

must be submitted to DRS.

Schedule CT-CE Combined Election Supplemental Attachment

Pass-through entity's Federal Employer Identification Number Only Designated Combined Reporting PEs should complete this schedule. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form

Section 1 - PE Combination				Column D
Column A Pass-Through Entity Included in the Co	ombined Return	Column B FEIN	Column C Total Income/(Loss) Subject to Tax	Indirect PE Tax Credit From Subsidiary PE(s)
1.	>	•	.00 ▶	.00
2.	>	•	.00 ▶	.00
3.	>		.00 ▶	.00
4.	>	.	.00 ▶	.00
5.	>		.00 ▶	.00
6.	>		.00 ▶	.00
7. Total Columns C and D. Enter total of all supplement attachments on Schedule CT-CE, Section 1, Line 6.			.00	.00

Section 2 - Allocation of PE Tax Credit to Combined Group Members

Column A Member Name	Column B SSN/FEIN	Column C Member Type	Column D Direct PE Tax Credit		Column E Indirect PE Tax Credit	Column F Total PE Tax Credit		
1. ▶				.00	.00 ▶	.00		
2.				.00	.00 ▶	.00		
3. ▶				.00	.00 ▶	.00		
4 . ▶				.00	.00 ▶	.00		
5 . ▶				.00	.00 ►	.00		
6.				.00	.00 ►	.00		
7 . ▶				.00	.00 ►	.00		
8.				.00	.00 ►	.00		
9.				.00	.00 ►	.00		
10 . ▶				.00	.00 ▶	.00		
11.				.00	.00 ►	.00		
12 . ▶				.00	.00 ►	.00		
13 . ▶				.00	.00 ►	.00		
14. Total Columns D, E, and F. Enter the total of all supplement attachments on								
Schedule CT-CE, Section 2, Line 11.		14.		.00	.00	.00		