

For the year **2017**, or other tax year beginning **2017**, ending **2017** See separate instructions.

Your first name and initial **ROBERT V.** Last name **STEFANOWSKI JR** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **AMY K.** Last name **STEFANOWSKI** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete space below. **MADISON, CT 06443**

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

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). If the qualifying person is a child but not your dependent, enter this child's name here. **5** Qualifying widow(er) (see instructions)

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit
[REDACTED]	STEFANOWSKI	[REDACTED]	DAUGHTER	
[REDACTED]	STEFANOWSKI	[REDACTED]	DAUGHTER	
[REDACTED]	STEFANOWSKI	[REDACTED]	DAUGHTER	X

 d Total number of exemptions claimed **5**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 3	7	7,867,365.
8a	Taxable interest. Attach Schedule B if required		8a	24,236.
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	287,202.
b	Qualified dividends	9b	22,734.	
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	1,391,694.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	228,536.
14	Other gains or (losses). Attach Form 4797		14	-58.
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	-72,885.
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 SEE STATEMENT 1		21	3.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income		22	9,726,093.

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	19,942.
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	19,942.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	9,706,151.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 9,706,151.

39a Check You were born before January 2, 1953, Blind. Spouse was born before January 2, 1953, Blind. Total boxes checked 39a

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) 40 767,096.

41 Subtract line 40 from line 38 41 8,939,055.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. 42 0.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 8,939,055.

44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c 44 3,437,759.

45 Alternative minimum tax. Attach Form 6251 45 0.

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 3,437,759.

48 Foreign tax credit. Attach Form 1116 if required 48 8,461.

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55 8,461.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 3,429,298.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 39,882.

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: Individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Inst.; enter code(s) STATEMENT 6 62 99,566.

63 Add lines 56 through 62. This is your total tax 63 3,568,746.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 2,998,477.

65 2017 estimated tax payments and amount applied from 2016 return 65 50,000.

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70 350,000.

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 3,398,477.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a

b Routing number C Type: Checking Savings d Account number

77 Amount of line 75 you want applied to your 2018 estimated tax 77

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 170,269.

79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **FINANCE** Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **REALTOR** If the IRS sent you an Identity Protection PIN, enter it here _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date **10/15/18** Check if self-employed PTIN _____

Firm's name _____ Firm's EIN _____ Phone no. _____

Firm's address _____

DRS Use ONLY

M	M	D	D	Y	Y	Y	Y

10401217V011019



Form CT-1040 - 2017

Connecticut Resident Income Tax Return
(Rev. 12/17)

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Other taxable year, beginning:

and ending:

N S Y FJ

N FS

N HH N QW

ROBERT

V STEFANOWSKI

JR

N Dec.

AMY

K STEFANOWSKI

N Dec.

N CT-8379 Y CT-2210

N CT-1040CRC

MADISON

CT 06443 -

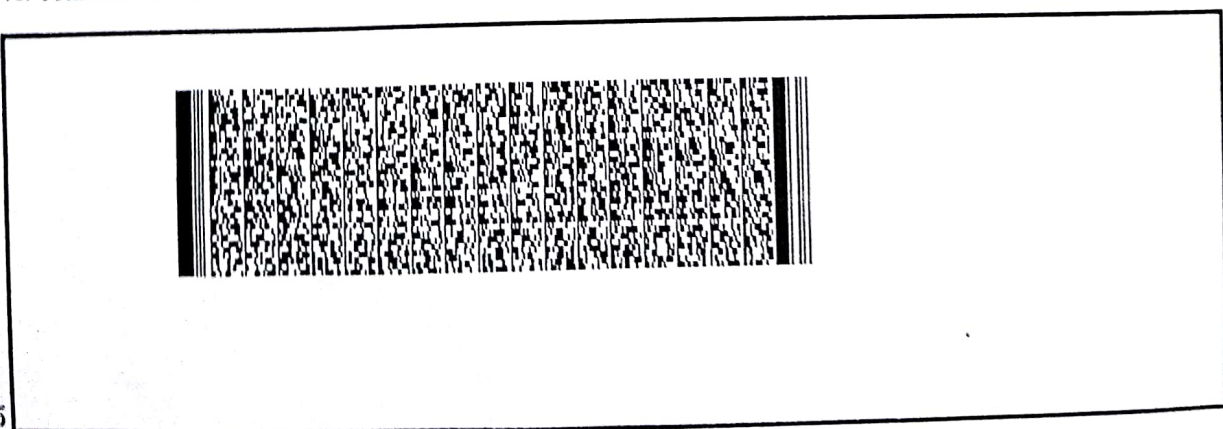
1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	9706151
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	9706151
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	9706151
6. Income tax	6.	678360
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	10219
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	668141
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	668141
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	668141
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.	668141
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.	668141



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



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11-18-17
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