BISHAN SINGH REV 01/29/24 PRO

## Form CT-1040 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-1040, Pages 2, 3, and 4.
- 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.

#### **Checklist for filing your Connecticut income tax 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.
- Send all completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, 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 "2022 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-1040.

Do not send this sheet with your return.

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## Form CT-1040 - 2023

Connecticut Resident Income Tax Return (Rev. 12/23)

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BISHAN

Other tax year, beginning:

and ending:

Υ Ν FJ S

Ν MFS Ν HOH

QSS Ν

887 - 90 - 7096

SINGH

Dec. Ν

> Dec. Ν

1800 SILAS DEANE HWY

N CT-8379

N CT-2210 N CT-19IT

USA

N CT-1040 CRC N Federal

Form 1310

N Schedule CT-Dependent

ROCKY HILL

06067 -

| 1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)           | 1.     | 102869 |
|--|--------|--------|
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 38)                                       | 2.     | 0      |
| 3. Add Line 1 and Line 2   | 3.     | 102869 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)                                  | 4.     | 0      |
| 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.   | 5.     | 102869 |
| 6. Income tax  | 6.     | 5423   |
| 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)                         | 7.     | 0      |
| 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.                            | 8.     | 5423   |
| 9. Connecticut alternative minimum tax (from Form CT-6251)   | 9.     | 0      |
| 10. Add Line 8 and Line 9.   | 10.    | 5423   |
| 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68 | 3) 11. | 0      |
| 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.  | 12.    | 5423   |
| 13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)                                      | 13.    | 0      |
| 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.                | 14.    | 5423   |
| 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.                           | 15.    | 0      |
| 16. Total tax: Add Line 14 and Line 15.  | 16.    | 5423   |



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17.



887907096

5423

17. Amount from Line 16

Forms W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID # Col. B - CT Wages, Tips, etc. Col. C - CT Income Tax Withheld

| 18a. | 94 - 3326476 | • | 102758 | 7177 |
|------|--------------|---|--------|------|
| 18b. | -            | • | 0      | 0    |
| 18c. | -            | • | 0      | 0    |
| 18d. | -            | • | 0      | 0    |
| 18e. | -            | • | 0      | 0    |

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

| ,  |                 | -    |
|--|-----------------|------|
| 18. Total Connecticut income tax withheld: Amounts in Column C.  | 18.             | 7177 |
| 19. All 2023 estimated tax payments and any overpayments applied from a prior year   | 19.             | 0    |
| 20. Payments made with Form CT-1040 EXT  | 20.             | 0    |
| 20a. Earned income tax credit (from Schedule CT-EITC, Line 16).  | 20a.            | 0    |
| 20b. Claim of right credit (from Form CT-1040 CRC, Line 6).  | 20b.            | 0    |
| 20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached.   | 20c.            | 0    |
| 21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.   | 21.             | 7177 |
| 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.   | 22.             | 1754 |
| 23. Amount of Line 22 you want applied to your 2024 estimated tax  | 23.             | 0    |
| 24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)  | 24.             | 0    |
| 24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)  | 24a.            | 0    |
| 25. <b>Refund:</b> Lines 23, 24, and 24a subtracted from Line 22. If you have not elected to direct deposit, a refund check will be issued and processing may be | 25.<br>delayed. | 1754 |

021200339 25a. Acct. type Ck. 25b. Rout. # 25c. Acct. # 381063516412

25d. Refund going to a bank account outside the U.S. 25d. N

26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26. 0 27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27. 0 28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28. 0 29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0 30. 30. Total amount due: Add Lines 26 through 29. 0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, 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 or document 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.

| Your signature                                 | Date          | Home/cell telephone number |                      |  |
|--|---------------|----------------------------|----------------------|--|
| •  | •             | 5512259569                 |                      |  |
| Spouse's signature (if joint return)           | Date          | Daytime telephone number   |                      |  |
| •  | •             |                            | •                    |  |
| Paid preparer's signature                      | Date          | Telephone number           | Paid Preparer's PTIN |  |
| •SYAM PRIYA RAM SAGAR GUPT                     | •021824       | • 6789659522               | P02082703            |  |
| Paid preparer's name                           | •             |                            | FEIN                 |  |
| SYAM PRIYA RAM SAGAR GUPT                      | 843171965     |                            |                      |  |
| Firm's name, address and ZIP code GLOBAL TAXES | Self-employed |                            |                      |  |
| • 245 ROONEY CT E F                            | BRUNSWI N     | J 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) |
|-----------------|------------------|--------------------------------------|
| •               | •                | •                                    |

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| Schedule 1 - Modifications to Federal Adjusted Gross Income                      |             |                         |        |        |
|--|-------------|-------------------------|--------|--------|
| 31. Interest on state and local government obligations other than Connect        |             |                         | 31.    | 0      |
| 32. Mutual fund exempt-interest dividends from non-Connecticut state or          |             | I government            |        | -      |
| obligations  | ·           |                         | 32.    | 0      |
| 33. Taxable amount of lump-sum distributions from qualified plans not incl       | uded in f   | ederal adjusted         |        |        |
| gross income   |             |                         | 33.    | 0      |
| 34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only        | if greater  | than zero.              | 34.    | 0      |
| 35. Loss on sale of Connecticut state and local government bonds                 |             |                         | 35.    | 0      |
| 36. Section 168(k) federal bonus depreciation deduction allowed for property     | placed in   | service during this yea | r. 36. | 0      |
| 36a. 80% of Section 179 federal deduction.                                       |             |                         | 36a.   | 0      |
| 37. Other - specify ●  |             |                         | 37.    | 0      |
| 38. <b>Total additions:</b> Add Lines 31 through 37.                             |             |                         | 38.    | 0      |
| 39. Interest on U.S. government obligations                                      |             |                         | 39.    | 0      |
| 40. Exempt dividends from certain qualifying mutual funds derived from U         | .S. gover   | nment obligations       | 40.    | 0      |
| 41. Social Security benefit adjustment (from Social Security Benefit Adjustment) | tment Wo    | orksheet)               | 41.    | 0      |
| 42. Refunds of state and local income taxes                                      |             |                         | 42.    | 0      |
| 43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuiti      | es          |                         | 43.    | 0      |
| 44. Military retirement pay  |             |                         | 44.    | 0      |
| 45. 50% of income received from Connecticut Teachers' Retirement System          | em          |                         | 45.    | 0      |
| 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only        | if less tha | an zero.                | 46.    | 0      |
| 47. Gain on sale of Connecticut state and local government bonds                 |             |                         | 47.    | 0      |
| 48. CHET contributions made in 2023 or   |             |                         |        |        |
| an excess carried forward from a prior year Acct. #:                             |             |                         | 48.    | 0      |
| 48a. 25% of Section 168(k) federal bonus depreciation deduction added by         | ack in pre  | eceding four vears.     | 48a.   | 0      |
| 48b. 100% of pension or annuity income.  |             |                         | 48b.   | 0      |
| 48c. Ordinary and necessary business expenses for taxpayers licensed und         | ler Chapte  | er 420f or 420h that    |        | ·      |
| are not claimed for federal income tax purposes.                                 |             |                         | 48c.   | 0      |
| 49. Other - specify ●  |             |                         | 49.    | 0      |
| 50. <b>Total subtractions:</b> Add Lines 39 through 49.                          |             |                         | 50.    | 0      |
| Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions            | S           |                         |        |        |
| 51. Modified Connecticut adjusted gross income                                   |             |                         | 51.    | 0      |
|  |             | Col. A                  |        | Col. B |
| 52. Qualifying jurisdiction's name and two-letter code 52.                       |             |                         |        |        |
|  |             |                         |        |        |
| 53. Non-Connecticut income included on Line 51 and reported on a                 |             | 0                       |        | 0      |
| qualifying jurisdiction's income tax return (from Schedule 2 worksheet)          | 53.         | 0                       |        | 0      |
| 54. Line 53 divided by Line 51   | 54.         | 0.0000                  |        | 0.0000 |
| 55. Income tax liability: Line 11 subtracted from Line 6.                        | 55.         | 0                       |        | 0      |
|  |             | _                       |        | -      |
| 56. Line 54 multiplied by Line 55  | 56.         | 0                       |        | 0      |
| 57. Income tax paid to a qualifying jurisdiction                                 | 57.         | 0                       |        | 0      |
| 58. Lesser of Line 56 or Line 57   | 58.         | 0                       |        | 0      |
| 59. Total credit: Add Line 58, all columns.                                      |             |                         | 59.    | 0      |
| 555.8. STORE, AND ENTO GO, AN OSTATITO.  |             |                         |        | · ·    |

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### Schedule 3 - Property Tax Credit

| Qualifying Property  Name of Connecticut Tax Town or District  Description of Property  Date(s) Paid | Primary Reside            | ence      | •          | Auto 1            | •      |   | Auto 2 |
|--|---------------------------|-----------|------------|-------------------|--------|---|--------|
| Amount Paid  | •<br>60.                  | 0         | •<br>61.   |                   | 0 62.  |   | 0      |
| 63. Total property tax paid: Add Lines 60  | , 61, and 62.             |           |            |                   | 63     |   | 0      |
| 64. Maximum property tax credit allowed  |                           |           |            |                   | 64     | • |        |
| 65. Lesser of Line 63 or Line 64.  |                           |           |            |                   | 65     | • | 0      |
| 66. Property tax credit limitation decimal ar  | mount: If zero, the amour | it from L | ine 65 is  | entered on Line 6 | 8. 66. | • | 0.00   |
| 67. Line 65 multiplied by Line 66.   |                           |           |            |                   | 67     | • | 0      |
| 68. Line 67 subtracted from Line 65.   |                           |           |            |                   | 68.    |   | 0      |
| Schedule 4 - Individual Use Tax  |                           |           |            |                   |        |   |        |
| 69a. Use tax at 1% (from Connecticut Inc   | dividual Use Tax Worksh   | eet, Sed  | ction A, C | olumn 7)          | 69a.   |   | 0      |
| 69b. Use tax at 6.35% (from Connecticut  | Individual Use Tax World  | ksheet,   | Section B  | , Column 7)       | 69b.   |   | 0      |
| 69c. Use tax at 7.75% (from Connecticut  | Individual Use Tax World  | ksheet,   | Section C  | , Column 7)       | 69c.   |   | 0      |
| 69d. Use tax at 2.99% (from Connecticut  | Individual Use Tax World  | ksheet,   | Section D  | ), Column 7)      | 69d.   |   | 0      |
| 69. Individual use tax: Add Lines 69a, 6<br>Schedule 5 - Contributions to Designa                    |                           |           |            |                   | 69. •  | ) | 0      |
| 70a. AR  | ted Gharities             |           |            |                   | 70a.   |   | 0      |
| 70b. OT  |                           |           |            |                   | 70b.   |   | 0      |
| 70c. ES/W  |                           |           |            |                   | 70c.   |   | 0      |
| 70d. BCR   |                           |           |            |                   | 70d.   |   | 0      |
| 70e. SNS   |                           |           |            |                   | 70e.   |   | 0      |
| 70f. MR  |                           |           |            |                   | 70f.   |   | 0      |
| 70g. CBS   |                           |           |            |                   | 70g.   |   | 0      |
| 70h. MHCIA   |                           |           |            |                   | 70h.   |   | 0      |
| 70. <b>Total Contributions:</b> Add Lines 70a Taxpayer email   | a through 70h.            |           |            |                   | 70.    |   | 0      |

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