Department of Revenue Services State of Connecticut (Rev. 1/13)

Form CT-1065/CT-1120SI

CT-1065/CT-1120SI

2012

Connecticut Composite Income Tax Return

Complete this form in blue or black ink only. See instructions before completing this return. Visit www.ct.gov/TSC to file and pay this return electronically.

For	calendar year 2012, or other taxable year ► beginning, 2012, and ► ending	g	ı
Na		I Employer ID Nu	imber (FEIN)
Nu	mber and street PO Box DRS u:	se only	
	▶	_	- 20
City	v or town State ZIP code Conner	cticut Tax Registr	ation Number
	pe of PE ►		eated as a partnership)
Pa	ss-Through Entity Information		
Co	mplete this section first and then complete Part I, Schedule C.		
A.	Check here if ► □ Final return (out of business in Connecticut) Date of dissolution: □ Amended return □ Short period return Explanation:		/ / 20
В.	Change of address. See instructions, Page 16.	For a	faster refund, file this
C.	Total number of noncorporate members as of the close of the PE's taxable year: Resident (RI, RE, RT) ► Nonresident (NI, NE, NT, PE) ►	retu	urn electronically at
D.	Enter the six-digit Business Code Number from federal Form 1065 or federal Form 1120S. Business Code Number ►		choose direct deposit.
E.	Date business began: / / Date business began in Connecticut: _		//
F.	Does this PE own, directly or indirectly, an interest in Connecticut real property? If the answer to is Yes , and either answer to Item G or H is Yes , provide a listing of all Connecticut real property		
G.	Was a controlling interest in this PE transferred? If Yes , enter transferor name and Social Securi Number (SSN) or FEIN, transferee name, and date of transfer below.		
	Transferor name:SSN or FEIN:		
	Transferee name: Date of transfer:		
	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, transferee name, and date of transfer b Name: FEIN:	elow	
	Transferee name: Date of transfer:		
Pa	rt I Schedule A – PE Computation of Composite Tax Due		
	Total Connecticut-sourced income included in composite return		
	from Part I, Schedule B, Line 10, Column C.	► 1.	00
2	Multiply Line 1 by 6.7% (.067).	▶ 2.	00
3	Members' credits from Part I, Schedule B, Line 12, Column E.	▶ 3.	00
4	Tax liability: Subtract Line 3 from Line 2.	► 4.	00
5	Payment made with Form CT-1065/CT-1120SI EXT.	▶ 5.	00
6	Parent PE only: Enter amount from Part I, Schedule D, Line 10, Column C.	6.	00
7	Add Line 5 and Line 6.	7.	00
8	Amount to be refunded to PE: If Line 7 is more than Line 4, subtract Line 4 from Line 7 For faster refund, use Direct Deposit by completing Lines 8a, 8b, and 8c.	8.	00
8a	Checking ► Savings ► Savings ► Sb. Routing number ►		
8c.	Account number	k account outsi	de the U.S.? 🕨 🗖 Yes
9	Amount of tax owed: If Line 4 is more than Line 7, subtract Line 7 from Line 4.	9.	00
10	If late, enter penalty. See instructions.	▶ 10.	00
	If late, enter interest. Multiply the amount on Line 9 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	er	00
12	Balance due with this return: Add Lines 9 through 11.		00
	thership: Attach a complete copy of federal Form 1065 (excluding federal K-1s).	📕 🛛 🗠	00

S corporation: Attach a complete copy of federal Form 1120S (excluding federal K-1s).

For a faster refund, choose direct deposit (Lines 8a - 8c).

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

Column A	Column B	Column C		Column D		Column E		Column F	
Member # From Part IV	Identification Number See instructions.	Connecticut-Sourced Inco See instructions.	ome	Multiply Column C by 6.7% (0.067)		Members' Credit Schedule CT K-1, Part IV, Line 5, Col. B		Connecticut Incor Tax Liability Column D minu Column E	-
1.		•	00	(00	•	00		00
2.	•	•	00	(00	•	00		00
3.		•	00	0	00	•	00	•	00
4.	•	•	00	(00	•	00	•	00
5.			00	0	00	•	00	•	00
6.	•	•	00	(00	•	00	•	00
7.	•		00	(00	•	00	•	00
8.	•		00	(00	•	00	•	00
9. Subtotal(s) fro	m supplemental attachment(s)		00	(00		00		00
10. Add Lines 1 through 9, Column C. Enter amount here and on Part I, Schedule A, Line 1. 00									
11. Add Lines 1 through 9, Column D.									
12. Add Lines 1 through 9, Column E. Enter amount here and on Part I, Schedule A, Line 3.									
13. Total composi	te return tax liability. Add Line	s 1 through 9, Column F.							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.		0	00		00		00
2. Net rental real estate income (loss)	2.		0	00		00		00
3. Other net rental income (loss)	3.		0	00		00		00
4. Guaranteed payments	4.		0	00		00		00
5. Interest income	5.		0	00		00		00
6a. Ordinary dividends	6a.		0	00		00		00
6b. Qualified dividends	6b.		0	00		00		00
7. Royalties	7.		0	00		00		00
8. Net short-term capital gain (loss)	8.		0	00		00		00
9a. Net long-term capital gain (loss)	9a.		0	00		00		00
9b. Collectibles (28%) gain (loss)	9b.		0	00		00		00
9c. Unrecaptured section 1250 gain	9c.		0	00		00		00
10. Net section 1231 gain (loss)	10.		0	00		00		00
11. Other income (loss): Attach statement	11.		0	00		00		00
12. Section 179 deduction	12.		0	00		00		00
13. Other deductions: Attach statement	13.		0	00		00		00

Part I Schedule D – Connecticut-Sourced 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	1	Column B Amount From Connecticut Source	s	Column C CT Income Tax Liabi Schedule CT K-1, Part III, I	
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 supplem	ental attachment(s)		00		00		00
10. Add Lines 1 through 9, Co amount here and on Part							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
2. Real property rented from others	2.		00		00	by
3. Tangible personal property owned or rented	3.		00		00	Column A
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 actu	8.	▶ .				

Part III Place(s) of Business Attach supplemental attachment(s), if needed.

Complete only if the PE carries on business both within and outside Connecticut.

Location	Description	Owned or Rented to PE	Activity

Part IV - Member Information Attach supplemental attachment(s), if needed.

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 M	Part V – Member's Share of Connecticut Modifications Attach supplemental attachment(s), if needed.										
Additions: Enter all amounts as positive numbers		Member #		Member #		Member #		Totals for All Members			
1. 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		
3. Certain deductions relating to income exempt from Connecticut income tax	3.	•	00	Þ	00	•	00		00		
4. Reserved for future use	4.								\square		
5. Other - specify:	5.		00		00		00		00		
Subtractions: Enter all amounts as positive numb	ers										
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		
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.						\square		\square		
10. Other – specify:	10.		00	•	00		00		00		

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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. Attach supplemental attachment(s), if needed.

Attach supplemental attachment(s), if needed.		Member #		Member #		Member #		Totals for All Members	
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

Attach supplemental attachment(s), if needed.		Member #		Member #		Member #		Totals for All Members	
1. 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

The PE must furnish Schedule CT K-1 to all members.

Form CT K-1T and all copies of all Schedule CT K-1s issued by a PE must be filed with the Department of Revenue Services (DRS). **Do not attach Form CT K-1T and Schedule CT K-1s** to the composite income tax return.

Visit the DRS website at **www.ct.gov/TSC** to use the **Taxpayer Service Center** (*TSC*) to file and pay this return electronically. To pay by mail, make check payable to **Commissioner of Revenue Services**.

Mail return with payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019. Mail return without payment 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, 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.

	Signature of general partner or corporate officer	Date	May DRS contact the preparer shown below about this return?							
Sign Here Keep a	Title	Telephone number	(See instructions, Page 30.)							
copy of this	Email address of general partner or corporate officer									
return for your records.	Paid preparer's signature	Date	Preparer's SSN or PTIN ☐ SSN ► ☐ PTIN							
	Firm's name and address	FEIN	Telephone number							