Department of Revenue Services State of Connecticut (Rev. 12/23)

Schedule CT-NR Elective Composite Income Tax Remittance Calculation Supplemental Attachment

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).

	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 ►	.00	
2.	•	.00		00 ►	.00 ►	.00	
3.	•	.00		00 ►	.00 ►	.00	
4.	•	.00		00 ►	.00 ►	.00	
5.	•	.00		00 ►	.00 ►	.00	
6.	•	.00		00 ►	.00 ►	.00	
7.	•	.00		00 ►	.00 ►	.00	
8.	•	.00		00 ►	.00 ►	.00	
9.	•	.00		00 ►	.00 ►	.00	
10.	•	.00		00 ►	.00 ►	.00	
11.	•	.00		00 ►	.00 ►	.00	
12.	•	.00		00 ►	.00 ►	.00	
13.	•	.00		00 ►	.00 ►	.00	
14.	•	.00		00 ►	.00 ►	.00	
15.	•	.00		00 ►	.00 ►	.00	
16.	•	.00		00 ►	.00 ►	.00	
17.	•	.00		00 ►	.00 ►	.00	
18.	• •	.00		00 ►	.00 ►	.00	
19.	•	.00		00 ►	.00 ►	.00	
20.		.00		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 .00 .00 .00 .00 .00 .00 .0						
	Line 21.			00	.00	.00	