Department of Revenue Services State of Connecticut

(Rev. 12/10)

Form CT-1065/CT-1120SI Supplemental Attachment

Complete this form in blue or black ink only.

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

Column A	Column B	Column C		Column D		Column E Members' Credit Schedule CT K-1, Part IV, Line 5, Col. B		Column F	mo
Member # From Part IV	Identification Number See instructions.	Connecticut-Sourced Inco See instructions.	me	Multiply Column (by 6.5% (0.065)	Tax Liability Column D minus Column E				
	>	>	00	C	00	>	00	>	00
	>	>	00		00	>	00	>	00
	>	>	00	0	00	•	00	•	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
	>	>	00	C	00	>	00	>	00
Supplemental Attach	ment Subtotal - Total Columns C,								
	tal of all supplemental attachments 120SI, Part I, <i>Schedule B</i> , Line 9.		00	(00		00		00

Part I Schedule D – Connecticut-Sourced 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.

		Column	Α	Column B		Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1		
Name of Subsidiary PE	FEIN	Amount Rep on Federal	orted K-1	Amount From Connecticut Sour				
>	>	>	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	•	•	00	>	00	>	00	
>	>	-	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	-	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	-	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	-	00	>	00	>	00	
>	>	>	00	>	00	>	00	
>	>	>	00	>	00		00	
Supplemental Attachment Subtot and C. Enter the total of all supple Form CT-1065/CT-1120SI, Part I, So	emental attachments		00		00		00	

Part IV - Member Information

· arti			1			
Member #	Member Name and Address See instructions for order in which to list and for member type codes	Member Type Code	FEIN or SSN	Profit Sharing % Enter as a decimal.	Loss Sharing % Enter as a decimal.	Capital 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. Cancellation of debt income	4.	>	00	>	00	>	00	>	00
5. Other - specify:	5.	>	00	>	00	>	00	>	00
Subtractions: Enter all amounts as positive numbe	rs.								
6. Interest on U.S. government obligations	6.	>	00	>	00	>	00	>	00
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
9. Reserved for future use	9.								
10. Other - specify:	10.	>	00	>	00	>	00	•	00

Part VI – Connecticut-Sourced 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: Attach statement	13.	>	00	>	00	>	00	>	00

Part VII - Connecticut Income Tax Credit Summary

		Member #_		Member #		Member #		Member #	
Qualified small business tax credit	1.	>	00	>	00	>	00	>	00
2. Vocational rehabilitation job creation tax credit	2.	>	00	>	00	>	00	>	00
3. Angel investor tax credit	3.	>	00	>	00	>	00	>	00
4. Insurance reinvestment fund tax credit	4.	>	00	>	00	>	00	>	00
5. Total credits: Add Lines 1 through 4	5.		00		00		00		00