



Form CT-PET
Connecticut Pass-Through Entity
Tax Return

2024

Optional Pass-Through Entity Tax Return: If the PE is making the election on the 2024 Form CT-1065/CT-1120SI, complete this form.

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 Identification Number (FEIN)	
▶		▶	
Number and street		PO Box	
▶		▶	
City, town, or post office	State	ZIP code	Connecticut Tax Registration Number
▶	▶	▶	▶

Type of PE:

- | | | |
|--|---|---|
| ▶ ☐ Limited liability partnership (LLP) | ▶ ☐ Limited partnership (LP) | ▶ ☐ General partnership (GP) |
| ▶ ☐ S corporation | ▶ ☐ Partnership (LLC treated as a partnership) | |

Pass-Through Entity Information

A. Return type	
▶ ☐ Short period return	▶ ☐ Amended return
B. Reason for amended return, if applicable (Check one):	
▶ ☐ IRS adjustments or amended federal return.	Enter date of final determination: ▶
▶ ☐ Other: Specify	M M - D D - Y Y Y Y

Part 1, Schedule A – Computation of Amount Due

1. PE Income/(Loss) Subject to Tax: Enter amount from Part 1, <i>Schedule B</i> , Line 5.	1. ▶	.00
2. PE Tax due: Multiply Line 1 by 6.99% (.0699). If zero or less, enter zero ("0").	2. ▶	.00
3. Business tax credits: See instructions.	3. ▶	.00
4. Balance of tax payable: Subtract Line 3 from Line 2. If zero or less, enter zero ("0").	4. ▶	.00
5a. 2024 estimated payments	5a. ▶	.00
5b. Payment made with Form CT-PET EXT	5b. ▶	.00
5c. Overpayment from prior year applied to 2024	5c. ▶	.00
5d. Amended filers only. Amounts paid with original return, plus additional tax paid after the original return was filed. Do not include penalty and interest.	5d. ▶	.00
5. Payments: Enter the total of Lines 5a, 5b, 5c, and 5d.	5. ▶	.00
6. Amended filers only. Overpayment, if any, as shown on the original return or previously adjusted. All others, enter zero ("0").	6. ▶	.00
7. Subtract Line 6 from Line 5.	7. ▶	.00
8. Balance of tax due/(overpaid): Subtract Line 7 from Line 4.	8. ▶	.00
9a. If late, enter penalty. See instructions.	9a. ▶	.00
9b. If late, enter interest. Multiply the amount on Line 8 by 1% (.01). Multiply the result by the number of months or fraction of a month late.	9b. ▶	.00
9c. Interest on underpayment of estimated tax: See instructions.	9c. ▶	.00
9d. If annualizing estimated payments, check here: ▶ ☐		
9. Total penalty and interest: Enter the total of Lines 9a, 9b and 9c.	9. ▶	.00
10a. Amount to be applied to 2025 estimated PE Tax	10a. ▶	.00
10b. Amount to be applied to 2024 Form CT-1065/CT-1120SI liability	10b. ▶	.00
10c. Amount to be refunded	10c. ▶	.00
For faster refund, use direct deposit by completing Lines 10d, 10e, and 10f.		
10d. Checking ▶ ☐ Savings ▶ ☐	10f. Account number ▶	
10e. Routing number ▶	10g. Will this refund go to a bank account outside the U.S.? ▶ ☐ Yes	
10. Total to be credited or refunded: Enter the total of Lines 10a, 10b, and 10c.	10. ▶	.00
11. Total amount due: Add Line 8 and Line 9. If the result is zero or less, leave this line blank.	11. ▶	.00

Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to DRS.

Visit us at portal.ct.gov/DRS for more information.



Pass-through entity's Federal Employer Identification Number

Part 1, Schedule B - Pass-Through Entity Income

- | | | | |
|---|------|----------------------|-----|
| 1. Connecticut Source PE Income/(Loss) from Part 3, <i>Schedule A</i> , Line 18, Column D | 1. ▶ | <input type="text"/> | .00 |
| 2. Distributive Share Percentage from Part 1, <i>Schedule D</i> , Line 7, Column C. Enter as a decimal and carry to six decimal places. | 2. ▶ | <input type="text"/> | . |
| 3. Modified Connecticut Source Income/(Loss): Multiply Line 1 by Line 2. | 3. ▶ | <input type="text"/> | .00 |
| 4. Resident Portion of Unsourced Income from Part 1, <i>Schedule C</i> , Line 8 | 4. ▶ | <input type="text"/> | .00 |
| 5. PE Income/(Loss) Subject to Tax: Add Lines 3 and 4, and enter on Part 1, <i>Schedule A</i> , Line 1. | 5. ▶ | <input type="text"/> | .00 |

Complete this section only if at least one member is a resident individual (RI).

Part 1, Schedule C - Resident Portion of Unsourced Income

- | | | | |
|---|------|----------------------|-----|
| 1. Total PE Income/(Loss) from Part 3, <i>Schedule A</i> , Line 18, Column A | 1. ▶ | <input type="text"/> | .00 |
| 2. Connecticut Source PE Income/(Loss) from Part 3, <i>Schedule A</i> , Line 18, Column D | 2. ▶ | <input type="text"/> | .00 |
| 3. Connecticut Source PE Income/(Loss) from subsidiary PE(s) | 3. ▶ | <input type="text"/> | .00 |
| 4. Other State Sourced PE Income/(Loss). See instructions. | 4. ▶ | <input type="text"/> | .00 |
| 5. Total subtractions: Add Lines 2 through 4. | 5. ▶ | <input type="text"/> | .00 |
| 6. Net Unsourced Income: Subtract Line 5 from Line 1. If less than zero, enter zero ("0"). | 6. ▶ | <input type="text"/> | .00 |
| 7. Resident Individual Distributive Share Percentage from Part 1, <i>Schedule D</i> , Line 7, Column E. Enter as a decimal and carry to six decimal places. | 7. ▶ | <input type="text"/> | . |
| 8. Total Resident Portion of Unsourced Income: Multiply Line 6 by Line 7. If less than zero, enter zero ("0"). | 8. ▶ | <input type="text"/> | .00 |

DECLARATION: I declare under the penalty of law that I have examined this return 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. 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 or corporate officer		Date (MMDDYYYY)	
	Title	Telephone number	May DRS contact the preparer shown below about this return? Yes ☐ No ☐	
	Email address of general partner or corporate officer			
Paid preparer's name (print)		Paid preparer's signature	Date (MMDDYYYY)	Preparer's PTIN
Firm's name and address		Check if self-employed ☐		
		Firm's FEIN	Telephone number	



Pass-through entity's Federal Employer Identification Number

Part 1, Schedule D - Allocation of PE Tax Credit to Members

	Column A Member # (Do not include CM members.)	Column B Member Type	Column C Connecticut Source Income - Distributive Share %	Column D Prorated Connecticut Modified Source Income/(Loss)	Column E Total Income - Resident Individual Distributive Share % (Enter for RI members only.)	Column F Prorated Resident Portion of Unsourced Income	Column G PE Income/(Loss) Subject to Tax (Add Column D and Column F.)	Column H Pass-Through Entity Tax (See Instructions.)	Column I PE Tax Credit (Multiply Column H by 87.5% (.875).)
1. ▶			.		.00	.		.00	
2. ▶			.		.00	.		.00	
3. ▶			.		.00	.		.00	
4. ▶			.		.00	.		.00	
5. ▶			.		.00	.		.00	
6. Subtotal(s) from supplemental attachment(s)			.		.00	.		.00	
7. Total	▶	▶	.	▶	.00 ▶	.	▶	.00 ▶	

(Column H: Enter Line 7, Total on Part 1, Schedule A, Line 2.)

Column A: Only enter the information of the following member types: RI, NI, RT, NT, RE, NE, and PE. Do not include any CM members.

Column C: Enter for the following member types: RI, NI, RT, NT, RE, NE, and PE. CM members should not be included on this schedule.

Column E: Enter for RI members only. Enter zero ("0") for all other members.



Pass-through entity's Federal Employer Identification Number

Part 2 – Allocation and Apportionment of Income (See instructions.)

If the PE carries on business only within Connecticut, enter 1.000000 (100%) on Line 8 and leave the other lines blank.

Column A
Connecticut

Column B
Everywhere

1. Gross receipts from the sale or disposition of tangible personal property held for sale in the ordinary course of trade or business	1. ▶		.00 ▶		.00
2. Gross receipts from services	2. ▶		.00 ▶		.00
3. Gross receipts from the rental, lease or license of tangible personal property	3. ▶		.00 ▶		.00
4. Gross receipts from the rental, lease or license of intangible property	4. ▶		.00 ▶		.00
5. Gross receipts from the sale or disposition of intangible property held for sale in the ordinary course of trade or business	5. ▶		.00 ▶		.00
6. Other receipts	6. ▶		.00 ▶		.00
7. Total: Add Lines 1 through 6 in Column A and Column B.	7. ▶		.00 ▶		.00
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal places.	8. ▶				



Pass-through entity's Federal Employer Identification Number

Part 3, Schedule A – Computation of PE's Own Connecticut Source Income/(Loss)

		Column A Amounts Reported by this PE on Federal Schedule K	Column B Amounts From Subsidiary PE(s)	Column C PE's Income/(Loss) From Its Own Activities (Column A minus Column B)	Column D PE's Connecticut Source Income/ (Loss) From Its Own Activities (Apportioned or allocated from Column C. See instructions.)
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
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
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
14a.	Total Income: Add Lines 1 through 11.	14a. ▶ .00 ▶	.00	.00 ▶	.00
14b.	Total Deductions: Add Line 12 and Line 13.	14b. ▶ .00 ▶	.00	.00 ▶	.00
14.	Total: Subtract Line 14b from Line 14a.	14. ▶ .00 ▶	.00	.00 ▶	.00
15.	Subtractions from Part 3, <i>Schedule B</i> , Line 15	15. ▶ .00 ▶	.00	.00 ▶	.00
16.	Subtotal: Subtract Line 15 from Line 14.	16. ▶ .00 ▶	.00	.00 ▶	.00
17a.	Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes	17a. ▶ .00 ▶	.00	.00 ▶	.00
17b.	Additions from Part 3, <i>Schedule B</i> , Line 7	17b. ▶ .00 ▶	.00	.00 ▶	.00
18.	Total: Add Lines 16, 17a, and 17b.	18. ▶ .00 ▶	.00	.00 ▶	.00



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Part 3, Schedule B - PE's Connecticut Modifications

		Column A Total Modifications		Column B Modifications Reported on Schedule CT K-1s From Subsidiary PE(s)		Column C PE's Net Modifications (Column A minus Column B)		Column D PE's Connecticut Source Net Modifications (Apportioned or allocated from Column C. See instructions.)
1. Interest on state and local government obligations other than Connecticut	1. ▶		.00 ▶		.00 ▶		.00 ▶	
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ▶		.00 ▶		.00 ▶		.00 ▶	
3. Certain deductions relating to income exempt from Connecticut income tax	3. ▶		.00 ▶		.00 ▶		.00 ▶	
4. Section 168(k) federal bonus depreciation allowed for property placed in service during this year	4. ▶		.00 ▶		.00 ▶		.00 ▶	
5. 80% of Section 179 federal deduction	5. ▶		.00 ▶		.00 ▶		.00 ▶	
6. Other: Attach statement.	6. ▶		.00 ▶		.00 ▶		.00 ▶	
7. Total additions: Add Lines 1 through 6.	7. ▶		.00 ▶		.00 ▶		.00 ▶	
8. Interest on U.S. government obligations	8. ▶		.00 ▶		.00 ▶		.00 ▶	
9. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	9. ▶		.00 ▶		.00 ▶		.00 ▶	
10. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	10. ▶		.00 ▶		.00 ▶		.00 ▶	
11. 25% of Section 168(k) federal bonus depreciation added back in preceding four years	11. ▶		.00 ▶		.00 ▶		.00 ▶	
12. 25% of Section 179 federal deduction added back in preceding four years	12. ▶		.00 ▶		.00 ▶		.00 ▶	
13. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	13. ▶		.00 ▶		.00 ▶		.00 ▶	
14. Other: Attach statement.	14. ▶		.00 ▶		.00 ▶		.00 ▶	
15. Total subtractions: Add Lines 8 through 14.	15. ▶		.00 ▶		.00 ▶		.00 ▶	

Part 4 – Member Information (Attach supplemental attachment(s), if needed.)

See instructions for order in which to list and for member type codes.

Member #	Name, Address, City, State, and ZIP Code	FEIN or SSN	Member Type Code	Distributive Share % Enter as a decimal.	Capital Ownership % Enter as a decimal.
▶	▶	▶	▶	▶	▶
▶	▶	▶	▶	▶	▶
▶	▶	▶	▶	▶	▶
▶	▶	▶	▶	▶	▶