

Department of Taxation and Finance

CT-47.1 **Election or Termination of Election to Deem** Income for Purposes of the Farmers' School Tax Credit

En	nployer ident	tification number (EIN)		Telephone number ()		For office use onl	У	
_	Legal name	ne of corporation		\ /				
s	DBA or tra	r trade name (if any)				Date received		
Mailing address								
g ad	Mailing nar	Mailing name (if different from legal name)						
iii Iii	C/O Number an	er and street or PO box						
Š	City			State ZIP	code			
	City			Sidle ZIF	code			
1	Mark an 2	X in the appropriate box:				•		
	Election (Termination of election due to shareholder(s) consent Termination of election due to cessation of corporation eligibility (complete line 4)						
2	Due date,	disregarding any extension, of the corporation's t	tax returr	n for the year for wh	ich the election	is to be effective (s	see instr.)(mmddyy)	
Ending date for tax year for which this election is to be effective (see instructions) (mmddyy)								
1	Date of c	ate of cessation (see instructions)						
	e instructio	i, by vote and value, of the shares of stock of the cons if a continuation sheet or a separate consent s A Name and address of each	tatement	· ·	ber	Shareholder's signa		
	Sna	areholder agreeing to election or termination						
		(include ZIP code; see instructions)	_	(see instructions)	Or to		consent by signing below.	
			_	(see Instructions)	or to	,	consent by signing below.	
			- - - -	(see instructions)	Of the	,	consent by signing below.	
_			 	(see instructions)		, , , , , , , , , , , , , , , , , , ,	consent by signing below.	
			 	(see instructions)	Of the		consent by signing below.	
				(see instructions)		, , , , , , , , , , , , , , , , , , ,	consent by signing below.	
				(see instructions)			consent by signing below.	
Cean	ertification	n: I certify that this election or termination an						
an	ertification d complet	n: I certify that this election or termination an						
an Au	ertification	n: I certify that this election or termination ante.		uttachments are to	the best of m	y knowledge and		
Au	ertification d complet uthorized person	n: I certify that this election or termination ante. Printed name of authorized person		uttachments are to	the best of m	y knowledge and Official title	I belief true, correct,	
Au	ertification d complet uthorized person	n: I certify that this election or termination and te. Printed name of authorized person E-mail address of authorized person Firm's name (or yours if self-employed)		uttachments are to	the best of m	y knowledge and Official title	I belief true, correct,	