

# Form CT-1065/CT-1120SI Supplemental Attachment

Complete this form in blue or black ink only.

### Part I Schedule B – PE Member Composite Return

Column A Member # From Part IV	Column B Identification Number See instructions.	Column C Connecticut Source Income See instructions.	00	Column D Connecticut Income Tax Liability Column C X .05	00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
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	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
	▶	▶	00		00
<b>Subtotal for Supplemental Attachment</b>					
Total Column C and Column D and enter here. Enter the total of all Supplemental Attachments on Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Line 9.			00		00

**Part I Schedule D - Connecticut Source Income From Subsidiary PE(s)**

Only a parent PE must complete this schedule.

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, and C.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1		Column B Amount From Connecticut Sources		Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1	
	▶		00		00	▶	00
	▶		00		00	▶	00
	▶		00		00	▶	00
	▶		00		00	▶	00
	▶		00		00	▶	00
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	▶		00		00	▶	00
	▶		00		00	▶	00
	▶		00		00	▶	00
<b>Subtotal for Supplemental Attachment</b>			00		00		00
Total Columns A, B, and C and enter here. Enter the total of all Supplemental Attachments on Form CT-1065/CT-1120SI, Part I, <i>Schedule D</i> , Line 9.			00		00		00

**Part IV – Member Information**

Member #	Member Name and Address See instructions for order in which to list and Member Type Codes.	Member Type Code	FEIN or SSN	% Ownership Enter as a decimal.
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
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▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .

**Part V Member's Share of Connecticut Modifications**

		Member ▶# _____	Member ▶# _____	Member ▶# _____	Member ▶# _____
<b>Additions</b> Enter all amounts as positive numbers.					
1. Interest on state and local government obligations other than Connecticut .....	1. ▶	00 ▶	00 ▶	00 ▶	00 ▶
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations .....	2. ▶	00 ▶	00 ▶	00 ▶	00 ▶
3. Certain deductions relating to income exempt from Connecticut income tax .....	3. ▶	00 ▶	00 ▶	00 ▶	00 ▶
4. <i>Reserved for future use.</i> .....					
5. Other - specify: _____	5. ▶	00 ▶	00 ▶	00 ▶	00 ▶
<b>Subtractions</b> Enter all amounts as positive numbers.					
6. Interest on U.S. government obligations .....	6. ▶	00 ▶	00 ▶	00 ▶	00 ▶
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations .....	7. ▶	00 ▶	00 ▶	00 ▶	00 ▶
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax .....	8. ▶	00 ▶	00 ▶	00 ▶	00 ▶
9. Special depreciation allowance for qualified property placed in service during the preceding year(s) .....	9. ▶	00 ▶	00 ▶	00 ▶	00 ▶
10. Other - specify: _____	10. ▶	00 ▶	00 ▶	00 ▶	00 ▶

**Part VI Connecticut Source Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S.**

Include member's share of Connecticut modifications from Part V.

		Member ▶# _____	Member ▶# _____	Member ▶# _____	Member ▶# _____
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 ▶
6b. Qualified dividends .....	6b. ▶	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 ▶
9b. Collectibles (28%) gain (loss) .....	9b. ▶	00 ▶	00 ▶	00 ▶	00 ▶
9c. Unrecaptured section 1250 gain .....	9c. ▶	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 ▶
12. Section 179 deduction .....	12. ▶	00 ▶	00 ▶	00 ▶	00 ▶
13. Other deductions: _____	13. ▶	00 ▶	00 ▶	00 ▶	00 ▶