

PART I Schedule B – PE Member Composite Return (See instructions)								
A		B		C		D		E
Name of member who is a nonresident noncorporate member or PE		Identification No. (See instructions)	Connecticut Source Income (See instructions)		Tax Liability (Col. B X .05)		Payments Made	Interest (Form CT-2210)
1.	▶	▶	00	00	00	00	00	00
2.	▶	▶	00	00	00	00	00	00
3.	▶	▶	00	00	00	00	00	00
4.	▶	▶	00	00	00	00	00	00
5.	▶	▶	00	00	00	00	00	00
6.	▶	▶	00	00	00	00	00	00
7. Subtotal from additional schedules (if needed)			00	00	00	00	00	00
8. Total Connecticut source income (Add Lines 1 - 7, Column B)			00					
9. Total composite return tax liability (Add Lines 1 - 7, Column C)					00			
10. Total tax payments made (Add Lines 1 - 7, Column D)							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		Column B Connecticut Only		Column C Fraction (entered as a decimal)	
1.	Real property owned.....	1	00	00	00	Divide Column B by Column A	
2.	Real property rented from others	2	00	00	00		
3.	Tangible personal property owned or rented	3	00	00	00		
4.	Property owned or rented (Add Lines 1, 2, and 3)	4	00	00	00		
5.	Employee wages and salaries	5	00	00	00		
6.	Gross income from sales and services	6	00	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 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 Information

Member #	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
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶
▶ #	▶	▶	▶	▶

Part V Member's Share of Connecticut Modifications

Member

Additions (enter all amounts as positive numbers)

▶ # _____ ▶ # _____ ▶ # _____

1. Interest on state and local government obligations other than Connecticut	1. ▶	00 ▶	00 ▶	00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ▶	00 ▶	00 ▶	00
3. Certain deductions relating to income exempt from Connecticut income tax	3. ▶	00 ▶	00 ▶	00
4. Special depreciation allowance for qualified property placed in service prior to September 11, 2004	4. ▶	00 ▶	00 ▶	00
5. Other - specify: _____	5. ▶	00 ▶	00 ▶	00

Subtractions (enter all amounts as positive numbers)

6. Interest on U.S. government obligations	6. ▶	00 ▶	00 ▶	00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7. ▶	00 ▶	00 ▶	00
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ..	8. ▶	00 ▶	00 ▶	00
9. Special depreciation allowance for qualified property placed in service during the preceding year(s)	9. ▶	00 ▶	00 ▶	00
10. Other - specify: _____	10. ▶	00 ▶	00 ▶	00

Part VI Member's Share of Connecticut-sourced Portion of Items From Federal Schedule K-1 (Form 1065 or Form 1120S)

Member

▶ # _____ ▶ # _____ ▶ # _____

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

The PE must furnish Schedule CT K-1 to each nonresident noncorporate member and each member which is a PE.

Make check or money order payable to: COMMISSIONER OF REVENUE SERVICES
Mail to: Department of Revenue Services, 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 to DRS is a fine of not more than \$5,000, or 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 Keep a copy of this return for your records	Signature of General Partner or Corporate Officer	Date	May DRS contact the preparer shown below about this return? Yes <input type="checkbox"/> No <input type="checkbox"/> (See instructions, Page 19)
	Title	Telephone Number ()	
	Paid Preparer's Signature	Date	Preparer's SSN or PTIN ▶
	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.