

Form CT-1065/CT-1120SI
Connecticut Composite Income Tax Return

CT-1065/CT-1120SI
2007

Complete this form in blue or black ink only.
 See instructions before you complete this return.

For calendar year 2007, or other taxable year ▶ beginning _____, 2007, and ▶ ending _____, _____.

Name of Pass-Through Entity (PE) ▶ _____ ▶			Federal Employer ID Number (FEIN)
Number and Street ▶ _____ ▶	PO Box ▶ _____ ▶	DRS Use Only - - 20	
City or Town ▶ _____ ▶	State ▶ _____ ▶	ZIP Code ▶ _____ ▶	Connecticut Tax Registration Number

A PE is a partnership, an LLC treated as a partnership for federal income tax purposes, or an S corporation.

Type of PE: ▶ **Partnership** (including LLC treated as a partnership) ▶ **S Corporation**

Pass-Through Entity Information Complete this section first and then complete Part I, *Schedule C*.

A. Check here if: Amended Return Final Return (out of business in Connecticut) Date of Dissolution: _____

B. Change of Address. See instructions, Page 12.

C. Total number of noncorporate members as of the close of the PE's taxable year: Resident ▶ _____
 Nonresident ▶ _____

D. Enter the six digit North American Industry Classification System (NAICS) Code number from federal Form 1065 or federal Form 1120S. ▶ _____

E. Date business began: _____ Date business began in Connecticut: _____

F. Does this PE own, directly or indirectly, an interest in Connecticut real property? ▶ Yes ▶ No

G. Was a controlling interest in this PE transferred? If **Yes**, enter transferor name and Social Security Number (SSN) or FEIN below. ▶ Yes ▶ No
 Transferor Name: _____
 SSN or FEIN: _____

H. Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? If **Yes**, enter name and FEIN below. ▶ Yes ▶ No
 Name: _____
 FEIN: _____

Part I Schedule A – PE Computation of Composite Tax Due

1. Total Connecticut source income included in composite return from Part I, <i>Schedule B</i> , Line 10, Column C. ▶	1.		00
2. Tax liability: Multiply Line 1 by 5% (.05). ▶	2.		00
3. <i>Reserved for future use.</i> ▶	3.		
4. Payment made with Form CT-1065/CT-1120SI EXT ▶	4.		00
5. Parent PE only: Enter amount from Part I, <i>Schedule D</i> , Line 10, Column C. ▶	5.		00
6. Add Line 4 and Line 5. ▶	6.		00
7. Amount to be refunded to PE: If Line 6 is more than Line 2, subtract Line 2 from Line 6. ▶	7.		00
8. Amount of tax owed: If Line 2 is more than Line 6, subtract Line 6 from Line 2. ▶	8.		00
9. If late, enter penalty. See instructions. ▶	9.		00
10. If late, enter interest. Multiply the amount on Line 8 by 1% (.01). Multiply the result by the number of months or fraction of a month late. ▶	10.		00
11. Balance due with this return: Add Lines 8 through 10. ▶	11.		00

Part I Schedule B – PE Member Composite Return Attach Supplemental Attachment(s), if needed.

Column A Member # From Part IV	Column B Identification Number See instructions.	Column C Connecticut Source Income See instructions.	Column D Connecticut Income Tax Liability Column C X .05
1.	▶	▶	00
2.	▶	▶	00
3.	▶	▶	00
4.	▶	▶	00
5.	▶	▶	00
6.	▶	▶	00
7.	▶	▶	00
8.	▶	▶	00
9. Subtotal(s) from Supplemental Attachment(s)		00	00
10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, <i>Schedule A</i> , Line 1.		00	
11. Total composite return tax liability: Add Lines 1 through 9, Column D.			00

Part I Schedule C – Federal Schedule K Information (Form 1065 or Form 1120S)

All PEs must complete this schedule.	Column A Amounts Reported by This PE on Federal Schedule K	Column B Amount From Subsidiary PE(s)	Column C Column A minus 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
6b. Qualified dividends	6b. ▶ 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
9b. Collectibles (28%) gain (loss)	9b. ▶ 00	00	00
9c. Unrecaptured section 1250 gain	9c. ▶ 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: _____	13. ▶ 00	00	00

Part I Schedule D – Connecticut Source Income From Subsidiary PE(s) Attach Supplemental Attachment(s), if needed.

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
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. Subtotal(s) from Supplemental Attachment(s)		00	00	00
10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, <i>Schedule A</i> , Line 5.				00

Part II Allocation and Apportionment of Income

Complete only if all of the following apply:

- There are one or more nonresident noncorporate members or one or more members that are PEs;
- The PE carries on business both within and outside Connecticut; **and**
- The PE does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

	Column A Totals Everywhere		Column B Connecticut Only		Column C Fraction Enter as a decimal.
1. Real property owned	1.	00		00	Divide Column B by Column A
2. Real property rented from others	2.	00		00	
3. Tangible personal property owned or rented	3.	00		00	
4. Property owned or rented: Add Lines 1, 2, and 3. .	4. ▶	00 ▶		00 ▶	
5. Employee wages and salaries	5. ▶	00 ▶		00 ▶	
6. Gross income from sales and services	6. ▶	00 ▶		00 ▶	
7. Total: Add Lines 4, 5, and 6, Column C.	▶			7.	.
8. Apportionment fraction: Divide Line 7 by three or actual number of fractions.	▶			8.	.

Part III Place(s) of Business

Complete only if the PE carries on business both **within and outside** Connecticut.

Location	Description	Owned by or Rented to PE	Activity

Part IV Member Information Attach Supplemental Attachment(s), if needed.

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.
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .
▶ #	▶	▶	▶	▶ .

Part V Member's Share of Connecticut Modifications Attach Supplemental Attachment(s), if needed.

Additions Enter all amounts as positive numbers.	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. Reserved for future use						
5. Other - specify:	5. ▶	00	▶	00	▶	00

Subtractions Enter all amounts as positive numbers.

6. Interest on U.S. government obligations	6. ▶	00	▶	00	▶	00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7. ▶	00	▶	00	▶	00
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ..	8. ▶	00	▶	00	▶	00
9. Special depreciation allowance for qualified property placed in service during the preceding year(s)	9. ▶	00	▶	00	▶	00
10. Other - specify:	10. ▶	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. Attach Supplemental Attachment(s), if needed.

	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
6b. Qualified dividends	6b. ▶	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
9b. Collectibles (28%) gain (loss)	9b. ▶	00	▶	00	▶	00
9c. Unrecaptured section 1250 gain	9c. ▶	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:	13. ▶	00	▶	00	▶	00

The PE must furnish Schedule CT K-1 to each noncorporate member and to each member that is a PE.

Make check payable to: **Commissioner of Revenue Services**. The Department of Revenue Services (DRS) may submit your check to your bank electronically. Mail to: Department of Revenue Services, PO Box 2967, Hartford CT 06104-2967

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) 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 DRS is a fine of not more than \$5,000, or 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.

Sign Here Keep a copy of this return for your records.	Signature of General Partner or Corporate Officer	Date	May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions, Page 23.)
	Title	Telephone Number ()	
	Paid Preparer's Signature	Date	
	Firm's Name and Address	FEIN ▶	

Check if you used a paid preparer and do not want forms sent to you next year. Checking this box does not relieve you of your responsibility to file.