(Rev. 01/13)

Form CT-1065/CT-1120SI EXT 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 r	eturn electronically.			
	Name of pass-through entity (PE)	lame of pass-through entity (PE)		Federal Employer Identification Number (FEIN		
Taxpayer	Number and street	PO Box	-	RS use or		
Please Type or			•		2	20
Print.	City or town	State	ZIP code C	onnecticu	t Tax Registration Numb	er
		is not an extension of time				
An ex		included if any tax is due or int al Revenue Service does not a				ate.
Type of F	PE					
Electin	g large partnership (ELP)	🗖 General partnership (GP) Scorporat	tion		
Limited	l liability partnership (LLP)	Limited partnership (LP)	Partnershi	ship (LLC treated as a partnership)		
Return, and	d the same extension of time to	September 15, 2013, to file Form furnish Schedule CT K-1, Memb fo	per's Share of Certain	Connec		
Income Tax	, Information, and Other Returns	federal Form 7004, Application fo , for calendar year 2012 or , 2012, and ending			_	
		, 2012, and ending				
		on will be sent only if the extens				
1 Reser						
		iability for 2012: You may estin				
		e 3. If no tax is due, enter zero				
				.► 3		00
		es (DRS) website at www.ct.gov to file and pay this return electron	ically.	\sum		
Write the may subm Services,	PE's FEIN and " 2012 Form CT-1 nit your check to your bank electro State of Connecticut, PO Box 5	Commissioner of Revenue Serv 065/CT-1120SI EXT" on the check onically. Mail form with payment to 019, Hartford CT 06102-5019. Ma	. DRS Department of Revenu ail form without paymer	e		
to Departr	ment of Revenue Services, State	of Connecticut, PO Box 2967, Ha	rtford CT 06104-2967.			
the best of r to DRS is a	my knowledge and belief, it is true,	at I have examined this return (incl complete, and correct. I understand isonment for not more than five yea ne preparer has any knowledge.	d the penalty for willfully	deliveri	ng a false return or	document
Sign La	Signature of general partner or corp	orate officer Title	Date	Telep	hone number	
Sign He	Paid preparer's signature		Date	۱ Prepa	/ arer's SSN or PTIN	
Keep a co						

Keep a copy of this	Paid preparer's signature	Date	Preparer's SSN or PTIN
return for your records.	Firm's name and address		FEIN
-			Telephone number ()