

Schedule CT-AB

Alternative Base Calculation Supplemental Attachment

2021

Pass-through entity's Federal Employer Identification Number

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