Form ID: CT						
		Cor	nnecticut Charitabl	e Contributio	ns	
		Ar	nount of contributions	you wish to mak	e to:	
					s <u>.</u>	
Organ Transplant[2] Military Relief					-	[6
					_	
Breast Cancer Research[4] Mental Hea				lental Health Cor	aith Community investment Acct	
			Use Tax Info	rmation		
	Us	e Tax-Enter any out-	of-state purchases mad	e on which sales	tax was not paid to the	seller:
Purchase 1	Description				Date of purchase	[9
	•	e Provider:				
	Type Code:				Out of state tax paid	,
Purchase 2	Description				Date of purchase	
	•	e Provider:			D	
	Type Code:					
			Use Tax Type	Codes		
		2 = Boats, boat mo	tors and trailers	4 = Luxury ite	ems	
	Species Wildlife Fund Park Research Pa					
		Enter proper	ty taxes paid on prima	y residence and,	or motor vehicle:	
-						[1
	-					·
Auto 2 Desc	cription (Enter year,					[1
				Date Paid	Date Paid	Amount Paid
Primary Res	idence (Resident o	nly)	[13]	[14]	[15]	
Auto 1 (Resident only)			[16]	[17]	[18]	[1
Auto 2 (MFJ Resident only)			[20]	[21]	[22]	[2
			Part-vear Resider	nt Information	า	
	If v	ou were a nart-vear	•			ecticut:
	,	ou were a part year	resident during the tax	year, enter the t	•	
Enter reside	ency dates:					
From					[24]	[2
To	•				[25]	[2
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)						·
State of prior or new residence						
State of pric	or new reside	nce			[30]	[5
	Enter the fo	llowing amounts only	y if you do NOT know t	he exact amount	of your Connecticut so	urce information
			[3			
Working days (or other basis) outside Connecticut						[3
Working days (or other basis) inside Connecticut						
_						
rotal incom	e being apportion	ліец				[3
NOTES/Q	UESTIONS:					

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