

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only  If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box.  a child but not your dependent. ▶

Your first name and middle initial **JOSEPH D.** Last name **COURTNEY** Your social security number \*\*\*-\*\*-XXXX

If joint return, spouse's first name and middle initial **AUDREY B.** Last name **COURTNEY** Spouse's social security number \*\*\*-\*\*-XXXX

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ▶

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1955  Are blind Spouse:  Was born before January 2, 1955  Is blind

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		<b>STMT 1</b>	<b>1</b>	<b>242,254.</b>
<b>2a</b>	Tax-exempt interest	<b>2a</b>	Taxable interest. Attach Sch. B if required	<b>2b</b>	<b>382.</b>
<b>3a</b>	Qualified dividends	<b>3a</b>	Ordinary dividends. Attach Sch. B if required	<b>3b</b>	<b>885.</b>
<b>4a</b>	IRA distributions	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b>	
<b>c</b>	Pensions and annuities	<b>4c</b>	<b>d</b> Taxable amount	<b>4d</b>	<b>9,159.</b>
<b>5a</b>	Social security benefits	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b>	
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here			<b>6</b>	
<b>7a</b>	Other income from Schedule 1, line 9			<b>7a</b>	
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>			<b>7b</b>	<b>252,680.</b>
<b>8a</b>	Adjustments to income from Schedule 1, line 22			<b>8a</b>	
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>			<b>8b</b>	<b>252,680.</b>
<b>9</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>9</b>	<b>25,700.</b>		
<b>10</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>			
<b>11a</b>	Add lines 9 and 10			<b>11a</b>	<b>25,700.</b>
<b>b</b>	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0-			<b>11b</b>	<b>226,980.</b>

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	42,745.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	42,745.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	61.
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	42,684.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	372.
16	Add lines 14 and 15. This is your total tax	16	43,056.
17	Federal income tax withheld from Forms W-2 and 1099	17	37,770.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	37,770.
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here	21a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	5,319.
24	Estimated tax penalty (see instructions)	24	33.

**Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		CONGRESSMAN	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		NURSE PRACTITIONER	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
		03/26/20		
Firm's name	Firm's address	Phone no.	Firm's EIN	
			***-**-**** 	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. Form 1040 (2019)

10401219V011019



Form CT-1040 - 2019

Connecticut Resident Income Tax Return (Rev. 12/19)

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Other tax year, beginning: and ending:

N S Y FJ N MFS N HOH N QW
\*\*\* \_ \*\* \_ \*\*\*\* \*\*\* \_ \*\* \_ \*\*\*\*

JOSEPH D COURTNEY N Dec.
AUDREY B COURTNEY N Dec.



N CT-8379 N CT-2210



N CT-1040 CRC

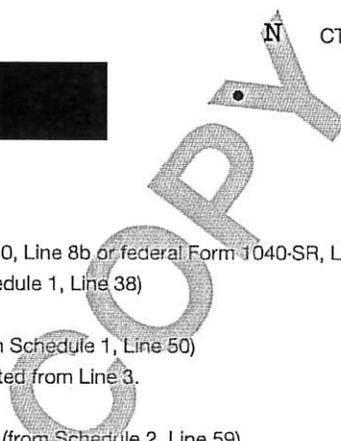
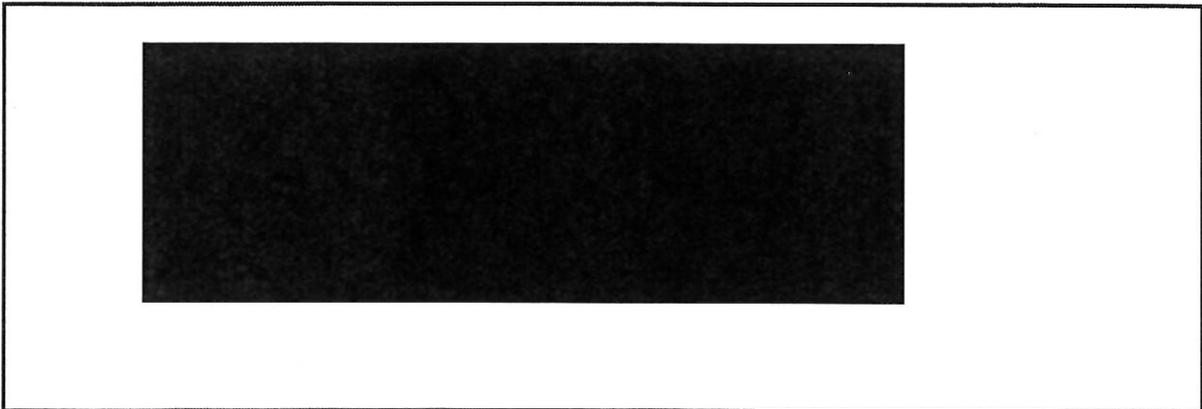


Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 16 for federal adjusted gross income, deductions, and total tax.

Clip check here. Do not staple. Do not send W-2 or 1099 forms.



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