Department of Revenue Services State of Connecticut Form CT-1065/CT-1120SI EXT

2006

Telephone Number

(Rev. 12/06)

## Application for Extension of Time to File Connecticut Composite Income Tax Return

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

	·	•		
_	Name of Pass-Through Entity (PE)	<b>•</b>	Federal Employe	er Identification Number
Taxpayer	Number and Street PO Box		DRS Use Only	
(Please Type or		<b>•</b>		<b>- 20</b>
Print)	City or Town State ZIP	Code	Connecticut lax	Registration Number
An ex	This is not an extension of time to pay you Payment must be included if any tax is due or interest and extension granted by the Internal Revenue Service does not automatic	d penalties		cut filing date.
Type of PE	E:   Partnership (including LLC treated as a partnership)   S C	orporation	ı	
Return, and members fo A federal ex Business Ind	six-month extension of time, to October 15, 2007, to file Form CT-1065/Nd the same six-month extension of time to furnish Schedule CT K-1, Me or calendar year 2006, or until for taxable yextension has been requested on federal Form 7004, Application for Automocome Tax, Information, and Other Returns, for calendar year 2006, or	ember's Shar year ending I natic 6-Month	re of Certain	Connecticut Items, to
	ar beginning, 2006, and ending ason for the Connecticut extension is:			
	Notification will be sent only if the extension requ			
	cticut composite income tax liability for 2006. (You may estimate this amo		1	00
2. 2006 estimated Connecticut composite income tax payments and any overpayment credited from a prior year.		2	00	
	cticut composite income tax balance due (Subtract Line 2 from Line 1.) full with this form. If Line 2 is greater than Line 1, enter zero (0)		▶ 3	00
	c or money order payable to: <b>Commissioner of Revenue Services</b> . The check to your bank electronically.	e Departmen	nt of Revenue	Services (DRS) may
Write the Pl	E's Federal Employer ID Number and "2006 Form CT-1065/CT-1120SI EX	T" on the ch	eck or money	order.
	Department of Revenue Services PO Box 2967 Hartford CT 06104-2967			
of my knowle	I declare under penalty of law that I have examined this return (including any according and belief, it is true, complete, and correct. I understand the penalty for willfure than \$5,000, or imprisonment for not more than five years, or both. The declaration of which the preparer has any knowledge.	ally delivering	a false return o reparer other tha	r document to DRS is a an the taxpayer is based
Sign Hei	Signature of General Partner or Corporate Officer Title  Tele	Date	Telephone Nu	ımber
Кеер а сор	Paid Preparer's Signature	Date	Preparer's SS	SN or PTIN
of this return for			Federal Emp	loyer ID Number
vour record	18.		1	