Form CT-1065/CT-1120SI Supplemental Attachment

(Rev. 01/13)

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. | Connecticut-Sourced Inco See instructions. | ome | Column D Multiply Column C by 6.7% (0.067) | | Column E Members' Cred Schedule CT K- Part IV, Line 5, Co | 1, | Column F Connecticut Income Tax Liability Column D minus Column E | |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----|---------------------------------------------|----|--------------------------------------------------------------------|----|-------------------------------------------------------------------|----|
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| D, E, and F. Enter the to | 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. | | 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 A | | Column B | Column C | | | |
|---------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|----|-----------------------------------|----------|-----------------------------------------------------------|----|--|
| Name of Subsidiary PE | FEIN | Amount Reported on Federal K-1 | | Amount From Connecticut Source | es | CT Income Tax Liability Schedule CT K-1, Part III, Line 1 | | |
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| Supplemental Attachment Subtota and C. Enter the total of all supple Form CT-1065/CT-1120SI, Part I, Sc | mental attachments | | 00 | | 00 | | 00 | |

Part IV – Member Information

| | - Monison monitori | | | | | |
|-------------|-----------------------------------------------------------------------------------------------|------------------------|-------------|--------------------------------------|---------------------------------------------|-----------------------------------------|
| 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. |
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Part V – Member's Share of Connecticut Modifications

| Additions: Fotos ell opposition position pumbers | | Member # | | Member # | | Member # | | Member # | |
|------------------------------------------------------------------------------------------------------|-----|-------------|----|-------------|----|-------------|----|-------------|----|
| Additions: Enter all amounts as positive numbers. | | <i>m</i> | | <i>"</i> | | т | | т | |
| 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 | 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 |
| 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 # | |
|-------------------------------------------|-----|-------------|----|-------------|----|-------------|----|-------------|----|
| Ordinary business income (loss) | 1. | > | 00 | > | 00 | > | 00 | > | 00 |
| 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. Job expansion 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 |