

Department of Revenue Services State of Connecticut (Rev. 12/21) 10651120SI 1221W 01 9999



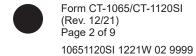
Form CT-1065/CT-1120SI Connecticut Pass-Through Entity Tax Return

2021



Enter income year beginning ▶	and ending ►
Name of pass-through entity	Federal Employer Identification Number (FEIN)
This return MUST be filed electronical	
Number and street	PO Box
► DO NOT MAIL paper tax return to D	
City, town, or post office State ZIP code ▶	Connecticut Tax Registration Number
Type of PE:	
► Limited liability partnership (LLP)	partnership (LP)
► S corporation ► Partners	hip (LLC treated as a partnership)
Pass-Through Entity Information	
A. Return type ► Final return (out of business in Connecticut) B. Reason for amended return, if applicable (Check one): ► IRS adjustments or amended federal return. ► Other: Specify	Short period return Amended return Enter date of final determination:
C. Enter the six-digit Business Code Number from federal Form 1065 or fede	ral Form 1120S. Business Code Number ►
D. (a) Did this PE transfer a controlling interest in an entity that owns, di	rectly or indirectly. CT real property? Yes No
If Yes , enter: Entity name	Federal Employer ID Number
(b) If this PE directly or indirectly owns CT real property, was a control	Illing interest of this PE transferred? Yes No
If Yes , enter: Transferor name	FEIN / SSN
(c) If the answer to either (a) or (b) is Yes , enter: Transferee(s) name	
Date of transfer , and attach a list	st of addresses for all Connecticut real property transferred.
Select a Filing Method, Required. Select one. See instructions.	
Standard Base (default). Complete Form CT-1065/CT-1120SI.	
► Alternative Base (election). Complete Form CT-1065/CT-1120	SI and attach Schedule CT-AB, Alternative Base Calculation.
Combined Election, Optional. See instructions.	
PE elects to calculate its tax as a combined group with other of the following:	er commonly-owned PEs.
PE is the Designated Combined Reporting PE. Complete So On Part 1, Schedule A, Line 1, enter the amount from Sched	chedule CT-CE, Combined Election. Jule CT-CE, Section 1, Line 9, Column C.
PE's income is reported on Schedule CT-CE filed by the Des Complete this return, except enter zero ("0") on Part 1, Sche	signated Combined Reporting PE listed below. dule A, Line 1.
Designated Combined Reporting PE's name:	
Designated Combined Reporting PE's FEIN:	
Each PE must file its own return and select the same filing base (s	tandard or alternative) as the other members of the combined group.
Nonresident Composite Income Tax Remittance Election	L Ontional See 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

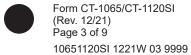


Pass-through entity's Federal Employer Identification	n Number

Part 1, Schedule A - Computation of Amount Due

2b. Elective Composite Income Tax Remittance from Schedule CT-NR , Line 22 (if applicable). 2. Total tax due: Add Line 2a and Line 2b.	2a. ▶			.00
2. Total tax due: Add Line 2a and Line 2b.				.00
	2b. ►			.00
la 2021 estimated payments	2. ▶			.00
a. 2021 odinatou paymonto	3a. ►			.00
Bb. Payment made with Form CT-1065/CT-1120SI EXT	3b. ►			.00
3c. Overpayment from prior year applied to 2021.	3c. ►			.00
3. Payments: Enter the total of Lines 3a, 3b and 3c.	3. ▶			.00
4. Balance due/(overpaid): Subtract Line 3 from Line 2.	4. ▶			.00
5a. If late, enter penalty. See instructions.	5a. ▶			.00
5b. If late, enter interest. Multiply the amount on Line 4 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	5b. ►			.00
	5c. ►			.00
5d. If annualizing estimated payments, check here: ▶				
5. Total penalty and interest: Enter the total of Lines 5a, 5b and 5c.	5. ▶			.00
Sa. Amount to be applied to 2022 estimated PE Tax	6a. ►			.00
6b. Amount to be refunded	6b. ►			.00
For faster refund, use direct deposit by completing Lines 6c, 6d, and 6e.				
Sc. Checking ► Savings ► 6e. Account number ►				
6d. Routing number ▶ 6f. Will this refund go to a bank a	account	outside the U.S	6.? ▶	Yes
6d. Routing number ► 6f. Will this refund go to a bank a 6. Total to be credited or refunded: Enter the total of Line 6a and Line 6b.	account 6. ►	outside the U.S	6.? ▶	Yes
		outside the U.S	S.? ▶	
6. Total to be credited or refunded: Enter the total of Line 6a and Line 6b. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowled understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) or not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information.	6. ► 7. ► dge and I) is a fine	belief, it is true, cor of not more than \$5	mplete, and cor	.00
6. Total to be credited or refunded: Enter the total of Line 6a and Line 6b. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowled understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) or not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all informations. Signature of general partner or corporate officer	6. ► 7. ► dge and I) is a fine	belief, it is true, co of not more than \$t /hich the preparer l	mplete, and cor	.00
6. Total to be credited or refunded: Enter the total of Line 6a and Line 6b. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowled understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) or not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all informations are signature of general partner or corporate officer Sign This return MUST be filed electronically!	6. ► 7. ► dge and I) is a fine	belief, it is true, co of not more than \$t /hich the preparer l	mplete, and cor 5,000, imprison has any knowle	.00
6. Total to be credited or refunded: Enter the total of Line 6a and Line 6b. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowled understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) or not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all informations are signature of general partner or corporate officer Sign This return MUST be filed electronically! Title Telephone number Keep a DO NOT MAIL paper May Di	6. ► 7. ► dge and l) is a fine ation of w	belief, it is true, cor of not more than \$2 thich the preparer I Date (M	mplete, and cor 5,000, imprison has any knowle IMDDYYYY)	.00
5. Total to be credited or refunded: Enter the total of Line 6a and Line 6b. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. 9. ECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowled understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) or not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information in the signature of general partner or corporate officer Sign This return MUST be filed electronically! Title Telephone number Keep a copy of this return declaration of a paid preparer other than the taxpayer is based on all information in the signature of general partner or corporate officer Telephone number Femail address of general partner or corporate officer Email address of general partner or corporate officer	6. ► 7. ► dge and l) is a fine ation of w	belief, it is true, coi of not more than \$5 /hich the preparer I Date (M	mplete, and cor 5,000, imprison has any knowle IMDDYYYY)	.00
5. Total to be credited or refunded: Enter the total of Line 6a and Line 6b. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowled understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) or not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of general partner or corporate officer Sign This return MUST be filed electronically! Telephone number Keep a copy of this Email address of general partner or corporate officer Email address of general partner or corporate officer	6. ► 7. ► dge and I) is a fine ation of w	belief, it is true, cor of not more than \$2 thich the preparer I Date (M	mplete, and cor 5,000, imprison has any knowle IMDDYYYY) - /es No	.00
5. Total to be credited or refunded: Enter the total of Line 6a and Line 6b. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. 9. ECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowled understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) or not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of general partner or corporate officer Sign This return MUST be filed electronically! Title Telephone number Keep a copy of this return do DRS. Email address of general partner or corporate officer Email address of general partner or corporate officer	6. 7. dge and l) is a fine ation of w	belief, it is true, con of not more than \$5 thick the preparer Industrial Date (Marct the preparer pout this return?	mplete, and cor 5,000, imprison has any knowle IMDDYYYY) - /es No	.00
7. Total to be credited or refunded: Enter the total of Line 6a and Line 6b. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. 7. Total amount due: Add Line 4 and Line 5. If the result is zero or less, leave this line blank. 8. DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowled understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) or not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all informations. 8. Signature of general partner or corporate officer 8. Title 8. Telephone number 8. Telephone number 8. May Dischard this return to DRS. 8. May Dischard this return for your records. 8. Paid preparer's name (print) 8. Paid preparer's signature 8. Date (MMDDYYYY) 8. Corporate officer 8. Date (MMDDYYYY) 8. Date (MMDDYYYY) 8. Date of MMDDYYYYY) 8. Date of MMDDYYYYY	6. 7. dge and I j is a fine ation of war RS contain below at elf-emplo	belief, it is true, con of not more than \$5 thick the preparer Industrial Date (Marct the preparer pout this return?	mplete, and cor 5,000, imprison has any knowle IMDDYYYY) - /es No	.00

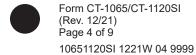
Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to DRS.







	1, Schedule B – Computation of PE n Connecticut Source Income/(Loss		Column A Amounts Reported by this PE on Federal Schedule K	Column B Amounts From Subsidiary PE(s)	Column C PE's Income/(Loss) From Its Own Activities (Column A minus Column B)	Column D PE's Connecticut Source Income/ (Loss) From Its Own Activities (Apportioned or allocated from 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.	Total: Subtract Line 13a from Line 11a.	14. ▶	.00 ▶	.00	.00 ▶	.00
15.	Subtractions from Part 1, Schedule C, Line 12a	a 15. ▶	.00 ▶	.00	.00 ▶	.00
16.	Subtotal: Subtract Line 15 from Line 14.	16. ▶	.00 ▶	.00	.00 ▶	.00
	Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes	s 17a. ▶	.00 ▶	.00	.00.	.00
17b.	Additions from Part 1, Schedule C, Line 6a	a 17b. ▶	.00 ▶	.00	.00 ▶	.00
18.	Subtotal: Add Lines 16, 17a, and 17b.	18. ▶	.00 ▶	.00	.00 ▶	
19.	Net operating loss deduction. Enter as a posit	ive num	ber. See instructions		19. ▶	
20.	Total: 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





Pass-through entity's Federal Employer Identification Number

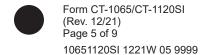
Part 1, Schedule C - PE's Connecticut Modifications		Column A Total Modifications	Column B Modifications Reported on Schedule CT K-1s From Subsidiary PE(s)	Column C PE's Net Modifications (Column A minus Column B)	Column D PE's Connecticut Source Net Modifications (Apportioned or allocated from Column C. See instructions.)
 Interest on state and local government obligations other than Connecticut Mutual fund exempt-interest dividends from 	1. ▶	.00 ►	.00	.00. ▶	.00
non-Connecticut state or municipal government obligations	2. ▶	.00 ▶	.00	.00 ►	.00
Certain deductions relating to income exempt from Connecticut income tax	3. ▶	.00 ►	.00	.00 ▶	.00
Section 168(k) federal bonus depreciation allowed for property placed in service during this year	4. ▶	.00 ►	.00	.00 ►	.00
5. 80% of Section 179 federal deduction	5. ▶	.00 ►	.00	.00 ▶	.00
6. Other: Attach statement.	6. ▶	.00 ►	.00	.00 ▶	.00
6a. Total additions: Add Lines 1 through 6.	6a. ►	.00 ►	.00	.00 ▶	.00
7. Interest on U.S. government obligations	7. ▶	.00 ▶	.00	.00 ▶	.00
8. 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 federal income tax but subject to Connecticut tax	9. ▶	.00 ▶	.00	.00 ►	.00
 25% of Section 168(k) federal bonus depreciation added back in preceding four years 	10. ▶	.00 ►	.00	.00 ▶	.00
11. 25% of Section 179 federal deduction added back in preceding three years	11. ▶	.00 ►	.00	.00 ▶	.00
12. Other: Attach statement.	12. ▶	.00 ►	.00	.00 ▶	.00
12a. Total subtractions: Add Lines 7 through 12.	12a. ►	.00 ►	.00	.00 ▶	.00

Part 1, Schedule D - Subsidiary PE Information (Attach supplemental attachment(s), if needed)
Only a parent PE must complete this schedule

Only a pare	ent PE must complete this schedule		Column A Amount Reported	Column B Amount From	Column C PE Tax Credit Reported	d
	Name of Subsidiary PE	FEIN	on Federal K-1	Connecticut Sources	on Schedule CT K-1, Part 3, L	_ine 1
1. ▶	>	•	.00	>	.00 ▶	.00
2. ▶	>	•	.00	>	.00 ▶	.00
3. ▶	>	•	.00	>	.00 ▶	.00
4. ▶	>	•	.00	>	.00 ▶	.00
5. ▶	>	•	.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

The amount reported on Line 7, Column C should be allocated among the members in Part 9, Column C. Do not report this amount on Part 1, Schedule A.







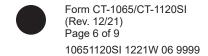
Pass-tl	nrough	entity's	Fede	ral Em	oloyer I	dentific	cation I	Number

Part 2 – 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	Column A Connecticut	Column B Everywhere	
 Gross receipts from the sale or disposition of tangible personal property held for sale in the ordinary course of trade or business 	1. ▶	.00 ▶	.00
2. Gross receipts from services	2. ▶	.00 ▶	.00
3. Gross receipts from the rental, lease or license of tangible personal property	3. ▶	.00 ▶	.00
4. Gross receipts from the rental, lease or license of intangible property	4. ▶	.00 ▶	.00
Gross receipts from the sale or disposition of intangible property held for sale in the ordinary cours of trade or business	se 5. ►	.00 ▶	.00
6. Other receipts	6. ▶	.00 ▶	.00
7. Total: Add Lines 1 through 6 in Column A and Column B.	7. ▶	.00 ▶	.00
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal	places.	8. ▶	

Part 3 – Member Information (Attach supplemental attachment(s), if needed.)

See instructions for order in which to list and for member type codes.

	Member #		Name, Address, City, State, and ZIP Code		FEIN or SSN	Mem Type		Distributive Share % Enter as a decimal.		Capital Ownership % Enter as a decimal.
•		•		•		•	•		•	
•		•		•		•	•		•	
•		•		•		•	•		•	
•		•		•		•	•		•	





Pass-through entity's Federal Employer Identification Number

Part 4 – PE's Total Connecticut Source Income/(Loss)		lr	Column A Connecticut Source Portion of PE ncome/(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)	
1.	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 1, Schedule B, Column D. Include modification from Part 1, Schedule C, Column D where applicable. See instructions.

Column B: Report this information from Part 2 of the Schedule CT K-1(s) from subsidiary PE(s).



Part 5 – Member's Total Share of Connecticut Modifications (Attach supplemental attachment(s), if needed.)

Additions:	Member#: ▶	Member #: ▶	Member #: ▶	Member #: ▶	
Enter all amounts as positive numbers	S.				
Interest on state and local government obligations other than Connecticut	1. ▶	.00 ▶	.00 ►	.00 ▶	.00
Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ▶	.00 ▶	.00 ▶	.00 ▶	.00
Certain deductions relating to income exempt from Connecticut income tax	3. ▶	.00 ▶	.00 ▶	.00 ▶	.00
Section 168(k) federal bonus depreciation allowed for property placed in service during this year	4. ▶	.00 ▶	.00 ▶	.00 ▶	.00
5. 80% of Section 179 federal deduction	5. ▶	.00 ▶	.00 ▶	.00 ▶	.00
6. Other Specify:	6. ▶	.00 ▶	.00 ▶	.00 ▶	.00
Subtractions: Enter all amounts as p	ositive numbers.				
Interest on U.S. government obligations	7. ▶	.00 ▶	.00 ▶	.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 federal income tax but subject to Connecticut tax	9. ▶	.00 ▶	.00 ▶	.00 ▶	.00
 25% of Section 168(k) federal bonus depreciation added back in preceding four years 	10. ▶	.00 ▶	.00 ▶	.00 ▶	.00
11. 25% of Section 179 federal deduction added back in preceding three years	11. ▶	.00 ▶	.00 ▶	.00 ▶	.00
12. Other Specify:	12. ▶	.00 ▶	.00 ▶	.00 ▶	.00
Additional Information Required to	be Reported to Nonreside	nt, Noncorporate Members a	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 1, Schedule B.	<u>.</u>				
Line 17a, Column A.	13. ▶	.00 ▶	.00 ▶	.00 ▶	.00

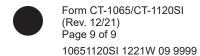


Part 6 – Member's Total Connecticut Source Income/(Loss). (Attach supplemental attachment(s), if needed.)

	r member's distributive share of Connec ce items from Part 4, Column C.	cticut	Member #: ▶	Member #: ▶	Member #: ▶		Member#: ▶	
1.	Ordinary business income (loss)	1.	.0	00 ▶	.00 ▶	.00 ▶		.00
2.	Net rental real estate income (loss)	2.	.0	00 ▶	.00 ▶	.00		.00
3.	Other net rental income (loss)	3.	.0	00 ▶	.00 ▶	.00 ▶		.00
4.	Guaranteed payments	4.	.0	00 ▶	.00 ▶	.00 ▶		.00
5.	Interest income	5.	.0	00 ▶	.00 ▶	.00		.00
6a.	Ordinary dividends	6a.	.0	00 ▶	.00 ▶	.00		.00
7.	Royalties	7.	.0	00 ▶	.00 ▶	.00 ▶		.00
8.	Net short-term capital gain (loss)	8.	.0	00 ▶	.00 ▶	.00		.00
9a.	Net long-term capital gain (loss)	9a.	.0	00 ▶	.00 ▶	.00 ▶		.00
10.	Net section 1231 gain (loss)	10.	.0	00 ▶	.00 ▶	.00 ▶		.00
11.	Other income (loss): Attach statement.	11.	.0	00 ▶	.00 ▶	.00 ▶		.00
12.	Section 179 deduction	12.	.0	00 ▶	.00 ▶	.00 ▶		.00
13.	Other deductions: Attach statement.	13.	.0	00 ▶	.00 ▶	.00 ▶		.00

Part 7 - 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	4. Insurance reinvestment fund tax credit	t 4. ▶	.00 ▶	.00 ▶	.00 ▶	.00
;	5. Total credits: Add Line 3 and Line 4.	5.	.00	.00	.00	.00





Pass-through	gh entity'	s Federa	al Emplo	yer Ider	ntification	Number

Do not complete Part 8 or Part 9 if the PE has made the election to calculate its tax as a combined group on Page 1.

Part 8 - Direct PE Tax Credit Calculation.

Enter the amount of tax from Part 1, Schedule A, Line 2a.
 Total Direct PE Tax Credit Available to Members: Multiply Line 1 by 87.5% (.875). If Line 1 is zero, enter zero ("0").
 Direct PE Tax Credit Available to Members: Multiply Line 1 by 87.5% (.875). If Line 1 is zero, 2. ▶

Part 9 – Allocation of PE Tax Credit to Members. (Attach supplemental attachment(s), if needed.)

	Column A Member #		Column 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
4. ►		4.		.00			.00	•		.00
5. ►		5.		.00			.00	•		.00
6. ►		6.		.00			.00	•		.00
7. ►		7.		.00			.00	•		.00
8.		8.		.00			.00	•		.00
9.		9.		.00			.00	•		.00
10. Su att	btotal(s) from supplemental achment(s)	10. ►		.00	•		.00	•		.00
11. To	tal	11. ►		.00	•		.00	•		.00