

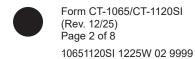


Form CT-1065/CT-1120SI Connecticut Composite Income Tax Return

2025



Enter income year beginning ▶	and en	ding — — — — — — — — — — — — — — — — — —
Name of pass-through entity		Federal Employer ID Number (FEIN)
•		>
Number and street		РО Вох
•		>
City, town, or post office	State ZIP code	Connecticut Tax Registration Number
>	>	
Type of PE:		
► Limited liability partnership (LLF) Limited partners	nip (LP)
► S Corporation	► Partnership (LLC	treated as a partnership)
Pass-Through Entity Information Complete this section first and then compl	ete Part 1, <i>Schedule C</i> .	
A. Return type		
Final return (out of business in 0	Connecticut)	Short period return Amended return
B. Reason for amended return, if applica	able (Check one):	
IRS adjustments or amended fe	deral return	Enter date of final determination
Other: Specify		
C. Total number of noncorporate member	ers as of the close of the PE's ta	ixable year:
Resident (RI, RE, RT) ▶	Nonresident (NI, NE, N	Γ, PE) ▶
D. Enter the six-digit Business Code Number	er from federal Form 1065 or feder	al Form 1120S. Business Code Number
E. Date business began:	Date b	usiness began in Connecticut:
F. Does this PE own, directly or indirectly	y, an interest in Connecticut rea	al property? ► Yes No
If the answer to this question is Yes , a	and either answer to Item G or H	is Yes , provide a listing of all Connecticut real property owned.
G. Was a controlling interest in this PE tr	ansferred? Yes	No
If Yes , enter transferor name and Soc	cial Security Number (SSN) or F	EIN, transferee name, and date of transfer below.
Transferor name:		SSN or FEIN:
Transferee name:		Date of transfer:
H. Did this PE transfer a controlling inter an interest in Connecticut real proper		
If Yes, enter name and FEIN, transfer	ee name, and date of transfer	pelow.
Name:		FEIN:
Transferee name:		Date of transfer:
Pass-Through Entity Tax Election, Op	tional. This election cannot be	amended or revoked. See Instructions.
► Pass-Through Entity Tax		





Part 1, Schedule A - Computation of Amount Due

1.	Total Connecticut-sourced income included in composite return from Part 1, <i>Schedule B</i> , Line 10, Column C	1. ▶	.00
2.	Multiply Line 1 by 6.99% (.0699). If Line 1 is zero or less, enter zero ("0").	2. ▶	.00
	Members' credits from Part 1, Schedule B, Line 12, Column E	3. ▶	.00
	Balance of tax payable: Subtract Line 3 from Line 2. If zero or less, enter zero ("0").	4. ▶	.00
	. Payment made with Form CT-1065/CT-1120SI EXT	5a. ▶	
	. Overpayment from Pass-Through Entity Tax: See instructions.	5b. ▶	.00
	Parent PE only: Enter amount from Part 1, Schedule D, Line 7, Column C.	5c. ▶	.00
			.00
	. PE Credit: Enter amount from Part 8, Column E, Line 11. . Amended filers only. Amounts paid with original return, plus additional tax paid after the	5d. ►	.00
	original return was filed. Do not include penalty and interest.	5e. ►	.00
	Payments: Enter the total of Lines 5a, 5b, 5c, 5d and 5e. Amended filers only. Overpayment, if any, as shown on original return or previously	5. ▶	.00
ьа	adjusted. All others, enter zero ("0").	6a. ►	.00
6b	. Subtract Line 6a from Line 5.	6b. ►	.00
6.	Balance of tax due/(overpaid): Subtract Line 6b from Line 4.	6. ▶	.00
	. If late, enter penalty. See instructions.	7a. ►	.00
7b	. If late, enter interest. Multiply the amount on Line 6 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	7b. ►	.00
7.	Total penalty and interest: Enter the total of Lines 7a and 7b.	7. ▶	.00
8.	Amount to be refunded	8. ▶	.00
	For faster refund, use direct deposit by completing Lines 8a, 8b, and	8c.	
8a	. Checking ► 8c. Account number ►		
8b	. Routing number ▶ 8d. Will this refund go to a ban	k account ou	tside the U.S.? ► Yes
9.	Total amount due: Add Line 6 and Line 7. If the result is zero or less, leave this line blank.	9. ▶	.00

DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

	Signature of general partner or corpora	ite officer						Date (MMD	DYYY	Y)
Sign								-	-	
Here	Title	Te	eleph	one number						
Keep a copy of						May DRS c	ontact the pre	parer Yes		No
this	Email address of general partner or col	rporate officer				_ 3HOWIT DOID	w about tills i	cturr:		
return for your										
records.	Paid preparer's name (print)	Paid preparer's signa	ture		Date (MM	DDYYYY)	Prepar	er's PTIN		
							>			
	Firm's name and address				С	heck if self-e	mployed			
				Firm's FEIN			Talanhana			
				FIIIIS FEIN			Telephone r	lulliber		
									_	

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 DRS.

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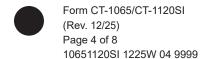




Part 1, Schedule B – PE Member Composite Return (Attach supplemental attachment(s), if needed.)

	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 9, 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
1. ▶							
2. ▶							
3. ▶							
4. ▶							
5. ▶							
6. ▶							
7. ▶							
8. ▶							
9.	Subtotal(s) from sup	pplemental attachment(s)	•				
10.	Add Lines 1 through	9, Column C. Enter amount					
	here and on Part 1,	Schedule A, Line 1	•				
11.	Add Lines 1 through	9, Column D	•	•			
12.		odd Lines 1 through 9, Columi and on Part 1, <i>Schedule A</i> , Lir		•	-		
13.	Total Composite retu	urn tax liability: Add Lines 1 thr	ough 9, Column F.		1	•	

Part 1 Schedule C – Federal Schedule K Information (Form 1065 or Form 1120S)		Column A	Column B	,	Column C
All PEs must complete this schedule.	,	Amounts Reported by this PE on Federal Schedule K	Amount From Subsidiary PE(s)	Column A minus Column B
Ordinary business income (loss)	1. ▶	.00	•	.00	.00
2. Net rental real estate income (loss)	2. ▶	.00	>	.00	.00
Other net rental income (loss)	3. ▶	.00	>	.00	.00
4. Guaranteed payments	4. ▶	.00	>	.00	.00
5. Interest income	5. ▶	.00	>	.00	.00
6a. Ordinary dividends	6a. ►	.00	>	.00	.00
7. Royalties	7. ▶	.00	>	.00	.00
8. Net short-term capital gain (loss)	8. ▶	.00	>	.00	.00
9a. Net long-term capital gain (loss)	9a. ►	.00	>	.00	.00
10. Net section 1231 gain (loss)	10. ▶	.00	>	.00	.00
11. Other income (loss): Attach statement	11. ▶	.00	>	.00	.00
12. Section 179 deduction	12. ▶	.00	>	.00	.00
13. Other deductions: Attach statement	13. ▶	.00	>	.00	.00





Pass-through entity's CT Tax Registration Number								

Part 1 Schedule D - Connecticut-Sourced Income From Subsidiary PE(s) (Attach supplemental attachment(s), if needed.)

Only a parent PE must complete this schedule.

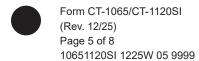
- Refer to federal Schedule K-1 and Schedule CT K-1 for amounts to enter in Columns A, B, C, and D.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk

	ons, and capital loss limitations.	,	Column A		Column B	-	Column C	Column D PE Tax Credit Reported	
	Name of Subsidiary PE	FEIN	Amount Reported on Federal K-1		Amount From Connecticut Sources		E Income Tax Liability From nedule CT K-1, Part 3, Line 1	on Schedule CT K-1, Part 4, Line 1	
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. Subto	otal(s) from supplemental attachment	(s) •		→ 00.		→ 00.	.00 ▶		.00
7. Total:	: Add Lines 1 through 6.	•		→ 00.		→ 00.	.00 ▶		.00
(The amou	unt reported on Line 7. Column C should	be reported on Part 1. Sched	dule A. Line 5c.)						

Part 2 - Allocation and Apportionment of Income (See Instructions)

If the PE carries on business only within Connecticut, enter 1.000000 (100%) on Line 8 and leave the other lines blank.	Column A Connecticut	Column B Everywhere	
Gross receipts from the sale or disposition of tangible personal property held for sale in the ordinary course of trade or business	.00	.00	0
2. Gross receipts from services	.00	.0	0
3. Gross receipts from the rental, lease or license of tangible personal property	.00	.0	0
4. Gross receipts from the rental, lease or license of intangible property4. ▶	.00	.0	0
 Gross receipts from the sale or disposition of intangible property held for sale in the ordinary course of trade or business	.00	.00	0
6. Other receipts	.00	.0	0
7. Total: Add Lines 1 through 6 in Column A and Column B	.00	.0	0
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six places	8.	▶ .	

Do not include receipts from the sale or disposition of tangible personal property, or intangible property, if the property is not held for sale in the ordinary course of business. Do not include receipts from the sale, rental, lease, or license of real property.





Pass-thro	Pass-through entity's CT Tax Registration Number								

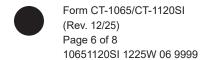
Part 3 – Place(s) of Business (Attach supplemental attachment(s), if needed.)

Complete only if the PE carries on business both within and outside Connecticut.

Loca	business both within and outside Conn t <mark>ion</mark>	Description Description	Owned or Rented to PE	Activity
1.				
2.				
3.				
4.				

Part 4 – Member Information (Attach supplemental attachment(s), if needed.) See instructions for order in which to list and for member type codes.

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.
>	•	•	•	> ,	• .
•	•	•	•	.	.
>	•	>	>	• .	> .
	>	.	•	.	.

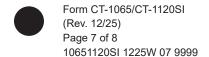




Pass-through entity's CT Tax Registration Number									

Part 5 – Member's Total Share of Connecticut Modifications (Attach supplemental attachment(s), if needed.)

Member #:	a i iii	Attaci	1 Supplemental attachment(3), il need	icu.)		
1. Interest on state and local government obligations other than Connecticut 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 3. Certain deductions relating to income exempt from Connecticut income tax 4. Section 168(k) federal bonus depreciation allowed for property depreciation d		Member #: ▶	Member #: ▶	Member #: ▶	Totals for All Members ▶	
obligations other than Confecticut 1. ►	Enter all amounts as positive numbers.					
from non-Connecticut state or municipal government obligations 2.	Interest on state and local government obligations other than Connecticut	l. ▶	.00 ►	.00 ▶	.00 ▶	.00
exempt from Connecticut income tax 3. ▶	from non-Connecticut state or	2. ▶	.00 ►	.00 ▶	.00 ▶	.00
depreciation allowed for property placed in service during this year 4.	Certain deductions relating to income exempt from Connecticut income tax	3. ▶	.00 ►	.00 ▶	.00 ▶	.00
6. Other Specify: 6. ►	depreciation allowed for property	I. ▶	.00 ►	.00 ▶	.00 ▶	.00
Subtractions: Enter all amounts as positive numbers. 7. Interest on U.S. government obligations 7. ►		5. ▶	.00 ►	.00 ▶	.00 ▶	.00
7. Interest on U.S. government obligations 7. ►	6. Other Specify: 6	S. ▶	.00 ►	.00 ▶	.00 ▶	.00
obligations 7.	Subtractions: Enter all amounts as pos	sitive numbers.				
qualifying mutual funds derived from U.S. government obligations 8. ►		7. ▶	.00 ►	.00 ▶	.00 ▶	.00
exempt from federal income tax but subject to Connecticut tax 9. ► .00 ► .00 ► .00 ► .00 10. 25% of Section 168(k) federal bonus depreciation added back in preceding four years 10. ► .00 ► .00 ► .00 ► .00 11. 25% of Section 179 federal deduction added back in preceding four years 11. ► .00 ► .00 ► .00 ► .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. ► .00 ► .00 ► .00 ► .00 13. Other	qualifying mutual funds derived from	3. ▶	.00 ►	.00 ▶	.00 ▶	.00
depreciation added back in preceding four years 10. ► .00	exempt from federal income tax but). •	.00 ▶	.00 ▶	.00 ▶	.00
added back in preceding four years 11. ► .00 ►	depreciation added back in preceding	0. ▶	.00 ►	.00 ▶	.00 ▶	.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. ▶ .00 ▶ .00 ▶ .00 ▶ .00 ▶ .00 ▶		1. ▶	.00	.00 ▶	.00 ▶	.00
for féderal income tax purposes 12. ► .00 ► .00 ► .00 ► .00	12. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed					
	for federal income tax purposes 1.	2. ▶	.00	.00	.00 ▶	.00
		3. ▶	.00 ►	.00 ▶	.00 ▶	.00





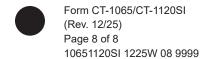
Pass-through entity's CT Tax Registration Number													

Part 6 – Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S. (Attach supplemental attachment(s), if needed.)

Include member's share of Connecticut modifications from Part 5.		Member #:	Member #:	Member #:	Totals for All Members	
1. Ordinary business income (loss)	1. ▶	.0	00 ►	.00 ▶	.00	.00
2. Net rental real estate income (loss)	2. ▶	.0.	00 ►	.00 ▶	.00	.00
3. Other net rental income (loss)	3. ▶	0.	00 ►	.00 ▶	.00	.00
4. Guaranteed payments	4. ▶	0.	00 ►	.00 ▶	.00	.00
5. Interest income	5. ▶	0.	00 ►	.00 ▶	.00	.00
6a. Ordinary dividends	6a. ►	0.	00 ►	.00 ▶	.00	.00
7. Royalties	7. ▶	.0	00 ►	.00 ▶	.00	.00
8. Net short-term capital gain (loss)	8. ▶	.0	00 ►	.00 ▶	.00	.00
9a. Net long-term capital gain (loss)	9a. ▶	.0	00 ►	.00 ▶	.00	.00
10. Net section 1231 gain (loss)	10. ▶	.0	00 ►	.00 ▶	.00	.00
11. Other income (loss): Attach statement.	11. ▶	.0	00 ►	.00 ▶	.00	.00
12. Section 179 deduction	12. ▶	.0	00 ►	.00 ▶	.00	.00
13. Other deductions: Attach statement.	13. ▶	.0	00 ►	.00 ▶	.00	.00

Part 7 – Connecticut Income Tax Credit Summary

(Attach supplemental attachment(s), if needed.)		Member #:		Member #:			Member #:			Totals for All Members	
Youth Development Organization Contribution Tax Credit	1. ▶		.00	>	.00	•		.00	•		.00
2. ABLE Account Tax Credit	2. ▶		.00	>	.00	•		.00	•		.00
3. Angel Investor Tax Credit	3. ▶		.00	>	.00			.00	•		.00
4. Accredited Theater Production Tax Credit	4. ▶		.00	>	.00			.00	•		.00
5. Employer CHET Contributions Tax Credit	5. ▶		.00	>	.00			.00	•		.00
University of Connecticut Incentive Program Tax Credit	6. ▶		.00	>	.00	•		.00	>		.00
7. Workforce Housing Opportunity Development Tax Credit	7. ▶		.00	>	.00	•		.00	>		.00
8. Total credits	8.		.00		.00			.00			.00





Pass-through entity's CT Tax Registration Number												

Part 8 – Allocation of PE Tax Credit (Attach supplemental attachment(s), if needed.)

	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)	
1. ▶				.00		.00 ►		•		.00
2. ▶				.00		.00 ►		•		.00
3. ▶				.00		.00 ►		•		.00
4. ▶				.00		.00 ►		•		.00
 ► 				.00		.00 ►		•		.00
6. ▶				.00		.00 ►		•		.00
7. ►				.00		.00 ►		•		.00
8.				.00		.00 ►		•		.00
9. ▶				.00		.00 ►		•		.00
	otal(s) from supplement hment(s)	tal >		.00►		.00 ▶		>		.00
11. Total:	Add Lines 1 through 10.	•		.00►		.00 ►		•		.00