Form ID: CT Connecticut Charitable Contributions				
AIDS Research Organ Transplant Endangered Species/Wildlife Fund Breast Cancer Research	[2] N	You wish to make to: afety Net Services Ailitary Relief CHET Baby Scholar		[5] [6] [7]
Use Tax Information				
Use Tax- Purchase 1 Description Retailer/Service Prov Type Code: Purchase 2 Description Retailer/Service Prov Type Code:		on which sales tax w		[8]
Use Tax Type Codes				
	Computer & data processing services General sales tax	3 = Luxury items		
	Property Tax Ir	nformation		
Primary Residence Description (Entr Auto 1 Description (Enter year, make ar Auto 2 Description (Enter year, make ar	nd model)(Resident only)	residence and/or mo	otor vehicle:	[9] [10] [11]
Primary Residence (Resident only)	Name of CT Tax Town or District [12]		Date Paid	Amount Paid
Auto 1 (Resident only) Auto 2 (MFJ Resident only)	[15]	[16]	[17]	[18]
Part-year Resident Information				
lf you w	ere a part-year resident during the tax y	ear, enter the dates	•	
Enter residency dates: From To Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut) Did you earn income from Connecticut sources during nonresident period? (Y, N) State of prior or new residence			Taxpayer [23] [24] [24] [27] [28] [29]	Spouse [25] [26] [30] [31] [32]
Enter the followin	g amounts only if you do NOT know the	e exact amount of yo	ur Connecticut source	information
Basis for calculating apportionmer Working days (or other basis) outs Working days (or other basis) insic Nonworking days (holidays, weeke Total income being apportioned	ide Connecticut le Connecticut			[33] [34] [35] [36] [37]

NOTES/QUESTIONS: