Department of Revenue Services State of Connecticut (Rev. 12/20)

## **Schedule CT-CE Combined Election** Supplemental Attachment

Pass-through entity's Federal Employer Identification Number

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.

## **Section 1 - PE Combination**

Sec	Column A	Column B FEIN		Column C Total Income/(Loss) Subject to Tax	<b>Column D</b> Indirect PE Tax Credit From Subsidiary PE(s)	
1	Pass-Through Entity Included in the Combined Return	FEIN			<b>,</b> ( )	00
1.						.00
2.		•		.00 ►		.00
3.		►		.00 ►		.00
4.		►		.00 ►		.00
5.		►		.00 ►		.00
6.		►		.00 ►		.00
7. T	otal Columns C and D. Enter the total of all supplemental atta	chments 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						
<mark>13.</mark>	▶			.00	● 00.	.00						
14. Total Columns D, E, and F. Enter the total of all supplemental attachments on												
Schedu	le CT-CE, Section 2, Line 11.		14.	.00	.00	.00						