Department of Revenue Services State of Connecticut

**Schedule CT-1040AW Part-Year Resident Income Allocation** 



(Rev. 12/23)

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only.

Please note that each form is year specific. To prevent any delay i	n proc	essing your return, th	e corr	ect year's form <b>mu</b> s	st be su	bmitted to the Depai	tment	of Revenue Services	s (DRS)
Your first name and middle initial		st name	Your Social Sec	Your Social Security Number					
If joint return, spouse's first name and middle initial	Last name				Spouse's Social Security Number				
Part 1 – Adjusted Gross Income	Federal Income as Modified See instructions.  Column A Income from federal return		Connecticut Resident Period  Column B Income from Column A for this period		Connecticut Nonresident Period				
					Column C Income from Column A for this period		Column D Income from Column C from Connecticut sources		
Wages, salaries, tips, etc	1.								
2. Taxable interest	2.								
3. Ordinary dividends	3.								
4. Alimony received	4.								
5. Business income or (loss)	5.								
6. Capital gain or (loss)	6.								
7. Other gains or (losses)	7.						4		
8. Taxable amount of IRA distributions	8.						4		
9. Taxable amounts of pension and annuities	9.						$\bot$		
10. Rental real estate, royalties, partnerships,									
S corporations, trusts, etc	10.							<u> </u>	
11. Farm income or (loss)	11.						4	<b>_</b>	_
12. Unemployment compensation	12.						4	<b>_</b>	_
13. Taxable amount of social security benefits	13.						+		
14. Other income: See instructions	14.				_		$+\!-\!$	<b></b>	
15. Add Lines 1 through 14.	15.		00	<b></b>	00	<u> </u>	00	<u> </u>	00
Part 2 – Adjustments to Income		Γ		1				T	
16. Educator expenses	16.						+-		_
17. Certain business expenses of reservists, performing	l								
artists, and fee-basis government officials	17.						+-		_
18. Health savings account deduction	18.						+-		
19. Moving expenses for members of the armed forces	1						+-		+
20. Deductible part of self-employment tax	20.						+-	<del> </del>	
21. Self-employed SEP, SIMPLE, and qualified plans	21.						+	<u> </u>	
22. Self-employed health insurance deduction	22.						+-	1	_
23. Penalty on early withdrawal of savings	23.						+-	+	+
24. Alimony paid	24.						+		_
25. IRA deduction	25.						+-		+
Student loan interest deduction      Archer MSA deduction							+		_
28. Other adjustments				1			+-	<del>                                     </del>	+
29. Total adjustments: Add Lines 16 through 28							+-		+
30. Subtract Line 29 from Line 15			00	<b>•</b>	00	<b>•</b>	00	<b>&gt;</b>	00
Line 30, Column A		st equal the amo		on Form CT-104		Y. Line 5.	100	1-	100
Add Columns B and D for each		•					CT-SI.		
Part 3 – Part-Year Resident Information									
Moved Into Connecticut									
Date <b>you</b> moved into Connecticut		/ and s	tate	of <b>nrior</b> reside	nce.				
Date your spouse moved into Connecticut		/		and state of <b>pr</b> i		ridence:			
-		<i>T</i>	_	and state of <b>pr</b> i	ioi ies	siderice.			
Moved Out of Connecticut									
1. Date <b>you</b> moved out of Connecticut/			stat	e of <b>new</b> resid					
2. Date <b>your spouse</b> moved out of Connecticut		/ /		and state of	new re	esidence:			
Income From Connecticut Sources During I	Nonr	esident Period	t						
1. Did <b>you</b> receive income from Connecticut sour	ces	during your noni	resid	ent period?				Yes	No
2. Did your spouse receive income from Connec	ticut	sources during	his c	or her nonresid	ent pe	riod?		Yes	No