Department of Revenue Services State of Connecticut

#### (Rev. 12/09)

# Form CT-1065/CT-1120SI Supplemental Attachment

Complete this form in blue or black ink only.

## Part I Schedule B – PE Member Composite Return

Column A		Column B	Column C	Column D					
Member #MemberFrom Part IVType Code		Identification Number See instructions.	Connecticut-Sourced Incor See instructions.	ne	Connecticut Income Tax Liability Column C X .065				
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
		•	•	00		00			
Fotal Column C	and Column D ntal attachment	Il Attachment and enter here. Enter the total s on Form CT-1065/CT-1120SI,		00		00			

# Part I Schedule D – Connecticut-Sourced Income From Subsidiary PE(s)

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.
- Amounts reported in Column B are subject to the passive activity limitations, at-risk limitations, and capital loss limitations.

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1			
	•	С	00		00		00
	•	C	00		00		00
	•	C	00		00		00
	•	C	00		00		00
	•	C	00		00		00
	•	C	00		00		00
	•	C	00		00		00
	•	C	00		00		00
	•	C	00		00		00
	•	C	00		00	•	00
	•	C	00		00	•	00
	•	C	00		00	•	00
	•	C	00		00	•	00
	•	C	00		00	•	00
	•	C	00		00		00
	•	C	00		00		00
<b>Subtotal for Supplemental At</b> otal Columns A, B, and C and ent Il supplemental attachments on F Part I, <i>Schedule D</i> , Line 9.	er here. Enter the total of	C	00		00	1	00

### Part IV – Member Information

Member #	Member Name and Address See instructions for order in which to list and for member type codes.	Member Type Code	FEIN or SSN	% Ownership Enter as a decimal.
▶ #				•
▶ #				•
▶ #				•
▶ #				▶ .
▶ #				▶ .
▶ #				•
▶ #				•
▶ #				▶ .
▶ #				▶ .
▶ #				▶ .
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▶ #				▶ .
▶ #				▶ .
▶ #				•
▶ #			Þ	▶ .
▶ #			Þ	▶ .

### Part V – Member's Share of Connecticut Modifications

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

#### Part VI – Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S Include member's share of Connecticut modifications from Part V.

		Member ►#		Member ▶#		Member ►#		Member ►#	
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