Department of Revenue Services State of Connecticut (Rev. 12/25) PET 1225W 01 9999

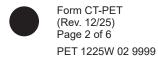


Form CT-PET Connecticut Pass-Through Entity Tax Return

2025

Optional Pass-Through Entity Tax Return: If the PE is making the election on the 2025 Form CT-1065/CT-1120SI, complete this form

Οþ	nional Pass-Through Entity Tax Return. If the PE is making the election on the 2025 Form C1-1005/0	JI-112	.031, 00	implete triis iorni.	
Е	nter income year beginning ▶ − − and ending ▶				
				tification Number (FEIN)	
	<u> </u>				
	Number and street PO Box				
•	City, town, or post office State ZIP code Connectice	ut Tax	Regist	ration Number -	
Typ	pe of PE:				
	Limited liability partnership (LLP) Limited partnership (LP)		•	General partnership (C	GP)
	S corporation Partnership (LLC treated as a partners	ship)			
Pas	ss-Through Entity Information				
	Return type				
	Short period return Amended return				
В.	Reason for amended return, if applicable (Check one):				
	IRS adjustments or amended federal returnEnter date of final determination	tion: 🕨			Y
	Other: Specify				
Pai	rt 1, Schedule A – Computation of Amount Due				
	PE Income/(Loss) Subject to Tax: Enter amount from Part 1, Schedule B, Line 5.	1.	•		.00
	PE Tax due: Multiply Line 1 by 6.99% (.0699). If zero or less, enter zero ("0").		•		.00
	Business tax credits: See instructions.		•		.00
	Balance of tax payable: Subtract Line 3 from Line 2. If zero or less, enter zero ("0").		•		.00
	2025 estimated payments	5a.			.00
	. Payment made with Form CT-PET EXT	5b.			.00
	. Overpayment from prior year applied to 2025	5c.			.00
	Amended filers only. Amounts paid with original return, plus additional tax paid after the original return was filed. Do not include penalty and interest.	5d.			.00
5e.	. JobsCT Tax Rebate Program. See instructions.	5e.	•		.00
5.	Payments and refundable credits: Enter the total of Lines 5a, 5b, 5c, 5d, and 5e.	5.	•		.00
6.	Amended filers only. Overpayment, if any, as shown on the original return or previously adjusted. All others, enter zero ("0").	6.	•		.00
7.	Subtract Line 6 from Line 5.	7.	•		.00
8.	Balance of tax due/(overpaid): Subtract Line 7 from Line 4.	8.	•		.00
	. If late, enter penalty. See instructions.	9a.			.00
	If late, enter interest. Multiply the amount on Line 8 by 1% (.01), Multiply the result by	9b.	•		.00
9c.	the number of months or fraction of a month late. Interest on underpayment of estimated tax: See instructions.	9c.	•		.00
	9d. If annualizing estimated payments, check here: ▶				
9.	Total penalty and interest: Enter the total of Lines 9a, 9b and 9c.	9.	•		.00
10a	. Amount to be applied to 2026 estimated PE Tax	10a.	•		.00
10b	. Amount to be applied to 2025 Form CT-1065/CT-1120SI liability	10b.	•		.00
10c	Amount to be refunded	10c.	•		.00
10d	For faster refund, use direct deposit by completing Lines 10d, 10e, and 10f. I. Checking ► Savings ► 10f. Account number ►				
	e. Routing number ► 10g. Will this refund go to a ban	k acco	ount or	utside the U.S.? ▶	Yes
	. Total to be credited or refunded: Enter the total of Lines 10a, 10b, and 10c.	10.			.00
	Total amount due: Add Line 8 and Line 9. If the result is zero or less leave this line blank				00





Pass-through entity's Federal Employer Identification Numl	oer

Part 1, Schedule B - Pass-Through Entity Income

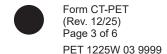
1.	Connecticut Source PE Income/(Loss) from Part 3, Schedule A, Line 18, Column D	1. ▶	.00
2.	Distributive Share Percentage from Part 1, <i>Schedule D</i> , Line 7, Column C. Enter as a decimal and carry to six decimal places.	2. ▶	
3.	Modified Connecticut Source Income/(Loss): Multiply Line 1 by Line 2.	3. ▶	.00
4.	Resident Portion of Unsourced Income from Part 1, Schedule C, Line 8	4. ▶	.00
5.	PE Income/(Loss) Subject to Tax: Add Lines 3 and 4, and enter on Part 1, <i>Schedule A</i> , Line 1.	5. ►	.00

Complete this section only if at least one member is a resident individual (RI). Part 1, Schedule C - Resident Portion of Unsourced Income

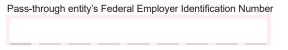
1.	Total PE Income/(Loss) from Part 3, Schedule A, Line 18, Column A	1.	•	.00
2.	Connecticut Source PE Income/(Loss) from Part 3, Schedule A, Line 18, Column D	2.	>	.00
3.	Connecticut Source PE Income/(Loss) from subsidiary PE(s)	3.	•	.00
4.	Other State Sourced PE Income/(Loss). See instructions.	4.	•	.00
5.	Total subtractions: Add Lines 2 through 4.	5.	•	.00
	Net Unsourced Income: Subtract Line 5 from Line 1. If less than zero, enter zero ("0").	6.	>	.00
7.	Resident Individual Distributive Share Percentage from Part 1, <i>Schedule D</i> , Line 7, Column E. Enter as a decimal and carry to six decimal places.	7.	•	
8.	Total Resident Portion of Unsourced Income: Multiply Line 6 by Line 7. If less than zero, enter zero ("0").	8.	>	.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	te officer						Date (MMDD	YYYY)	
Sign										
Here	Title		Teleph	none number		May DRS co	antact the are	eparer Yes	No	
Keep a			May DRS contact the preparation of the preparation							
copy of	Email address of general partner or cor	porate officer								
this	Dail and a sure of the sure of	Deidanaanaa			Data and	DD1000	D			
return	Paid preparer's name (print)	Paid preparer's s	signature		Date (MM	DDYYYY)	Prep	arer's PTIN		
for your records.										
records.	Firm's name and address				Ch	eck if self-en	nployed			
				Firm's FEIN			Telephone	number		







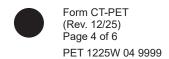
Part 1, Schedule D - Allocation of PE Tax Credit to Members

	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 - Residen Individual Distributive Share % (Enter for RI members only.)	Resident Portion		Column G PE Income/(Loss) Subject to Tax (Add Column D and Column 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	0
2.	-				.00			.00		.00		.00 ►	.00	0
3.	-				.00			.00		.00		.00 ►	.00	0
4.	-				.00			.00		.00		.00 ►	.00	0
5.	-				.00			.00		.00		.00 ►	.00	0
	ubtotal(s) from upplemental a				.00			.00		.00		.00 ►	.00	0
7. T c		► er Line 7, Tota	I on Part 1, Schedule		.00		>	.00 ►		.00 ►		.00 ►	.00	0

Column A: Only enter the information of the following member types: RI, NI, RT, NT, RE, NE, and PE. Do not include any CM members.

Column C: Enter for the following member types: RI, NI, RT, NT, RE, NE, and PE. CM members should not be included on this schedule.

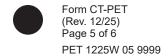
Column E: Enter for RI members only. Enter zero ("0") for all other members.





ass-through entity's Federal Employer Identification Number	ř

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 line.	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 	1.	•	.00 ▶		.00
2. Gross receipts from services	2.	•	.00 ▶		.00
3. Gross receipts from the rental, lease or license of tangible personal property	3.	•	.00 ▶		.00
4. Gross receipts from the rental, lease or license of intangible property	4.	•	.00 ▶		.00
Gross receipts from the sale or disposition of intangible property held for sale in the ordinary course of trade or business	5.	•	.00 ▶		.00
6. Other receipts	6.	•	.00 ▶		.00
7. Total: Add Lines 1 through 6 in Column A and Column B.	7.	•	.00 ▶		.00
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal place	ces.		8. ▶		

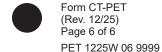




Pass-through entity's Federal Employer Identification Number

Column D

	rt 3, Schedule A – Computation of PE n Connecticut Source Income/(Loss		Column A Amounts Reported by this PE on Federal Schedule K	Column B Amounts From Subsidiary PE(s)	Column C PE's Income/(Loss) From Its Own Activities (Column A minus Column B)	Column D PE's Connecticut Source Income/ (Loss) From Its Own Activities (Apportioned or allocated from Column C. See instructions.)
1.	Ordinary business income (loss)	1. 1	.00	.00	.00 ▶	.00
2.	Net rental real estate income (loss)	2. 1	.00	.00.	.00 ▶	.00
3.	Other net rental income (loss)	3. 1	.00	.00.	.00 ▶	.00
4.	Guaranteed payments	4.	.00	.00	.00 ▶	.00
5.	Interest income	5.	.00	.00	.00 ▶	.00
6a.	Ordinary dividends	6a. I	.00	.00.	.00 ▶	.00
7.	Royalties	7.	.00	.00.	.00 ▶	.00
8.	Net short-term capital gain (loss)	8. 1	.00	.00.	.00 ▶	.00
9a.	Net long-term capital gain (loss)	9a. I	.00	.00.	.00 ▶	.00
10.	Net section 1231 gain (loss)	10.	.00	.00	.00 ▶	.00
11.	Other income (loss): Attach statement.	11.	.00	.00	.00 ▶	.00
12.	Section 179 deduction	12.	.00	.00	.00 ▶	.00
13.	Other deductions: Attach statement.	13.	.00	.00	.00 ▶	.00
14a	. Total Income: Add Lines 1 through 11.	14a. I	.00 ▶	.00	.00 ▶	.00
14b	. Total Deductions: Add Line 12 and Line 13.	14b. I	.00 ▶	.00	.00 ▶	.00
14.	Total: Subtract Line 14b from Line 14a.	14.	.00	.00	.00 ►	.00
15.	Subtractions from Part 3, Schedule B, Line 15	15. 1	.00	.00	.00 ►	.00
16.	Subtotal: Subtract Line 15 from Line 14.	16.	.00	.00	.00 ►	.00
17a.	Connecticut PE tax payments deducted in					
	calculating income/(loss) for federal purposes					
17b.	. Additions from Part 3, Schedule B, Line 7	17b. I	.00 ▶	.00	.00 ►	.00
18.	Total: Add Lines 16, 17a, and 17b.	18.	.00 ▶	.00	.00 ►	.00





Pass-through entity's Federal Employer Identification Number

Column D

Column B Column C PE's Connecticut Source Part 3, Schedule B - PE's Connecticut Modifications Reported on PE's Net Modifications **Net Modifications Modifications** Column A Schedule CT K-1s From (Apportioned or allocated from (Column A minus **Total Modifications** Subsidiary PE(s) Column B) Column C. See instructions.) 1. Interest on state and local government obligations 1. ▶ .00 ▶ .00 .00 ▶ .00 other than Connecticut 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government .00 ▶ .00 .00 ▶ .00 2. ▶ obligations Certain deductions relating to income exempt from .00 3. ▶ .00 ▶ .00 ▶ .00 Connecticut income tax Section 168(k) federal bonus depreciation allowed 4. ▶ .00 ▶ .00 .00 ▶ .00 for property placed in service during this year .00 .00 .00 ▶ .00 ▶ 5. 80% of Section 179 federal deduction 5. ▶ Other: Attach statement. 6. ▶ .00 ▶ .00 .00 -.00 .00 .00 7. Total additions: Add Lines 1 through 6. 7. ▶ .00 ▶ .00 -8. Interest on U.S. government obligations .00 .00 8. ▶ .00 ▶ .00 ▶ Exempt dividends from certain qualifying mutual .00 ▶ .00 .00 9. ▶ .00 funds derived from U.S. government obligations 10. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax 10. ▶ .00 ▶ .00 .00 ▶ .00 11. 25% of Section 168(k) federal bonus depreciation .00 ▶ .00 .00 ► .00 11. ▶ added back in preceding four years 12. 25% of Section 179 federal deduction .00 ▶ .00 .00 added back in preceding four years 12. ▶ .00 > 13. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that .00 ▶ .00 .00 ▶ .00 are not claimed for federal income tax purposes 13. ▶ .00 ▶ .00 .00 14. Other: Attach statement. .00 -14. ▶ 15. **Total subtractions:** Add Lines 8 through 14. 15. ▶ .00 ▶ .00 .00 ▶ .00

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.
•	•		•	>		> .
•	•		•	>		.
•	>		>	>		> .
•	•		>	>		▶ .