Department of Revenue Services State of Connecticut PO Box 150420 Hartford CT 06115-0420

Form CT K-1T

Transmittal of Schedule CT K-1,

Member's Share of Certain Connecticut Items For DRS use only

(Rev. 12/17) - 20

Complete this form in blue or black ink only.						
Pass-Through Entity Information						
Federal Employer ID Number (FEIN) CT Tax Registration Number		mber				
► Pass-through entity name						
► Number and street address	PO B					
City or town	State ZIP code					
Part I - Schedule CT K-1s Submitted						
Total number of Schedule CT K-1s submit	ted with this Form CT K-1T		>	1.		
Part II - Number of Members			'			
Column A Number of Members			Column B Ownership Percentage by Member Type			
1. Resident (RI, RT, RE)		>			•	
2. Nonresident (NI, NT, NE, PE)		>			•	
3. Corporate (CM)		>		•	•	
Part III - Summary of Schedule CT K-1	Information					
Total Connecticut-sourced income (NI, NT, NE)				1.		00
Total Connecticut-sourced income (PE)			>	2.		00
3. Connecticut-sourced income: Amount from Form CT-1065/CT-1120SI, Part I, Schedule A, Line 1			e A, Line 1 ▶	3.		00
4. Connecticut tax liability: Amount from Form CT-1065/CT-1120SI, Part I, Schedule A, Line 4 ▶				4.		00
Part IV - Summary of Income Tax Cred	dits					
				To	tal Credit Alloca Members	ted to
1. Reserved for future use			>	1.		
2. Reserved for future use				2.		
3. Angel investor tax credit				3.		00
Insurance reinvestment fund tax credit			>	4.		00
5. Total credits earned in 2017: Add Line 3 and Line 4.				5.		00
Attach Schedule CT K-1s to Form CT K-1T and copies of Schedule CT K-1 and co				osed for e CT K-1		

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) 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.

Sign Here	Signature	Date
Keep a copy of this		
return for	Title	Telephone number
your records.		()

Form CT K-1T Instructions

Complete this form in blue or black ink only.

Electronic Filing Required

Except as stated below, all composite income tax payments are required to be made electronically. Form CT-1065/CT-1120SI must be filed electronically, and all associated payments, including extension requests and payments, must be made electronically. See Informational Publication 2014(15), Filing and Paying Connecticut Taxes Electronically.

If the PE can show that filing and paying electronically creates an undue hardship, the Commissioner of Revenue Services may grant a one-year waiver of the electronic filing and payment requirement. Request a waiver by completing Form DRS-EWVR, Electronic Filing and Payment Waiver Request, no fewer than 30 days before the due date of your first electronic filing and payment. See Policy Statement 2011(3), Requests for Waiver of Electronic Filing and Electronic Payment Requirements.

If **Form CT-AIT**, *Angel Investor Tax Credit* is completed, the PE **must** file a paper Form CT-1065/CT-1120SI.

If you file electronically, you are **not** required to file Form CT K-1T and paper copies of Schedule K-1 with DRS. However, Schedule K-1 is still required to be issued to the members. If you file by paper, follow the instructions for Form CT K-1T.

Specific Instructions

Pass-Through Entity Information

Complete the pass-through entity information section, including the entity's FEIN and Connecticut Tax Registration Number (TID).

Part I - Schedule CT K-1 Submitted

Enter the total number of Schedule CT K-1s submitted.

Part II - Number of Members

Enter the total number of resident, nonresident, and corporate members in Column A.

Enter the total ownership percentage for each member type in Column B. The total of all members' ownership percentage should equal to 1.0000.

Part III - Summary of Schedule CT K-1 Information

Line 1: Enter the total Connecticut-sourced income for all nonresident noncorporate individuals, trust and estate members.

Line 2: Enter the total Connecticut-sourced income for all pass-through entity members.

Line 3: Enter the amount reported from Form CT-1065/CT-1120SI, Part I, *Schedule A*, Line 1.

Line 4: Enter the tax liability amount reported on Form CT-1065/CT-1120SI, Part I, *Schedule A*, Line 4.

Part IV - Summary of Income Tax Credits

Line 3 and Line 4: Enter the total amount from all Schedule CT K-1s, Part IV, Column A, Line 3 and Line 4, allocated to members for each respective credit. The amounts should equal the amounts reported on Form CT-1065/CT-1120SI, Part VII, *Totals for All Members* column.

Penalty

A penalty of \$5 per schedule (up to a total of \$2,000 per calendar year) will be imposed for failure to provide a copy of Schedule CT K-1 to DRS unless the failure is due to reasonable cause and not to willful neglect.

Signature

Form CT K-1T should be signed by a general partner or corporate officer. Include title and provide a contact telephone number.

When to File

Form CT K-1T and Schedule CT K-1s must be submitted on or before the fifteenth day of the fourth month following the close of the taxable year (April 15 if the PE's taxable year for federal income tax purposes is the calendar year). If the PE requested an extension of time to file Form CT-1065/CT-1120SI by timely filing Form CT-1065/CT-1120SI EXT, Application for Extension of Time to File Connecticut Composite Income Tax Return, the deadline is automatically extended to the fifteenth day of the ninth month following the close of the taxable year (September 15 if the PE's taxable year for federal income tax purposes is the calendar year).

Where to File

If you received a waiver to file Form CT-1065/CT-1120SI by paper, attach copies of all Schedule CT K-1s issued to Form CT K-1T and **mail to:**

Department of Revenue Services State of Connecticut PO Box 150420 Hartford CT 06115 - 0420

Do not attach Form CT K-1T to Form CT-1065/CT1120SI.