Department of Revenue Services State of Connecticut (Rev. 12/04)

## Form CT-1065/CT-1120SI

## CT-1065/CT-1120SI **Connecticut Composite Income Tax Return**

See instructions before completing this form.									
For calendar year 2004, or other taxable year ▶begin	nning	, 2004,	and <b>►</b> ending		,	·			
Name of Pass-through Entity (PE)			Federal Em	ployer ID Nu	mber				
Number and Street		PO Box	DRS USE O	NLY _		- 20			
City or Town	State	ZIP Code		Tax Registrat					
A PE is a partnership, LLC treated as a	partnership	for federal inc	ome tax pur	oses, or	S cor	poration			
Type of PE: ▶ ☐ Partnership (include	ding LLC trea	ated as a partners	ship) 🕨 🗅	J S Corp	poratio	on			
Pass-through Entity Information (Com  A. Check here if:	inal Return (o		•	Part I, S	3chedu	ule B.)			
C. Total number of noncorporate members as Resident ► Nonreside	of the close of		e year:						
D. Enter the amount from federal Form 1065 of	or federal For	m 1120S, Schedul	e K, Line 1: ►						
E. Date business began:	Date	business began ir	Connecticut:						
F. Does this PE own, directly or indirectly, and G. Was a controlling interest in the PE transfer If "YES," enter transfero and Social Security Num H. Did this PE transfer a controlling interest in Connecticut real property?	erred? r name nber or Feder n an entity tha	al Employer ID Nu at owns, directly c	umber or indirectly, an	interest in	<b>▶</b> □	NO ▶□ ▶□			
and Federal Employer II	O Number								
PART I Schedule A – PE Computation	on of Comr	osite Tax Due							
Total Connecticut source income included in Schedule B, Line 8, Column B)	· n composite re	turn (From Part I,	<b>&gt;</b>	1		00			
2. Tax liability: Multiply Line 1 by 5.0% (.05)			<b>&gt;</b>	2		00			
3. Payments made with Form CT-1065/CT-112	20SI ES		<b>&gt;</b>	3		00			
4. Payment made with Form CT-1065/CT-1120	SI EXT		<b>&gt;</b>	4		00			
5. Total payments - Add Line 3 and Line 4			<b>&gt;</b>	5		00			
6. Overpayment (If Line 5 is more than Line 2,	Subtract Line	2 from Line 5)	<b>&gt;</b>	6		00			
7. Amount of tax owed (If Line 2 is more than L	_ine 5, Subtrac	ct Line 5 from Line	2)	7		00			

00

00

00

00

9

10

8. If late: Enter Penalty (See instructions)

10. Interest on underpayment of estimated tax (Attach Form(s) CT-2210, if applicable)....... ▶

11. Balance due with this return (Add Lines 7 through 10) ...... ▶

on Line 7) .....

9. If late: Enter Interest (1% (.01) X number of months late, or fraction thereof, X amount

Α	Е	3	C		D	E		
Name of member who is a nonresident noncorporate member or PE	Identification No. (See instructions)	Conne Source (See inst	Income	Tax Liability (Col. B X .05)		Payments Made	Interest (Form CT-2210)	
1.	<b>&gt;</b>	<b>&gt;</b>	00		00	00	00	
2.	<b>&gt;</b>	<b>&gt;</b>	00		00	00	00	
3.	<b>&gt;</b>	<b>&gt;</b>	00		00	00	00	
4.	<b>&gt;</b>	<b>&gt;</b>	00		00	00	00	
5.	<b>&gt;</b>	<b>&gt;</b>	00		00	00	00	
6.	<b>&gt;</b>	<b>&gt;</b>	00		00	00	00	
7. Subtotal from additional schedules (if needed)			00		00	00	00	
8. Total Connecticut source income (A		00						
9. Total composite return tax liability (A				00 🛚				
10. Total tax payments made (Add Line					00			
11. Total interest due (Form CT-2210) (	Add Lines 1 - 7, Column E)						00	

## PART II Allocation and Apportionment of Income (See instructions, Page 13) Complete this part ONLY if ALL of the following apply:

- There are one or more nonresident noncorporate members or one or more members which are PEs;
- The PE carries on business both within and outside Connecticut; and
- The books and records do not satisfactorily disclose the portion of income derived from or connected with Connecticut sources.

		Column A Totals Everywhere Connecticut Only			Column C Fraction (entered as a decimal)
1. Real property owned	1	00		00	Divide Column B
2. Real property rented from others	2	00		00	by
3. Tangible personal property owned or rented	3	00		00	Column A
4. Property owned or rented (Add Lines 1, 2, and 3)	4	00		00	
5. Employee wages and salaries	5	00		00	
6. Gross income from sales and services	6	00		00	
7. Total (Add Lines 4, 5, and 6, Column C)	7				
8. Apportionment fraction (Divide Line 7 by three of	8				

## PART III Place(s) of Business

Attach a schedule to the back of this return listing all places, both within and outside Connecticut, where the PE carries on business.

PART IV Member #	Member Information  Member Name and Address  (See instructions for order in which to list and Member Type Codes)	Member Type Code	Federal ID Number or Social Security Number	% Ownership
<b>&gt;</b> #	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>
<b>&gt;</b> #	<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>
<b>&gt;</b> #	<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>
<b>&gt;</b> #	<b>•</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>
<b>&gt;</b> #	<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>
<b>*</b> #	<b>•</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>
<b>*</b> #	<b>•</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>
<b>&gt;</b> #	<b>&gt;</b>	<b>&gt;</b>	<b>•</b>	<b>&gt;</b>

Pa	rt V	Member's Share of Connecticu	ut N	lodifi	catio	ns		Member				
Add	dition	ns (enter all amounts as positive numbers)		<b>&gt;</b>	#			<b>▶</b> #		<b>►</b> #	_	
1.		rest on state and local government obligations r than Connecticut	1.	<b>•</b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
2.	non-	ual fund exempt-interest dividends from  Connecticut state or municipal government gations	2.	<b>&gt;</b>			00		00		00	
3.		ain deductions relating to income exempt from necticut income tax	3.	<b>&gt;</b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
4.		cial depreciation allowance for qualified property ed in service prior to September 11, 2004	4.	<b>•</b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
5.	Othe	er - specify:	5.	<b></b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
Suk		tions (enter all amounts as positive number	s)							I		
6.	Inter	rest on U.S. government obligations	6.	<b></b>			00	<b>&gt;</b>	T <sub>00</sub>	<b>&gt;</b>	00	
7.		npt dividends from certain qualifying mutual s derived from U.S. government obligations	7.	<b>-</b>			00		00	<b>•</b>	00	
8.		ain expenses related to income exempt from ral income tax but subject to Connecticut tax	8.	<b>•</b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
9.		cial depreciation allowance for qualified property ed in service during the preceding year(s)	9.	<b>•</b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
10.	Othe	er - specify:	10.	<b></b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
(Fc		1065 or Form 1120S)		<b>•</b>	#			Member ►#		<b>&gt;</b> #		
1.		nary business income (loss)	1.				00		00		00	
2.		rental real estate income (loss)	2.	<b>&gt;</b>			00		00		00	
3.		er net rental income (loss)	3.	<b>&gt;</b>			00		00		00	
4. -		ranteed payments	4. 5.	<b>&gt;</b>			00		00		00	
5.		rest incomenary dividends	_	<b>&gt;</b>			00		00		00	
6a. 6b.		lified dividends	6a. 6b.				00		00		00	
7.		alties	7.	-			00		00		00	
7 . 8.	-	short-term capital gain (loss)	8.	<b>&gt;</b>			00		00		00	
		long-term capital gain (loss)	9a.	-			00		00		00	
		ectibles (28%) gain (loss)	9b.	<b>&gt;</b>			00		00		00	
9c.		ecaptured section 1250 gain	9c.	<b>•</b>			00		00		00	
10.	Net	section 1231 gain (loss)	10.	<b>&gt;</b>			00	<b>&gt;</b>	00		00	
11.	Othe	er income (loss) (attach schedule)	11.	<b></b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
12.	Sect	ion 179 deduction	12.	<b></b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
13.	Othe	er deductions:	13.	<b></b>			00	<b>&gt;</b>	00	<b>&gt;</b>	00	
		The PE must furnish noncorporate mer	nbe	er and	deac	h mem					•	
Mail <b>DEC</b>	to:	ck or money order payable to: COMMISSIONER OF I Department of Revenue Services, PO Box 2967, Ha FION: I declare under penalty of law that I have examined	artfor this re	d CT 06 turn (incl	3104-29 luding ar	67 ny accompa	anyin	ng schedules and statem	ents) ar	nd, to the best of my	knowledge	
and not r	belief, nore t	it is true, complete, and correct. I understand the penalthan five years, or both. The declaration of a paid prepare	y for er oth	willfully d er than t	lelivering he taxpa	g a false ret ayer is base	turn ed or	to DRS is a fine of not in all information of whic	more than the pr	an \$5,000, or impris eparer has any kno	onment for wledge.	
	IGN ERE	Signature of General Partner or Corporate Officer			Date				May DRS contact the preparer shown below about this return?			
	ep a	Title				Telephone Number ( )			Yes No (See instructions, Page 19)			
of retu	this rn for	Paid Preparer's Signature				Date			Prep	arer's SSN or PTIN	er's SSN or PTIN	
-	your records Firm's Name and Address					Federal Employer ID Number Telephone Number						

Check if you used a paid preparer and do not want forms sent to you next year. 

Checking this box does not relieve you of your responsibility to file.

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