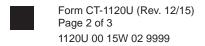


Department of Revenue Services State of Connecticut (Rev. 12/15) 1120U 00 15W 01 9999



## Form CT-1120U Unitary Corporation Business Tax Return 2015

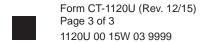
| Enter Inco   | ome   | e Year Beginning ▶ , 2015, and Ending ▶   |            |        | ,                                    |
|--|-------|---|------------|--------|--------------------------------------|
| Total assets   | 00    | Name of parent or designated Connecticut parent corporation This return MUST be filed electronically!   |            |        | arent or Designated CT Parent        |
| Gross receipts   | 00    | Address Number and street PO Box  | <b>▶</b>   | Conne  | ecticut Tax Registration Number      |
| <b>&gt;</b>  | 00    |   |            | DRS t  | ise only                             |
| NAICS code: See instructions.                                    |       | City or town State ZIP code   |            |        | 20                                   |
| <b>•</b>   |       |   | <b>▶</b>   | Feder  | al Employer ID Number (FEIN)         |
| Check All Applicable Bo  | oxe   | s 1. ☐ Address change 2. Unitary return status: ☐ Final ☐ Short period  | ı          |        |                                      |
| 3. Has any corporation w   | /ithi | n the group: $ ightharpoonup$ Dissolved $ ightharpoonup$ Withdrawn $ ightharpoonup$ Merged/Reorganized: Enter sur   | viv        | or's C | T Tax Reg #                          |
| 4. Is this the first year this                                   | s gr  | oup is filing a unitary return? ► ☐ Yes (Attach Form CT-1120CC.)  | <b>I</b>   | No     | \/iaitt gov/TCC                      |
| <ol><li>Does any nexus comp<br/>interest expenses to a</li></ol> |       | pay, accrue, or incur interest expenses or intangible expenses, costs, and related ated member?    To pay, accrue, or incur interest expenses or intangible expenses, costs, and related ated member? | <b>.</b>   | No     | Visit www.ct.gov/TSC to file and pay |
| 6. Is the unitary group of                                       | exc   | hanging R & D tax credits? Yes (Attach Form CT-1120 XCH.)   | <b>J</b> 1 | No     | this return                          |
| 7. Did the unitary group a                                       | ann   | ualize its estimated tax payments? ► ☐ Yes (Attach Form CT-1120I.)  | <b>J</b> 1 | No     | electronically.                      |
| 8. Is any corporation filing                                     | g Fo  | orm CT-1120 PIC? ► ☐ Yes (Attach Form CT-1120 PIC.)   | 1          | No     |                                      |
| Minimum Tax Calculat   | tion  |   |            |        |                                      |
| 1. Enter the total num   | ber   | of corporations included in this unitary return.  | <u> </u>   | 1      |                                      |
| 2. Minimum tax: Multip   | ply   | Line 1 by \$250.  | <b></b>    | 2      | 00                                   |
| - A  | tta   | ch a complete copy of Form 1120 including all schedules as filed with the Inte  | rna        | al Rev | enue Service –                       |
|  |       | on of Tax on Net Income   | _          |        |                                      |
| Net income from So   |       |   | _          | 1      | 00                                   |
|  |       | from Form CT-1120A, Schedule R  |            | 2      | 0.                                   |
|  |       | e: Multiply Line 1 by Line 2.   | <b>-</b>   | 3      | 00                                   |
|  |       | er: See instructions. Do not exceed 50% of Line 3.  | <b>•</b>   | 4      | 00                                   |
|  | -     | Subtract Line 4 from Line 3.  | <b>•</b>   | 5      | 00                                   |
| 6. Tax: Multiply Line 5  |       |   | <b></b>    | 6      | 00                                   |
|  |       | on of Minimum Tax on Capital  | _          |        |                                      |
| -  |       | n Schedule E, Line 6, Column C  | _          | 1      | 00                                   |
|  |       | from Form CT-1120A, Schedule S  | <b>•</b>   | 2      | 0.                                   |
| 3. Multiply Line 1 by L  |       |   | <b></b>    | 3      | 00                                   |
| 4. Number of months  |       |   | <b></b>    | 4      | 1                                    |
| 5. Multiply Line 3 by L  | ine   | 4. Divide the result by 12.   | <b></b>    | 5      | 00                                   |
| 6. Tax (3 and 1/10 mil   | lls p | er dollar): Multiply Line 5 by .0031.   | <b></b>    | 6      | 00                                   |
| Schedule C - Comput  | tati  | on of Amount Payable  |            |        |                                      |
| 1a. Tax: Enter the grea  | ter   | of Schedule A, Line 6; Schedule B, Line 6; or the minimum tax calculation.  | <b></b>    | 1a     | 00                                   |
| 1b. Surtax: If Line 1a is  | the   | e minimum tax calculation, enter "0." Otherwise, multiply Line 1a by 20% (.20).   |            | 1b     | 00                                   |
| 1c. Recapture of tax cr  | edit  | s: See instructions.  | <b></b>    | 1c     | 00                                   |
| 1. Total tax: Enter the  | e to  | tal of Lines 1a through 1c. If no tax credits claimed, also enter on Line 6.  |            | 1      | 00                                   |
| 2. Multiply Line 1 by 4  | 9.9   | 9% (0.4999).  |            | 2      | 00                                   |
| 3. Enter the greater of  | f Lir | ne 2 or minimum tax.  |            | 3      | 00                                   |
|  |       | ubtract Line 3 from Line 1.   |            | 4      | 00                                   |
|  |       | CT-1120K, Part II, Line 9. See instructions. Do not exceed amount on Line 4.  |            | 5      | 00                                   |
|  |       | : Subtract Line 5 from Line 1.  |            |        | 00                                   |
|  |       | or extension from Form CT-1120 EXT  |            |        | 00                                   |
|  |       | m Forms CT-1120 ESA, ESB, ESC, & ESD  |            |        | 00                                   |
| 7c. Overpayment from   | -     |   |            |        | 00                                   |
| _ · ·  |       | the total of Lines 7a, 7b, and 7c.  |            |        | 00                                   |
|  |       | erpaid): Subtract Line 7 from Line 6.   | 00         | 8      | 00                                   |
|  |       |   |            | -      | 00                                   |
|  |       | Direct Deposit by completing Lines 10c, 10d, and 10e. 10c. Checking ► □   |            |        |                                      |
|  |       | 10e. Account number   |            |        | =                                    |
|  |       | ank account outside the U.S.? ▶ ☐ Yes 10g. Bank name ▶  |            |        |                                      |
|  |       | return: Add Line 8 and Line 9   |            | 11     | 00                                   |





| CT Tax Regis | stration Nu | umber |  |  |
|--------------|-------------|-------|--|--|
|              |             |       |  |  |

| Schedule D  | - Computation of Net Income   |  |        |                                       |        |                   |             |            |  |       |
|---|---|--|--------|---------------------------------------|--------|-------------------|-------------|------------|--|-------|
| 1. Federal  | Federal taxable income (loss) before net operating loss and special deductions  |  |        |                                       |        |                   |             |            |  | 00    |
| Interest income wholly exempt from federal tax  |   |  |        |                                       |        | 2                 |             |            |  | 00    |
| 3. Unallowable deduction for corporation tax from <i>Schedule F</i> , Line 4                |   |  |        |                                       |        | <b>3</b>          |             |            |  | 00    |
| 4. Interest expenses paid to a related member from <b>Form CT-1120AB</b> , Part I A, Line 1 |   |  |        |                                       |        |                   |             |            |  | 00    |
|   | e expenses and costs paid to a related me   |  |        | B, Line 3                             |        | 5                 |             |            |  | 00    |
|   | bonus depreciation: See instructions.   |  |        |                                       |        | 6                 |             |            |  | 00    |
|   | d for future use  |  |        |                                       |        | <b>7</b>          | //////      | ////       | ///////////////////////////////////////  | ///   |
| 8. IRC §19  | 9 domestic production activities deduction  | from federal Form 1120, Line 25                                      | 5      |                                       |        | 8                 | ,,,,,,      | ////       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 00    |
|   | ttach explanation.  | •  |        |                                       |        | 9                 |             |            |  | 00    |
|   | ld Lines 1 through 9.   |  |        |                                       |        | 10                |             |            |  | 00    |
|   | d deduction from Form CT-1120 ATT, School   | edule I, Line 5  |        |                                       | •      | <b>1</b> 1        |             |            |  | 00    |
|   | oss carryover (if not deducted in computin  | •  |        |                                       |        | 12                |             |            |  | 00    |
|   | gain from sale of preserved land  | 7  |        |                                       |        | 13                |             |            |  | 00    |
| 1 -   | bonus depreciation recovery from Form C   | T-1120 ATT. Schedule J. Line 16                                      | 6      |                                       |        | 14                |             |            |  | 00    |
|   | ons to interest add back from Form CT-112   |  |        |                                       |        | 15                |             |            |  | 00    |
| -   | ons to interest add back from Form CT-112   |  |        |                                       |        | 16                |             |            |  |       |
|   | ons to interest add back from Form CT-112   |  |        |                                       |        | 17                |             |            |  | 00    |
|   | ons to add back of intangible expenses pai  |  |        |                                       |        | -                 |             |            |  |       |
|   | rm CT-1120AB, Part II B, Line 1   |  |        |                                       | •      | ▶ 18              |             |            |  | 00    |
| 19. Deferred  | cancellation of debt income. See instruct   | ions.  |        |                                       | •      | ▶ 19              |             |            |  | 00    |
| 20. Other: S  | ee instructions.  |  |        |                                       |        | <b>2</b> 0        |             |            |  | 00    |
| 21. Total: Ad   | ld Lines 11 through 20.   |  |        |                                       |        | ▶ 21              |             |            |  | 00    |
| 22. Net inco  | me: Subtract Line 21 from Line 10. Enter h  | nere and on Schedule A, Line 1.                                      |        |                                       | •      | <b>2</b> 2        |             |            |  | 00    |
|   |   |  |        | Caluman A                             |        |                   | James D     |            | 0.51                                     |       |
|   | <ul> <li>Computation of Minimum Tax Bas<br/>e instructions.</li> </ul>  | e  | R      | Column A<br>eginning of Ye            | ar     |                   | d of Year   |            | Column C                                 | •     |
|   |   | d I in a 00h   |        | cgiiiiiig oi 10                       |        |                   | d of Icai   | 100        | (Column A plus                           | S     |
|   | tock from federal Schedule L, Line 22a an   |  |        |                                       | 00     |                   |             | 00         | Column B)                                |       |
|   | and undivided profits from federal Schedul  |  |        |                                       | 00     |                   |             | 00         | Divided by 2                             |       |
| 1 '   | reserves: Attach schedule   |  |        |                                       | 00     |                   |             | 00         |  | 00    |
|   | d Lines 1, 2, and 3. Enter average in Colu  |  |        |                                       | 00     |                   |             | 00         |  | 00    |
| _   | of stock of private corporations: Attach sche   |  |        | (- D 1 : - 4                          | 00     |                   |             | 00         |  | 00    |
| 6. Balance:   | Subtract Line 5, Column C, from Line 4, 0   | Column C. Enter nere and on Sc.                                      | neaui  | le B, Line 1.                         |        |                   |             |            |  | 00    |
| Schedule F  | - Taxes   |  |        |                                       |        |                   |             |            |  |       |
|   | cut corporation business taxes deducted in  | n the computation of federal taxa                                    | ble in | ncome                                 |        | 1                 |             |            |  | 00    |
|   | es: See instructions.   | •  |        |                                       |        |                   |             |            |  | 00    |
|   | measured by income or profits imposed by  |  |        |                                       |        | ··   <del>-</del> |             |            |  |       |
|   | tion of federal taxable income: Attach sche   |  |        |                                       |        | 3                 |             |            |  | 00    |
| 4. Total una  | llowable deduction for corporation busines  | ss tax purposes: Add Line 1 and                                      | Line 3 | 3. Enter here                         | and or | 1                 |             |            |  |       |
| Schedule  | <i>D</i> , Line 3   |  |        |                                       |        | 4                 |             |            |  | 00    |
| of my knowle<br>of Revenue  | n: I declare under penalty of law that I had added and belief, it is true, complete, and of Services (DRS) is a fine of not more that the taxpayer is based on all information of | correct. I understand the penalty<br>an \$5,000, imprisonment for no | for w  | villfully delive<br>re than five y    | ring a | false re          | eturn or do | cume       | ent to the Departm                       | nent  |
| - I I I I I I I I I I I I I I I I I I I   | Corporate officer's name (print)  | Corporate officer's signature  |        | 9                                     | Date   |                   |             |            |  |       |
| Sign Here   | This return MUS   |  | /1     |                                       | Date   |                   | May         | DRS        | contact the prepa<br>low about this retu | rer   |
| Sign Here   | Corporate officer's email address (print)   | be med electromeans  | / -    |                                       |        |                   | -   5110    |            | es D No D                                | 11111 |
| Keep a copy   |   | paper return to DRS.   |        |                                       |        |                   |             |            |  |       |
| of this   | Title   | 1  |        | Telephone nu                          | ımber  |                   |             |            |  |       |
| return for your   |   |  |        | ( )                                   |        |                   |             |            |  |       |
| records.  | Paid preparer's name (print)  | Paid preparer's signature  |        | · · · · · · · · · · · · · · · · · · · | Date   |                   | Prep        | parer's    | SSN or PTIN                              |       |
|   |   |  |        |                                       |        |                   |             |            |  |       |
|   | Firm's name and address   |  |        | FEIN                                  | •      |                   | Tele        | phone<br>) | number                                   |       |
|   | •   |  |        |                                       |        |                   |             |            |  |       |





| CT Tax Re | gistratio | n Numbe | er |  |  |
|-----------|-----------|---------|----|--|--|
|           |           |         |    |  |  |

Schedule of Corporations Included in the Unitary Return

If additional lines are needed, attach a schedule.

| Corporation Name                               | Nexus<br>With CT (√) |          | FEIN  |
|--|----------------------|----------|---|
| Common parent or designated Connecticut parent |                      | <b>-</b> |   |
| 2.   |                      | -        |   |
| 3.   |                      | -        |   |
| 4.   |                      | -        |   |
| 5.   |                      | _        |   |
| 6.   |                      |          |   |
| 7.   |                      | <b>-</b> |   |
| 8.   |                      |          |   |
| 9.   |                      |          |   |
| 10.  |                      |          |   |
|  |                      | <u></u>  |   |
| 11.  |                      |          |   |
| 12.  |                      | _        |   |
| 13.  |                      | _        |   |
| 14.  |                      | _        |   |
| 15.  |                      | _        |   |
| 16.  |                      | _        |   |
| 17.  |                      | _        |   |
| 18.  |                      | _        |   |
| 19.  |                      | _        |   |
| 20.  |                      | _        |   |
| 21.  |                      | _        |   |
| 22.  |                      | _        |   |
| 23.  |                      | _        |   |
| 24.  |                      | -        |   |
| 25.  |                      | _        |   |
| 26.  |                      | -        |   |
| 27.  |                      | _        |   |
| 28.  |                      | _        |   |
| 29.  |                      | _        |   |
| 30.  |                      | _        |   |
| 31.  |                      | _        |   |
| 32.  |                      | _        |   |
| 33.  |                      | _        |   |
| 34.  |                      | _        |   |
| 35.  |                      | -        |   |
| 36.  |                      | <b>-</b> |   |
| 37.  |                      | _        |   |
| 38.  |                      | <b>-</b> |   |
| 39.  |                      | _        |   |
| 40.  |                      | _        |   |
| 41.  |                      | _        |   |
| 42.  |                      | -        |   |
| 43.  |                      | -        |   |
| 44.  |                      |          |   |
| 45.  |                      |          |   |
| 46.  | 1                    |          |   |
|  |                      | <u></u>  |   |
| 47.  |                      | _        |   |
| 48.  |                      | -        |   |
| 49.  |                      | _        |   |
| 50.  |                      | <b>•</b> | ded for parent and all affiliates, if applicable. |