Department of Revenue Services State of Connecticut

#### (Rev. 12/08)

# Form CT-1065/CT-1120SI Supplemental Attachment

Complete this form in blue or black ink only.

### Part I Schedule B – PE Member Composite Return

Column A	Column B	Column C		Column D		
Member # From Part IV	Identification Number See instructions.	Connecticut Source Income See instructions.	Connecticut Income Tax Liability Column C X .05			
	•		00		00	
	•	•	00		00	
	•	•	00		00	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
	•	•	00		0	
Total Column C a	upplemental Attachment and Column D and enter here. Enter the total al attachments on Form CT-1065/CT-1120SI,		00		0	

# Part I Schedule D - Connecticut Source Income From Subsidiary PE(s)

Only a parent PE must complete this schedule.

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, and C.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Source	es	Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1		
	•	00		00	•	00	
	•	00		00		00	
	•	00		00	•	00	
	•	00		00	•	0	
	•	00		00	•	0	
	•	00		00	•	0	
	•	00		00	•	0	
	•	00		00	•	0	
	•	00	)	00	•	0	
	•	00	)	00	•	C	
	•	00	)	00	•	C	
	•	00	)	00	•	0	
	•	00	)	00	•	0	
	•	00		00	•	0	
	•	00	)	00	►	C	
	•	00	)	00	►	0	
Subtotal for Supplemental A Total Columns A, B, and C and en total of all supplemental attachme Form CT-1065/CT-1120SI, Part I,	iter here. Enter the nts on	00		00		0	

#### Part IV – Member Information

Member #	Member Name and Address See instructions for order in which to list and for Member Type Codes.	Member Type Code	FEIN or SSN	% Ownership Enter as a decimal
▶ #				▶ .
▶ #				▶ .
▶ #			Þ	•
▶ #		•	•	•
▶ #		•	•	•
▶ #		►	•	▶ .
▶ #			•	▶ .
▶ #		•	•	▶ .
▶ #			•	▶ .
▶ #		•	•	▶ .
▶ #	▶	►	•	► .
▶ #			•	▶ .
▶ #	▶		•	•
▶ #			•	▶ .
▶ #			•	▶ .
▶ #				▶ .

#### Part V Member's Share of Connecticut Modifications

Additions: Enter all amounts as positive numbers.		Member ►#		Member ►#		Member ►#		Member ►#	
1. Interest on state and local government obligations other than Connecticut	1.	•	00	Þ	00	•	00		00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	►	00		00	►	00		00
3. Certain deductions relating to income exempt from Connecticut income tax	3.	•	00	Þ	00	•	00		00
4. Reserved for future use	4.				$\mathbb{X}$		$\mathbb{X}$		$\mathbb{N}$
5. Other - specify:	5.	•	00	•	00	▶	00		00
Subtractions:         Enter all amounts as positive numbe           6.         Interest on U.S. government obligations			00		00	•	00	►	00
<ol> <li>6. Interest on U.S. government obligations</li> <li>7. Exempt dividends from certain qualifying mutual funds derived from U.S.</li> </ol>	6.	•	00	•	00	•	00	•	00
government obligations	7.		00		00		00		
3									00
<ol> <li>Certain expenses related to income exempt from federal income tax but subject to Connecticut tax</li> </ol>	8.	•	00		00	►	00	•	00
<ol> <li>Certain expenses related to income exempt from federal income tax but subject to</li> </ol>			00		00		00		

## Part VI Connecticut Source Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S

Include member's share of Connecticut modifications from Part V

		Member ►#		Member ►#		Member ►#		Member ▶#	
1. Ordinary business income (loss)	1.	► (	00		00		00	•	00
2. Net rental real estate income (loss)	2.		00		00		00	►	00
3. Other net rental income (loss)	3.	► (	00		00	•	00	►	00
4. Guaranteed payments	4.	▶ (	00		00		00	►	00
5. Interest income	5.		00		00		00		00
6a. Ordinary dividends	6a.	► (	00	•	00	•	00	•	00
6b. Qualified dividends	6b.	▶ (	00	►	00		00	►	00
7. Royalties	7.	▶ (	00		00		00	•	00
8. Net short-term capital gain (loss)	8.		00		00		00	•	00
9a. Net long-term capital gain (loss)	9a.	▶ (	00		00		00		00
9b. Collectibles (28%) gain (loss)	9b.		00		00		00	►	00
9c. Unrecaptured section 1250 gain	9c.		00		00		00		00
10. Net section 1231 gain (loss)	10.		00		00	•	00	•	00
11. Other income (loss): Attach statement	11.		00		00		00		00
12. Section 179 deduction	12.	► (	00		00		00		00
13. Other deductions:	13.		00		00	•	00		00