

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

2008

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

For calendar year 2008, or other taxable year ▶ beginning _____, 2008, 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** **Electing Large Partnerships (ELP)**

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

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

	Member	Member	Member	Totals for All Members
	#	#	#	
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	4.			
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	Totals for All Members
	#	#	#	
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. For returns with payment **mail to:** Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019. For returns without payment **mail to:** Department of Revenue Services, State of Connecticut, 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	Preparer's SSN or PTIN <input type="checkbox"/> SSN <input type="checkbox"/> PTIN
	Firm's name and address	FEIN	Telephone number ()