(Rev. 12/08)

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	Column B	Column C	Column D			
Member # From Part IV	Identification Number See instructions.	Connecticut Source Income See instructions.	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		00	
	•	•	00		00	
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	•	>	00		00	
	•	>	00		00	
	•	•	00		00	
	•	•	00		00	
	•	•	00		00	
Total Column C	upplemental Attachment and Column D and enter here. Enter the total tal attachments on Form CT-1065/CT-1120SI, B, 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
	•		00		00	>	00
Subtotal for Supplemental Atta Total Columns A, B, and C and enter total of all supplemental attachments Form CT-1065/CT-1120SI, Part I, So	here. Enter the on		00		00		00

Part IV - Member Information

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

Part V Member's Share of Connecticut Modifications

Additions: Enter all amounts as positive numbers.		Member ►#		Member ►#		Member ►#		Member ►#	
Interest on state and local government obligations other than Connecticut	1.	>	00	>	00	>	00) -	00
Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	>	00	>	00	>	00)	00
Certain deductions relating to income exempt from Connecticut income tax	3.	>	00	>	00	>	00) >	00
4. Reserved for future use	4.								
5. Other - specify:	5.	>	00	>	00	>	00	>	00
Subtractions: Enter all amounts as positive numbe 6. Interest on U.S. government obligations	rs. 6.	>	00	>	00	>	00	>	00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7.	>	00	>	00	>	00	>	00
Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	8.	>	00	>	00	>	00	>	00
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