See instructions on reverse before completing this form.
Complete this form in blue or black ink only.


This is not an extension of time to pay your tax.
Payment must be included if any tax is due or interest and penalties may apply.
An extension granted by the Internal Revenue Service does not automatically extend the Connecticut filing date.
Type of PE: $\square$ Partnership (including LLC treated as a partnership) $\square$ s Corporation
I request a six-month extension of time, to October 15, 2007, to file Form CT-1065/CT-1120SI, Connecticut Composite Income Tax Return, and the same six-month extension of time to furnish Schedule CT K-1, Member's Share of Certain Connecticut Items, to members for calendar year 2006, or until $\qquad$ for taxable year ending $\qquad$
A federal extension has been requested on federal Form 7004, Application for Automatic 6-Month Extension of Time to File Certain Business Income Tax, Information, and Other Returns, for calendar year 2006, or Taxable year beginning $\qquad$ 2006, and ending $\qquad$ $\square$ Yes $\square$ No
If No, the reason for the Connecticut extension is: $\qquad$

Notification will be sent only if the extension request is denied.

| 1. Connecticut composite income tax liability for 2006. (You may estimate this amount.) An amount must be entered on Line 1. If no tax is due, enter zero (0). | 1 | 00 |
| :---: | :---: | :---: |
| 2. 2006 estimated Connecticut composite income tax payments and any overpayment credited from a prior year. | 2 | 00 |
| 3. Connecticut composite income tax balance due (Subtract Line 2 from Line 1.) Pay in full with this form. If Line 2 is greater than Line 1, enter zero (0). | 3 | 00 |

Make check or money order payable to: Commissioner of Revenue Services. The Department of Revenue Services (DRS) may submit your check to your bank electronically.

Write the PE's Federal Employer ID Number and "2006 Form CT-1065/CT-1120SI EXT" on the check or money order.
Mail to: Department of Revenue Services PO Box 2967 Hartford CT 06104-2967

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 or document 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 | Signature of General Partner or Corporate Officer | Title | Date | Telephone Number |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | $(\quad)$ |
| Keep a copy of this return for your records. | Paid Preparer's Signature |  | Date | Preparer's SSN or PTIN |
|  | Firm's Name and Address |  |  | Federal Employer ID Number |
|  |  |  |  | Telephone Number ( ) |

