

Part I Schedule B – PE Member Composite Return Attach supplemental attachment(s), if needed.

Column A Member # From Part IV	Column B Identification Number See instructions.	Column C Connecticut-Sourced Income See instructions.	Column D Multiply Column C by 6.7% (0.067)	Column E Members' Credit Schedule CT K-1, Part IV, Line 5, Col. B	Column F Connecticut Income Tax Liability Column D minus Column E
1.	▶	▶	00	▶	00
2.	▶	▶	00	▶	00
3.	▶	▶	00	▶	00
4.	▶	▶	00	▶	00
5.	▶	▶	00	▶	00
6.	▶	▶	00	▶	00
7.	▶	▶	00	▶	00
8.	▶	▶	00	▶	00
9. Subtotal(s) from supplemental attachment(s)		00	00	00	00
10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, <i>Schedule A</i> , Line 1.		00			
11. Add Lines 1 through 9, Column D.			00		
12. Add Lines 1 through 9, Column E. Enter amount here and on Part I, <i>Schedule A</i> , Line 3.				00	
13. Total composite return tax liability. Add Lines 1 through 9, Column F.					00

Part I Schedule C – Federal Schedule K Information (Form 1065 or Form 1120S)

All PEs must complete this schedule.	Column A Amounts Reported by This PE on Federal Schedule K	Column B Amount From Subsidiary PE(s)	Column C Column A minus Column B
1. Ordinary business income (loss).....	1. ▶	00 ▶	00
2. Net rental real estate income (loss).....	2. ▶	00 ▶	00
3. Other net rental income (loss).....	3. ▶	00 ▶	00
4. Guaranteed payments.....	4. ▶	00 ▶	00
5. Interest income.....	5. ▶	00 ▶	00
6a. Ordinary dividends	6a. ▶	00 ▶	00
6b. Qualified dividends	6b. ▶	00 ▶	00
7. Royalties.....	7. ▶	00 ▶	00
8. Net short-term capital gain (loss)	8. ▶	00 ▶	00
9a. Net long-term capital gain (loss).....	9a. ▶	00 ▶	00
9b. Collectibles (28%) gain (loss).....	9b. ▶	00 ▶	00
9c. Unrecaptured section 1250 gain	9c. ▶	00 ▶	00
10. Net section 1231 gain (loss).....	10. ▶	00 ▶	00
11. Other income (loss): Attach statement.	11. ▶	00 ▶	00
12. Section 179 deduction.....	12. ▶	00 ▶	00
13. Other deductions: Attach statement.	13. ▶	00 ▶	00

Part I Schedule D – Connecticut-Sourced Income From Subsidiary PE(s) Attach supplemental attachment(s), if needed.

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 Sources	Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1
1. ▶	▶	▶	00 ▶	00
2. ▶	▶	▶	00 ▶	00
3. ▶	▶	▶	00 ▶	00
4. ▶	▶	▶	00 ▶	00
5. ▶	▶	▶	00 ▶	00
6. ▶	▶	▶	00 ▶	00
7. ▶	▶	▶	00 ▶	00
8. ▶	▶	▶	00 ▶	00
9. Subtotal(s) from supplemental attachment(s)		00	00	00
10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, <i>Schedule A</i> , Line 6.				00

Part II – Allocation and Apportionment of Income

Complete only if all of the following apply:

- There are one or more nonresident noncorporate members or one or more members that are PEs;
- The PE carries on business both within and outside Connecticut; **and**
- The PE does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

		Column A Totals Everywhere		Column B Connecticut Only		Column C Fraction Enter as a decimal.	
1. Real property owned.....	1.		00		00	Divide Column B by Column A	
2. Real property rented from others.....	2.		00		00		
3. Tangible personal property owned or rented	3.		00		00		
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 or actual number of fractions.	8. ▶						.

Part III Place(s) of Business Attach supplemental attachment(s), if needed.

Complete only if the PE carries on business both **within and outside** Connecticut.

Location	Description	Owned or Rented to PE	Activity

Part IV – Member Information Attach supplemental attachment(s), if needed.

Member #	Member Name and Address See instructions for order in which to list and for member type codes.	Member Type Code	FEIN or SSN	Profit Sharing % Enter as a decimal.	Loss Sharing % Enter as a decimal.	Capital Ownership % Enter as a decimal.
▶	▶	▶	▶	▶.	▶.	▶.
▶	▶	▶	▶	▶.	▶.	▶.
▶	▶	▶	▶	▶.	▶.	▶.
▶	▶	▶	▶	▶.	▶.	▶.

Part V – Member's Share of Connecticut Modifications Attach supplemental attachment(s), if needed.

Member	Member	Member	Totals for All Members		
#	#	#			
1. Interest on state and local government obligations other than Connecticut	1. ▶	00 ▶	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 ▶	00 ▶	00	00
4. Reserved for future use.....	4.				
5. Other - specify:.....	5. ▶	00 ▶	00 ▶	00	00

Subtractions: Enter all amounts as positive numbers.

6. Interest on U.S. government obligations	6. ▶	00 ▶	00 ▶	00	00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7. ▶	00 ▶	00 ▶	00	00
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	8. ▶	00 ▶	00 ▶	00	00
9. Reserved for future use	9.				
10. Other – specify:.....	10. ▶	00 ▶	00 ▶	00	00

Part VI – Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S.

Include member’s share of Connecticut modifications from Part V.

Attach supplemental attachment(s), if needed.

	Member		Member		Member		Totals for All Members	
	#		#		#			
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: Attach statement.	13.	▶	00	▶	00	▶	00	00

Part VII – Connecticut Income Tax Credit Summary

Attach supplemental attachment(s), if needed.

	Member		Member		Member		Totals for All Members	
	#		#		#			
1. Qualified small business tax credit	1.	▶	00	▶	00	▶	00	00
2. Job expansion tax credit	2.	▶	00	▶	00	▶	00	00
3. Angel investor tax credit	3.	▶	00	▶	00	▶	00	00
4. Insurance reinvestment fund tax credit	4.	▶	00	▶	00	▶	00	00
5. Total credits: Add Lines 1 through 4.	5.		00		00		00	00

The PE must furnish Schedule CT K-1 to all members.

Form CT K-1T and all copies of all Schedule CT K-1s issued by a PE must be filed with the Department of Revenue Services (DRS).

Do not attach Form CT K-1T and Schedule CT K-1s to the composite income tax return.

Visit the DRS website at www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to file and pay this return electronically.

To pay by mail, make check payable to **Commissioner of Revenue Services**.

Mail return **with** payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019.

Mail return **without** payment to: Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

Declaration: I declare under 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 DRS is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Signature of general partner or corporate officer	Date	May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions, Page 30.)
	Title	Telephone number ()	
Keep a copy of this return for your records.	Email address of general partner or corporate officer ▶		
	Paid preparer's signature	Date ▶	Preparer's SSN or PTIN <input type="checkbox"/> SSN <input type="checkbox"/> PTIN
	Firm's name and address	FEIN	Telephone number ()