

FORM CT-G

CT-G 2004

Connecticut Group Income Tax Return

(For qualified electing **nonresident** individuals who are partners, LLC members, shareholders of S corporations, or beneficiaries of trusts or estates)

For calendar year 2004, or other taxable year ▶ beginning _____, 2004, ▶ ending _____, _____.

Name of Pass-through Entity (PE) ▶			Federal Employer Identification Number	
Number and Street ▶	PO Box		DRS USE ONLY	
City or Town ▶	State	ZIP Code	-	- 20
			Connecticut Tax Registration Number	

Check box for type of PE filing this return: ▶ Partnership ▶ LLC ▶ S Corporation ▶ Estate ▶ Trust
 Check box if amended return:

Total number of partners, LLC members, shareholders, or beneficiaries included in this group return ▶ _____

1. Income tax (Total of amounts from <i>Schedule G</i> , Column D)	1		00
2. Estimated tax paid (Total of amounts from <i>Schedule G</i> , Column E)	2		00
3. Amount paid with extension request (if any)	3		00
4. Enter the total payments (Add Line 2 and Line 3)	4		00
5. If Line 4 is greater than Line 1, subtract the amount on Line 1 from the amount on Line 4, and enter the amount of overpayment to be credited to 2005	5		00
6. If Line 1 is greater than Line 4, subtract the amount on Line 4 from the amount on Line 1, and enter the tax due	6		00
7. If late: Enter penalty (10% (.10) x amount on Line 6. See instructions)	7		00
8. If late: Enter interest (1% (.01) x number of months late, or fraction of a month x amount on Line 6)	8		00
9. Interest for underpayment of estimated tax (Total of amounts from <i>Schedule G</i> , Column F)	9		00
10. BALANCE DUE (Add Lines 6 through 9)	10		00

Make check or money order payable to: COMMISSIONER OF REVENUE SERVICES
 Write Federal Employer ID Number and "2004 Form CT-G" on your check or money order.

Mail to: Department of Revenue Services
 State of Connecticut
 PO Box 5019
 Hartford CT 06102-5019

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 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 Keep a copy of this return for your records	Signature of General Partner, LLC Member, Fiduciary, or Officer	Date	May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions, Page 9)
	Title	Telephone Number ()	
	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm's Name and Address	Federal Employer ID Number	Telephone Number ()

