



Connecticut Designated Taxable Member's  
Connecticut Tax Registration Number

**Part I - Taxable and nontaxable members included in the combined unitary return**

	Column A	Column B	Column C
	Member #: <input type="text"/>	Member #: <input type="text"/>	Member #: <input type="text"/>
1. Corporation name: .....	1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. Connecticut Tax Registration Number. ....	2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. FEIN .....	3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. NAICS Code. ....	4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. Connecticut taxable member. ....	5. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. New member to group. ....	6. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Financial Service Company. ....	7. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Regulated Investment Company or Real Estate Investment Trust. ....	8. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Taxable member protected by PL 86-272 (only subject to capital base tax). ....	9. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. PE credit from Form CT-1120PE, Line 2. ....	10. <input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00
11. Payment made with extension (Form CT-1120 EXT). ....	11. <input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00
12. Estimated payments made (Forms CT-1120 ESA, ESB, ESC, and ESD). ....	12. <input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00
13. Overpayment from prior year. ....	13. <input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00
14. Is only a portion of the business included in this combined unitary return? .....	14. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Is the company filing a separate Form CT-1120 reporting non-unitary business income? .....	15. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Does the company file as part of a different Form CT-1120CU? .....	16. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Enter the FEIN of the designated taxable member of the different Form CT-1120CU. ....	17. <input type="text"/>	<input type="text"/>	<input type="text"/>



**PART II - List any mergers with members listed in Part I.**

**Column A - Company that has merged with member.**

	Corporation Name	FEIN
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

**Column B - Member listed in Part I.**

	Member #	Date of Merger (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**PART III - List all members that left the group during this tax year.**

Companies that no longer have common ownership with this group.

	Corporation Name	FEIN	Date member left (mm/dd/yyyy)	Reason for exclusion
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART IV - Provide information about excluded members.**

	Corporation Name	FEIN	Reason for exclusion
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>