State of Connecticut
Department of Revenue Services

Form CT-1040EZ

Connecticut Resident EZ Income Tax Return

2003 EZ

For the year January 1 - December 31, 2003, or other taxable year ▶ beginning _____, 2003, ▶ ending _____, _____.

Label
Use the DRS label located on cover.
Otherwise, print or type. (See Instructions, Page 7)

LABEL HERE

Your First Name and Middle Initial | Last Name

If a JOINT Return, Spouse's First Name and Initial | Last Name

Home Address (number and street), Apartment Number, PO Box

City, Town, or Post Office | State | ZIP Code

Your Social Security Number

Spouse's Social Security Number

IMPORTANT! You **MUST** enter your SSN(s) above.

DRS USE ONLY – – 20

File over the Internet — it's FREE! CTWebFile www.ct.gov/DRS

WEBFILE OR E-FILE YOUR RETURN FOR FASTER REFUND, see Page 3.

Check here if you **do not** want forms sent to you next year. Checking this box does not relieve you of your responsibility to file ▶ ☐

Who May File Form CT-1040EZ

You may file Form CT-1040EZ if you meet *ALL* of the following conditions: *(See Instructions, Page 6)*

A. You were a resident of Connecticut for the entire taxable year; **and**
B. You did not report federally taxable Social Security benefits for the 2003 taxable year; **and**
C. You had no modifications to federal adjusted gross income **or** your only modification is a federally taxable refund of state and local income tax; **and**
D. You are not claiming credit for income taxes paid to a qualifying jurisdiction; **and**
E. You do not have a federal alternative minimum tax liability and are not claiming an adjusted net Connecticut minimum tax credit.

Filing Status
Check only one box.

NOTE: Generally, your filing status **must** be the same as your federal income tax filing status for this year *(See Instructions, Page 8)*.

▶ A. ☐ Single
▶ B. ☐ Married filing jointly or Qualifying widow(er) with dependent child
▶ C. ☐ Married filing *SEPARATELY*. Enter spouse's SSN above and full name here: _____
▶ D. ☐ Head of household (with qualifying person)

STAPLE W-2s, W-2Gs, AND CERTAIN 1099s HERE

Income	1. Federal Adjusted Gross Income (From federal Form 1040, Line 34; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal TeleFile Tax Record, Line I) ▶	1		00
	2. Refunds of state and local income taxes (From federal Form 1040, Line 10. *See Instructions, Page 8.*) ▶	2		00
	3. **Connecticut Adjusted Gross Income** (Subtract Line 2 from Line 1) ▶	3		00
Tax	4. Income Tax: From Tax Tables or Tax Calculation Schedule *(See Instructions, Page 8)* ▶	4		00
	5. Credit for property taxes paid on your primary residence and/or motor vehicle. (You **must** complete *Schedule 1 EZ*, on reverse. Enter the amount from Line 25. *See Instructions, Page 8.*) ▶	5		00
	6. **Connecticut Income Tax** (Subtract Line 5 from Line 4. If less than zero, enter "0.") ▶	6		00
	7. **Individual Use Tax** (From *Schedule 2 EZ*, Line 26) ▶	7		00
	8. **Total Tax** (Add Line 6 and Line 7) ▶	8		00
Payments **Failure to attach W-2s will result in the disallowance of withholding.**	9. Connecticut tax withheld (**From *Schedule CT-1040WH***, Line 3. *See Instructions, Page 8.*) ▶	9		00
	10. All 2003 estimated tax payments and any overpayments applied from a prior year ▶	10		00
	11. Payments made with Form CT-1040 EXT (Request for extension of time to file) ▶	11		00
	12. **Total Payments** (Add Lines 9, 10, and 11) ▶	12		00
Refund	13. **If Line 12 is greater than Line 8**, enter **amount overpaid**. (Subtract Line 8 from Line 12) ▶	13		00
	14. Amount of Line 13 you want **applied to your 2004 estimated tax** ▶	14		00
	15. Amount of Line 13 you want to contribute to charity (From *Schedule 3 EZ*, Line 27) **Total Contributions** ▶	15		00
	16. Amount of Line 13 you want **refunded to you.** (Subtract Lines 14 and 15 from Line 13) **REFUND** ▶	16		00

CLIP CHECK OR MONEY ORDER HERE (Do Not Staple)

Direct Deposit

For faster refund, choose direct deposit and complete Lines 16a, 16b, and 16c.

16a. **Type of Account:** ▶ ◯ Checking ▶ ◯ Savings

16b. ▶ Routing Number | 16c. ▶ Account Number

To **Direct Deposit** your refund, you must complete Lines 16a, 16b, and 16c.

Amount You Owe	17. **If Line 8 is greater than Line 12**, enter the amount of **tax you owe**. (Subtract Line 12 from Line 8) Check if paying by credit card ☐ *(See Instructions, Page 8)* **AMOUNT YOU OWE** ▶	17		00

Make your check or money order payable to: **"Commissioner of Revenue Services"**
To ensure proper posting, write your SSN(s) and "**2003 Form CT-1040EZ**" on your check or money order.

Use envelope provided, with correct mailing label, or mail to:

For **refunds and all other tax forms without payment:**
Department of Revenue Services
PO Box 150420
Hartford CT 06115-0420

For **all tax forms with payment:**
Department of Revenue Services
PO Box 150440
Hartford CT 06115-0440

Taxpayers must sign declaration on reverse — Due date: April 15, 2004 — Attach a copy of all applicable schedules and forms to this return.