

Schedule CT-945-A

Annual Record of Withheld Connecticut Income Tax

Purpose: Use **Schedule CT-945-A, Annual Record of Withheld Connecticut Income Tax**, to report withholding tax liability from nonpayroll amounts based on the dates the amounts are withheld. The following types of nonpayroll amounts are subject to Connecticut income tax withholding: Reportable gambling winnings (including reportable Connecticut Lottery winnings); pension and annuity distributions; military retirement pay; unemployment compensation; and payments made to athletes and entertainers.

Who Must File: **Semiweekly schedule depositors** of nonpayroll amounts are required to complete and file **Schedule CT-945-A** with **Form CT-945, Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts**. Do not complete this form if you are a monthly schedule depositor, unless you accumulate a tax liability of \$100,000 during any month of the year. **Monthly schedule depositors** who accumulate \$100,000 become semiweekly schedule depositors for the remainder of the year and must complete **Schedule CT-945-A** for the entire year.

Note: **Schedule CT-945-A** is used by the Department of Revenue Services (DRS) to match your tax liability reported on this form with your deposits and to determine if you have deposited your withholding tax liabilities on time. Unless **Schedule CT-945-A** is properly completed and filed with **Form CT-945**, DRS will not process your return.

Name			Connecticut Tax Registration Number									
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">000</td> </tr> </table>									000
					000							
Number and Street		PO Box		DRS USE ONLY								
				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">-</td> <td style="width: 50%; text-align: center;">- 20</td> </tr> </table>			-	- 20				
-	- 20											
City or Town		State		ZIP Code		Federal Employer ID Number						

Instructions for Completing Schedule CT-945-A

Specific Instructions: If you are required to report your tax liabilities on **Schedule CT-945-A**, file it with **Form CT-945**. Do not complete entries A through M of the Monthly Summary of Connecticut Tax Liability on the back of **Form CT-945**. However, be sure to mark the semiweekly schedule depositor checkbox on **Form CT-945**.

Each numbered space on **Schedule CT-945-A** corresponds to dates during the year. Report your tax liabilities corresponding to the dates payments are made, not to when the liabilities are accrued. For example, if you became liable for a pension distribution on December 31, 2003, but did not make the distribution until January 3, 2004, the income tax withholding liability for the distribution must be reported on **Schedule CT-945-A** for 2004, on Line 3 for January.

January			February			March		
1	17		1	17		1	17	
2	18		2	18		2	18	
3	19		3	19		3	19	
4	20		4	20		4	20	
5	21		5	21		5	21	
6	22		6	22		6	22	
7	23		7	23		7	23	
8	24		8	24		8	24	
9	25		9	25		9	25	
10	26		10	26		10	26	
11	27		11	27		11	27	
12	28		12	28		12	28	
13	29		13	29		13	29	
14	30		14			14	30	
15	31		15			15	31	
16			16			16		
(A) Total for January ▶			(B) Total for February ▶			(C) Total for March ▶		

April			May			June		
1	17		1	17		1	17	
2	18		2	18		2	18	
3	19		3	19		3	19	
4	20		4	20		4	20	
5	21		5	21		5	21	
6	22		6	22		6	22	
7	23		7	23		7	23	
8	24		8	24		8	24	
9	25		9	25		9	25	
10	26		10	26		10	26	
11	27		11	27		11	27	
12	28		12	28		12	28	
13	29		13	29		13	29	
14	30		14	30		14	30	
15			15	31		15		
16			16			16		
(D) Total for April ▶			(E) Total for May ▶			(F) Total for June ▶		

July			August			September		
1	17		1	17		1	17	
2	18		2	18		2	18	
3	19		3	19		3	19	
4	20		4	20		4	20	
5	21		5	21		5	21	
6	22		6	22		6	22	
7	23		7	23		7	23	
8	24		8	24		8	24	
9	25		9	25		9	25	
10	26		10	26		10	26	
11	27		11	27		11	27	
12	28		12	28		12	28	
13	29		13	29		13	29	
14	30		14	30		14	30	
15	31		15	31		15		
16			16			16		
(G) Total for July	▶		(H) Total for August	▶		(I) Total for September	▶	

October			November			December		
1	17		1	17		1	17	
2	18		2	18		2	18	
3	19		3	19		3	19	
4	20		4	20		4	20	
5	21		5	21		5	21	
6	22		6	22		6	22	
7	23		7	23		7	23	
8	24		8	24		8	24	
9	25		9	25		9	25	
10	26		10	26		10	26	
11	27		11	27		11	27	
12	28		12	28		12	28	
13	29		13	29		13	29	
14	30		14	30		14	30	
15	31		15			15	31	
16			16			16		
(J) Total for October	▶		(K) Total for November	▶		(L) Total for December	▶	

Total Annual Liability for Year

January	A	
February	B	
March	C	
April	D	
May	E	
June	F	
July	G	
August	H	
September	I	
October	J	
November	K	
December	L	
M. Total Liability for Year (add Lines A through L) This should equal Line 3 on Form CT-945.		