Department of Revenue Services
State of Connecticut
Rev. 10/03

Form CT-8453

Income Tax Declaration for Electronic Filing by Individuals

For the taxable year beginning January 1, 2005, and ending December 31, 2005

2005

Do not complete **Form CT-8453** if you elected to use the federal **Self-Select PIN** program for *e-file*.

IRS DCN 0 0 3 8 1 3 7 1 6

Taxpayer Information
Use the DRS label
Otherwise, please print or type.

LABEL HERE

Your First Name and Middle Initial	Last Name	Your Social Security Number
If a **Joint Return**, Spouse's First Name and Middle Initial	Last Name	Your Spouse's Social Security Number
Home Address Number and Street		For Department Use Only – – 20
City, Town or Post Office	State ZIP Code	Your Telephone Number ( )

Part I Tax Return Information (Whole Dollars Only)

1. Federal Adjusted Gross Income (Line 1 of Form CT-1040, Form CT-1040EZ, or Form CT-1040NR/PY)	1.	.00
2. Connecticut tax (Form CT-1040, Line 16; Form CT-1040EZ, Line 8; or Form CT-1040NR/PY, Line 18)	2.	.00
3. Connecticut tax withheld (Form CT-1040, Line 17; Form CT-1040EZ, Line 9; or Form CT-1040NR/PY, Line 19)	3.	.00
4. Refund amount (Form CT-1040, Line 24; Form CT-1040EZ, Line 16; or Form CT-1040NR/PY, Line 26)	4.	.00
5. Amount you owe (Form CT-1040, Line 29; Form CT-1040EZ, Line 17; or Form CT-1040NR/PY, Line 31)	5.	.00

Part II Direct Deposit of Refund or Direct Payment for the Amount You Owe (Optional - See Instructions)

6. Routing transit number (RTN) The first two numbers of the RTN must be 01 through 12 or 21 through 32.

7. Depositor account number (DAN)

8. Type of depositor account: ❒ Savings ❒ Checking 9. Request payment date (Direct Payment only) _____

Part III Declaration of Taxpayer (Sign only after you complete Part I.)

10. ❒ I consent to my refund being directly deposited as designated in Part II, and declare the information shown on Lines 6 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund.

❒ I do not want direct deposit of my refund or direct payment of my balance due.

❒ I authorize the Department of Revenue Services (DRS) and its designated financial agent to initiate an electronic funds withdrawal (direct payment) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

I declare under penalty of law that the information I have provided to my Electronic Return Originator (ERO) or On-Line Filing Company (OLFC) and the amounts shown in Part I above agree with the amounts shown on the corresponding lines of my Connecticut income tax return. To the best of my knowledge and belief, it is true, complete, and correct. If applicable, I consent to my return, this declaration, and accompanying schedules and statements being sent to the Connecticut DRS by my ERO. I also consent to DRS disclosing to my ERO or transmitter the reason(s) for any delay in processing my return or refund. 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.

Sign Here

Your Signature Date Spouse's Signature (if joint return) Date

Part IV Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer *(If applicable, see instructions.)*

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. I have provided the taxpayer with a copy of all forms and information to be filed with DRS and have followed all other requirements described in **Informational Publication 2003(22)**, *Connecticut Federal/State Electronic Filing Handbook.*

ERO Must Retain This Document With Attachments for Three Years.

For ERO Use Only

ERO's Signature Date	Check if: ❒ Paid Preparer ❒ Self-Employed	ERO's SSN or PTIN
(Print) Firm's Name (or your name if self-employed) Express File, Inc.		FEIN 38 2957030
Firm's Address Express File, Inc. P.O. Box 131007, Ann Arbor, MI 48113		ZIP Code 48105

For Paid Preparer Use Only

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.

Paid Preparer's Signature	Date
Print Firm's Name (or your name if self-employed)	FEIN
Firm's Address	ZIP Code

* **Do Not Mail.** Keep the completed Form CT-8453 and all attachments with your ERO records for 3 years. Furnish it only upon request by DRS.

Staple State Copy of W-2s, W-2Gs, and 1099s Here