



Enter income year beginning - and ending -
M M - D D - Y Y Y Y M M - D D - Y Y Y Y

Name of pass-through entity Federal Employer ID Number (FEIN)

This return MUST be filed electronically!

Number and street PO Box

DO NOT MAIL paper return to DRS.

City, town, or post office State ZIP code

For DRS Use Only -
M M - D D - Y Y Y Y

Connecticut Tax Registration Number

Type of PE:

Electing large partnership (ELP) General partnership (GP) S corporation
 Limited liability partnership (LLP) Limited partnership (LP) Partnership (LLC treated as a partnership)

Pass-Through Entity Information

Complete this section first and then complete Part I, *Schedule C*.

A. Return type
 Final return (out of business in Connecticut) Date of dissolution: -
M M - D D - Y Y Y Y
 Amended return Short period return Explanation:

B. Change of address. See instructions.

C. Total number of noncorporate members as of the close of the PE's taxable year:
Resident (RI, RE, RT) Nonresident (NI, NE, NT, PE)

D. Enter the six-digit Business Code Number from federal Form 1065 or federal Form 1120S. Business Code Number

E. Date business began: - Date business began in Connecticut: -
M M - D D - Y Y Y Y M M - D D - Y Y Y Y

F. Does this PE own, directly or indirectly, an interest in Connecticut real property? Yes No
If the answer to this question is **Yes**, and either answer to Item G or H is **Yes**, provide a listing of all Connecticut real property owned.

G. Was a controlling interest in this PE transferred? Yes No
If **Yes**, enter transferor name and Social Security Number (SSN) or FEIN, transferee name, and date of transfer below.
Transferor name: SSN or FEIN: -
Transferee name: Date of transfer: -
M M - D D - Y Y Y Y

H. Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? Yes No
If **Yes**, enter name and FEIN, transferee name, and date of transfer below.
Name: FEIN:
Transferee name: Date of transfer: -
M M - D D - Y Y Y Y

I. Does the PE have deferred income in offshore investments or accounts? Yes No
If Yes, did the PE report the income in accordance with IRC §457A? Yes No
Date income was reported: - Amount of income reported: .00
M M - D D - Y Y Y Y

If the income was not reported in accordance with IRC §457A, what tax year will the income be reported?



Pass-through entity's CT Tax Registration Number

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Part I Schedule A – PE Computation of Composite Tax Due

1. Total Connecticut-sourced income included in composite return from Part I, Schedule B, Line 10, Column C.	1. ▶		.00
2. Multiply Line 1 by 6.99% (.0699).	2. ▶		.00
3. Members' credits from Part I, Schedule B, Line 12, Column E.	3. ▶		.00
4. Tax liability: Subtract Line 3 from Line 2.	4. ▶		.00
5. Payment made with Form CT-1065/CT-1120SI EXT.	5. ▶		.00
6. Parent PE only: Enter amount from Part I, Schedule D, Line 7, Column C.	6. ▶		.00
7. Add Line 5 and Line 6.	7. ▶		.00
8. Amount to be refunded to PE: If Line 7 is more than Line 4, subtract Line 4 from Line 7.	8. ▶		.00

For faster refund, use Direct Deposit by completing Lines 8a, 8b, and 8c.

8a. Checking Savings 8c. Account number ▶

8b. Routing number ▶ 8d. Will this refund go to a bank account outside the U.S.? ▶ Yes

9. Amount of tax owed: If Line 4 is more than Line 7, subtract Line 7 from Line 4.	9. ▶		.00
10. If late, enter penalty. See instructions.	10. ▶		.00
11. If late, enter interest. Multiply the amount on Line 9 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	11. ▶		.00
12. Balance due with this return: Add Lines 9 through 11.	12. ▶		.00

You must complete Parts I (Schedule B, C, and D), II, III, IV, V, VI, and VII, if applicable.

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

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

Paper returns may **only** be submitted by taxpayers who have been granted an electronic filing waiver from DRS or amended returns. 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 the penalty of law that I have examined this return 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 the Department of Revenue Services (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.

Signature of general partner or corporate officer _____ Date (MMDDYYYY) _____

This return **MUST** be filed electronically!

Keep a copy of this return for your records. Title _____ Telephone number _____

Email address of general partner or corporate officer _____ May DRS contact the preparer shown below about this return? Yes No

DO NOT MAIL paper return to DRS.

Paid preparer's name (print) _____ Paid preparer's signature _____ Date (MMDDYYYY) _____ Preparer's PTIN _____

Firm's name and address _____ Check if self-employed

Firm's FEIN _____ Telephone number _____

