

17. **Total Tax** (enter amount from Line 16, on front of this return) 17.  **.00**

	COLUMN A Employer Identification Number	COLUMN B Connecticut Wages, Tips, etc.	COLUMN C Connecticut Income Tax Withheld
18a.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
18b.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
18c.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
18d.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
18e.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
18f.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
18g.	<input type="text"/>	<input type="text"/> <b>.00</b>	<input type="text"/> <b>.00</b>
18h.	Enter additional CT withholding from <i>Schedule CT-1040WH</i> , Line 3		<input type="text"/> <b>.00</b>

18. **Total Connecticut Income Tax Withheld** (add the amounts in Column C and enter here) 18.  **.00**

19. All 2004 estimated tax payments and any overpayments applied from a prior year 19.  **.00**

20. Payments made with Form CT-1040 EXT (Request for extension of time to file) 20.  **.00**

21. **Total Payments** (Add Lines 18, 19, and 20) 21.  **.00**

22. **Overpayment** (If Line 21 is more than Line 17, subtract Line 17 from Line 21.) 22.  **.00**

23. Amount of Line 22 you want **applied to your 2005 estimated tax** 23.  **.00**

**Contributions**

24a. AIDS Research  **.00** 24b. Organ Transplant  **.00**

24c. Endangered Species/Wildlife  **.00** 24d. Breast Cancer Research  **.00** 24e. Safety Net Services  **.00**

24. **Total Contributions** of Refund to Designated Charities (add amounts from Lines 24a - 24e) 24.  **.00**

25. **Refund** (Subtract Lines 23 and 24 from Line 22) For faster refund, choose Direct Deposit and complete Lines 25a, 25b, and 25c. 25.  **.00**

25a. Type of Account:  Checking  Savings 25b. Routing Number

25c. Account Number

26. **Tax Due** (If Line 17 is more than Line 21, subtract Line 21 from Line 17) 26.  **.00**

27. If Late: Enter Penalty (Multiply Line 26 by 10% (.10)) 27.  **.00**

28. If Late: Enter Interest (Multiply Line 26 by number of months late or fraction thereof, then by 1% (.01)) 28.  **.00**

29. Interest on underpayment of estimated tax (from Form CT-2210, see instructions, Page 17) 29.  **.00**

30. **Total Amount Due** (Add Lines 26 through 29) 30.  **.00**

I declare under penalty of law 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. I understand the penalty for willfully delivering a false return 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.

**Sign Here** Keep a copy for your records.

Your Signature  Date  Daytime Telephone Number

Spouse's Signature (if joint return)  Date  Daytime Telephone Number

Paid Preparer's Signature  Date  Telephone Number  Preparer's SSN or PTIN

Firm's Name, Address, and ZIP Code  FEIN

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

Designee's Name  Telephone Number  Personal Identification Number (PIN)