | 0 |
| | | | - |
| or fraction of a month late, the | n by 1% (.01). | 30. | 0 |
| | , , , | 31. | Ö |
| , | 32. | 0.00 | |
| | Supplemental Schedule CT-1 Amounts in Column C. By overpayments applied from T. And CRC, Line 6) hedule CT-PE, Line 1). Schedule CT-PE, Line 19. Schedule CT-PE, Line 24. The CT-PE, Line 1). Schedule CT-PE, Line 19. Schedule CT-PE, Line 19. Schedule CT-PE, Line 19. Schedule CT-PE, Line 24. The CT-PE, Line 1). Schedule CT-PE, Line 19. Schedule | Supplemental Schedule CT-1040WH, Line 3) Amounts in Column C. The overpayments applied from a prior year and the column C. The operation of a month late, then by 1% (.01). Supplemental Schedule CT-1040WH, Line 3) Amounts in Column C. The operation of a month late, then by 1% (.01). Supplemental Schedule CT-1040WH, Line 3) Amounts in Column C. The operation of a month late, then by 1% (.01). Supplemental Schedule CT-1040WH, Line 3) Amounts in Column C. The operation of a month late, then by 1% (.01). Supplemental Schedule CT-1040WH, Line 3) Amounts in Column C. The operation of a month late, then by 1% (.01). Supplemental Schedule CT-1040WH, Line 3) Amounts in Column C. The operation of a month late, then by 1% (.01). Supplemental Schedule CT-1040WH, Line 3) | Supplemental Schedule CT-1040WH, Line 3) 20f. O Amounts in Column C. by overpayments applied from a prior year T. 22. 40 CRC, Line 6) hedule CT-PE, Line 1). Schedule must be attached. 22b. 23c. 24c. 25c. 27c. 27c. Acct. # 935677609 28c. 28c. 29c. 29c. |

| • | | • | 8302810562 |
|--|--------------|------------------|--------------------------|
| Spouse's signature (if joint return) | [| Date | Daytime telephone number |
| • | | • | • |
| Paid preparer's signature | Date 1 | Telephone number | Paid Preparer's PTIN |
| • VENKATA SAI PAVAN KUN | MAR •030923 | •6789659522 | P02470833 |
| Paid preparer's name | - | | FEIN |
| VENKATA SAI PAVAN KUN | MAR DUDIPAL | | 882145487 |
| Firm's name, address and ZIP code GLOBAL | TAXES LLC | | Self-employed |
| 245 ROONEY CT | E BRUNSWI NJ | 08816 - | N |

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

| Designee's name | Telephone number | Personal identification number (PIN) |
|-----------------|------------------|--------------------------------------|
| • | • | • |
| NRE | | |

Form CT-1040NR/PY, Page 3 of 4



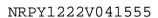


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| Schedule 1 - Modifications to Federal Adjusted Gross Income | | | |
|--|--------------|------------------------|--------|
| 33. Interest on state and local government obligations other than Connecti | cut | 33. | 0 |
| 34. Mutual fund exempt-interest dividends from non-Connecticut state or r | nunicipal g | government | |
| obligations | | 34. | 0 |
| 35. Taxable amount of lump-sum distributions from qualified plans not inclinate and the state of | uded in fed | | 0 |
| income 36. Repositions's chara of Connecticut fiducians adjustment: Entered only in | f groator th | 35. nan zero. 36. | 0 |
| 36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i37. Loss on sale of Connecticut state and local government bonds | ı greater ti | 37. | 0 |
| 38. Section 168(k) federal bonus depreciation deduction allowed for property | placed in s | | 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 | 0 | 41. | 0 |
| 42. Exempt dividends from certain qualifying mutual funds derived from U. | _ | - | 0 |
| 43. Social Security benefit adjustment (from Social Security Benefit Adjust44. Refunds of state and local income taxes | ment won | 44. | 0 |
| 45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuitie | 20 | 44. 45. | 0 |
| 46. Military retirement pay | 55 | 46. | 0 |
| 47. 50% of income received from Connecticut Teachers' Retirement Syste | m | 47. | 0 |
| 48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i | | zero. 48. | 0 |
| 49. Gain on sale of Connecticut state and local government bonds | | 49. | 0 |
| 50. CHET contributions made in 2022 or | | | |
| an excess carried forward from a prior year Acct. # | | 50. | 0 |
| 50a. 25% of Section 168(k) federal bonus depreciation deduction added ba | ck in proce | eding four years. 50a. | 0 |
| 50b. 100% of pension or annuity income. | ck iii piece | 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 Jurisdictions | • | | 0 |
| 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 |
| qualifying junisdiction of moothe tax rotalit (notification 2 violitation) | 00. | · · | • |
| 56. Line 55 divided by Line 53. May not exceed 1.0000. | 56. | 0.0000 | 0.0000 |
| | | | |
| 57. Apportioned income tax | 57. | 0 | 0 |
| 50 Line 50 modified by Line 57 | 50 | 0 | 0 |
| 58. Line 56 multiplied by Line 57 | 58. | U | U |
| 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 credit: Add Line 60, all columns. | | 61. | 0 |
| | | V 1. | J |

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Form CT-1040NR/PY, Page 4 of 4



Taxpayer email



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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 |

NRPY1222V041555

Schedule CT-SI

File and pay your taxes online!

Tyconne
Revenue Services

2022

(Rev. 12/22)

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).

| _ | | | | | | | | | |
|------|---|----------------|---------------------------|---------|------------|------------|------------|------------|-------|
| Yo | our first name and middle initial Last name | | | | rity Numb | | | | |
| G: | IRISH SURESH KULKARNI | _ | $\frac{1}{2} \frac{4}{2}$ | 3 | 1 5 | _ :_ | <u>5</u> _ | <u>1</u> 3 | _ 8 |
| lf j | joint return, spouse's first name and middle initial Last name | | | | Security N | | | | |
| GΖ | AYATRI KULKARNI | _ | 8 0 | 3 | 9 6 | , i _ | 5 | 1 8 | _ 8 |
| | Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax be | fore completi | ng this | ssch | edule. | | | | |
| P | Part 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT-104 | | | | | ne ΔII | loca | tion | |
| | and Columns B and D for each line of Schedule CT-1040AW and enter the totals or | | | | | 10 7.11 | ocai | .1011. | |
| | Ionresidents: Enter the income received from Connecticut sources. | | 5 | | | | | | |
| 1 | 1. Wages, salaries, tips, etc. | 1 | 1. | | | | 87, | 431 | |
| | 2. Taxable interest | | | | | | | 0 | _ |
| | 3. Ordinary dividends | | | | | | | 0 | |
| | 4. Alimony received | | | | | | | | |
| | 5. Business income or (loss) | | | | | | | | |
| | 6. Capital gain or (loss) | | | | | | | 0 | |
| | 7. Other gains or (losses) | | _ | | | | | | |
| | 3. Taxable amount of IRA distributions | | | | | | | | |
| | Taxable amounts of pension and annuities | | | | | | | | |
| | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | | | | | | | | |
| | 1. Farm income or (loss) | | _ | | | | | | |
| | 2. Unemployment compensation | | _ | | | | | | + |
| | Taxable amount of social security benefits | | _ | | | | | | |
| | 4. Other income: See instructions. | | | | | | | | + |
| | 5. Gross income from Connecticut sources: Add Lines 1 through 14. | | | | | | 87 | 431 | 00 |
| _ | art 2 - Adjustments to Connecticut Income - Enter adjustments directly related | | | 4 0 0 0 | | | <u> </u> | | 100 |
| F 6 | art 2 - Adjustments to Connecticut income - Enter adjustments directly related | i to income re | | I abo | ve. | | | | |
| | 6. Educator expenses | | _ | | | | | | |
| | 7. Certain business expenses of reservists, performing artists, and fee-basis government office | | | | | | | | |
| | Health savings account deduction | | _ | | | | | | |
| | 9. Moving expenses for members of the armed forces | | | | | | | | |
| |). Deductible part of self-employment tax | | _ | | | | | | |
| | Self-employed SEP, SIMPLE, and qualified plans | | | | | | | | |
| | 2. Self-employed health insurance deduction | | | | | | | | |
| | Penalty on early withdrawal of savings | | | | | | | | |
| | 4. Alimony paid. Recipient's last name ► SSN ► = | | 2 4. | | | | | | |
| 1 | 5 IRA deduction | | | | | | | | |
| 26. | S. Student loan interest deduction | | ≥ 26. | | | | | | |
| 27. | 7. Archer MSA deduction | 1 | ≥ 27. | | | | | | |
| 28. | 3. Other adjustments | 1 | ≥ 28. | | | | | | |
| | 9. Total adjustments: Add Lines 16 through 28. | 1 | 2 9. | | | | | | |
| 30. | D. Income from Connecticut sources: Subtract Line 29 from Line 15. | | | | | | 0.11 | 401 | 00 |
| | Enter the amount here and on Form CT-1040NR/PY, Line 6. | | ► 30. | | | | 87, | 431 | 00 |
| | | | | | | | | | |
| Er | mployee Apportionment Worksheet - Complete Lines A through G only when the | he income fro | m em | ployn | nent is | earn | ed b | oth i | nside |
| | nd outside Connecticut and the exact amount of Connecticut income is not known. I | Do not comp | lete L | ines | A thro | ugh (| G if | you l | know |
| th | ne exact amount of your Connecticut-sourced income. | | | | | | | | |
| Α. | . Working days (or other basis) outside Connecticut | | . A | | | | | | |
| В. | . Working days (or other basis) inside Connecticut | | . В | | | | | | |
| 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 | | | | | | |