

Department of Revenue Services State of Connecticut (Rev. 12/17) 10651120SI 1217W 01 9999

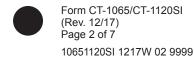


# Form CT-1065/CT-1120SI Connecticut Composite Income Tax Return

2017



Enter income year beginning ▶ and ending ▶	
Name of pass-through entity	Federal Employer ID Number (FEIN)
This return MUST be filed electronically!	<b>•</b>
Number and street PO Box	For DRS
	Use Only
City, town, or post office State ZIP code	Connecticut Tax Registration Number
	-
Type of PE:	
► Electing large partnership (ELP)	► 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 dissolution:	
	M M - D D - Y Y Y Y
Amended return Short period return Explanation:	
B. Change of address. See instructions.	
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 1065 or federal Form	1120S. Business Code Number ▶
E. Date business began:	began in Connecticut:
F. Does this PE own, directly or indirectly, an interest in Connecticut real proper	
If the answer to this question $$ is $$ Yes, 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 transferred? ► Yes No	
If Yes, enter transferor name and Social Security Number (SSN) or FEIN, tra	ansferee name, and date of transfer below.
Transferor name: SSN	N or FEIN:
Transferee name: Date	e of transfer: – –
H. Did this PE transfer a controlling interest in an entity that owns, directly or inc an interest in Connecticut real property?	directly,  Yes  No
If Yes, enter name and FEIN, transferee name, and date of transfer below.	
Name:	FEIN:
Transferee name:	e of transfer:
I. Does the PE have deferred income in offshore investments or accounts?	► Yes No
If Yes, did the PE report the income in accordance with IRC §457A?	► Yes No
Date income was reported: ► Amount or	f income reported: ► .00
If the income was not reported in accordance with IRC §457A, what tax year will	the income be reported? ►





Pass-through entity's CT Tax Registration Number						

#### Part I Schedule A - PE Computation of Composite Tax Due

1 Total Connecticut coursed income include	d in composite ret	tura			
<ol> <li>Total Connecticut-sourced income include from Part I, Schedule B, Line 10, Column</li> </ol>			1. ▶		.00
2. Multiply Line 1 by 6.99% (.0699)			2. ▶		.00
3. Members' credits from Part I, Schedule B,	Line 12, Column	E	3. ▶		.00
4. Tax liability: Subtract Line 3 from Line 2			4. ▶		.00
5. Payment made with Form CT-1065/CT-11	20SI EXT		5. ▶		.00
6. Parent PE only: Enter amount from Part I,	Schedule D, Line	7, Column C	6. ▶		.00
7. Add Line 5 and Line 6			7. ▶		.00
8. Amount to be refunded to PE: If Line 7 is For faster refund, use Direct De			8. ▶		.00
8a. Checking ► Savings ► 8c. Ac	count number >				
8b. Routing number ▶		8d. Will this refund go to a bank	account	outside the U.S.? ► Y	es
9. Amount of tax owed: If Line 4 is more tha	n Line 7, subtract	Line 7 from Line 4.	9. ▶		.00
10.If late, enter penalty. See instructions.			10. ▶		.00
11. If late, enter interest. Multiply the amount the number of months or fraction of a months.	• •	.01). Multiply the result by	11. ▶		.00
12. Balance due with this return: Add Lines	9 through 11.		12. ▶		.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.

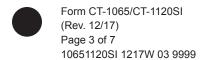
Visit the DRS website at www.ct.gov/TSC to use the Taxpayer Service Center (TSC) to file and pay this return electronically.

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	ite officer			Date (MMDD	YYYY)
Sign						
Here	Title	Tele	phone number			
Keep a copy of				May DRS o	contact the preparer Yes was about this return?	No
this	Email address of general partner or cor	rporate officer		SHOWIT DEIC	ow about this return:	
return for your	► DO NOT					
records.	Paid preparer's name (print)	Paid preparer's signatur	е	Date (MMDDYYYY)	Preparer's PTIN	
					<b>•</b>	
	Firm's name and address			Check if self-e	employed	
			Firm's FEIN	ı	Tolophono number	
			FIIIISFEIN		Telephone number	





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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 Income (See instructions.)	Column D Multiply Column C by 6.99% (0.0699)	Column E Members' Credit (Schedule CT K-1, Part IV, Line 5, C	ol. B)	Column F CT Income Tax Liability (Column D minus Column E)	
1.	<b>&gt;</b>	•	.00		.00 ▶	.00 ▶	.00	)
2.	•	•	.00		.00 ▶	.00 ▶	.00	)
3.	<b>•</b>	•	.00		.00 ▶	.00 ▶	.00	)
4.	<b>&gt;</b>	•	.00		.00 ▶	.00 ▶	.00	)
5.	<b>&gt;</b>	•	.00		.00 ▶	.00 ▶	.00	)
6.	<b>&gt;</b>	•	.00		.00 ▶	.00 ▶	.00	)
7.	<b>•</b>	•	.00		.00 ▶	.00 ▶	.00	)
8.	<b>&gt;</b>	•	.00		.00 ▶	.00 ▶	.00	)
	Subtotal(s) from supplemental Add Lines 1 through 9, Co	` '	.00		.00	.00	.00	1
	amount here and on Part		.00					
11.	Add Lines 1 through 9, Co	olumn D.			.00			
12.	Add Lines 1 through 9, Co	olumn E. Enter amount here and or	Part I, Schedule A, Line 3.			.00		
13.	Total composite return t	ax 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	<b>Column B</b> Amount From Subsidiary PE	(s)	Column C Column A minus Column B
Ordinary business income (loss)	1. ▶	.00	<b>&gt;</b>	.00	.00
2. Net rental real estate income (loss)	2. ▶	.00	<b>&gt;</b>	.00	.00
3. Other net rental income (loss)	3. ▶	.00	<b>&gt;</b>	.00	.00
4. Guaranteed payments	4. ▶	.00	<b>&gt;</b>	.00	.00
5. Interest income	5. ▶	.00	<b>&gt;</b>	.00	.00
6a. Ordinary dividends	6a. ▶	.00	<b>&gt;</b>	.00	.00
6b. Qualified dividends	6b. ▶	.00	<b>&gt;</b>	.00	.00
7. Royalties	7. ▶	.00	<b>&gt;</b>	.00	.00
8. Net short-term capital gain (loss)	8. ▶	.00	<b>&gt;</b>	.00	.00
9a. Net long-term capital gain (loss)	9a. ▶	.00	<b>&gt;</b>	.00	.00
9b. Collectibles (28%) gain (loss)	9b. ▶	.00	<b>&gt;</b>	.00	.00
9c. Unrecaptured section 1250 gain	9c. ▶	.00	<b>&gt;</b>	.00	.00
10. Net section 1231 gain (loss)	10. ▶	.00	<b>&gt;</b>	.00	.00
11. Other income (loss): Attach statement	11. ▶	.00	<b>&gt;</b>	.00	.00
12. Section 179 deduction	12. <b>▶</b>	.00	<b>&gt;</b>	.00	.00
13. Other deductions: Attach statement	13. ▶	.00	<b>&gt;</b>	.00	.00

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## 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.

<ul><li>Amou</li></ul>	unts reported in Column B are subject to the passive tions, and capital loss limitations.		Column A		Column B		Column C
	Name of Subsidiary PE	FEIN	Amount Reported on Federal K-1		Amount From Connecticut Sources		CT Income Tax Liability Sch. CT-K-1, Part III, Line 1
1. ▶	1	· •		.00 ▶		.00 ►	.00
2. ▶	)	<b>▶▶</b>		.00 ▶		.00 ▶	.00
3. ▶	)	<b>-</b> ▶		.00 ▶		.00 ▶	.00
4. ▶	)	<b>▶ ▶</b>		.00 ▶		.00 ▶	.00
5. ▶	)	<b>▶ ▶</b>		.00 ▶		.00 ▶	.00
6. Sul	btotal(s) from supplemental attachment(s)			.00		.00	.00
7. Ad	d Lines 1 through 6, Column C. Enter amount here a	and on Part I, Schedule A, Lin	e 6.				.00

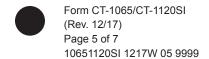
## Part II – Allocation and Apportionment of Income (*Market Based Sourcing effective for 2017. See instructions.*) Complete only if all of the following apply:

- 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

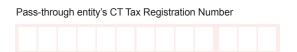
<ul> <li>The PE does</li> </ul>	not maintain books and records that satisfactorily disclose the portion of loss, or deduction derived from or connected with Connecticut sources.	Column A Connecticut			Column B Everywhere	
Gross rece     of trade or	ipts from the sale or disposition of tangible personal property held for sale in the ordinary course ousiness1	<b>&gt;</b>	.00	<b>•</b>		.00
2. Gross rece	pts from services	. ▶	.00	•		.00
3. Gross rece	pts from the rental, lease or license of tangible personal property3	. ▶	.00	<b>•</b>		.00
4. Gross rece	pts from the rental, lease or license of intangible property4	. ▶	.00	<b>•</b>		.00
5. Gross rece of trade or	pts from the sale or disposition of intangible property held for sale in the ordinary course business5	<b>&gt;</b>	.00	•		.00
6. Other	6	. ▶	.00	•		.00
7. Total: Add	Lines 1 through 6 in Column A and Column B7	▶	.00	•		.00
8. Apportion	ment 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.

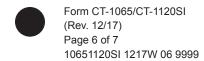






Part III – Place(s) of Business (Attach supplemental attachment(s), if needed.)
Complete only if the PE carries on business both within and outside Connecticut.

omplete only	y if the PE carries on business both within and outside Coni			ned or	A 41 14
	Location	Description	Rent	ed to PE	Activity
1.					
2.					
3.					
1.					
art IV – Me	ember Information (Attach supplemental attachment(s), if need	ed.)			
Member	Member Information		Profit Sharing %	Loss Sharing %	Capital Ownership %
#	See instructions for order in which to list and for mer	• •	Enter as a decima	I. Enter as a decimal.	Enter as a decimal.
	Name, Address, City, State, and ZIP Code	Member Type Code			
	•	•		▶ .	<b>•</b> .
		FEIN or SSN			
		PEIN OF SSIN			
	Name, Address, City, State, and ZIP Code	Member Type Code			
	Name, Address, City, State, and Zir Code	Iviember Type Code	<b>•</b>	▶ .	▶ .
			•		
		FEIN or SSN			
		<b>•</b>			
	Name, Address, City, State, and ZIP Code	Member Type Code			
	• Name (1984) (1984) (1984) (1984) (1984) (1984)	<b>▶</b>	<b>.</b>	▶ .	▶ .
			•		•
		FEIN or SSN			
		<b>•</b>			
	Name, Address, City, State, and ZIP Code	Member Type Code			
	<b>•</b>	<b>•</b>	<b>•</b> .	▶ .	
		FEIN or SSN			

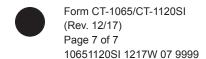




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## Part V – Member's Share of Connecticut Modifications (Attach supplemental attachment(s), if needed.)

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.	<b>&gt;</b>	.00 ►	.00 ►	.00	.00
Mutual fund exempt-interest dividends     from non-Connecticut state or municipal		00 5	00 5	00	00
government obligations	•	.00 ▶	.00 ▶	.00	.00
exempt from Connecticut income tax 3.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
4. Reserved for future use 4.					
5. Other Specify: 5.		.00 ▶	.00 ▶	.00	.00
Subtractions: Enter all amounts as positive numbers.					
6. Interest on U.S. government obligations . 6.	•	.00 ▶	.00 ►	.00	.00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	<b>•</b>	.00 ▶	.00 ▶	.00	.00
Certain expenses related to income exempt from federal income tax but					
subject to Connecticut tax 8.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
9. Reserved for future use					
10. Other Specify: 10.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00





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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.	<b>•</b>	.00 ▶	.00 ▶	.00	.00
2. Net rental real estate income (loss) 2.	<b>•</b>	.00 ▶	.00 ▶	.00	.00
3. Other net rental income (loss) 3.	<b>•</b>	.00 ▶	.00 ▶	.00	.00
4. Guaranteed payments 4.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
5. Interest income 5.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
6a. Ordinary dividends 6a. I	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
6b. Qualified dividends 6b.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
7. Royalties7.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
8. Net short-term capital gain (loss) 8.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
9a. Net long-term capital gain (loss) 9a.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
9b. Collectibles (28%) gain (loss) 9b.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
9c. Unrecaptured section 1250 gain 9c.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
10. Net section 1231 gain (loss) 10.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
11. Other income (loss): Attach statement 11.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
12. Section 179 deduction 12.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00
13. Other deductions: Attach statement 13.	<b>&gt;</b>	.00 ▶	.00 ▶	.00	.00

### Part VII – Connecticut Income Tax Credit Summary

(Attach supplemental attachment(s), if needed.)	Member #:	Member #:	Member #:	Totals for All Members	
1. 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