

Form CT K-1T
Transmittal of Schedule CT K-1,
Member's Share of Certain Connecticut Items

2015

For DRS use only - - 20

Complete this form in blue or black ink only.

Pass-Through Entity Information

▶ Federal Employer ID Number (FEIN)	CT Tax Registration Number	
▶ Pass-through entity name		
▶ Number and street address	PO Box	
▶ City or town	State	ZIP code

Part I - Schedule CT K-1s Submitted

1. Total number of Schedule CT K-1s submitted with this Form CT K-1T	▶ 1.	
----------------------------------------------------------------------------	------	--

Part II - Number of Members

	Column A Number of Members	Column B Ownership Percentage by Member Type
1. Resident (RI, RT, RE)	▶	▶ .
2. Nonresident (NI, NT, NE, PE)	▶	▶ .
3. Corporate (CM)	▶	▶ .

Part III - Summary of Schedule CT K-1 Information

1. Total Connecticut-sourced income (NI, NT, NE)	▶ 1.		00
2. Total Connecticut-sourced income (PE)	▶ 2.		00
3. Connecticut-sourced income: Amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule A</i> , Line 1....	▶ 3.		00
4. Connecticut tax liability: Amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule A</i> , Line 4.....	▶ 4.		00

Part IV - Summary of Income Tax Credits

	Total Credit Allocated to Members	
1. <i>Reserved for future use.</i>	▶ 1.	
2. Job expansion tax credit.....	▶ 2.	00
3. Angel investor tax credit	▶ 3.	00
4. Insurance reinvestment fund tax credit	▶ 4.	00
5. Total credits earned in 2015: Add Lines 2 through 4.	▶ 5.	00

Do not attach Form CT K-1T or copies of **Schedule CT K-1, Member's Share of Certain Connecticut Items** to **Form CT-1065/CT-1120SI, Connecticut Composite Income Tax Return**. Form CT K-1T and copies of Schedule CT K-1 **must be mailed separately.**

Attach Schedule CT K-1s to Form CT K-1T and mail to: Department of Revenue Services State of Connecticut PO Box 150420 Hartford CT 06115 - 0420

A penalty of \$5 per schedule (up to a total of \$2,000 per calendar year) will be imposed for failure to provide a copy of Schedule CT K-1 to DRS unless the failure is due to reasonable cause and not to willful neglect.

Declaration: I declare under the 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 the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Sign Here Keep a copy of this return for your records.	Signature	Date
	Title	Telephone number ()

Form CT K-1T

Instructions

Complete this form in blue or black ink only.

Form CT K-1T, *Transmittal of Schedule CT K-1, Member's Share of Certain Connecticut Items*, must be filed with the Department of Revenue Services (DRS) when a PE issues one or more **Schedule CT K-1**, *Member's share of Certain Connecticut Items*. Copies of all Schedule CT K-1s being filed must be attached to Form CT K-1T.

Form CT K-1T and all attached Schedule CT K-1's must show the same tax year and the PE's Federal Employer Identification Number (FEIN).

Electronically Filed Forms and Schedules

If **Form CT-1065/CT-1120SI**, *Connecticut Composite Income Tax Return*, was electronically filed, you are not required to file Form CT K-1T and paper copies of Schedule CT K-1 with DRS. However, Schedule CT K-1 is still required to be issued to the members.

Do **not** send payment with this form.

Specific Instructions

Pass-Through Entity Information

Complete the pass-through entity information section, including the entity's FEIN and Connecticut Tax Registration Number (TID).

Part I - Schedule CT K-1 Submitted

Enter the total number of Schedule CT K-1s submitted.

Part II - Number of Members

Enter the total number of resident, nonresident, and corporate members in Column A.

Enter the total ownership percentage for each member type in Column B. The total of all members' ownership percentage should equal to 1.0000.

Part III - Summary of Schedule CT K-1 Information

Line 1: Enter the total Connecticut-sourced income for all nonresident noncorporate individuals, trust and estate members.

Line 2: Enter the total Connecticut-sourced income for all pass-through entity members.

Line 3: Enter the amount reported from Form CT-1065/CT-1120SI, Part I, *Schedule A*, Line 1.

Line 4: Enter the tax liability amount reported on Form CT-1065/CT-1120SI, Part I, *Schedule A*, Line 4.

Part IV - Summary of Income Tax Credits

Lines 1 through 4: Enter the total amount from all Schedule CT K-1s, Part IV, Column A, Lines 1 through 4, allocated to members for each respective credit. The amounts should equal the amounts reported on Form CT-1065/CT-1120SI, Part VII, *Totals for All Members* column.

Penalty

A penalty of \$5 per schedule (up to a total of \$2,000 per calendar year) will be imposed for failure to provide a copy of Schedule CT K-1 to DRS unless the failure is due to reasonable cause and not to willful neglect.

Signature

Form CT K-1T should be signed by a general partner or corporate officer. Include title and provide a contact telephone number.

When to File

Form CT K-1T and Schedule CT K-1s must be submitted on or before the fifteenth day of the fourth month following the close of the taxable year (April 15 if the PE's taxable year for federal income tax purposes is the calendar year). If the PE requested an extension of time to file Form CT-1065/CT-1120SI by timely filing **Form CT-1065/CT-1120SI EXT**, *Application for Extension of Time to File Connecticut Composite Income Tax Return*, the deadline is automatically extended to the fifteenth day of the ninth month following the close of the taxable year (September 15 if the PE's taxable year for federal income tax purposes is the calendar year).

Where to File

Attach copies of all Schedule CT K-1s issued to Form CT K-1T and **mail to:**

Department of Revenue Services
State of Connecticut
PO Box 150420
Hartford CT 06115 - 0420