

FORM CT-1065
Connecticut Partnership Income Tax Return

CT-1065
1999

For calendar year 1999, or other taxable year ▶ beginning _____, 1999, and ▶ ending _____, _____.

Name of Partnership ▶ _____			Federal Employer ID Number ▶ _____		
Physical Address Number and Street ▶ _____		PO Box ▶ _____		Date Received (FOR DEPARTMENT USE ONLY) ▶ _____	
City or Town ▶ _____		State ▶ _____		ZIP Code ▶ _____	
			Connecticut Tax Registration Number ▶ _____		

THIS SECTION MUST BE COMPLETED BY ALL FILERS:

- A. Check here if: **Amended return** **Final return** (out of business in CT)
- B. Total number of partners during the taxable year: ▶ Resident _____ ▶ Nonresident _____
- C. Enter the amount from federal Form 1065, Schedule K, Line 1: ▶ \$ _____
- D. Date business began: _____ Date business began in Connecticut: _____
- E. Check here if any partners are corporate entities ▶ **YES** **NO**
- F. Does this partnership have an interest in real property located in Connecticut? F. ▶ ▶
- G. Did this partnership transfer a controlling interest in an entity owning Connecticut real property? G. ▶ ▶
If "YES," enter entity name _____
and Federal Employer ID Number _____
- H. Was a controlling interest in this partnership transferred? H. ▶ ▶
If "YES," enter transferor name _____
and Social Security Number or Federal Employer ID Number _____
- I. Was there a distribution of property from the partnership or a transfer of a partnership interest during the taxable year? (If "YES," attach explanation.) I. ▶ ▶

SCHEDULE A - Business Information

Complete only if the partnership carries on business both WITHIN and OUTSIDE of Connecticut.

STREET ADDRESS	CITY AND STATE	DESCRIPTION OF PLACE	Check One		ACTIVITY AT THIS LOCATION
			OWNED	RENTED	

SCHEDULE B - Income Apportionment

Complete **Schedule B** ONLY if ALL of the following apply:

- (A) There are one or more nonresident partners;
(B) The partnership carries on business both within and outside of Connecticut; and
(C) Books and records do not satisfactorily disclose the portion of income derived from or connected with Connecticut sources.

Items Used as Factors	Column A Totals Everywhere	Column B Connecticut Only	Column C Decimal Notation
1. Real property owned	1		Percent Column B is of Column A
2. Real property rented from others	2		
3. Tangible personal property owned or rented	3		
4. Property owned or rented (Add Lines 1, 2, and 3)	4		
5. Employee wages and salaries	5		
6. Gross income from sales and services	6		
7. Total (Add Column C, Lines 4, 5, and 6)		7	
8. Business apportionment fraction (Divide Line 7 by three or actual number of factors)		8	

This return must be filed with the Connecticut Department of Revenue Services, PO Box 2935, Hartford CT 06104-2935 not later than the 15th day of the fourth month following the close of the taxable year.

DECLARATION: I declare under penalty of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGN HERE Keep a copy of this return for your records	Signature of General Partner	Date	Telephone Number ()
	Paid Preparer's Signature	Date	Federal Employer ID Number
	Firm Name and Address		

Check if you used a paid preparer and do not wish forms sent to you next year. ▶ Checking this box does not relieve you of your responsibility to file.

Attach additional sheets for Schedules C, D, and E in the same format as the original if necessary.

SCHEDULE C - Partner Information (List nonresidents first, residents next, and corporate entities last) Nonresident Partner

Partner #	Name and Address	Identification Number	Profit %	Yes	No
#					
#					
#					

SCHEDULE D - Partners' Share of Connecticut Modifications

Complete Schedule D only if the partnership has Connecticut modifications (See instructions)

Connecticut Modifications	PARTNER			Total All Partners
	# _____	# _____	# _____	
ADDITIONS: ENTER ALL AMOUNTS AS POSITIVE NUMBERS				
1. Interest on state and local government obligations other than obligations of Connecticut				
2. Exempt-interest dividends on state or local government obligations other than Connecticut				
3. Certain deductions relating to income exempt from Connecticut income tax (See instructions)				
4. Other - (Specify) _____				
SUBTRACTIONS: ENTER ALL AMOUNTS AS POSITIVE NUMBERS				
5. Interest on United States government obligations				
6. Exempt dividends from certain mutual funds derived from United States government obligations				
7. Certain expenses relating to income exempt from federal income tax (See instructions)				
8. Other - (Specify) _____				

THE PARTNERSHIP MUST PROVIDE EACH PARTNER (OTHER THAN PARTNERS THAT ARE C CORPORATIONS) WITH A SCHEDULE OF AMOUNTS OF CONNECTICUT MODIFICATIONS, IF ANY, FOR INCLUSION ON THE APPROPRIATE FORMS.

SCHEDULE E - Computation of Connecticut Sourced Income of Nonresident Partners and Resident Partners other than Individuals

Connecticut-sourced portion of items from federal Form 1065, Schedule K-1 (See instructions)	PARTNER			Total All Partners
	# _____	# _____	# _____	
1. Ordinary income (loss) from trade or business activities				
2. Net income (loss) from rental real estate activities				
3. Net income (loss) from other rental activities				
4. Portfolio income (loss)				
5. Guaranteed payments to partners				
6. Net gain (loss) under I.R.C. §1231 (other than due to casualty or theft)				
7. Other income (loss)				
8. Expense deduction for property under I.R.C. §179				
9. Other deductions				

The partnership must provide each partner that is a trust, estate, partnership, S corporation or nonresident individual with a schedule of amounts of income derived from or connected with sources within Connecticut for inclusion on the appropriate forms.