Form CT-1065/CT-1120SI Supplemental Attachment

(Rev. 01/17)

Complete this form in blue or black ink only.

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

Column A Column B		Column C		Column D	Column E		Column F Connecticut Income Tax Liability Column D minus Column E		
	cation Number instructions.	Connecticut-Sourced Inco See instructions.	Multiply Column (by 6.99% (0.0699		Members' Credit Schedule CT K-1, Part IV, Line 5, Col. B				
•	•	•	00		00	>	00	•	00
	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
>	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
>	•	•	00		00	>	00	•	00
•	•	•	00		00	>	00	•	00
>	•	•	00		00	>	00	•	00
Supplemental Attachment Subto D, E, and F. Enter the total of all suppl on Form CT-1065/CT-1120SI, Part I.	emental attachments		00		00		00		00

Part I Schedule D – Connecticut-Sourced 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		Colu		Colur		Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1		
Name of Subsidiary PE	FEIN	Amount on Fede	Reported eral K-1	Amount Connecticu				
>	•	•	00	>	00	>	00	
>	•	>	00	>	00	>	00	
>	•	>	00	>	00	>	00	
•	•	>	00	>	00	>	00	
>	•	>	00	>	00	>	00	
•	•	•	00	>	00	>	00	
>	•	>	00	>	00	>	00	
•	•	•	00	>	00	>	00	
>	•	•	00	>	00	>	00	
•	•	•	00	>	00	>	00	
>	•	•	00	>	00	>	00	
>	•	>	00	>	00	>	00	
•	•	•	00	>	00	>	00	
>	•	>	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	>	00	>	00	>	00	
Supplemental Attachment Subto and C. Enter the total of all supp Form CT-1065/CT-1120SI, Part I, S	lemental attachments		00		00		00	

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	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

		Member		Member		Member		Member	
Additions: Enter all amounts as positive numbers.		#		#		#		#	
Interest on state and local government obligations other than Connecticut	1.	>	00	>	00	>	00	>	00
Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	>	00	>	00	>	00	>	00
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 numbe	rs.								
6. Interest on U.S. government obligations	6.	>	00	>	00	>	00	>	00
Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7.	>	00	•	00	>	00	>	00
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.

		Member		Member		Member		Member	
		#		#		#		#	
Ordinary business income (loss)	1.	▶ 0	00	>	00	>	00	>	00
2. Net rental real estate income (loss)	2.	▶ 0	00	>	00	>	00	>	00
3. Other net rental income (loss)	3.	> 0	00	>	00	>	00	>	00
4. Guaranteed payments	4.	▶ 0	00	>	00	>	00	>	00
5. Interest income	5.	▶ 0	00	>	00	>	00	>	00
6a. Ordinary dividends	6a.	▶ 0	00	>	00	>	00	>	00
6b. Qualified dividends	6b.	> 0	00	>	00	>	00	>	00
7. Royalties	7.	▶ 0	00	>	00	>	00	>	00
8. Net short-term capital gain (loss)	8.	> 0	00	>	00	>	00	>	00
9a. Net long-term capital gain (loss)	9a.	▶ 0	00	>	00	>	00	>	00
9b. Collectibles (28%) gain (loss)	9b.	▶ 0	00	>	00	>	00	>	00
9c. Unrecaptured section 1250 gain	9c.	▶ 0	00	>	00	>	00	>	00
10. Net section 1231 gain (loss)	10.	▶ 0	00	>	00	>	00	>	00
11. Other income (loss): Attach statement	11.	▶ 0	00	>	00	>	00	>	00
12. Section 179 deduction	12.	▶ 0	00	>	00	>	00	>	00
13. Other deductions: Attach statement	13.	▶ 0	00	>	00	>	00	>	00

Part VII - Connecticut Income Tax Credit Summary

	Member	Member	Member	Member	
	#	#	#	#	
Reserved for future use	1.				
2. Reserved for future use	2.				
3. Angel investor tax credit	3. ▶	00 -	00 -	00 - 00	
4. Insurance reinvestment fund tax credit	4.	00 -	00 ►	00 🕨	
5. Total credits: Add Line 3 and Line 4	5.	00	00	00 00	