



For January 1 - December 31, 2024, or other tax year beginning - - 2024 and ending - -
M M - D D - Y Y Y Y M M - D D - Y Y Y Y

1

Filing Status - Check only one box.

- Single
- Head of household
- Married filing separately
- Married filing jointly
- Qualifying surviving spouse

Enter spouse's name here and SSN below.

Your Social Security Number

Spouse's Social Security Number

Check if deceased

Check if deceased

Your first name

MI

Last name (If two last names, insert a space between names.)

Suffix (Jr./Sr.)

If joint return, spouse's first name

MI

Last name (If two last names, insert a space between names.)

Suffix (Jr./Sr.)

Mailing address (number and street)

Mailing address 2 (apartment number, PO Box)

City, town, or post office (If town is two words, leave a space between the words.)

State

ZIP code

Country code

Enter city or town of residence if different from above.

ZIP code

Print your SSN, name, mailing address, and city or town here.



Check the appropriate box to identify if you are attaching a completed:

Form CT-2210, Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates, checking any box from Part 1.

Schedule CT-Dependent (Complete this schedule if you claimed dependents on your federal Form 1040.)

Federal Form 1310, Statement of Person Claiming Refund Due a Deceased Taxpayer

Form CT-191T, Title 19 Status Release

Form CT-1040 CRC, Claim of Right Credit

Form CT-8379, Nonobligated Spouse Claim

Are you interested in learning more about the health coverage options available through Access Health CT? If so, indicate your interest by checking the following box: . Note: By checking this box, you authorize DRS to notify Access Health CT of your interest in the health coverage options that may be available. Please see the instructions for more information.

2

1. Federal adjusted gross income from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11
2. Additions to federal adjusted gross income from Schedule 1, Line 38
3. Add Line 1 and Line 2.
4. Subtractions from federal adjusted gross income from Schedule 1, Line 50
5. **Connecticut adjusted gross income:** Subtract Line 4 from Line 3.
6. Income tax from tax tables or Tax Calculation Schedule: See instructions.
7. Credit for income taxes paid to qualifying jurisdictions from Schedule 2, Line 59
8. Subtract Line 7 from Line 6. If Line 7 is greater than Line 6, enter "0."
9. Connecticut alternative minimum tax from Form CT-6251
10. Add Line 8 and Line 9.
11. Credit for property taxes paid on your primary residence, motor vehicle, or both: Attach completed Schedule 3 on Page 4, Line 68 or your credit will be disallowed.
12. Subtract Line 11 from Line 10. If less than zero, enter "0."
13. Total allowable credits from Schedule CT-IT Credit, Part 1, Line 10
14. **Connecticut income tax:** Subtract Line 13 from Line 12. If less than zero, enter "0."
15. Individual use tax from Schedule 4, Line 69: If no tax is due, enter "0."
16. Add Line 14 and Line 15.

Whole Dollars Only

1.	.00
2.	.00
3.	.00
4.	.00
5.	.00
6.	.00
7.	.00
8.	.00
9.	.00
10.	.00
11.	.00
12.	.00
13.	.00
14.	.00
15.	.00
16.	.00

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.

File and pay Form CT-1040 electronically using myconneCT at portal.ct.gov/DRS-myconneCT.

Due date: April 15, 2025 - Attach a copy of all applicable schedules and forms to this return. Do not use staples.

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).

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