

Schedule CT-AB

Alternative Base Calculation Supplemental Attachment

2020

Pass-through entity's Federal Employer Identification Number

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).

Section 3 - Member Information

	Column A Member # (Do not include CM members.)	Column B Member Type	Column C Connecticut Source Income - Distributive Share %	Column D Prorated Connecticut Modified Source Income/(Loss)	Column E Total Income - Resident Individual Distributive Share % (Enter for RI members only.)	Column F Prorated Resident Portion of Unsources Income	Column G Total Alternative Base	Column H Alternative Base Tax	Column I PE Tax Credit (Multiply Column H by 87.5% (.875).)
1. ▶			.	.00	.	.00	.00	.00 ▶	.00
2. ▶			.	.00	.	.00	.00	.00 ▶	.00
3. ▶			.	.00	.	.00	.00	.00 ▶	.00
4. ▶			.	.00	.	.00	.00	.00 ▶	.00
5. ▶			.	.00	.	.00	.00	.00 ▶	.00
6. ▶			.	.00	.	.00	.00	.00 ▶	.00
7. ▶			.	.00	.	.00	.00	.00 ▶	.00
8. ▶			.	.00	.	.00	.00	.00 ▶	.00
9. ▶			.	.00	.	.00	.00	.00 ▶	.00
10. ▶			.	.00	.	.00	.00	.00 ▶	.00
11. ▶			.	.00	.	.00	.00	.00 ▶	.00
12. ▶			.	.00	.	.00	.00	.00 ▶	.00
13. ▶			.	.00	.	.00	.00	.00 ▶	.00
14. ▶			.	.00	.	.00	.00	.00 ▶	.00
15. ▶			.	.00	.	.00	.00	.00 ▶	.00
16. Supplemental Attachment Subtotal - Total Columns C through I. Enter the total of all supplemental attachments on Schedule CT-AB, Section 3, Line 6.			.	.00	.	.00	.00	.00 ▶	.00