



# Form CT-1065/CT-1120SI Supplemental Attachment

# 2024



Pass-through entity's CT Tax Registration 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).

### Part 1, Schedule B – PE Member Composite Return

Column A Member # (From Part 4)	Column B Identification Number (See instructions.)	Column C Connecticut-Sourced Income (See instructions.)	Column D Multiply Column C by 6.99% (0.0699)	Column E Members' Credit (Schedule CT K-1, Part 5, Line 6, Col. C)	Column F CT Income Tax Liability (Column D minus Column E)	Column G PET Credit (Part 8, Column D) Cannot exceed Column F
▶						
▶						
▶						
▶						
▶						
▶						
▶						
▶						
▶						
<b>Supplemental Attachment Subtotal</b> - Total Columns C, D, E, and F. Enter the total of all supplemental attachments on Form CT-1065/CT-1120SI, Part 1, <i>Schedule B</i> , Line 9.		▶				

### Part 1 Schedule D – Connecticut-Sourced Income From Subsidiary PE(s)

**Only a parent PE must complete this schedule.**

- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, C, and D.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C PE Income Tax Liability From Schedule CT K-1, Part 3, Line 1	Column D PE Tax Credit Reported on Schedule CT K-1, Part 4, Line 1
▶	▶		.00 ▶	.00 ▶	.00 ▶
▶	▶		.00 ▶	.00 ▶	.00 ▶
▶	▶		.00 ▶	.00 ▶	.00 ▶
▶	▶		.00 ▶	.00 ▶	.00 ▶
▶	▶		.00 ▶	.00 ▶	.00 ▶
<b>Supplemental Attachment Subtotal</b> - Total Columns A, B, C, and D. Enter the total of all supplemental attachments on Form CT-1065/CT-1120SI, Part 1, <i>Schedule D</i> , Line 6.		▶			



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Part 4 – Member Information**

Member #	Member Information <small>See instructions for order in which to list and for member type codes.</small>	Profit Sharing % <small>Enter as a decimal.</small>	Loss Sharing % <small>Enter as a decimal.</small>	Capital Ownership % <small>Enter as a decimal.</small>	
▶ <input type="text"/>	Name, Address, City, State, and ZIP Code ▶ <input type="text"/>	Member Type Code ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>
	FEIN or SSN ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	
▶ <input type="text"/>	Name, Address, City, State, and ZIP Code ▶ <input type="text"/>	Member Type Code ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>
	FEIN or SSN ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	
▶ <input type="text"/>	Name, Address, City, State, and ZIP Code ▶ <input type="text"/>	Member Type Code ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>
	FEIN or SSN ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	
▶ <input type="text"/>	Name, Address, City, State, and ZIP Code ▶ <input type="text"/>	Member Type Code ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>
	FEIN or SSN ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	
▶ <input type="text"/>	Name, Address, City, State, and ZIP Code ▶ <input type="text"/>	Member Type Code ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>
	FEIN or SSN ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	
▶ <input type="text"/>	Name, Address, City, State, and ZIP Code ▶ <input type="text"/>	Member Type Code ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>
	FEIN or SSN ▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>	

--	--	--	--	--	--	--	--	--	--	--	--

### Part 5 – Member’s Total Share of Connecticut Modifications

#### Additions:

Enter all amounts as positive numbers.

	Member #:		Member #:		Member #:		Member #:		
1. Interest on state and local government obligations other than Connecticut	1.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
3. Certain deductions relating to income exempt from Connecticut income tax	3.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
4. Section 168(k) federal bonus depreciation allowed for property placed in service during this year	4.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
5. 80% of Section 179 federal deduction	5.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
6. Other Specify: <input type="text"/>	6.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00

#### Subtractions: Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
10. 25% of Section 168(k) federal bonus depreciation added back in preceding four years	10.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
11. 25% of Section 179 federal deduction added back in preceding four years	11.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
12. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	12.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00
13. Other Specify: <input type="text"/>	13.	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00



--	--	--	--	--	--	--	--	--	--	--	--

**Part 8 – Allocation of PE Tax Credit**

Column A Member #	Column B PE Tax Credit from Form CT-PET, Part 1, Schedule D, Column I	Column C Indirect Credit PE Tax Credit from Part 1, Schedule D, Column D (See instructions).	Column D Total PE Tax Credit (Column B plus Column C)	Column E Amount applied to PE liability (Enter amounts from Column D for NI, NT, NE and PE only)
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
▶		.00	.00 ▶	▶ .00
<b>Supplemental Attachment Subtotal -</b> Total Columns B, C, D, and E. Enter the total of all supplemental attachments on Form CT-1065/CT-1120SI, Part 8, Line 10.	▶	.00 ▶	.00 ▶	▶ .00