Department of Revenue Services State of Connecticut

Form CT-1065/CT-1120SI EXT

2009

(Rev. 12/09)

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

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

Visit www.ct.gov/TSC to file and pay this return electronically.

	Name of pass-through entity (PE)				Federal Empl	oyer Identification	Number (FEIN)
Taxpayer Please	Number and street	РО Вох	(DRS use only		00
Type or	City or town	State		ZIP code	Connecticut 1	ax Registration N	- 20
Print.	only of town	Ciato		≥ oodo	Commodicat	ax region anon re	
		s is not an extensi					
An ex	Payment must be ension granted by the Intern	included if any tax if al Revenue Service					date.
Type of P				<u> </u>			
	large partnership (ELP)	General part	nership (GP)	☐ S corpo	ration		
Limited	liability partnership (LLP)	Limited parti	nership (LP)	Partners	ship (LLC tr	eated as a par	tnership)
	e-month extension of time to Se e extension of time to furnish Sch	edule CT K-1, Membe	r's Share of Certair		ms, to mem		
A federal ex	tension has been requested on			-	-	e to File Certa	in Business
	Information, and Other Returns beginning					Пу	s 🗖 No
						_	
If No , the rea	son for the Connecticut extension	n is:					
	Notificati	on will be sent only					
1. Reserv	ed for future use				1		
2. Reserv	ed for future use				2		
3 Conne	cticut composite income tax I	iability for 2009: Yo	u mav estimate	this amount		· / / / / / / / / / / / / / / / / / / /	
An amo	ount must be entered on Line	e 3. If no tax is due,	enter zero "0".				
Pay in	full with this form						00
	epartment of Revenue Service Faxpayer Service Center (TSC)				25		
			-	Be	ater		
Write the P	mail: Make check payable to 0 E's FEIN and "2009 Form CT-10"	065/CT-1120SI EXT" (on the check. DRS	3			
	t your check to your bank electro State of Connecticut, PO Box 50						
	t of Revenue Services, State of	•		' '			
Declaration:	I declare under penalty of law the yknowledge and belief, it is true,	nat I have examined th	is return (including	any accompany	ying schedul	es and statem	ents) and, to
to DRS is a fi	ne of not more than \$5,000, or imased on all information of which the	prisonment for not mor	e than five years, c	or both. The decla	aration of a	paid preparer o	ther than the
laxpayer is b	Signature of general partner or corp		Title	Date	Telepho	ne number	
Sign Here Keep a copy of this return for your records					()	
	Paid preparer's signature Date				Prepare	r's SSN or PTIN	
	Firm's name and address				FEIN		
	S.				Telepho	ne number	
					()	