

Schedule CT-NR

Elective Composite Income Tax Remittance Calculation Supplemental Attachment

Pass-through entity's Federal Employer Identification Number

2021

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).

	Column A Member # (from Part 3)	Column B Connecticut Source Income (See instructions.)	Column C Multiply Column B by 6.99% (0.0699)	Column D Members' PE Tax Credit (from Part 9, Column D)	Column E Members' CT Income Tax Liability (Column C minus Column D)
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 ▶
13.	▶	▶	.00 ▶	.00 ▶	.00 ▶
14.	▶	▶	.00 ▶	.00 ▶	.00 ▶
15.	▶	▶	.00 ▶	.00 ▶	.00 ▶
16.	▶	▶	.00 ▶	.00 ▶	.00 ▶
17.	▶	▶	.00 ▶	.00 ▶	.00 ▶
18.	▶	▶	.00 ▶	.00 ▶	.00 ▶
19.	▶	▶	.00 ▶	.00 ▶	.00 ▶
20.	▶	▶	.00 ▶	.00 ▶	.00 ▶
21.	Supplemental Attachment Subtotal - Total Columns C through E. Enter the total of all supplemental attachments on Schedule CT-NR, Line 21.		.00	.00	.00