Schedule CT-CE Combined Election Supplemental Attachment

Only Designated Combined Reporting PEs should complete this schedule.

Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS). Do not use staples.

Sec	ction 1 - PE Combination				Column D	
	Column A Pass-Through Entity Included in the Combined Return	Column B FEIN	Т	Column C otal Income/(Loss) Subject to Tax	Indirect PE Tax Credit From Subsidiary PE(s)	
1.		>	•	.00) ▶	.00
2.		>	•	.00.) ▶	.00
3.		>	•	.00.) ▶	.00
4.		>	•	.00.) ▶	.00
5.		>	•	.00.) ▶	.00
6.		>	•	.00.) ▶	.00
7. 1	Total Columns C and D. Enter total of all supplement attachm	ents on Schedule CT-CE. Section 1. Line 6.	7.	.00.)	.00

Section 2 - Allocation of PE Tax Credit to Combined Group Members

Column A Member Name	Column B SSN/FEIN	Column C Member Type	Column D Direct PE Tax Credit	Column E Indirect PE Tax Credit		Column F Total PE Tax Credit					
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.).	00	.00 ▶	.00					
10.).	00	.00 ►	.00					
11.).	00	.00 ▶	.00					
12. ▶).	00	.00 ►	.00					
13 . ▶).	00	.00 ►	.00					
14. Total Columns D, E, and F. Enter the total of all supplement attachments on											
Schedule CT-CE, Section 2, Line 11.		14.).	00	.00	.00					