

**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 beginning		- - 2018	and ending		- -
		<small>M M - D D - Y Y Y Y</small>			<small>M M - D D - Y Y Y Y</small>
Name of pass-through entity (PE)				Federal Employer ID Number (FEIN)	
Number and street		PO Box		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

Name of Partner/Member/Shareholder	Social Security Number (individual)/ FEIN (trust/estate)	2018 Estimated 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. Subtotal(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 (FEIN)

Name of Partner/Member/Shareholder	Social Security Number (individual)/ FEIN (trust/estate)	2018 Estimated 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.			.00
25.			.00
26.			.00
27.			.00
28.			.00
29.			.00
30.			.00
31.			.00
32.			.00
33.			.00
34.			.00
35.			.00
36.			.00
37. Subtotal for this page: Add Line 1 through Line 36. Enter the total of all supplemental schedules on Page 1, Line 24. ....		37.	.00