



Complete this return and all attachments in blue or black ink only.

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 Identification Number (FEIN)

Number and street  PO Box

City, town, or post office  State  ZIP code  Connecticut Tax Registration Number

**Type of PE:**

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

**Pass-Through Entity Information**

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

D. (a) Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, CT real property?     Yes     No  
If **Yes**, enter: Entity name     Federal Employer ID Number

(b) If this PE directly or indirectly owns CT real property, was a controlling interest of this PE transferred?     Yes     No  
If **Yes**, enter: Transferor name     FEIN / SSN

(c) If the answer to either (a) or (b) is **Yes**, enter: Transferee(s) name   
Date of transfer  -  , and attach a list of addresses for all Connecticut real property transferred.  
M M - D D - Y Y Y Y

E. Did this PE elect out of the new federal centralized partnership audit regime enacted by the Bipartisan Budget Act of 2015?     Yes     No

**Select a Filing Method**, Required. Select one. See instructions.

- Standard Base (default)**. Complete Form CT-1065/CT-1120SI.
- Alternative Base (election)**. Complete Form CT-1065/CT-1120SI and attach **Schedule CT-AB**, *Alternative Base Calculation*.

**Combined Election**, Optional. See instructions.

- PE elects to calculate its tax as a combined group with other commonly-owned PEs.**  
If combined election is made, select one of the following:
- PE is the Designated Combined Reporting PE. Complete **Schedule CT-CE**, *Combined Election*.  
On Part I, *Schedule A*, Line 1, enter the amount from Schedule CT-CE, Section 1, Line 7, Column C.
- PE's income is reported on Schedule CT-CE filed by the Designated Combined Reporting PE listed below.  
Complete this return, except enter zero ("0") on Part I, *Schedule A*, Line 1.
- Designated Combined Reporting PE's name:
- Designated Combined Reporting PE's FEIN:

Each PE must file its own return and select the same filing base (standard or alternative) as the other members of the combined group.




**Part I Schedule A – Computation of Pass-Through Entity Tax Due**

**1. PE Income/(Loss) Subject to Tax**

Standard Base Filers: Enter amount from Part I, *Schedule B*, Line 20, Column D.  
 Alternative Base Filers: Enter the amount from *Schedule CT-AB*, Section 1, Line 5.  
 Combined Filers: See instructions.

1. PE Income/(Loss) Subject to Tax	1. ▶	<input type="text"/>	.00
2. Tax due: Multiply Line 1 by 6.99% (.0699). If Line 1 is zero or less, enter zero ("0").	2. ▶	<input type="text"/>	.00
3a. 2018 estimated payments	3a. ▶	<input type="text"/>	.00
3b. Payment made with <b>Form CT-1065/CT-1120SI EXT</b>	3b. ▶	<input type="text"/>	.00
3c. <i>Reserved for future use</i>	3c.	<input type="text"/>	
3. <b>Tax payments:</b> Enter the total of Lines 3a and 3b.	3. ▶	<input type="text"/>	.00
4. <b>Balance of tax due/(overpaid):</b> Subtract Line 3 from Line 2.	4. ▶	<input type="text"/>	.00
5a. If late, enter penalty. See instructions.	5a. ▶	<input type="text"/>	.00
5b. If late, enter interest. Multiply the amount on Line 4 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	5b. ▶	<input type="text"/>	.00
5c. Interest on underpayment of estimated tax: See instructions.	5c. ▶	<input type="text"/>	.00
5. <b>Total penalty and interest:</b> Enter the total of Lines 5a, 5b and 5c.	5. ▶	<input type="text"/>	.00
6a. Amount to be applied to 2019 estimated PE tax	6a. ▶	<input type="text"/>	.00
6b. Amount to be refunded	6b. ▶	<input type="text"/>	.00
<b>For faster refund, use direct deposit by completing Lines 6c, 6d, and 6e.</b>			
6c. Checking ▶ <input type="checkbox"/> Savings ▶ <input type="checkbox"/>	6e. Account number ▶ <input type="text"/>		
6d. Routing number ▶ <input type="text"/>	6f. Will this refund go to a bank account outside the U.S.? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Total to be credited or refunded: Enter the total of Line 6a and Line 6b.	6. ▶	<input type="text"/>	.00
7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank.	7. ▶	<input type="text"/>	.00

**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.

<b>Sign Here</b>	Signature of general partner or corporate officer		Date (MMDDYYYY)	
	<input type="text"/>		<input type="text"/>	
	Title	Telephone number	May DRS contact the preparer shown below about this return? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>		
Keep a copy of this return for your records.	Email address of general partner or corporate officer			
	<input type="text"/>			
	Paid preparer's name (print)	Paid preparer's signature	Date (MMDDYYYY)	Preparer's PTIN
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm's name and address		Check if self-employed <input type="checkbox"/>		
<input type="text"/>		Firm's FEIN	Telephone number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

**Please note that each form is year specific. To prevent any delay in processing your return or refund, the correct year's form must be submitted to DRS.**



Pass-through entity's Federal Employer Identification Number

**Part I, Schedule B – Computation of PE's Own Connecticut Source Income/(Loss)**

		<b>Column A</b>			<b>Column B</b>	<b>Column C</b>			<b>Column D</b>
		Amounts Reported by this PE on Federal Schedule K			Amounts From Subsidiary PE(s)	PE's Income/(Loss) From Its Own Activities (Column A minus Column B)			PE's Connecticut Source Income/ (Loss) From Its Own Activities (Apportioned or allocated from Column C. See instructions.)
1.	Ordinary business income (loss)	1. ▶	.00 ▶		.00	.00 ▶		.00	
2.	Net rental real estate income (loss)	2. ▶	.00 ▶		.00	.00 ▶		.00	
3.	Other net rental income (loss)	3. ▶	.00 ▶		.00	.00 ▶		.00	
4.	Guaranteed payments	4. ▶	.00 ▶		.00	.00 ▶		.00	
5.	Interest income	5. ▶	.00 ▶		.00	.00 ▶		.00	
6a.	Ordinary dividends	6a. ▶	.00 ▶		.00	.00 ▶		.00	
7.	Royalties	7. ▶	.00 ▶		.00	.00 ▶		.00	
8.	Net short-term capital gain (loss)	8. ▶	.00 ▶		.00	.00 ▶		.00	
9a.	Net long-term capital gain (loss)	9a. ▶	.00 ▶		.00	.00 ▶		.00	
10.	Net section 1231 gain (loss)	10. ▶	.00 ▶		.00	.00 ▶		.00	
11.	Other income (loss): Attach statement.	11. ▶	.00 ▶		.00	.00 ▶		.00	
11a.	<b>Subtotal:</b> Add Lines 1 through 11.	11a. ▶	.00 ▶		.00	.00 ▶		.00	
12.	Section 179 deduction	12. ▶	.00 ▶		.00	.00 ▶		.00	
13.	Other deductions: Attach statement.	13. ▶	.00 ▶		.00	.00 ▶		.00	
13a.	<b>Subtotal:</b> Add Line 12 and Line 13.	13a. ▶	.00 ▶		.00	.00 ▶		.00	
14.	<b>Total:</b> Subtract Line 13a from Line 11a.	14. ▶	.00 ▶		.00	.00 ▶		.00	
15.	Subtractions from Part I, <i>Schedule C</i> , Line 12a	15. ▶	.00 ▶		.00	.00 ▶		.00	
16.	<b>Subtotal:</b> Subtract Line 15 from Line 14.	16. ▶	.00 ▶		.00	.00 ▶		.00	
17a.	Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes	17a. ▶	.00 ▶		.00	.00 ▶		.00	
17b.	Additions from Part I, <i>Schedule C</i> , Line 6a	17b. ▶	.00 ▶		.00	.00 ▶		.00	
18.	<b>Subtotal:</b> Add Lines 16, 17a, and 17b.	18. ▶	.00 ▶		.00	.00 ▶		.00	
19.	Enter the amount reported on Line 4 to the extent not included on Line 13.	19. ▶	.00 ▶		.00	.00 ▶		.00	
20.	<b>Total:</b> Subtract Line 19 from Line 18.	20. ▶	.00 ▶		.00	.00 ▶		.00	



Pass-through entity's Federal Employer Identification Number

**Part I, Schedule C - PE's Connecticut Modifications**

		<b>Column A</b> Total Modifications		<b>Column B</b> Modifications Reported on Schedule CT K-1s From Subsidiary PE(s)		<b>Column C</b> PE's Net Modifications (Column A minus Column B)		<b>Column D</b> PE's Connecticut Source Net Modifications (Apportioned or allocated from Column C. See instructions.)
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.	Section 168(k) federal bonus depreciation allowed for property placed in service during this year	4.	▶	.00	▶	.00	▶	.00
5.	80% of Section 179 federal deduction	5.	▶	.00	▶	.00	▶	.00
6.	Other: Attach statement.	6.	▶	.00	▶	.00	▶	.00
6a.	Total additions: Add Lines 1 through 6.	6a.	▶	.00	▶	.00	▶	.00
7.	Interest on U.S. government obligations	7.	▶	.00	▶	.00	▶	.00
8.	Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.	▶	.00	▶	.00	▶	.00
9.	Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.	▶	.00	▶	.00	▶	.00
10.	25% of Section 168(k) federal bonus depreciation added back in preceding year	10.	▶	.00	▶	.00	▶	.00
11.	Reserved for future use	11.						
12.	Other: Attach statement.	12.	▶	.00	▶	.00	▶	.00
12a.	Total subtractions: Add Lines 7 through 12.	12a.	▶	.00	▶	.00	▶	.00

**Part I, Schedule D - Subsidiary PE Information** (Attach supplemental attachment(s), if needed)  
**Only a parent PE must complete this schedule**

	<b>Name of Subsidiary PE</b>	<b>FEIN</b>		<b>Column A</b> Amount Reported on Federal K-1		<b>Column B</b> Amount From Connecticut Sources		<b>Column C</b> PE Tax Credit Reported on Schedule CT K-1, Part III, Line 1
1.	▶	▶	▶	.00	▶	.00	▶	.00
2.	▶	▶	▶	.00	▶	.00	▶	.00
3.	▶	▶	▶	.00	▶	.00	▶	.00
4.	▶	▶	▶	.00	▶	.00	▶	.00
5.	▶	▶	▶	.00	▶	.00	▶	.00
6.	Subtotal(s) from supplemental attachment(s)			6.	▶	.00	▶	.00
7.	Total: Add Lines 1 through 6.			7.	▶	.00	▶	.00



Pass-through entity's Federal Employer Identification Number

**Part II – Allocation and Apportionment of Income** (See instructions.)

If the PE carries on business only within Connecticut, enter 1.000000 (100%) on Line 8 and leave the other lines blank.

	Column A Connecticut	Column B Everywhere
1. Gross receipts from the sale or disposition of tangible personal property held for sale in the ordinary course of trade or business	1. ▶ <input type="text"/> .00 ▶	<input type="text"/> .00
2. Gross receipts from services	2. ▶ <input type="text"/> .00 ▶	<input type="text"/> .00
3. Gross receipts from the rental, lease or license of tangible personal property	3. ▶ <input type="text"/> .00 ▶	<input type="text"/> .00
4. Gross receipts from the rental, lease or license of intangible property	4. ▶ <input type="text"/> .00 ▶	<input type="text"/> .00
5. Gross receipts from the sale or disposition of intangible property held for sale in the ordinary course of trade or business	5. ▶ <input type="text"/> .00 ▶	<input type="text"/> .00
6. Other receipts	6. ▶ <input type="text"/> .00 ▶	<input type="text"/> .00
7. <b>Total:</b> Add Lines 1 through 6 in Column A and Column B.	7. ▶ <input type="text"/> .00 ▶	<input type="text"/> .00
8. <b>Apportionment fraction:</b> Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal places.	8. ▶ <input type="text"/>	<input type="text"/>

**Part III – Member Information** (Attach supplemental attachment(s), if needed.)

See instructions for order in which to list and for member type codes.

Member #	Name, Address, City, State, and ZIP Code	FEIN or SSN	Member Type Code	Distributive Share % Enter as a decimal.	Capital Ownership % Enter as a decimal.
▶ <input type="text"/> ▶	<input type="text"/>	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶
▶ <input type="text"/> ▶	<input type="text"/>	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶
▶ <input type="text"/> ▶	<input type="text"/>	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶
▶ <input type="text"/> ▶	<input type="text"/>	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶	▶ <input type="text"/> ▶



Pass-through entity's Federal Employer Identification Number

**Part IV – PE's Total Connecticut Source Income/(Loss)**

	<b>Column A</b> Connecticut Source Portion of PE Income/(Loss) From PE's Own Activities	<b>Column B</b> Connecticut Source Portion of Subsidiary PE Income/(Loss)	<b>Column C</b> PE's Total Connecticut Source Income/(Loss) (Column A plus Column B)
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
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
10. Net section 1231 gain (loss)	10. .00	.00	.00
11. Other income (loss): Attach statement.	11. .00	.00	.00
12. Section 179 deduction	12. .00	.00	.00
13. Other deductions: Attach statement.	13. .00	.00	.00

**Column A:** Report amounts from Part I, *Schedule B*, Column D. Include modification from Part I, *Schedule C*, Column D where applicable. See instructions.

**Column B:** Report this information from Part II of the Schedule CT K-1(s) from subsidiary PE(s).




**Part V – Member's Total Share of Connecticut Modifications** (Attach supplemental attachment(s), if needed.)

**Additions:**

Enter all amounts as positive numbers.

	Member #: ▶	Member #: ▶	Member #: ▶	Member #: ▶
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. Section 168(k) federal bonus depreciation allowed for property placed in service during this year	4. ▶	.00 ▶	.00 ▶	.00 ▶
5. 80% of Section 179 federal deduction	5. ▶	.00 ▶	.00 ▶	.00 ▶
6. Other Specify: <input type="text"/>	6. ▶	.00 ▶	.00 ▶	.00 ▶

**Subtractions:** Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7. ▶	.00 ▶	.00 ▶	.00 ▶
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8. ▶	.00 ▶	.00 ▶	.00 ▶
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9. ▶	.00 ▶	.00 ▶	.00 ▶
10. 25% of Section 168(k) federal bonus depreciation added back in preceding year	10. ▶	.00 ▶	.00 ▶	.00 ▶
11. <i>Reserved for future use</i>	11.			
12. Other Specify: <input type="text"/>	12. ▶	.00 ▶	.00 ▶	.00 ▶

**Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members**

13. Member's portion of Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes: Enter the member's distributive share of the amount reported on Part I, <i>Schedule B</i> , Line 17a, Column A.	13. ▶	.00 ▶	.00 ▶	.00 ▶
---	-------	-------	-------	-------



Pass-through entity's Federal Employer Identification Number

**Part VI – Member’s Total Connecticut Source Income/(Loss).** (Attach supplemental attachment(s), if needed.)

Enter member’s distributive share of Connecticut source items from Part IV, Column C.

	Member #: ▶	Member #: ▶	Member #: ▶	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 ▶
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 ▶
10. Net section 1231 gain (loss)	10. ▶	.00 ▶	.00 ▶	.00 ▶
11. Other income (loss): Attach statement.	11. ▶	.00 ▶	.00 ▶	.00 ▶
12. Section 179 deduction	12. ▶	.00 ▶	.00 ▶	.00 ▶
13. Other deductions: Attach statement.	13. ▶	.00 ▶	.00 ▶	.00 ▶

**Part VII – Connecticut Income Tax Credit Summary**

(Attach supplemental attachment(s), if needed.)

	Member #: ▶	Member #: ▶	Member #: ▶	Member #: ▶
1. <i>Reserved for future use</i>	1.			
2. <i>Reserved for future use</i>	2.			
3. Angel investor tax credit	3. ▶	.00 ▶	.00 ▶	.00 ▶
4. Insurance reinvestment fund tax credit	4. ▶	.00 ▶	.00 ▶	.00 ▶
5. <b>Total credits:</b> Add Line 3 and Line 4.	5.	.00	.00	.00





Pass-through entity's Federal Employer Identification Number

**Do not complete Part VIII or Part IX if the PE has made the election to calculate its tax as a combined group on Page 1.**

**Part VIII – Direct PE Tax Credit Calculation.**

1. Enter the amount of tax from Part I, Schedule A, Line 2.	1.	<input type="text"/>	.00
2. Total Direct PE Tax Credit Available to Members: Multiply Line 1 by 93.01% (.9301). If Line 1 is zero, enter zero ("0").	2. ▶	<input type="text"/>	.00

**Part IX – Allocation of PE Tax Credit to Members.** (Attach supplemental attachment(s), if needed.)

Column A Member #	Column B Direct PE Tax Credit	Column C Indirect PE Tax Credit From Subsidiary PE(s)	Column D Total PE Tax Credit (Column B plus Column C)
1. ▶ <input type="text"/>	1. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
2. ▶ <input type="text"/>	2. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
3. ▶ <input type="text"/>	3. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
4. ▶ <input type="text"/>	4. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
5. ▶ <input type="text"/>	5. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
6. ▶ <input type="text"/>	6. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
7. ▶ <input type="text"/>	7. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
8. ▶ <input type="text"/>	8. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
9. ▶ <input type="text"/>	9. <input type="text"/> .00	<input type="text"/> .00	▶ <input type="text"/> .00
10. Subtotal(s) from supplemental attachment(s)	10. ▶ <input type="text"/> .00	▶ <input type="text"/> .00	▶ <input type="text"/> .00
<b>11. Total</b>	11. ▶ <input type="text"/> .00	▶ <input type="text"/> .00	▶ <input type="text"/> .00