

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning _____, ending _____ See separate instructions.

Your first name and initial **FABIO** Last name **LOURENCONI** Your social security number **616-62-4388**

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. **6 WILDWOOD ROAD** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **CROMWELL, CT 06416**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

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

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a }
 b Spouse. }

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instr.)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b **1**
 No. of children on 6c who:
 • lived with you **0**
 • did not live with you due to divorce or separation (see instructions) **0**
 Dependents on 6c not entered above **0**
 Add numbers on lines above ▶ **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-27,136.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here.	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	-27,136.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	0.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	-27,136.

Tax and Credits

38 Amount from line 37 (adjusted gross income)
39a Check [] You were born before January 2, 1950, [] Blind. Total boxes checked 39a 0
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b []
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c []
45 Alternative minimum tax (see instructions). Attach Form 6251
46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required
53 Residential energy credits. Attach Form 5695
54 Other credits from Form: a [] 3800 b [] 8801 c []
55 Add lines 48 through 54. These are your total credits
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Table with 2 columns: Line number, Amount. Values include 38 (-27,136), 40 (6,200), 41 (-33,336), 42 (3,950), 43 (0), 44 (0), 55 (0), 56 (0).

Standard Deduction for-

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others: Single or Married filing separately, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H
b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: individual responsibility (see instructions) Full-year coverage []
62 Taxes from: a [] Form 8959 b [] Form 8960 c [] Instructions; enter code(s)
63 Add lines 56 through 62. This is your total tax

Table with 2 columns: Line number, Amount. Values include 57, 58, 59, 60a, 60b, 61, 62, 63 (0).

Payments

64 Federal income tax withheld from Forms W-2 and 1099
65 2014 estimated tax payments and amount applied from 2013 return
66a Earned income credit (EIC). NO
b Nontaxable combat pay election. 66b
67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file
71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136
73 Credits from Form: a [] 2439 b [] Reserved c [] Reserved d []
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments

Table with 2 columns: Line number, Amount. Values include 64, 65, 66a, 67, 68, 69, 70, 71, 72, 73, 74 (0).

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here
b Routing number
c Type: [] Checking [] Savings
d Account number
77 Amount of line 75 you want applied to your 2015 estimated tax

Table with 2 columns: Line number, Amount. Values include 75 (0), 76a (0), 77 (0).

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions
79 Estimated tax penalty (see instructions)

Table with 2 columns: Line number, Amount. Values include 78 (0), 79.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] 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 WORKER Daytime phone number (203) 667-3855
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Preparer Use Only

Print/Type preparer's name ABDULLAH ISEL Preparer's signature Date Check [] if self-employed PTIN P01636359
Firm's name ISEL ACCOUNTING AND TAX SERVICES Firm's EIN 47-2215477
Firm's address 234 HOBART STREET Phone no. 203-535-2764
MERIDEN, CT 06450

Health Coverage Exemptions

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

Name as shown on return

Your social security number

FABIO LOURENCONI

616-62-4388

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	a Name of Individual	b SSN	c Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions for Your Household Claimed on Your Return:

- 7a Are you claiming an exemption because your household income is below the filing threshold? Yes No
- b Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

Part III Coverage Exemptions for Individuals Claimed on Your Return: If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	a Name of Individual	b SSN	c Exemption Type	d Full Year	e Jan	f Feb	g Mar	h Apr	i May	j June	k July	l Aug	m Sept	n Oct	o Nov	p Dec
8																
9																
10																
11																
12																
13																

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FABIO LOURENCONI

FL PIZZA LLC

616-62-4388

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Columns include line numbers and descriptions. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2015.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2014. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C. Line 20a: Class life. Line 20b: 12-year. Line 20c: 40-year.

Part IV Summary (See instructions)

Table with 3 rows for Part IV. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A— Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [] Yes [X] No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows for 25, 26, 27, 28, and 29.

Section B— Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Includes rows 30-36 for miles driven and availability for personal use.

Section C— Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No for questions 37-41 regarding vehicle policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42, 43, and 44.

Election to waive the Net Operating Loss carryback period

I incurred a net operating loss in the tax year ended 12/31/2014. Pursuant to IRC Sec. 172(b)(3), I hereby elect to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses.

Amortization Expenditure Summary

Name(s) shown on Form 4562 FABIO LOURENCONI	Identification Number 616-62-4388
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Description of Costs	Business Related To	Total Cost	Elected Cost
Restaurant Equipment	FL PIZZA LLC	27,000.	27,000.
Totals		27,000.	27,000.

Do not send this sheet with your return.**Checklist for filing your Connecticut income tax return:**

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, and Schedule CT-CHET. Send **all** four pages of your completed return, both pages of your completed CT EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2014 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2935
 - Hartford CT 06104-2935
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 5002
 - Hartford CT 06102-5002
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.

Do not send this sheet with your return.

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Form CT-1040 - 2014, Page 1 of 4
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2014 and ending:

Y S N FJ N FS N HH N QW

616 - 62 - 4388

FABIO

LOURENCONI

N Dec.

N Dec.

6 WILDWOOD ROAD

N CT-2210

N CT-8379

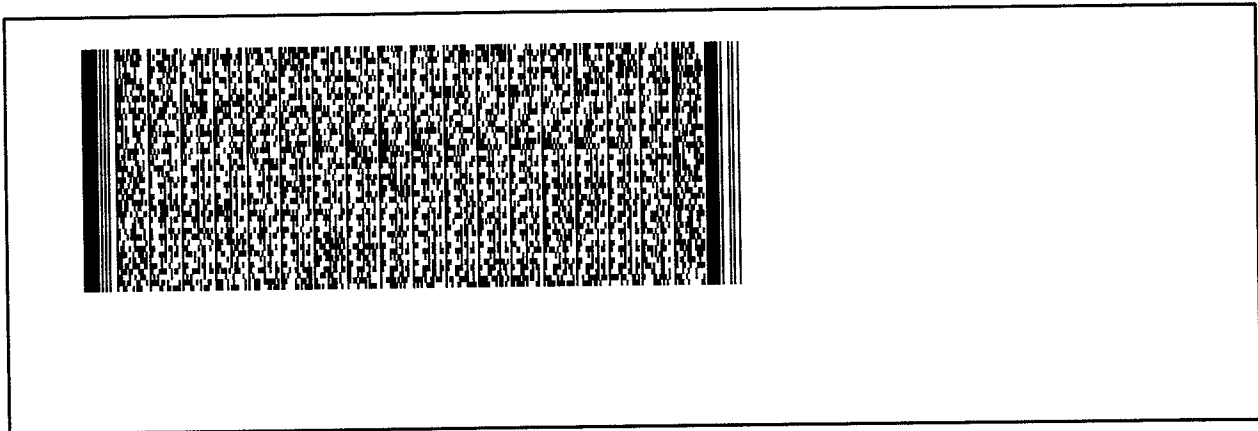
N CT-1040CRC

CROMWELL

CT 06416

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	-27136
2. Additions to federal adjusted gross income (from Schedule 1, Line 39)	2.	0
3. Add Line 1 and Line 2	3.	-27136
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	-27136
6. Income tax	6.	0
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	0
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	0
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	300
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	0
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	0
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and Line 15.	16.	0

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



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17. Amount from Line 16

17. 0

W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID #

Col. B - CT Wages, Tips, etc.

Col. C - CT Income Tax Withheld

18a.	•	0	0
18b.	•	0	0
18c.	•	0	0
18d.	•	0	0
18e.	•	0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

- 18. Total Connecticut income tax withheld: Amounts in Column C. 18. 0
- 19. All 2014 estimated tax payments and any overpayments applied from a prior year 19. 0
- 20. Payments made with Form CT-1040 EXT 20. 0
- 20a. Earned income tax credit (from Schedule CT-EITC, Line 16) 20a. 0
- 20b. Claim of right credit (from Form CT-1040CRC, Line 4) 20b. 0
- 21. Total payments: Add Lines 18, 19, 20a, and 20b. 21. 0
- 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22. 0

- 23. Amount of Line 22 you want applied to your 2015 estimated tax 23. 0
- 24. CHET contribution (from Schedule CT-CHET, Line 4) 24. 0
- 24a. Total contributions of refund to designated charities (from Schedule 5, Line 70) 24a. 0

- 25. Refund: Lines 23, 24, and 24a subtracted from Line 22. 25. 0
- If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a. Acct. type N Ck. N Sv. 25b. Rout. # 25c. Acct. #

25d. Refund going to a bank account outside the U.S. 25d. N 25e. Debit card N

26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26. 0

27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27. 0

28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28. 0

29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0

30. Total amount due: Add Lines 26 through 29. 30. 0

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 or document 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.

Sign Here
Keep a copy for your records.

Your signature		Date	Home/cell telephone number
•		•	2036673855
Spouse's signature (if joint return)		Date	Daytime telephone number
•		•	•
Paid preparer's signature		Date	Telephone number
•		•	• 2035352764
Firm's name, address, and ZIP code		Preparer's SSN or PTIN	
ISEL ACCOUNTING AND TAX SERVICE		P01636359	
• 234 HOBART STREET		MERIDEN CT 06450	
		FEIN	
		472215477	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Reserved for future use.	33.	
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	0
35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	35.	0
36. Loss on sale of Connecticut state and local government bonds	36.	0
37. Domestic production activities (from federal Form 1040, Line 35)	37.	0
38. Other - specify •	38.	0
39. Total additions: Add Lines 31 through 38.	39.	0
40. Interest on U.S. government obligations	40.	0
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.	0
42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	42.	0
43. Refunds of state and local income taxes	43.	0
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	0
45. 50% of military retirement pay	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET Contributions Acct. #:	48.	0
49. Other - specify •	49.	0
50. Total subtractions: Add Lines 40 through 49.	50.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.	0	
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52. •		
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.	59.		0

Schedule 3 - Property Tax Credit

<i>Qualifying Property</i>	<i>Primary Residence</i>	<i>Auto 1</i>	<i>Auto 2</i>
Name of Connecticut Tax Town or District		FAIRFIELD	
Description of Property		2010	
Date(s) Paid		12312014	
Amount Paid	0	400	0
63. Total property tax paid: Add Lines 60, 61, and 62.			400
64. Maximum property tax credit allowed			300
65. Lesser of Line 63 or Line 64.			300
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			0.00
67. Line 65 multiplied by Line 66.			0
68. Line 67 subtracted from Line 65.			300

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	0
69c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	0
69. Individual use tax: Add Lines 69a, 69b, and 69c.	0

Schedule 5 - Contributions to Designated Charities

70a. AR	0
70b. OT	0
70c. ESW	0
70d. BCR	0
70e. SNS	0
70f. MR	0
70g. CBS	0
70. Total Contributions: Add Lines 70a through 70g.	0
Taxpayer email	