

**Form CT-ATS**  
**Election to Participate in the Connecticut**  
**Abusive Tax Shelter Compliance Initiative**  
 (to be filed on or before July 31, 2004)

**2004**

(New 6/04)

<b>TAXPAYER</b>  (Please Type or Print)	Name of Participating Taxpayer	Social Security Number or FEIN
	Name of Spouse (if applicable)	Spouse's Social Security Number
	Address (number and street), Apartment Number, PO Box	Daytime Telephone Number ( )
	City, Town, or Post Office	State ZIP Code
		<b>DRS USE ONLY</b> - -20

**IMPORTANT! PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM.**

**Purpose**

**Form CT-ATS**, *Election to Participate in the Connecticut Abusive Tax Shelter Compliance Initiative*, allows taxpayers (or their properly appointed representatives) who participated in any "potentially abusive" tax shelter to come forward, disclose the "listed transaction", and comply with Connecticut tax laws.

**Please complete the following:**

- Has a Power of Attorney been properly completed for the taxpayer?  
 **Yes** (If Yes, attach a copy of the Power of Attorney.)  **No**
- Has the taxpayer been audited or participated in a settlement of this transaction with the Internal Revenue Service (IRS)?  
 **Yes** (If Yes, complete 2A. and 2B.)  **No**  
 2A. Enter the taxable year(s) or income year(s) included in the settlement: \_\_\_\_\_  
 2B. Enter the date of the settlement: \_\_\_\_\_
- Has the taxpayer been audited or participated in a settlement of this transaction with another tax jurisdiction(s)?  
 **Yes** (If Yes, complete 3A., 3B., and 3C.)  **No**  
 3A. Enter the taxable year(s) or income year(s) included in the settlement: \_\_\_\_\_  
 3B. Enter the date of the settlement: \_\_\_\_\_  
 3C. Enter the name of the tax jurisdiction(s): \_\_\_\_\_
- Is the taxpayer currently under audit by the IRS or another tax jurisdiction?  
 **Yes** (If Yes, complete 4A. and 4B.)  **No**  
 4A. Enter the taxable year(s) or income year(s) included in the audit: \_\_\_\_\_  
 4B. Enter the name of the tax jurisdiction(s): \_\_\_\_\_
- Describe the transaction(s) where the tax benefits were claimed (attach additional sheets if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

<b>SIGN HERE</b>  Keep a copy for your records.	Your Signature		Date
	Spouse's Signature (if applicable)		Date
	Paid Preparer's Signature	Date	Telephone ( )
	Firm's Name, Address, and ZIP Code		Preparer's SSN or PTIN
		FEIN	

# Form CT-ATS Instructions

## Who May File Form CT-ATS

Any taxpayer who has participated in any “potentially abusive” tax shelter designated by the IRS as a “listed transaction.” A “listed transaction” is a transaction that is the same as, or substantially similar to, one identified by the IRS under I.R.C. §6011 and the Treasury Regulations thereunder, whether or not:

- the IRS had identified the transaction as a “listed transaction” at the time the taxpayer entered into the transaction; or
- the transaction is (or was) required to be disclosed by the taxpayer as a “listed transaction” pursuant to the Treasury Regulations (including the temporary regulations) under I.R.C. §6011.

## Required Procedures

Taxpayers participating in this initiative must notify the Department of Revenue Services (DRS) of their election by sending **Form CT-ATS** to DRS on or before **July 31, 2004**.

Upon receipt and review of the notice to participate, DRS will mail a notice of acknowledgment to the taxpayer setting forth the documentation and additional information needed from the taxpayer. After receiving the notice of acknowledgment, the taxpayer must submit to DRS on or before **September 30, 2004**, all information and documentation relevant to the tax shelter and any additional information requested by the Audit Division. The information will allow DRS to calculate the additional taxes and interest due as a result of the taxpayer’s participation in the compliance initiative. DRS may grant additional time for this process if good cause is shown.

## Signature

You **must** sign this form. If your spouse is also filing this form, both you and your spouse must sign.

## Others Who Can Sign For You

Anyone with a signed Power of Attorney may sign on your behalf.

If a taxpayer is unable, by reason of illness, absence, or other good cause to sign a request for an extension, any person standing in a close personal or business relationship (including attorneys, accountants, and enrolled agents) to the taxpayer may sign the request on his or her behalf and shall be considered as a duly authorized agent for this purpose, provided the request states the reasons for signature other than by the taxpayer and the relationship existing between the taxpayer and the signer.

## Paid Preparer’s Signature

Anyone you pay to prepare your return **must** sign and date it. Paid preparers **must** also enter their Social Security Number or Personal Tax Identification Number (PTIN), and their firm’s Federal Employer Identification Number (FEIN) in the spaces provided.

## Mail to:

Department of Revenue Services  
State of Connecticut  
Abusive Tax Shelter Compliance Unit  
Audit Division  
Hartford CT 06106

## For Further Information

See **Announcement 2004(5)**, *Abusive Tax Shelter Compliance Initiative*, or call the Abusive Tax Shelter Compliance Unit at 860-541-4560.