Form CT-1065/CT-1120SI

CT-1065/CT-1120SI

2009

Connecticut Composite Income Tax Return

Complete this form in blue or black ink only. See instructions before completing this return. Visit **www.ct.gov/TSC** to file and pay this return electronically.

For calendar year 2009, or other taxable year beginni	ing	, 2009, and j	ending	; ·	
Name of pass-through entity (PE)			Federal Employer ID Nur	nber (FEIN)	
►		•			
Number and street		PO Box	DRS use only	- 20	
City or town	State	ZIP code	Connecticut Tax Registra		
<u> </u>					
Type of PE					
► ■ Electing large partnership (ELP) ► ■	General partn	nership (GP) 🔹 🕨 🗖	S corporation		
► □ Limited liability partnership (LLP) ► □	Limited partn	ership (LP) 🔹 🕨 🗖	Partnership (LLC trea	ated as a partnersh	nip)
Pass-Through Entity Information					
Complete this section first and then complete Part I, S	Schedule C.				
 A. Check here if ► □ Final return (out of business i □ Amended return □ Short period return 	in Connecticut) Explanation: _	Date of dissolution	:	_ / / 20 _	
B. Change of address. See instructions, Page 15	•				
C. Total number of noncorporate members as of the Resident (RI, RE, RT) ► N		s taxable year: NE, NT, PE) ▶			
 D. Enter the six-digit Business Code Number from fede Business Code Number ► 	ral Form 1065 o	r federal Form 1120S.			
E. Date business began: //	Date bι	usiness began in Conne	cticut:	// Yes No	
F. Does this PE own, directly or indirectly, an interest	t in Connecticut	real property?			
G. Was a controlling interest in this PE transferred? Number (SSN) or FEIN below.			•		
Transferor name:		SSN or FEIN:			
H. Did this PE transfer a controlling interest in an ent Connecticut real property? If Yes , enter name and					
Part I Schedule A – PE Computation of C	•	ax Due			
 Total Connecticut-sourced income included in co from Part I, Schedule B, Line 10, Column C 			1.		00
2. Tax liability: Multiply Line 1 by 6.5% (.065)					00
					$\overline{//}$
3. Reserved for future use.				·/////////////////////////////////////	
4. Payment made with Form CT-1065/CT-1120SI E					00
5. Parent PE only: Enter amount from Part I, Scheo	lule D, Line 10,	Column C	► 5.		00
6. Add Line 4 and Line 5			6.		00
7. Amount to be refunded to PE: If Line 6 is more th	an Line 2, subtra	act Line 2 from Line 6	7.		00
8. Amount of tax owed: If Line 2 is more than Line 6	3, subtract Line	6 from Line 2	8.		00
9. If late, enter penalty. See instructions.			9.		00
10. If late, enter interest. Multiply the amount on Line by the number of months or fraction of a month la			► 10.		00
11. Balance due with this return: Add Lines 8 through	n 10		11.		00
Partnership: Attach a complete copy of federal	Form 1065 (e	xcluding federal K-1s).		

S corporation: Attach a complete copy of federal Form 1120S (excluding federal K-1s).

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

Column A		Column B	Column C	Column D			
Member # From Part IV	Member Type Code	Identification Number See instructions.	Connecticut-Sourced Income See instructions.	Connecticut Income Tax Liabilit Column C X .065	ty		
1.		•		00		00	
2.		•		00		00	
3.		•	•	00		00	
4.				00		00	
5.				00		00	
6.				00		00	
7.		•		00		00	
8.				00		00	
9. Subtotal(s) from supple	mental attachment(s)		00		00	
	s 1 through 9, 0 <i>Schedule A</i> , L	Column C. Enter amount here and ine 1.		00			
11. Total com Column E		ax liability: Add Lines 1 through 9,				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		
1. 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
4. 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		00
9a. Net long-term capital gain (loss)	9a.		(00	(00		00
9b. Collectibles (28%) gain (loss)	9b.		(00	(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

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.

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

	Name of Subsidiary PE	Column A Amount Reported FEIN on Federal K-1			Column B Amount From Connecticut Sources	Column C CT Income Tax Liability Schedule CT K-1, Part III, Line 1		
1.			0	00		00		00
2.			0	00		00		00
3.			0	00		00		00
4.			0	00		00		00
5.			0	00		00		00
6.			0	00		00		00
7.			0	00		00		00
8.			0	00		00		00
9. Su	ubtotal(s) from supplemental	attachment(s)	0	00		00		00
	dd Lines 1 through 9, Columi nount here and on Part I, <i>Sc</i>							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 does not maintain books and records that satisfactorily disclose the portion of income, gain, loss, or deduction derived from or connected with Connecticut sources.

		Column A Totals Everywhere		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
3. Tangible personal property owned or rented	3.		00		00	Column 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 actu	. 8.	► .				

Part III Place(s) of Business

Complete only if the PE carries on business both within and outside Connecticut.

Description	Owned or Rented to PE	Activity
	Description	Owned or Rented to PE

Part IV Member Information Attach supplemental attachment(s), if needed.

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.
▶ #			•	▶ .
▶ #		•	•	▶ .
► #			•	▶ .
► #		•	•	▶ .
▶ #			•	▶ .
▶ #		•	•	▶ .
▶ #				▶ .
► #				▶ .

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

Par	t V Member's Share of Connecticut Mo	dit	Member	sup	plemental attachn Member	nent	(s), if needed. Member		Totals for All	ı
Add	litions: Enter all amounts as positive numbers.		► #	-	► #		► #		Members	
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
Sub	tractions: Enter all amounts as positive numb	ers								
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	7.		00		00	•	00		00
8.	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	9.		M						
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 Part V. Attach supplemental attachment(s), if needed.	s fro	^{om} 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

The PE must furnish Schedule CT K-1 to each corporate member, noncorporate member, and each member that is a PE.

Visit the Department of Revenue Services (DRS) website at **www.ct.gov/TSC** to use the **Taxpayer Service Center** (*TSC*) to file and pay this return electronically. 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 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 DRS is a fine of not more than \$5,000, or 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.

Sign Here	Signature of general partner or corporate officer	Date	May DRS contact the preparer shown below about this return?
Кеер а сору	Title	Telephone number	(See instructions, Page 27.)
of this return for your	Paid preparer's signature	Date	Preparer's SSN or PTIN □ SSN ► □ PTIN
records.	Firm's name and address	FEIN	Telephone number