

Schedule CT-NR

Elective Composite Income Tax Remittance Calculation Supplemental Attachment

Pass-through entity's Federal Employer Identification Number

2019

Complete this form in blue or black ink only. Do not use staples.

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).

	Column A Member # (from Part III)	Column B Connecticut Source Income (See instructions)	Column C Multiply Column B by 6.99% (0.0699)	Column D Members' PE Tax Credit (from Part IX, Column D)	Column E Members' CT Income Tax Liability (Column C minus Column D)
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.	▶	▶	.00 ▶	.00 ▶	.00 ▶
15.	▶	▶	.00 ▶	.00 ▶	.00 ▶
16.	▶	▶	.00 ▶	.00 ▶	.00 ▶
17.	▶	▶	.00 ▶	.00 ▶	.00 ▶
18.	▶	▶	.00 ▶	.00 ▶	.00 ▶
19.	▶	▶	.00 ▶	.00 ▶	.00 ▶
20.	▶	▶	.00 ▶	.00 ▶	.00 ▶
21.	Supplemental Attachment Subtotal - Total Columns C through E. Enter the total of all supplemental attachments on Schedule CT-NR, Line 21.		.00 ▶	.00 ▶	.00 ▶