



Enter income year beginning - and ending -
M M - D D - Y Y Y Y M M - D D - Y Y Y Y

Name of pass-through entity Federal Employer ID Number (FEIN)

This return MUST be filed electronically!

Number and street PO Box

DO NOT MAIL paper return to DRS.

City, town, or post office State ZIP code

For DRS Use Only -
M M - D D - Y Y Y Y

Connecticut Tax Registration Number

Type of PE:

Electing large partnership (ELP) General partnership (GP) S corporation
 Limited liability partnership (LLP) Limited partnership (LP) 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, 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 1065 or federal Form 1120S. Business Code Number

E. Date business began: - Date business began in Connecticut: -
M M - D D - Y Y Y Y M M - D D - Y Y Y Y

F. Does this PE own, directly or indirectly, an interest in Connecticut real property? Yes No
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, transferee name, and date of transfer below.
Transferor name: SSN or FEIN: -
Transferee name: Date of transfer: -
M M - D D - Y Y Y Y

H. Did this PE transfer a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? Yes No
If **Yes**, enter name and FEIN, transferee name, and date of transfer below.
Name: FEIN: -
Transferee name: Date of transfer: -
M M - D D - Y Y Y Y

I. Does the PE have deferred income in off shore 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 of income reported: .00
M M - D D - Y Y Y Y

If the income was not reported in accordance with IRC §457A, what tax year will the income be reported?



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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
1. Interest on state and local government obligations other than Connecticut 1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	.00 ▶	.00 ▶	.00 ▶	.00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	.00 ▶	.00 ▶	.00 ▶	.00
3. Certain deductions relating to income exempt from Connecticut income tax 3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	.00 ▶	.00 ▶	.00 ▶	.00
4. <i>Reserved for future use</i> 4.				
5. Other Specify: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	.00 ▶	.00 ▶	.00 ▶	.00

Subtractions:

Enter all amounts as positive numbers.

6. Interest on U.S. government obligations . 6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	.00 ▶	.00 ▶	.00 ▶	.00
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	.00 ▶	.00 ▶	.00 ▶	.00
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax 8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	.00 ▶	.00 ▶	.00 ▶	.00
9. <i>Reserved for future use</i> 9.				
10. Other Specify: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	.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

Part VII – Connecticut Income Tax Credit Summary

	Member # _____	Member # _____	Member # _____	Member # _____
1. Reserved for future use	1. [Hatched]	[Hatched]	[Hatched]	[Hatched]
2. Reserved for future use	2. [Hatched]	[Hatched]	[Hatched]	[Hatched]
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



Schedule CT K-1
Member's Share of Certain Connecticut Items

2016

Complete in blue or black ink only.

For calendar year 2016 or other taxable year ▶ beginning _____, 2016, and ▶ ending _____, 20_____.

Pass-through entity (PE) information			Member information		
Federal Employer ID Number (FEIN) ▶	CT Tax Registration Number ▶		Member's Social Security Number (SSN) or FEIN ▶	<input type="checkbox"/> SSN	<input type="checkbox"/> FEIN
Name ▶			Name ▶		
Number and street address ▶		PO Box	Number and street address ▶		PO Box
City or town ▶	State	ZIP code	City or town ▶	State	ZIP code
Check the box if this is an amended or a final Schedule CT K-1. <input type="checkbox"/> Amended Schedule CT K-1 <input type="checkbox"/> Final Schedule CT K-1			Type of member (check one): <input type="checkbox"/> RI <input type="checkbox"/> RE <input type="checkbox"/> RT <input type="checkbox"/> PE <input type="checkbox"/> NI <input type="checkbox"/> NE <input type="checkbox"/> NT <input type="checkbox"/> CM		

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

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

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A From Federal Schedule K-1 **Column B** From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss).....	1.	00	▶	00
2. Net rental real estate income (loss).....	2.	00	▶	00
3. Other net rental income (loss).....	3.	00	▶	00
4. Guaranteed payments.....	4.	00	▶	00
5. Interest income.....	5.	00	▶	00
6a. Ordinary dividends.....	6a.	00	▶	00
6b. Qualified dividends.....	6b.	00	▶	00
7. Royalties.....	7.	00	▶	00
8. Net short-term capital gain (loss).....	8.	00	▶	00
9a. Net long-term capital gain (loss).....	9a.	00	▶	00
9b. Collectibles 28% gain (loss).....	9b.	00	▶	00
9c. Unrecaptured section 1250 gain.....	9c.	00	▶	00
10. Net section 1231 gain (loss).....	10.	00	▶	00
11. Other income (loss): Attach statement.	11.	00	▶	00
12. Section 179 deduction.....	12.	00	▶	00
13. Other deductions: Attach statement.	13.	00	▶	00

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Column F.....▶	1.			00
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Part IV - Connecticut Income Tax Credit Summary

		Column A Total credit earned by member in 2016 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)
1. Reserved for future use.	1.		
2. Reserved for future use.	2.		
3. Angel investor tax credit	3.	▶	00 ▶
4. Insurance reinvestment fund tax credit	4.	▶	00 ▶
5. Total credits: Add Line 3 and Line 4.	5.		00

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only.	Column A Tax credit limitation	Column B 2016 credit amount earned (enter amounts from Part IV, Column A)	Column C Amount of credit applied to 2016 income tax liability
1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Column D.	1.	00	
2. Reserved for future use.	2.		
3. Reserved for future use.	3.		
4. Reserved for future use.	4.		
5. Reserved for future use.	5.		
6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 1, Column A.	6.		00
7. Balance of income tax liability: Subtract Line 6, Column C from Line 1, Column A. If less than zero, enter "0."	7.	00	
8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A.	8.		00

Form CT K-1T
Transmittal of Schedule CT K-1,
Member's Share of Certain Connecticut Items

2016

For DRS use only - - 20

Complete this form in blue or black ink only.

Pass-Through Entity Information

▶ Federal Employer ID Number (FEIN)	CT Tax Registration Number	
▶ Pass-through entity name		
▶ Number and street address	PO Box	
▶ City or town	State	ZIP code

Part I - Schedule CT K-1s Submitted

1. Total number of Schedule CT K-1s submitted with this Form CT K-1T	▶ 1.	
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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

1. Total Connecticut-sourced income (NI, NT, NE)	▶ 1.		00
2. Total Connecticut-sourced income (PE)	▶ 2.		00
3. Connecticut-sourced income: Amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule A</i> , Line 1....	▶ 3.		00
4. Connecticut tax liability: Amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule A</i> , Line 4.....	▶ 4.		00

Part IV - Summary of Income Tax Credits

	Total Credit Allocated to Members	
1. <i>Reserved for future use.</i>	▶ 1.	
2. <i>Reserved for future use.</i>	▶ 2.	
3. Angel investor tax credit	▶ 3.	00
4. Insurance reinvestment fund tax credit	▶ 4.	00
5. Total credits earned in 2016: Add Line 3 and Line 4.	▶ 5.	00

Do not attach Form CT K-1T or copies of **Schedule CT K-1, Member's Share of Certain Connecticut Items** to **Form CT-1065/CT-1120SI, Connecticut Composite Income Tax Return**. Form CT K-1T and copies of Schedule CT K-1 **must be mailed separately** if filing by paper.

Attach Schedule CT K-1s to Form CT K-1T and mail to: Department of Revenue Services State of Connecticut PO Box 150420 Hartford CT 06115 - 0420

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.

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