

# Schedule CT-AB

## Alternative Base Calculation Supplemental Attachment

# 2019

Pass-through entity's Federal Employer Identification Number

Complete this form in blue or black ink only. Do not use staples.

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 the Department of Revenue Services (DRS).

### Section 3 - Member Information

	<b>Column A</b> Member # (Do not include CM members.)	<b>Column B</b> Member Type	<b>Column C</b> Connecticut Source Income - Distributive Share %	<b>Column D</b> Prorated Connecticut Modified Source Income/(Loss)	<b>Column E</b> Total Income - Resident Individual Distributive Share % (Enter for RI members only.)	<b>Column F</b> Prorated Resident Portion of Unsources Income	<b>Column G</b> Total Alternative Base	<b>Column H</b> Alternative Base Tax	<b>Column I</b> PE Tax Credit (Multiply Column H by 87.5% (.875).)
1. ▶			.	.00	.	.00	.00	.00 ▶	.00
2. ▶			.	.00	.	.00	.00	.00 ▶	.00
3. ▶			.	.00	.	.00	.00	.00 ▶	.00
4. ▶			.	.00	.	.00	.00	.00 ▶	.00
5. ▶			.	.00	.	.00	.00	.00 ▶	.00
6. ▶			.	.00	.	.00	.00	.00 ▶	.00
7. ▶			.	.00	.	.00	.00	.00 ▶	.00
8. ▶			.	.00	.	.00	.00	.00 ▶	.00
9. ▶			.	.00	.	.00	.00	.00 ▶	.00
10. ▶			.	.00	.	.00	.00	.00 ▶	.00
11. ▶			.	.00	.	.00	.00	.00 ▶	.00
12. ▶			.	.00	.	.00	.00	.00 ▶	.00
13. ▶			.	.00	.	.00	.00	.00 ▶	.00
14. ▶			.	.00	.	.00	.00	.00 ▶	.00
15. ▶			.	.00	.	.00	.00	.00 ▶	.00
<b>16. Supplemental Attachment Subtotal -</b> Total Columns C through I. Enter the total of all supplemental attachments on Schedule CT-AB, Section 3, Line 6.			.	.00	.	.00	.00	.00 ▶	.00