

Schedule CT-AB

Alternative Base Calculation Supplemental Attachment

2018

Pass-through entity's Federal Employer Identification Number

Complete this form in blue or black ink only.

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

Section 3 - Member Information

	Column A Member #	Column B Member Type	Column C Connecticut Source Income - Distributive Share % (RI, NI, RT, NT, RE, NE and PE)	Column D Prorated Connecticut Modified Source Income/(Loss)	Column E Total Income - Resident Individual Distributive Share % (RI only)	Column F Prorated Resident Portion of Unsources Income	Column G Total Alternative Base	Column H Alternative Base Tax	Column I PE Tax Credit
1. ▶			.	.00	.	.00	.00	.00 ▶	.00
2. ▶			.	.00	.	.00	.00	.00 ▶	.00
3. ▶			.	.00	.	.00	.00	.00 ▶	.00
4. ▶			.	.00	.	.00	.00	.00 ▶	.00
5. ▶			.	.00	.	.00	.00	.00 ▶	.00
6. ▶			.	.00	.	.00	.00	.00 ▶	.00
7. ▶			.	.00	.	.00	.00	.00 ▶	.00
8. ▶			.	.00	.	.00	.00	.00 ▶	.00
9. ▶			.	.00	.	.00	.00	.00 ▶	.00
10. ▶			.	.00	.	.00	.00	.00 ▶	.00
11. ▶			.	.00	.	.00	.00	.00 ▶	.00
12. ▶			.	.00	.	.00	.00	.00 ▶	.00
13. ▶			.	.00	.	.00	.00	.00 ▶	.00
14. ▶			.	.00	.	.00	.00	.00 ▶	.00
15. ▶			.	.00	.	.00	.00	.00 ▶	.00
16. Supplemental Attachment Subtotal - Total Columns C through I. Enter the total of all supplemental attachments on Schedule CT-AB, Section 3, Line 6.			.	.00	.	.00	.00	.00 ▶	.00