

Department of Revenue Services State of Connecticut (Rev. 02/20) 10651120SI 1219W 01 9999



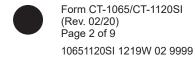
Form CT-1065/CT-1120SI Connecticut Pass-Through Entity Tax Return

2019



Compl	ete this return and all attachme	ents in blue or black ink	only. Do not use staple	es
Ente	er income year beginning			and ending ►
		M M - D D - Y	YYYY	M M - D D - Y Y Y Y
Na	me of pass-through entity			Federal Employer Identification Number (FEIN)
•	This return MU	JST be filed el	ectronically!	>
Nι	ımber and street			PO Box
•		L paper tax ret	turn to DRS.	
Cit	ty, town, or post office	State	ZIP code	Connecticut Tax Registration Number
		•		<u> </u>
Type	of PE:			
•	Limited liability partnership	(LLP) ►	Limited partnersh	hip (LP)
•	S corporation	>	Partnership (LLC	treated as a partnership)
Pass	-Through Entity Inform	ation		
	eturn type			
•	Final return (out of business	in Connecticut)	Date of dissolu	
	A I. I. I	–		M M - D D - Y Y Y
	Amended return ► S	hort period return Ex	rplanation:	
B.	Change of address. See ins	structions.		
C. En	ter the six-digit Business Code N	lumber from federal For	m 1065 or federal Form	1120S. Business Code Number
D. (a)	Did this PE transfer a control	ling interest in an entity	that owns, directly or	indirectly, CT real property? ► Yes No
If N	/es , enter: Entity name		Eader	ral Employer ID Number
11	ies, enter. Littity flame		i edei	
(b)	If this PE directly or indirectly	owns CT real property	, was a controlling inte	erest of this PE transferred? Yes No
If Y	/es , enter: Transferor name			FEIN / SSN
(c)	If the answer to either (a) or (b) is Yes , enter: Transf	feree(s) name	
Da	te of transfer –	– , a	and attach a list of addr	resses for all Connecticut real property transferred.
E Dia		D - Y Y Y Y	in audit ragima apacted by	y the Bipartisan Budget Act of 2015? ► Yes No
				y the Bipartisan Budget Act of 2015? ► Yes No
Selec	ct a Filing Method, Requ			
•	Standard Base (default).	·		
•	Alternative Base (election). Complete Form CT-	1065/CT-1120SI and a	ttach Schedule CT-AB, Alternative Base Calculation.
Com	bined Election, Optional.	See instructions.		
•	PE elects to calculate its	tax as a combined gree, select one of the follow	oup with other comm lowing:	nonly-owned PEs.
•	PE is the Designated Con Part I, Schedule A, I	ombined Reporting PE ine 1, enter the amour	Complete Schedule on the from Schedule CT-C	CT-CE, Combined Election. CE, Section 1, Line 9, Column C.
>	PE's income is reported Complete this return, ex	on Schedule CT-CE fi scept enter zero ("0") or	iled by the Designated n Part I, <i>Schedule A</i> , Li	Combined Reporting PE listed below. ine 1.
	Designated Combined I	Reporting PE's name:	•	
	Designated Combined F	Reporting PE's FEIN:	•	
	Each PE must file its own retu	rn and select the same	e filing base (standard	or alternative) as the other members of the combined group.
Nonr	esident Composite Inc	ome Tax Remittan	ce Election. Option	nal. See instructions.

PE elects to remit income tax on behalf of its nonresident members. If election is made, complete Form CT-1065/CT-1120SI and attach **Schedule CT-NR**, *Elective Composite Income Tax Remittance Calculation*. By checking this box, the PE agrees to the terms and conditions as set forth in Schedule CT-NR.



1. PE Income/(Loss) Subject to Tax



Pass-through entity's Federal Employer Identification Number	

Part I, Schedule A - Computation of Amount Due

	Standard Base Filers: Enter amount from Part I, <i>Schedule B</i> , Line 20, Column D. Alternative Base Filers: Enter the amount from Schedule CT-AB , Section 1, Line 5. Combined Filers: See instructions.	1.	>				.00
2a. F	PE Tax due: Multiply Line 1 by 6.99% (.0699). If Line 1 is zero or less, enter zero ("0").	2a.					.00
2b. E	Elective Composite Income Tax Remittance from Schedule CT-NR , Line 22 (if applicable).	2b.	•				.00
2. 1	Total tax due: Add Line 2a and Line 2b.	2.					.00
3a. 2	2019 estimated payments	3a.					.00
3b. F	Payment made with Form CT-1065/CT-1120SI EXT	3b.					.00
3c. (Overpayment from prior year applied to 2019.	3c.					.00
3. F	Payments: Enter the total of Lines 3a, 3b and 3c.	3.	•				.00
4. E	Balance due/(overpaid): Subtract Line 3 from Line 2.	4.					.00
5a. I	f late, enter penalty. See instructions.	5a.					.00
5b. I	f late, enter interest. Multiply the amount on Line 4 by 1% (.01). Multiply the result by he number of months or fraction of a month late.	5b.					.00
	nterest on underpayment of estimated tax: See instructions.	5c.					.00
5	5d. If annualizing estimated payments, check here: ▶						
5. 1	Total penalty and interest: Enter the total of Lines 5a, 5b and 5c.	5.					.00
6a. <i>A</i>	Amount to be applied to 2020 estimated PE tax	6a.	•				.00
6b. <i>A</i>	Amount to be refunded	6b.	•				.00
	For faster refund, use direct deposit by completing Lines 6c, 6d, and 6	ĉe.					
6c. (Checking ► Savings ► 6e. Account number ►						
6d. F	Routing number 6f. Will this refund go to a bank	k accoi	unt outsi	de the U.S	.? ▶		Yes
6. 1	Total to be credited or refunded: Enter the total of Line 6a and Line 6b.	6.	>				.00
7. 1	Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank.	7.	•				.00
I unde	LARATION: I declare under the penalty of law that I have examined this return and, to the best of my know rstand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DF a more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all infor	RS) is a f	ine of not	more than \$5	,000, in	mprison	ment
Sig	Signature of general partner or corporate officer This return MIST be filed electronically.			Date (M	MDDYYY	YY)	
Hei							
Keep	DO NOT MAIL paper return to DRS. May			preparer Y	es	No	
copy this retu for ye	s Email address of general partner or corporate officer	wn belo	w about th	is return?			
recor		Υ)	Pre	parer's PTII	1		
	Firm's name and address Check i	f self-er	nployed				
	Firm's FEIN		Telephor	ne number			
			·				



Pass-through entity's Federal Employer Identification Number

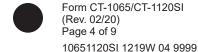
Part I, Schedule B – Computation of PE's

Column A

	Column C
olumn B	PE's Income/(Loss) Fror Own Activities
m Subsidiary PE(s)	(Column A minus Colum

Column D
PE's Connecticut Source Income/
(Loss) From Its Own Activities
(Apportioned or allocated from

	n Connecticut Source Income/(Loss		Column A Amounts Reported by this PE on Federal Schedule K	Column B Amounts From Subsidiary PE(s)	PE's Income/(Loss) From Its Own Activities (Column A minus Column B)	(Loss) From Its Own Activities (Apportioned or allocated from Column C. See instructions.)
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
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
10.	Net section 1231 gain (loss)	10. ▶	.00 ▶	.00	.00 ▶	.00
11.	Other income (loss): Attach statement.	11. ▶	.00 ▶	.00	.00 ▶	.00
11a.	Subtotal: Add Lines 1 through 11.	11a. ▶	.00 ▶	.00	.00 ▶	.00
12.	Section 179 deduction	12. ▶	.00 ▶	.00	.00 ▶	.00
13.	Other deductions: Attach statement.	13. ▶	.00 ▶	.00	.00 ▶	.00
13a.	Subtotal: Add Line 12 and Line 13.	13a. ▶	.00 ▶	.00	.00 ▶	.00
14.	Total: Subtract Line 13a from Line 11a.	14. ▶	.00 ▶	.00	.00 ▶	.00
15.	Subtractions from Part I, Schedule C, Line 12a	a 15. ▶	.00 ▶	.00	.00 ▶	.00
16.	Subtotal: Subtract Line 15 from Line 14.	16. ▶	.00 ▶	.00	.00 ▶	.00
17a.	Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes	s 17a. ▶	.00 ▶	.00	.00 ▶	.00
17b.	Additions from Part I, Schedule C, Line 6a	17b. ▶	.00 ▶	.00	.00 ▶	.00
18.	Subtotal: Add Lines 16, 17a, and 17b.	18. ▶	.00 ▶	.00	.00 ▶	.00
19.	Net operating loss deduction. Enter as a posit	ive num	ber. See instructions		19. ▶	.00
20.	Total: Enter the amount from Line 18 for Columns A, B, and C. Subtract Line 19					
	from Line 18 for Column D.	20. ▶	.00 ▶	.00	.00 ▶	.00



12a. Total subtractions: Add Lines 7 through 12.



Pass-through entity's Federal Employer Identification Number

.00

.00 ▶

.00

Column D Column B Column C PE's Connecticut Source Part I, Schedule C - PE's Connecticut Modifications Reported on PE's Net Modifications **Net Modifications** Column A Schedule CT K-1s From **Modifications** (Column A minus (Apportioned or allocated from **Total Modifications** Subsidiary PE(s) Column B) Column C. See instructions.) 1. Interest on state and local government 1. ▶ .00 ▶ .00 .00 -.00 obligations other than Connecticut Mutual fund exempt-interest dividends from non-Connecticut state or municipal 2. ▶ .00 ▶ .00 .00 .00 ▶ government obligations Certain deductions relating to income 3. ▶ .00 ▶ .00 ▶ .00 .00 exempt from Connecticut income tax 4. Section 168(k) federal bonus depreciation allowed for property placed in service during this year 4. ▶ .00 ▶ .00 .00 ▶ .00 .00 .00 5. 80% of Section 179 federal deduction .00 ▶ .00 ▶ 5. ▶ 6. Other: Attach statement. 6. ▶ .00 ▶ .00 .00 ▶ .00 .00 ▶ .00 .00 > .00 6a. Total additions: Add Lines 1 through 6. 6a. ► .00 .00 7. Interest on U.S. government obligations 7. ▶ .00 ▶ .00 > Exempt dividends from certain qualifying mutual funds derived from U.S. 8. ▶ .00 ▶ .00 .00 ▶ .00 government obligations 9. Certain expenses related to income exempt from federal income tax but 9. .00 ▶ .00 .00 ▶ .00 subject to Connecticut tax 10. 25% of Section 168(k) federal bonus depreciation added back in preceding two years 10. ▶ .00 ▶ .00 .00 ▶ .00 11. 25% of Section 179 federal deduction 11. ▶ .00 ▶ .00 .00 ▶ .00 added back in preceding year .00 .00 ▶ .00 12. Other: Attach statement. 12. ▶ .00 ▶

Part I, Schedule D - Subsidiary PE Information (Attach supplemental attachment(s), if needed)
Only a parent PE must complete this schedule

12a. ▶

Only a parent PE must complete this schedule			Column A		Column B	DE	Column C
Name of Subsidiary PE	FEIN		Amount Reported on Federal K-1		Amount From Connecticut Sources		Tax Credit Reported dule 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. Subtotal(s) from supplemental attachment(s)		6. ▶		.00 ▶		.00 ▶	.00
7. Total: Add Lines 1 through 6.		7. ▶		.00 ▶		.00 ▶	.00

.00 ▶



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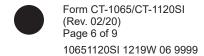
ass-through entity's Federal Employer Identification	Number

Part II – Allocation and Apportionment of Income (See instructions.) If the PE carries on business only within Connecticut, enter 1.000000 (100%) on Line 8 and leave the other	Column A k. Connecticut	Column B Everywhere	
 Gross receipts from the sale or disposition of tangible personal property held for sale in the ordinary course of trade or business 	1. ▶	.00	.00
2. Gross receipts from services	2. ▶	.00	.00
3. Gross receipts from the rental, lease or license of tangible personal property	3. ▶	.00	.00
4. Gross receipts from the rental, lease or license of intangible property	4. ▶	.00	.00
5. Gross receipts from the sale or disposition of intangible property held for sale in the ordinary course of trade or business	5. ▶	.00	.00
6. Other receipts	6. ▶	.00	.00
7. Total: Add Lines 1 through 6 in Column A and Column B.	7. ▶	.00	.00
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal pl	8.	•	

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

See instructions for order in which to list and for member type codes.

	Member #		Name, Address, City, State, and ZIP Code		FEIN or SSN	Men Type		Distributive Share % Enter as a decimal.		Capital Ownership % Enter as a decimal.
•		•		•		>	•	•	•	
•		•		•		•	•		•	
•		•		•		•	•	•	•	
•		•		•		•	•		•	





Pass-through entity's Federal Employer Identification Number

Part IV – PE's Total Connecticut Source Income/(Loss)		Column A Connecticut Source Portion of PE Income/(Loss) From PE's Own Activities		Column B Connecticut Source Portion of Subsidiary PE Income/(Loss)	,	Column C PE's Total Connecticut Source Income/(Loss) (Column A plus 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	
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	
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: Attach statement.	13.	.00		.00		.00	

Column A: Report amounts from Part I, *Schedule B*, Column D. Include modification from Part I, *Schedule C*, Column D where applicable. See instructions. **Column B**: Report this information from Part II of the Schedule CT K-1(s) from subsidiary PE(s).

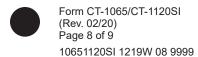


Part V – Member's Total Share of Connecticut Modifications (Attach supplemental attachment(s), if needed.)

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 ▶	
Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ▶	.00 ▶	.00 ▶	.00 ▶	
Certain deductions relating to income exempt from Connecticut income tax	3. ▶	.00 ►	.00 ▶	.00 ►	
 Section 168(k) federal bonus depreciation allowed for property placed in service during this year 	4. ▶	.00 ▶	.00 ▶	.00 ▶	
80% of Section 179 federal deduction	5. ▶	.00 ▶	.00 ▶	.00 ►	
6. Other	0 5	00 ►	.00 ▶	.00 ▶	
Specify:	6. D	.00 ▶	.00 ₽	.00	
Specify:		.00	.00 ₽	.00	,
Specify: Subtractions: Enter all amounts as poly Interest on U.S. government obligations		.00 ►	.00 ▶	.00 ►	
Specify: Subtractions: Enter all amounts as portable. Interest on U.S. government	ositive numbers.				
Specify: Subtractions: Enter all amounts as positive interest on U.S. government obligations Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	ositive numbers.	.00 ▶	.00 ▶	.00 ►	
Specify: Subtractions: Enter all amounts as possible in the coordinate of the coord	ositive numbers. 7. ► 8. ►	.00 ► .00 ►	.00 ► .00 ►	.00 >	
Specify: Subtractions: Enter all amounts as positive to Connecticut tax O. 25% of Section 168(k) federal bonus	ositive numbers. 7. 8. 9.	.00 ► .00 ►	.00 ►	.00 ► .00 ►	

Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

13. Member's portion of Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes: Enter the member's distributive share of the amount reported on Part I, Schedule B.					
Line 17a, Column A.	>	.00 ▶	.00 ▶	.00 ▶	.00



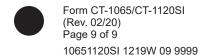


Part VI – Member's Total Connecticut Source Income/(Loss). (Attach supplemental attachment(s), if needed.)

Enter member's distributive share of Connections ource items from Part IV, Column C.	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.
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.
10. Net section 1231 gain (loss)	10. ▶	.00 ▶	.00 ▶	.00 • 00.
11. Other income (loss): Attach statemen	nt. 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#: ▶	Member #: ▶	
Reserved for future use	1.				
2. Reserved for future use	2.				
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 Line 3 and Line 4.	5.	.00	.00	.00	.00





Pass-th	rough	entity's	Fede	ral Em	ployer	Identific	cation I	Number

Do not complete Part VIII or Part IX if the PE has made the election to calculate its tax as a combined group on Page 1.

Part VIII – Direct PE Tax Credit Calculation.

1. Enter the amount of tax from Part I, Schedule A, Line 2a.	1.	.00
2. Total Direct PE Tax Credit Available to Members: Multiply Line 1 by 87.5% (.875). If Line 1 is zero,		
enter zero ("0").	2. ▶	.00

Part IX – Allocation of PE Tax Credit to Members. (Attach supplemental attachment(s), if needed.)

	Column A Member #		Column B Direct PE Tax Credit		Column C Indirect PE Tax Credit From Subsidiary PE(s)		Column D Total PE Tax Credit (Column B plus Column C)	
1.		1.		.00		.00		.00
2.		2.		.00		.00		.00
3.		3.		.00		.00		.00
4. ▶		4.		.00		.00		.00
5 . ▶		5.		.00		.00		.00
6. ▶		6.		.00		.00		.00
7. ▶		7.		.00		.00		.00
8.		8.		.00		.00 ▶		.00
9.		9.		.00		.00		.00
10. Su	btotal(s) fror achment(s)	n supplemental 10. ▶		.00		.00		.00
11. To	tal	11. ▶		.00		.00		.00