

Department of Revenue Services State of Connecticut (Rev. 12/20) 10651120SI 1220W 01 9999



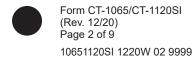
# Form CT-1065/CT-1120SI Connecticut Pass-Through Entity Tax Return

2020



| Com      | nplete this return and all attachme    | nts in blue or black ink or                | ly. Do not use staples.                                       |   |
|----------|--|--|---|---|
| Er       | nter income year beginning ►           |  | and end   | ling ▶  |
|          |  | M M - D D - Y                              | Y Y Y   | M M - D D - Y Y Y Y   |
| 1        | Name of pass-through entity            |  |   | Federal Employer Identification Number (FEIN)                   |
| <b>•</b> | This return MU                         | ST be filed elec                           | ctronically!  | <b>&gt;</b>   |
| 1        | Number and street                      |  |   | PO Box  |
|          |  | . paper tax retu                           |   |   |
| (        | City, town, or post office             | State ZI                                   | P code  | Connecticut Tax Registration Number                             |
|          |  |  |   |   |
| Тур      | e of PE:                               |  |   |   |
| <b>•</b> | Limited liability partnership          | (LLP) ►                                    | Limited partnership (LP)                                      | ► General partnership (GP)                                      |
| <b>•</b> | S corporation                          | <b>&gt;</b>                                | Partnership (LLC treated                                      | d as a partnership)   |
| Pas      | ss-Through Entity Informa              | ation                                      |   |   |
| A.       | Return type                            |  |   |   |
| <b>•</b> | Final return (out of business          | in Connecticut)                            | Date of dissolution:  | — — — — — — — — — — — — — — — — — — —                           |
|          | Amended return ► Sh                    | nort period return Expla                   | anation:  |   |
|          |  | ·  | andion.   |   |
| B.       | Change of address. See inst            |  | 1065 or fodoral Form 11000 I                                  | Duainaga Cada Numbar  |
| C. I     | Enter the six-digit Business Code N    | umber irom lederal Form                    | 1005 of lederal Form 11205. I                                 | Business Code Number  |
| D. (     | (a) Did this PE transfer a controlli   | ng interest in an entity th                | nat owns, directly or indirect                                | ly, CT real property? ► Yes No                                  |
| ı        | If <b>Yes</b> , enter: Entity name     |  | Federal Emp   | loyer ID Number   |
| (        | (b) If this PE directly or indirectly  | owns CT real property, v                   | vas a controlling interest of                                 | this PE transferred? ► Yes No                                   |
| ı        | If <b>Yes</b> , enter: Transferor name |  |   | FEIN / SSN  |
| (        | (c) If the answer to either (a) or (b  | o) is <b>Yes</b> , enter: Transfer         | ee(s) name  |   |
| [        | Date of transfer –                     | – , and                                    | d attach a list of addresses                                  | for all Connecticut real property transferred.                  |
| FI       | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  | D - Y Y Y Y  ral centralized partnership a | audit regime enacted by the Bir                               | partisan Budget Act of 2015? ► Yes No                           |
|          | ect a Filing Method, Requir            |  |   | isolated Education 2010: 19 100 100 100 100 100 100 100 100 100 |
| •        | Standard Base (default). C             |  |   |   |
| <b>•</b> | , ,                                    | •  |   | chedule CT-AB, Alternative Base Calculation.                    |
| Coi      | mbined Election, Optional. S           | ·  |   | ,   |
| •        | PE elects to calculate its to          | ax as a combined grou                      | p with other commonly-o                                       | wned PEs.   |
|          | ► PE is the Designated Co              | mbined Reporting PE. C                     | Complete <b>Schedule CT-CE</b> ,<br>from Schedule CT-CE, Sect | Combined Election.<br>iion 1. Line 9. Column C.                 |
|          | ► PE's income is reported              | on Schedule CT-CE filed                    | •   | ned Reporting PE listed below.                                  |
|          | Designated Combined R                  |  | •   |   |
|          | Designated Combined R                  | eporting PE's FEIN:                        | <b>•</b>  |   |
|          | Each PE must file its own retur        | n and select the same fi                   | ling base (standard or altern                                 | native) as the other members of the combined group.             |
| Noi      | nresident Composite Inco               | me Tax Remittance                          | Election, Optional. See                                       | e 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 Fede | eral Employer Identification Numb | er |
|----------------------------|-----------------------------------|----|
|                            |                                   |    |

#### 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 <b>Schedule CT-AB</b> , 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 <b>Schedule CT-NR</b> , Line 22 (if applicable).  | 2b.         | -          |              |              |          | .00   |
| 2. T         | otal tax due: Add Line 2a and Line 2b.  | 2.          | -          |              |              |          | .00   |
| 3a. 2        | 020 estimated payments  | 3a.         | -          |              |              |          | .00   |
| 3b. F        | Payment made with Form CT-1065/CT-1120SI EXT  | 3b.         | -          |              |              |          | .00   |
| 3c. C        | Overpayment from prior year applied to 2020.  | 3c.         | -          |              |              |          | .00   |
| 3. <b>F</b>  | Payments: Enter the total of Lines 3a, 3b and 3c.   | 3.          | -          |              |              |          | .00   |
| 4. <b>E</b>  | Balance due/(overpaid): Subtract Line 3 from Line 2.  | 4.          | -          |              |              |          | .00   |
| 5a. If       | f late, enter penalty. See instructions.  | 5a.         | -          |              |              |          | .00   |
| 5b. If       | f late, enter interest. Multiply the amount on Line 4 by 1% (.01). Multiply the result by<br>the number of months or fraction of a month late.  | 5b.         | -          |              |              |          | .00   |
|              | nterest on underpayment of estimated tax: See instructions.   | 5c.         | -          |              |              |          | .00   |
| 5            | id. If annualizing estimated payments, check here: ▶  |             |            |              |              |          |       |
| 5. <b>T</b>  | otal penalty and interest: Enter the total of Lines 5a, 5b and 5c.  | 5.          | -          |              |              |          | .00   |
| 6a. <i>A</i> | Amount to be applied to 2021 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   | ie.         |            |              |              |          |       |
| 6c. C        | Checking ► Savings ► 6e. Account number ►   |             |            |              |              |          |       |
| 6d. F        | Routing number   6f. Will this refund go to a bank  | accou       | ınt outsi  | de the U.    | S.? <b>•</b> | <b>-</b> | Yes   |
| 6. T         | otal to be credited or refunded: Enter the total of Line 6a and Line 6b.  | 6.          | <b>-</b>   |              |              |          | .00   |
| 7. T         | otal amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank.   | 7.          | <b>-</b>   |              |              |          | .00   |
| I unde       | ARATION: 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 (DR more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all infor | RS) is a fi | ne of not  | more than \$ | 5,000, i     | impriso  | nment |
| Sig          | Signature of general partner or corporate officer   |             |            | Date (N      | MMDDYY       | /YY)     |       |
| Hei          |   |             |            |              |              |          |       |
| Keep         | DO NOT MAIL paper return to DRS. May  |             |            | preparer     | Yes          | No       |       |
| this retu    | Email address of general partner or corporate officer   | wn belov    | v about th | is return?   |              |          |       |
| for you      |   | Y)          | Pre        | parer's PT   | IN           |          |       |
|              | Firm's name and address Check if  | self-en     | nployed    |              |              |          |       |
|              | Firm's FEIN   |             | Telephor   | ne number    |              |          |       |
|              |   |             |            |              |              |          |       |
|              |   |             |            |              |              |          |       |



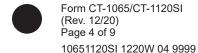
# Part I Schedule B - Computation of PF's

Column C

Pass-through entity's Federal Employer Identification Number

Column D PE's Connecticut Source Income/

|      | rt I, Schedule B – Computation of PE<br>n Connecticut Source Income/(Loss              | `        | Column A  Amounts Reported by this PE on Federal Schedule K | <b>Column B</b> Amounts From Subsidiary PE(s) | PE's Income/(Loss) From Its<br>Own Activities<br>(Column A minus Column B) | PE's Connecticut Source Income/<br>(Loss) From Its Own Activities<br>(Apportioned or allocated from<br>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.  | <b>Total:</b> Subtract Line 13a from Line 11a.   | 14. ▶    | .00 ►   | .00   | .00 ▶  | .00   |
| 15.  | Subtractions from Part I, Schedule C, Line 12a   | 15. ▶    | .00 ►   | .00   | .00 ▶  | .00   |
| 16.  | <b>Subtotal:</b> Subtract Line 15 from Line 14.  | 16. ▶    | .00 ►   | .00   | .00 ▶  | .00   |
| 17a. | Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes | i 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 positi  | ive numb | er. See instructions  |   | 19. ►  | .00   |
| 20.  | <b>Total:</b> 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 obligations 1. ▶ .00 ▶ .00 .00 -.00 other than Connecticut 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government 2. ▶ .00 ▶ .00 .00 ▶ .00 obligations Certain deductions relating to income exempt from 3. ▶ .00 ▶ .00 ▶ .00 .00 Connecticut income tax Section 168(k) federal bonus depreciation allowed 4. ▶ .00 ► .00 .00 ▶ .00 for property placed in service during this year .00 .00 .00 ▶ .00 ▶ 5. 80% of Section 179 federal deduction 5. ▶ 6. Other: Attach statement. 6. ▶ .00 ▶ .00 .00 ▶ .00 6a. Total additions: Add Lines 1 through 6. .00 ▶ .00 .00 > .00 6a. ► .00 .00 7. Interest on U.S. government obligations 7. ▶ .00 ▶ .00 ▶ Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 8. ▶ .00 ▶ .00 .00 ▶ .00 Certain expenses related to income exempt from 9. .00 ▶ .00 .00 ▶ .00 federal income tax but subject to Connecticut tax 10. 25% of Section 168(k) federal bonus depreciation added back in preceding three years 10. ▶ .00 ▶ .00 .00 ▶ .00 11. 25% of Section 179 federal deduction 11. ▶ .00 ▶ .00 .00 ▶ .00 added back in preceding two years .00 .00 ▶ .00 12. Other: Attach statement. 12. ▶ .00 ▶

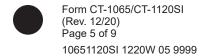
Part I, Schedule D - Subsidiary PE Information (Attach supplemental attachment(s), if needed)
Only a parent PE must complete this schedule

12a. ▶

| Name of Subsidiary PE                          | FEIN        | Amount Reported<br>on Federal K-1 | Amount From Connecticut Sources | PE Tax Credit Reported on Schedule CT K-1, Part III, Lin | e 1 |
|--|-------------|-----------------------------------|---------------------------------|--|-----|
| 1. ▶   | <b>•</b>    | .00                               | ) ▶                             | .00 ▶  | .00 |
| 2. ▶   | <b>&gt;</b> | .00                               | ) ▶                             | .00 ▶  | .00 |
| 3. ▶   | <b>•</b>    | .00.                              | ) ▶                             | .00 ▶  | .00 |
| 4. ▶   | <b> </b>    | .00.                              | ) ▶                             | .00 ▶  | .00 |
| 5. ▶   | <b>•</b>    | .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 ▶







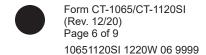
| Pass-through entity's Federal Employer Identifi | cation Number |
|---|---------------|
|   |               |
|   |               |

| 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 line. | Column A Connecticut | Column B<br>Everywhere |       |     |
|---|----------------------|------------------------|-------|-----|
| <ol> <li>Gross receipts from the sale or disposition of tangible personal property held for sale in the<br/>ordinary course of trade or business</li> </ol>                           | 1.                   | <b>•</b>               | .00 ▶ | .00 |
| 2. Gross receipts from services   | 2.                   | <b>•</b>               | .00 ▶ | .00 |
| 3. Gross receipts from the rental, lease or license of tangible personal property   | 3.                   | <b>•</b>               | .00 ▶ | .00 |
| 4. Gross receipts from the rental, lease or license of intangible property  | 4.                   | <b>•</b>               | .00 ▶ | .00 |
| <ol><li>Gross receipts from the sale or disposition of intangible property held for sale in the ordinary course<br/>of trade or business</li></ol>                                    | 5.                   | <b>•</b>               | .00 ▶ | .00 |
| 6. Other receipts   | 6.                   | <b>•</b>               | .00 ▶ | .00 |
| 7. <b>Total:</b> Add Lines 1 through 6 in Column A and Column B.  | 7.                   | <b>•</b>               | .00 ▶ | .00 |
| 8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal plants  | ces.                 |                        | 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<br># |   | Name, Address, City, State, and ZIP Code |   | FEIN or SSN | Men<br>Type |   | Distributive Share %<br>Enter as a decimal. |   | Capital Ownership %<br>Enter as a decimal. |
|----------|-------------|---|--|---|-------------|-------------|---|---|---|--|
| •        |             | • |  | • |             | <b>&gt;</b> | • | •   | • |  |
|          |             |   |  |   |             |             |   |   |   |  |
| •        |             | • |  | • |             | •           | • |   | • |  |
|          |             |   |  |   |             |             |   |   |   |  |
| <b>•</b> |             | • |  | • |             | •           | • | •   | • |  |
|          |             |   |  |   |             |             |   |   |   |  |
| •        |             | • |  | • |             | <b>•</b>    | • |   | • |  |
|          |             |   |  |   |             |             |   |   |   |  |





Pass-through entity's Federal Employer Identification Number

| Part IV – PE's Total Connecticut<br>Source Income/(Loss) |     | Column A  Connecticut Source Portion of PE come/(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) |     |
|--|-----|---|--|-----|---|-----|
| 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).



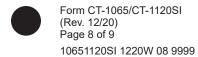
Pass-through entity's Federal Employer Identification Number

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

| nter all amounts as positive numbers   | Member #: ▶                                      | Member #: ▶    | Member #: ▶    | Member #: ▶    |  |
|--|--|----------------|----------------|----------------|--|
| . Interest on state and local government   | 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  | 3. ▶   | .00 ▶          | .00 ▶          | .00 ▶          |  |
| Section 168(k) federal bonus<br>depreciation allowed for property<br>placed in service during this year  | 4. ▶   | .00 ▶          | .00 ▶          | .00 ▶          |  |
| 80% of Section 179 federal deduction   | 5. ▶   | .00 ▶          | .00 ▶          | .00 ▶          |  |
| Other<br>Specify:  | 6. ▶   | .00 ▶          | .00 ▶          | .00 ▶          |  |
|  |  |                |                |                |  |
| <b>Subtractions:</b> Enter all amounts as po<br>Interest on U.S. government obligations  | ositive numbers.                                 | .00 ▶          | .00 ▶          | .00 ▶          |  |
| Interest on U.S. government obligations  Exempt dividends from certain qualifying mutual funds derived from  |  | .00 ►<br>.00 ► | .00 ►<br>.00 ► | .00 ►<br>.00 ► |  |
| Interest on U.S. government obligations  Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations  Certain expenses related to income exempt from federal income tax but   | 7. ▶   |                |                |                |  |
| Interest on U.S. government obligations     Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations     Certain expenses related to income exempt from federal income tax but subject to Connecticut tax     25% of Section 168(k) federal bonus depreciation added back in preceding three years | <ul><li>7. ►</li><li>8. ►</li></ul>              | .00 ▶          | .00 ▶          | .00 ▶          |  |
| Interest on U.S. government obligations  Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations  Certain expenses related to income exempt from federal income tax but subject to Connecticut tax  25% of Section 168(k) federal bonus depreciation added back in preceding three years          | <ul><li>7. ►</li><li>8. ►</li><li>9. ►</li></ul> | .00 ►<br>.00 ► | .00 ►          | .00 <b>►</b>   |  |

#### 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 |



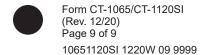


## Part VI – Member's Total Connecticut Source Income/(Loss). (Attach supplemental attachment(s), if needed.)

| Enter member's distributive share of Conne source items from Part IV, Column C. | ecticut 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. <b>▶</b>       | .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. <b>▶</b>       | .00 ▶       | .00 ▶       | .00 ▶ .00  |
| 10. Net section 1231 gain (loss)  | 10. ▶              | .00 ▶       | .00 ▶       | .00 ▶ .00  |
| 11. Other income (loss): Attach statement                                       | t. 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. <b>Total credits:</b> Add Line 3 and Line 4. | 5.          | .00        | .00         | .00         | .00 |





| Pass-throug | h entity's | Federal | Employer | Identifica | ation N | lumbei |
|-------------|------------|---------|----------|------------|---------|--------|
|             |            |         |          |            |         |        |
|             |            |         |          |            |         |        |

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<br>Member #         |                         | <b>Column B</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 |
| <b>4.</b> ►           |                              | 4.                      |                                      | .00 |   | .00 |  | .00 |
| <ol> <li>►</li> </ol> |                              | 5.                      |                                      | .00 |   | .00 |  | .00 |
| 6. <b>►</b>           |                              | 6.                      |                                      | .00 |   | .00 |  | .00 |
| 7. <b>▶</b>           |                              | 7.                      |                                      | .00 |   | .00 |  | .00 |
| 8.                    |                              | 8.                      |                                      | .00 |   | .00 |  | .00 |
| 9.                    |                              | 9.                      |                                      | .00 |   | .00 |  | .00 |
| 10. Su<br>atta        | btotal(s) fron<br>achment(s) | n supplemental<br>10. ▶ |                                      | .00 |   | .00 |  | .00 |
| 11. To                | tal                          | 11. ▶                   |                                      | .00 |   | .00 |  | .00 |