

Form CT-1065/CT-1120SI RRS Pass-Through Entity Tax 2018 Income Tax Estimated Payment Recharacterization Request Summary Sheet

2018



Complete this form in blue or black ink only. Type or print.

Pass-through entity's taxable year beginn	ning	$\frac{2018}{\text{Y} \text{ Y} \text{ Y} \text{ Y}}$ and ending	<u> </u>
Name of pass-through entity (PE)			Federal Employer ID Number (FEIN)
Number and street PO B	ox		Connecticut Tax Registration Number (if applicable)
City, town, or post office	State	ZIP code	

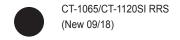
General Instructions

A pass-through entity (PE) must obtain a completed **Form CT-1065/CT-1120SI RR**, *Pass-Through Entity Tax 2018 Income Tax Estimated Payment Recharacterization Request* from each of its partners/members/shareholders who wish to recharacterize their estimated payments. If additional lines are required, complete and attach supplemental schedules as needed.

This Summary Sheet, along with a Form CT-1065/CT-1120SI RR for each recharacterization request, must be sent to DRS by December 31, 2018, at the following address:

Department of Revenue Services State of Connecticut P.O. Box 2973 Hartford, CT 06104-2973

Hartford, CT 06104-2973					
	Name of Partner/Member/Shareholder	Social Security Number (individual)/ FEIN (trust/estate)	Payments to be Recharacterized	For DRS Use Only Request denied	
1.				.00	
2.				.00	
3.				.00	
4.				.00	
5.				.00	
6.				.00	
7.				.00	
8.				.00	
9.				.00	
10.				.00	
11.				.00	
12.				.00	
13.				.00	
14.				.00	
15.				.00	
16.				.00	
17.				.00	
18.				.00	
19.				.00	
20.				.00	
21.				.00	
22.				.00	
23.				.00	
24. Subtot	al(s) from supplemental schedule(s).			.00	
25. Total: /	Add Line 1 through Line 24.			.00	



2018 Income Tax Estimated Payment Recharacterization Request Summary Sheet Supplemental Schedule (if needed)

Pass-through entity's Federal Employer ID Number (FE	IN)

Name of Partner/Member/Shareholde	er Social Security Number (individual)/		or DRS Use Onl Request denied
1.		.0	00
2.		.0	00
3.		.0	00
4.		.0	00
5.		.0	00
6.		.0	00
7.		.0	00
8.		.0	00
9.		.0	00
10.		.0	00
11.		.0	00
12.		.0	00
13.		.0	00
14.			00
15.		.0	00
16.		.0	00
17.		.0	00
18.			00
19.			00
20.			00
21.			00
22.			00
23.			00
24.			00
25.			00
26.			00
27.			00
28.			00
29.			00
30.			00
31.			00
32.			00
33.			00
34.			00
35.			00
36.	26. Enter the total of all augustors and	.0	00
37. Subtotal for this page: Add Line 1 through Line schedules on Page 1, Line 24	36. Enter the total of all supplemental	.0	00