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).

Section 1 - PE Combination

Sec	tion 1 - PE Combination				Column D	
	Column A Pass-Through Entity Included in the Combined Return	Column B FEIN		Column C Total Income/(Loss) Subject to Tax	Indirect PE Tax Credit From Subsidiary PE(s)	
1.		•		.00 ►		.00
2.		►		.00 ►		.00
3.		►		.00 ►		.00
4.		►		.00 ►		.00
5.		►		.00 ►		.00
6.		►		.00 ►		.00
7. To	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.	Image: A state of the state		.00	.00 ►	.00
13.	►		.00	.00 ►	.00
14. Total Columns D, E, and F. Enter th	e total of all supplemental attachm	ents on			
Schedule CT-CE, Section 2, Line 11		14.	.00	.00	.00