

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

2016



Enter income year beginning ▶	and ending ▶
Name of pass-through entity	Federal Employer ID Number (FEIN)
	onically!
Number and street PO Box	
	For DRS Use Only
City, town, or post office State ZIP cod	M M - D D - Y Y Y
	-
Type of PE:	
•	partnership (GP) S corporation
Limited liability partnership (LLP)	partnership (LLC treated as a partnership)
Pass-Through Entity Information Complete this section first and then complete Part I, Schedule C.	
A. Return type	
Final return (out of business in Connecticut) Date of	of dissolution:
Amended return Short period return Explain	nation:
B. Change of address. See instructions, Page 16.	
C. Total number of noncorporate members as of the close of the	PE's taxable year:
Resident (RI, RE, RT) ► Nonresident (NI, NE, NT, PE) ▶
D. Enter the six-digit Business Code Number from federal Form 10	065 or federal Form 1120S. Business Code Number ►
E. Date business began:	Date business began in Connecticut:
F. Does this PE own, directly or indirectly, an interest in Conn	ecticut real property? ► Yes No
If the answer to this question is Yes, and either answer to It	em G or H is Yes , provide a listing of all Connecticut real property owned.
G. Was a controlling interest in this PE transferred? ► \	/es No
If Yes, enter transferor name and Social Security Number	(SSN) or FEIN, transferee name, and date of transfer below.
Transferor name:	SSN or FEIN:
Transferee name:	Date of transfer:
H. Did this PE transfer a controlling interest in an entity that or an interest in Connecticut real property?	wns, directly or indirectly, ✓ Yes No
If Yes, enter name and FEIN, transferee name, and date o	f transfer below.
Name:	FEIN:
Transferee name:	Date of transfer:
I. Does the PE have deferred income in off shore investments of	r accounts? ► Yes No
If Yes, did the PE report the income in accordance with IRC §4	457A? ► Yes No
Date income was reported: ►	Amount of income reported: ▶ .00
If the income was not reported in accordance with IRC §457A.	



F	oass -	-thro	ugh	entity'	s CT	Тах	Re	gistr	ation	Nur	nber	

Part I Schedule A – PE Computation of Composite Tax Due

Total Connecticut-sourced income included in composite in from Part I, Schedule B, Line 10, Column C		.00
2. Multiply Line 1 by 6.99% (.0699)	2. 1	.00
3. Members' credits from Part I, Schedule B, Line 12, Colum	ın E 3. J	.00
4. Tax liability: Subtract Line 3 from Line 2	4.)	.00
5. Payment made with Form CT-1065/CT-1120SI EXT	5. J	.00
6. Parent PE only: Enter amount from Part I, Schedule D, Lin	ne 10, Column C 6. I	.00
7. Add Line 5 and Line 6.		.00
8. Amount to be refunded to PE: If Line 7 is more than Line For faster refund, use Direct Deposit by complete.	•	.00
8a. Checking ► Savings ► 8c. Account number ►		
8b. Routing number	8d. Will this refund go to a bank according	unt outside the U.S.? ► Yes
9. Amount of tax owed: If Line 4 is more than Line 7, subtract	ct Line 7 from Line 4. 9.	.00
10.If late, enter penalty. See instructions.	10. 1	.00
11. If late, enter interest. Multiply the amount on Line 9 by 1% the number of months or fraction of a month late.	6 (.01). Multiply the result by	.00
12. Balance due with this return: Add Lines 9 through 11.	12. 1	.00

You must complete Parts I (Schedule B, C, and D), II, III, IV, V VI, and VII, if applicable.

The PE must furnish Schedule CT K-1 to all members.

Visit the DRS website at www.ct.gov/TSC to use the Taxpayer Service Center (TSC) to file and pay this return electronically.

Paper returns may **only** be submitted by taxpayers who have been granted an electronic filing waiver from DRS or amended returns. To pay by mail, make check payable to **Commissioner of Revenue Services**.

Mail return **with** payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019. Mail return **without** payment to: Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

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	ate officer		Date (MMDDYYYY)
Sign Here				
	Title	Telephone		
Keep a copy of			May DR shown b	S contact the preparer Yes No pelow about this return?
this return	Email address of general partner or co	rporate officer		
for your	► DO NO			
records.	Paid preparer's name (print)	Paid preparer's signature	Date (MMDDYYYY)	Preparer's SSN or PTIN
				>
	Firm's name and address	Fir	m's FEIN	Telephone number

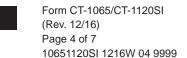




Part I Schedule B – PE Member Composite Return (Attach supplemental attachment(s), if needed.

	Column A Member # (From Part IV)	Column B Identification Number (See instructions.)	Column C Connecticut-Sourced Incom (See instructions.)	e	Column D Multiply Column C by 6.99% (0.0699)	(Sche	Column E Members' Credit edule CT K-1, Part IV, Line 5, Col. B)	Column F CT Income Tax Liability (Column D minus Column E)	
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.	•	•	-	.00		.00 ▶	.00	-	.00
7.	•	•	-	.00		.00 ►	.00	•	.00
8.	•	•	•	.00		.00 ▶	.00	•	.00
10.	Subtotal(s) from supplem Add Lines 1 through 9, C	olumn C. Enter		.00		.00	.00		.00
	amount here and on Part	I, Schedule A, Line 1.		.00					
11.	Add Lines 1 through 9, C	olumn D.				.00			
12.	Add Lines 1 through 9, C	olumn E. Enter amount here and or	n Part I, <i>Schedule A</i> , Line	э 3.			.00		
13.	Total composite return	tax liability: Add Lines 1 through 9	, Column F.						.00

Part I Schedule C – Federal Schedule K Information (Form 1065 or Form 1120S) All PEs must complete this schedule.	,	Column A Amounts Reported by This PE on Federal Schedule K	Column B Amount From Subsidiary PE(s)	Column C Column A minus Column B
Ordinary business income (loss)	1. ▶	.00	>	.00	.00
2. Net rental real estate income (loss)	2. ▶	.00	>	.00	.00
3. Other net rental income (loss)	3. ►	.00	>	.00	.00
Guaranteed payments	4. ▶	.00	>	.00	.00
5. Interest income	5. ►	.00	>	.00	.00
6a. Ordinary dividends	6a. ▶	.00	>	.00	.00
6b. Qualified dividends	6b. >	.00	>	.00	.00
7. Royalties	7. 🕨	.00	>	.00	.00
8. Net short-term capital gain (loss)			>	.00	.00
9a. Net long-term capital gain (loss)			>	.00	.00
9b. Collectibles (28%) gain (loss)			>	.00	.00
9c. Unrecaptured section 1250 gain	9c. ▶	.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-thro	Pass-through entity's CT Tax Registration Number											

Part I 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. and C.

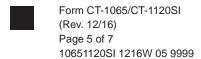
	nts reported in Column B are subject to the passive ons, and capital loss limitations.	activity limitations, at-risk	Column A Amount Reported		Column B Amount From		Column C CT Income Tax Liability	
	Name of Subsidiary PE	FEIN	on Federal K-1		Connecticut Sources	(Sch. CT-K-1, Part III, Line 1	
1. ▶	•	· >		.00 ▶		.00 ►		.00
2. ▶	•	· •		.00 ▶		.00 ▶		.00
3. ▶	•	· •		.00 ▶		.00 ▶		.00
4. ▶	•	· •		.00 ▶		.00 ▶		.00
5. ▶	•	· •		.00 ▶		.00 ▶		.00
6. ▶	•	· •		.00 ▶		.00 ▶		.00
7. ▶	•	· •		.00 ▶		.00 ▶		.00
8. ▶	•	· •		.00 ▶		.00 ▶		.00
9. Subte	otal(s) from supplemental attachment(s)			.00		.00		.00
10. Add	Lines 1 through 9, Column C. Enter amount here a	nd on Part I, Schedule A, Line	e 6.					.00

Part II – Allocation and Apportionment of Income

Complete only if all of the following apply:

- There are one or more nonresident noncorporate members or one or more members that are PEs;
 The PE carries on business both within and outside Connecticut: and

•	The PE carries on business both within and outside Connecticut, and The PE does not maintain books and records that satisfactorily disclose the income, gain, loss, or deduction derived from or connected with Connecticut			Callimn A		Column B Connecticut Only		Column C Fraction Enter as a decimal.
1	. Real property owned	1.			.00		.00	Divide Column B
2	. Real property rented from others	2.			.00		.00	by Column A
3	. Tangible personal property owned or rented	3.			.00		.00	Oolullii A
4	. Property owned or rented: Add Lines 1, 2, and 3.	4.			.00 ►		.00 ►	
5	. Employee wages and salaries	5.	•		.00 ▶		.00 ►	
6	. Gross income from sales and services	6.	•		.00 ▶		.00 ▶	
7	. Total: Add Lines 4, 5, and 6, Column C.						7. ▶	
8	. Apportionment fraction: Divide Line 7 by three or actual number of f	fracti	ons.				8. ▶	

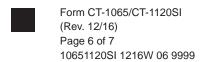




Pass-thro	ass-through entity's CT Tax Registration Number												

Part III – Place(s) of Business (Attach supplemental attachment(s), if needed.)
Complete only if the PE carries on business both within and outside Connecticut.

Complete	only if the PE carries on business both within and outside Location	Connecticut. Description	Owned or Rented to PE	Activity
1.	Location	Description	Relited to FE	Addivity
2.				
3.				
4.				
Port IV	Mombor Information (August augustus aug	f mandad)		
Member	Member Information (Attach supplemental attachment(s), Member Information		Profit Sharing %	Loss Sharing % Capital Ownership %
#	See instructions for order in which to list and t	or member type codes.	Enter as a decimal.	Enter as a decimal. Enter as a decimal.
	Name, Address, City, State, and ZIP Code	Member Type Code ▶		
		FEIN or SSN		
		PEIN OF SSIN		
	Name, Address, City, State, and ZIP Code	Member Type Code ▶		
			•	
		5511. 001		
		FEIN or SSN		
	Name, Address, City, State, and ZIP Code	Member Type Code		
•	•	>		. • .
		FEIN or SSN		
		•		
	Name, Address, City, State, and ZIP Code	Member Type Code		
•	•	•		. •
		FEIN or SSN		
		>		





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

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

Additions: Enter all amounts as positive numbers.	Member #:	Member #:	Member #:	Totals for All Members	
Interest on state and local government obligations other than Connecticut 1.	•	.00 ▶	.00 ▶	.00	.00
Mutual fund exempt-interest dividends from non-Connecticut state or municipal					
government obligations 2.	•	.00	.00	.00	.00
 Certain deductions relating to income exempt from Connecticut income tax 3. 	>	.00 ▶	.00 ▶	.00	.00
4. Reserved for future use 4.					
5. Other					
	•	.00 ▶	.00 ▶	.00	.00
Subtractions: Enter all amounts as positive numbers.					
6. Interest on U.S. government obligations . 6.	•	.00 ▶	.00 ▶	.00	.00
 Exempt dividends from certain qualifying mutual funds derived from 					
U.S. government obligations 7.	•	.00 ▶	.00 ▶	.00	.00
Certain expenses related to income exempt from federal income tax but					
subject to Connecticut tax 8.	>	.00 ▶	.00 ▶	.00	.00
9. Reserved for future use					
10. Other		00	00 -	00	00
Specify: 10.	•	.00	.00	.00	.00



Pass-through entity's CT Tax Registration Number											

Part VI – 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 V.	Member #:	Member #:	Member #:	Totals for All Members	
1. Ordinary business income (loss) 1.	>	.00 ▶	.00 ▶	.00	.00
2. Net rental real estate income (loss) 2.	>	.00 ▶	.00 ▶	.00	.00
3. Other net rental income (loss) 3.	>	.00 ▶	.00 ▶	.00	.00
4. Guaranteed payments 4.	>	.00 ▶	.00 ▶	.00	.00
5. Interest income 5.	>	.00 ▶	.00 ▶	.00	.00
6a. Ordinary dividends 6a.	>	.00 ▶	.00 ▶	.00	.00
6b. Qualified dividends 6b.	>	.00 ▶	.00 ▶	.00	.00
7. Royalties 7.	>	.00 ▶	.00 ▶	.00	.00
8. Net short-term capital gain (loss) 8.	>	.00 ▶	.00 ▶	.00	.00
9a. Net long-term capital gain (loss) 9a.	>	.00 ▶	.00 ▶	.00	.00
9b. Collectibles (28%) gain (loss) 9b.	>	.00 ▶	.00 ▶	.00	.00
9c. Unrecaptured section 1250 gain 9c.	>	.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

Part VII - Connecticut Income Tax Credit Summary

(Attach supplemental attachment(s), if needed.)	Member #:	Member #:	Member #:	Totals for All Members	
Reserved for future use 1.					
2. Reserved for future use 2.					
3. Angel investor tax credit 3.	-	.00 ▶	.00 ▶	.00 ▶	.00
4. Insurance reinvestment fund tax credit 4.	-	.00 ▶	.00 ▶	.00 ▶	.00
5. Total credits: Add Line 3 and Line 4 5.		.00	.00	.00	.00