

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

(Rev. 12/11)

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 Member # From Part IV	Column B Identification Number See instructions.	Column C Connecticut-Sourced Income See instructions.	Column D Multiply Column C by 6.7% (0.067)	Column E Members' Credit Schedule CT K-1, Part IV, Line 5, Col. B	Column F Connecticut Income Tax Liability Column D minus Column E
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<b>Supplemental Attachment Subtotal - Total Columns C, D, E, and F. Enter the total of all supplemental attachments on Form CT-1065/CT-1120SI, Part I, Schedule B, Line 9.</b>			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.

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
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<b>Supplemental Attachment Subtotal - Total Columns A, B, and C. Enter the total of all supplemental attachments on Form CT-1065/CT-1120SI, Part I, Schedule D, Line 9.</b>			00	00

**Part IV – Member Information**

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	Profit Sharing % <small>Enter as a decimal.</small>	Loss Sharing % <small>Enter as a decimal.</small>	Capital Ownership % <small>Enter as a decimal.</small>
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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. Reserved for future use.....	4.								
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. 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 # _____	
1. 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