

FORM CT-1041

Connecticut Income Tax Return for Trusts and Estates

1999

CT-1041

(Rev. 12/99)

For residents, nonresidents, and part-year residents

For calendar year 1999, or other taxable year ▶ beginning _____, 1999, and ▶ ending _____, _____.

Name and Address	Name of Estate or Trust ▶	Federal Employer ID Number
	Name and Title of Fiduciary ▶	Date Received (DEPARTMENT USE ONLY)
	Address of Fiduciary Number and Street PO Box	(For Estates Only) Decedent's Social Security Number _____ :_____ :_____
	City, Town or Post Office State ZIP Code ▶	Check applicable box: ▶ <input type="checkbox"/> Final Return ▶ <input type="checkbox"/> Amended Return

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

Resident Status	Check here only if you checked any of the boxes on Form CT-2210, Part I ▶ <input type="checkbox"/>	
	Date trust was created, or for an estate, date of decedent's death: ▶ _____	
Type of Entity	If estate was closed, or trust terminated, enter date: ▶ _____	
	Check applicable box: ▶ <input type="checkbox"/> Resident estate ▶ <input type="checkbox"/> Full-year resident trust ▶ <input type="checkbox"/> Part-year resident trust ▶ <input type="checkbox"/> Nonresident estate ▶ <input type="checkbox"/> Nonresident trust	
Full-year Resident only	Check applicable box: ▶ <input type="checkbox"/> Decedent's estate ▶ <input type="checkbox"/> Bankruptcy estate ▶ <input type="checkbox"/> Simple trust ▶ <input type="checkbox"/> Complex trust ▶ <input type="checkbox"/> Pooled income fund ▶ <input type="checkbox"/> Grantor type trust filing federal Form 1041	
	If trust was created by the will of a decedent, also check here ▶ <input type="checkbox"/>	

CLIP CHECK OR MONEY ORDER HERE (DO NOT STAPLE)

Credit	4. Credit for income tax paid to other jurisdictions by resident estates and trusts, and part-year resident trusts only (See instructions)	▶	1		
	5. Subtract Line 4 from Line 2 or Line 3 (See instructions)	▶	2		
TOTAL TAX	6. Connecticut alternative minimum tax (from Form CT-1041, Schedule I, Part I, Line 25)	▶	3		
	7. Add Line 5 and Line 6	▶	4		
Payments	8. Adjusted net Connecticut minimum tax credit (from Form CT-8801)	▶	5		
	9. Connecticut income tax (Subtract Line 8 from Line 7)	▶	6		
Refund, Amount Due or Contribution	10. Connecticut income tax withheld (See instructions)	▶	7		
	11. All 1999 estimated tax payments and any overpayment applied from a prior year	▶	8		
AMOUNT YOU OWE	12. Payments made with extension request (Form CT-1041 EXT)	▶	9		
	13. Total payments (Add Lines 10, 11 and 12)	▶	10		
AMOUNT YOU OWE	14. If Line 13 is greater than Line 9, enter amount overpaid (Subtract Line 9 from Line 13)	▶	11		
	15. Amount of Line 14 you want to be applied to your 2000 estimated tax	▶	12		
AMOUNT YOU OWE	16. Balance of overpayment (Subtract Line 15 from Line 14)	▶	13		
	17. Amount you want to contribute to: (See instructions for details of funds)	▶	14		
AMOUNT YOU OWE	AIDS Research ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00		15		
	Organ Transplant ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00		16		
AMOUNT YOU OWE	Endangered Species/Wildlife ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00		17		
	Breast Cancer Research ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00		18		
AMOUNT YOU OWE	Safety Net Services ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00		19		
	TOTAL CONTRIBUTIONS	▶	20		
AMOUNT YOU OWE	18. Amount to be refunded to you (Subtract Line 17 from Line 16)	▶	21		
	REFUND	▶	22		
AMOUNT YOU OWE	19. If Line 9 is greater than Line 13, enter the amount of tax you owe (Subtract Line 13 from Line 9)	▶	23		
	20. If late: Enter penalty (See instructions)	▶	24		
AMOUNT YOU OWE	21. If late: Enter interest (See instructions)	▶	25		
	22. Interest on underpayments of estimated tax (from Form CT-2210)	▶	26		
AMOUNT YOU OWE	23. Amount due with this return (Add Lines 19 through 22)	▶	27		
	AMOUNT YOU OWE	▶	28		

DUE DATE (FOR CALENDAR YEAR FILERS): April 18, 2000
Make check or money order payable to: COMMISSIONER OF REVENUE SERVICES.
Mail in the envelope provided with this return or to the address shown at right.
It is not necessary to attach federal Form 1041 or federal Schedule K-1 information.
Write the Federal Employer ID Number of the trust or estate and "1999 CT-1041" on your check.

Mail to:
Department of Revenue Services
PO Box 2934
Hartford CT 06104-2934

TAXPAYERS MUST SIGN DECLARATION ON REVERSE

SCHEDULE A - CONNECTICUT FIDUCIARY ADJUSTMENTS - (See instructions)

Additions

1. Interest on state and local government obligations other than Connecticut	▶	1		
2. Exempt-interest dividends received from a mutual fund derived from state or municipal government obligations other than Connecticut	▶	2		
3. Shareholder's pro-rata share of S corporation nonseparately computed loss (Enter as a positive number)	▶	3		
4. Loss on sale of Connecticut state and local government bonds (Enter as a positive number)	▶	4		
5. Connecticut income tax deducted in determining federal taxable income prior to deductions relating to distributions to beneficiaries	▶	5		
6. Other (Specify)	▶	6		
7. Total additions (Add Lines 1 through 6)	▶	7		

Subtractions

8. Interest on United States government obligations	▶	8		
9. Dividends from certain mutual funds derived from United States government obligations	▶	9		
10. Shareholder's pro-rata share of S corporation nonseparately computed income	▶	10		
11. Gain on sale of Connecticut state and local government bonds	▶	11		
12. Refunds of Connecticut income tax	▶	12		
13. Other (Specify)	▶	13		
14. Total subtractions (Add Lines 8 through 13)	▶	14		
15. Connecticut fiduciary adjustment - (Subtract Line 14 from Line 7. This amount may be positive or negative) Enter on Form CT-1041, Schedule B, Part 1, Line f, Column 5.	▶	15		

Resident estates or full year resident trusts must attach Form CT-1041, Schedule C and if applicable, Schedule CT-1041FA

- A. If the trust is an inter vivos trust, enter name, address and Social Security Number of grantor: _____
- B. If you check "Part-year resident trust" on the front of this return, enter the date on which the trust became irrevocable: _____
- C. Does the estate or trust have an interest in real property or tangible personal property located in Connecticut? YES NO

Completed Schedules must be attached to the back of Form CT-1041 in the following order:

- 1. Schedule B**
- 2. Schedule C**
- 3. Schedule CT-1041FA**
- 4. Schedule I**
- 5. Form CT-8801**
- 6. Credit for income taxes paid to other jurisdictions - Attach a copy of your return filed with other jurisdictions or the credit will be disallowed.**

Declaration: I declare under the penalty of false statement that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature of Fiduciary or Officer Representing Fiduciary	Date	Telephone Number ()
	Paid Preparer's Signature		Federal Employer ID Number
	Firm Name and Address	▶	

Check this box if you used a paid preparer and do not want forms sent to you next year.
 Checking this box does not relieve you of your responsibility to file.