

Schedule D – Computation of Net Income		Column A Amount as Originally Reported or Adjusted	Column B Net Change Increase or (Decrease)	Column C Correct Amount
1. Federal taxable income (loss) before net operating loss and special deductions	1.	00	00 ▶	00
2. Interest income wholly exempt from federal tax	2.	00	00 ▶	00
3. Unallowable deduction for corporation tax from Forms CT-1120 or CT-1120U , <i>Schedule F</i> , Line 8	3.	00	00 ▶	00
4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1	4.	00	00 ▶	00
5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 1	5.	00	00 ▶	00
6. Federal bonus depreciation: See instructions.	6.	00	00 ▶	00
7. Total: Add Lines 1 through 6.	7.	00	00 ▶	00
8. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 4	8.	00	00 ▶	00
9. Capital loss carryover (if not deducted in computing federal capital gain)	9.	00	00 ▶	00
10. Capital gain from sale of preserved land	10.	00	00 ▶	00
11. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 10	11.	00	00 ▶	00
12. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1	12.	00	00 ▶	00
13. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2	13.	00	00 ▶	00
14. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3	14.	00	00 ▶	00
15. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB , Part II B, Line 1	15.	00	00 ▶	00
16. Other: Attach explanation.	16.	00	00 ▶	00
17. Total: Add Lines 8 through 16.	17.	00	00 ▶	00
18. Net income: Subtract Line 17 from Line 7. Enter here and on <i>Schedule A</i> , Line 1.	18.	00	00 ▶	00

Explain any changes below. Show any computation in detail. Attach additional schedules, if necessary. If amending to claim a tax credit, attach **Form CT-1120K**, *Business Tax Credit Summary*.

Schedule or Line Number	

Make check payable to:
Commissioner of Revenue Services
 Attach check to return with paper clip. Do not staple.

Mail to:
Department of Revenue Services
PO Box 2974, Hartford CT 06104-2974

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 that the penalty for willfully delivering a false return or document to the Department of Revenue Services (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 Keep a copy of this return for your records.	Signature of corporate officer	Title	Date	Telephone number ()
	Paid preparer's signature			Preparer's SSN or PTIN
	Firm's name and address			FEIN Telephone number ()