Department of Revenue Services State of Connecticut (Rev. 12/24)

## Schedule CT K-1 Member's Share of Certain Connecticut Items

\_, 2024, and ending

2024

Complete in blue or black ink only.

For calendar year 2024 or other taxable year beginning

| Pass-through entity (PE) information  |                                    |                    |                       |         |                           |         |                             |
|---|------------------------------------|--------------------|-----------------------|---------|---------------------------|---------|-----------------------------|
| Federal Employer ID Number (FEIN)   | CT Tax Registration Number         | Member's Social    | Security Number (SSN) | or FEIN | I                         |         | SSN FEIN                    |
| Name  |                                    | Name               |                       |         |                           |         |                             |
| Number and street address   | PO Box                             | Number and stree   | et address            |         | PO Box                    |         |                             |
| City or town  | State ZIP code                     | City or town       |                       |         | State                     | ZI      | IP code                     |
| Check the box if this is an amen  | ded or a final Schedule CT K-1.    | Type of memb       | er (check one):       |         |                           |         |                             |
| Amended Schedule CT K-  | 1                                  | ☐ RI               | ☐ RE                  | ☐ R     | T [                       | PE      |                             |
| ☐ Final Schedule CT K-1   |                                    | ☐ NI               | ■ NE                  | □N      | IT [                      | CM      |                             |
| Part 1 - Connecticut Modi   | fications                          |                    |                       | Fr      | om Member's<br>CT-1065/0  |         | ation on Form<br>I, Part 8. |
| Additions Enter all amounts as p  | ositive numbers.                   |                    |                       |         |                           |         |                             |
|   | bligations other than Connecticut  |                    |                       |         | 1.                        |         | 00                          |
| •   | dividends from non-Connecticut     |                    |                       |         | 2.                        |         | 00                          |
|   | o income exempt from Connection    |                    |                       |         | 3.                        |         | 00                          |
| 4. Section 168(k) federal bonus   | s depreciation deduction allowed   | for property place | ced in service        |         |                           |         |                             |
| • •   |                                    |                    |                       |         | 4.                        |         | 00                          |
|   | deduction                          |                    |                       |         | 5.                        |         | 00                          |
| 6. Other - specify  |                                    |                    |                       |         | 6.                        |         | 00                          |
| Subtractions Enter all amounts a  | •                                  |                    |                       |         |                           |         |                             |
|   | obligations                        |                    |                       |         | 7.                        |         | 00                          |
| ·   | ain qualifying mutual funds derive | _                  | _                     |         | 8.                        |         | 00                          |
| •   | ncome exempt from federal incom    | -                  |                       |         | 9.                        |         | 00                          |
| 10. 25% of Section 168(k) federal   | ·                                  | •                  |                       |         | 0.                        |         | 00                          |
| <ul><li>11. 25% of Section 179 federal of</li><li>11a. Ordinary and necessary bus</li></ul> |                                    |                    |                       | ······  | 1.                        |         |                             |
| -   | ral income tax purposes            |                    | •                     | 1       | 1a.                       |         | 00                          |
| 12. Other – specify   |                                    |                    |                       | 1       | 2.                        |         | 00                          |
| Part 2 - Total Connecticut S  | Source Income/(Loss)               |                    | Column A              |         | Co                        | olumn E | 3                           |
|   | (                                  | From F             | Federal Schedule K-1  | Fr      | om Form CT-<br>Schedule E |         | 1120SI, Part 6, structions. |
| Ordinary business income (los   | s)                                 | 1.                 |                       | 00      |                           |         | 00                          |
| 2. Net rental real estate income (  | loss)                              | 2.                 |                       | 00      |                           |         | 00                          |
| 3. Other net rental income (loss).  |                                    | 3.                 |                       | 00      |                           |         | 00                          |
| 4. Guaranteed payments  |                                    | 4.                 |                       | 00      |                           |         | 00                          |
| 5. Interest income  |                                    | 5.                 |                       | 00      |                           |         | 00                          |
| 6a. Ordinary dividends  |                                    | 6a.                |                       | 00      |                           |         | 00                          |
| 7. Royalties  |                                    | 7.                 |                       | 00      |                           |         | 00                          |
| 8. Net short-term capital gain (los   | ss)                                | 8.                 |                       | 00      |                           |         | 00                          |
| 9a. Net long-term capital gain (los   | s)                                 | 9a.                |                       | 00      |                           |         | 00                          |
| 10. Net section 1231 gain (loss)  |                                    | 10.                |                       | 00      |                           |         | 00                          |
| 11. Other income (loss): Attach sta   | atement                            | 11.                |                       | 00      |                           |         | 00                          |
| 12. Section 179 deduction   |                                    | 12.                |                       | 00      |                           | _       | 00                          |
| 13. Other deductions: Attach state  | ment                               | 13.                |                       | 00      |                           |         | 00                          |

## Part 3 - Connecticut Income Tax Information

| Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part 3, Column F.                  | 1. 00 |
|--|-------|
| PET Credits from Partnership's Own Activities.     Form PET, Part 1, Schedule D, Column I, less any amount refunded on Form CT-1065/CT1120SI | 2. 00 |
| 3. PET Credits applied by Subsidiary PEs (Capped at amount reported on Line 1)   | 3. 00 |
| Withholding Payments Made by Subsidiary PEs  | 4. 00 |
| Withholding Payments from Partnership  | 5.    |

Part 4 - Connecticut Income Tax Credit Summary

|  | Column A Total credit earned member in 2024 | by Credit a of mem return | Column B Credit allowed on behalf of member on composite return (amount from worksheet below) |  |
|--|---|---------------------------|---|--|
| Youth Development Organization Contribution Tax Credit                             |   | 00                        | 00  |  |
| ABLE Account Tax Credit  |   | 00                        | 00  |  |
| Accredited Theater Production Tax Credit   |   | 00                        | 00  |  |
| 4. Angel Investor Tax Credit4.   |   | 00                        | 00  |  |
| Insurance Reinvestment Fund Tax Credit      Insurance Reinvestment Fund Tax Credit |   | 00                        | 00  |  |
| 6. Total Credits6.   |   | 00                        | 00  |  |

## Part 5 - Income Tax Credit Worksheet

| Completed for nonresident, noncorporate, and PE members only.   |     | Column A Tax credit limitation |       | Column B<br>2024 credit amount<br>earned (enter amounts<br>from Part 4, Column A) |    |   |    |
|---|-----|--------------------------------|-------|---|----|---|----|
| Income Tax Liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part 3, Column F                           | 1.  |                                | 00    |   |    |   |    |
| Youth Development Organization Contribution Tax Credit: Enter in Column C the lesser of Line 2, Column B, or Line 1, Column A | 2.  |                                |       |   | 00 |   | 00 |
| 3. Balance of Income Tax Liability: Subtract Line 2, Column C from  | 3.  |                                | 00    |   |    |   |    |
| Line 1, Column A. If less than zero, enter "0"  | 4.  |                                |       | (//////////////////////////////////////   |    |   |    |
| 5. Balance of Income Tax Liability: Subtract Line 4, Column C from Line 3, Column A. If less than zero, enter "0"             | 5.  |                                | .,,,, |   |    |   |    |
| Accredited Theater Production Tax Credit: Enter in Column C the lesser of Line 6, Column B, or Line 5, Column A               | 6.  |                                |       |   | 00 |   | 00 |
| 7. Balance of Income Tax Liability: Subtract Line 6, Column C from  | 7.  |                                | 00    |   |    |   |    |
| Line 5, Column A. If less than zero, enter "0"  | 8.  |                                |       | (//////////////////////////////////////   | 00 | (////////////////////////////////////// | 00 |
| 9. Balance of Income Tax Liability: Subtract Line 8, Column C from Line 7, Column A. If less than zero, enter "0"             | 9.  |                                | 00    |   |    |   |    |
| Insurance Reinvestment Fund Tax Credit: Enter in Column C the lesser of Line 10, Column B, or Line 9, Column A                | 10. |                                |       |   | 00 |   | 00 |