

Form CT-PET

Connecticut Pass-Through Entity Tax Return

Supplemental Attachment

2024

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).

Pass-through entity's Federal Employer Identification Number

Part 1, Schedule D - Allocation of PE Tax Credit to Members

	Column A Member # (Do not include CM members.)	Column B Member Type	Column C Connecticut Source Income - Distributive Share %	Column D Prorated Connecticut Modified Source Income/(Loss)	Column E Total Income - Resident Individual Distributive Share % (Enter for RI members only.)	Column F Prorated Resident Portion of Unsourced Income	Column G PE Income/(Loss) Subject to Tax (Add Column D and F.)	Column H Pass-Through Entity Tax (See Instructions.)	Column I PE Tax Credit (Multiply Column H by 87.5% (.875).)
1. ▶			.	.00	.	.00	.00	.00 ▶	.00
2. ▶			.	.00	.	.00	.00	.00 ▶	.00
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12. ▶			.	.00	.	.00	.00	.00 ▶	.00
13. ▶			.	.00	.	.00	.00	.00 ▶	.00
14. ▶			.	.00	.	.00	.00	.00 ▶	.00
15. ▶			.	.00	.	.00	.00	.00 ▶	.00
16.	Supplemental Attachment Subtotal - Total Columns C through I. Enter the total of all supplemental attachments on Part 1, Schedule D, Line 6.		.	.00	.	.00	.00	.00 ▶	.00

Pass-through entity's Federal Employer Identification Number

Part 4 – Member Information

Member #	Name, Address, City, State, and ZIP Code	FEIN or SSN	Member Type Code	Distributive Share % Enter as a decimal.	Capital Ownership % Enter as a decimal.
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