

Form CT-1120CU
Combined Unitary Corporation
Business Tax Return



Ent	er Income Year Beginning			and	Ending >				For DR Use Or	nlv		
	Name of Connecticut designat		ember			ММ	- D D - Y		cut Tax R	egistration I		Y Y Y Y
•							•					
	Number and street				PO Box			Federal E	mployer	ID Number	(FEIN)	
•							•					
	City, town, or post office		State		ZIP code							
•			•	>								
Che	eck All Applicable Boxe	s: 1. ▶	Addres	ss chai	nge							
2. \	Jnitary return status: ►	Initia	l return 🕨	•	Final •	>	Short p	eriod	•	Amend	ed	
3. Is	any member exchanging F	R & D tax cr	redits?	Yes	(File Form	CT-1	120 XCH s	separate	ly.)			
If	Yes, enter the amount of o	credit refur	nd requested	l: ►).	00				
4. D	old the unitary group annual	ize its estim	nated tax pay	ments?	>	,	Yes (Attac	h Form	CT-1120	OI.)	No	
	iling Method:	Water's	_	>			Group	>		Worldw		
S	ee instructions.	(Default)			(Ele	ection)				(Election	า)	
Par	t III – Computation of A	mount Pa	yable - Com	plete P	art I, Part II,	and S	chedule K	U before	completi	ng Part III.		
1.	Combined Unitary Tax: Ent	er amount fr	om Part I, Lin	e 9, <i>Co</i>	mbined Gro	up Tot	<i>al</i> column.	1	1. ▶			.00
2.	Combined Unitary Tax Cree	dits: Enter a	mount from P	art II, L	ine 8			2	2. ▶			.00
3.	Balance of tax due: Subtract	ct Line 2 fror	n Line 1					3	3. ▶			.00
4a.	Amount paid with Form CT-1	120 EXT		4a	a. ▶			.00	0			
4b.	Amount paid with Forms CT-1	120 ESA, ES	SB, ESC, and E	ESD. 4I	b. ▶			.00	0			
4c.	Overpayment from prior year	·		40	c. >			.00	0			
4.	Total payments: Add Lines	4a, 4b, and	4c					∠	4. ▶			.00
5.	Overpayment: If Line 4 is m	ore than Lin	e 3, subtract L	ine 3 fr	rom Line 4			5	5. ▶			.00
6.	Amount to be credited to 201	7 estimated	tax					6	6. ▶			.00
7.	Refund: Subtract Line 6 from	n Line 5						7	7. ▶			.00
Foi	a faster refund, choose Direc	t Deposit by	completing Lii	nes 8a t	hrough 8e.	8	Ba. ▶	Check	ing	Sa	vings	
8b.	Routing number ►		3	Bc. Acco	ount number	•						
8d.	Will this refund go to a bank	account outs	side the U.S.?	•	Yes 86	e. Ba	nk name ▶					
9.	Tax due: If Line 3 is more that	an Line 4, sı	ubtract Line 4	from Liı	ne 3			9	9. ▶			.00
	Penalty							.00				
10b.	Interest			10k	o. •			.00				
10c.	Form CT-1120I Interest			100	c. >			.00				
10.	Total penalty and interest:	Add Lines 1	0a, 10b, and 1	0c								.00
11.	Total amount due: Add Line	9 and Line	10					11	1. ▶			.00



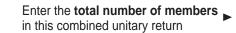


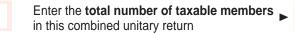
T Tax Regist	tration No	umber		

For more than 50 members, attach replicas of this page as needed, with the same information and begin numbering with 51.

Schedule of Members Included in the Combined Unitary Return. (Enter taxable members first.)

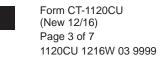
Member #	Corporation Name	Taxable (Y/N)	CT Tax Registration Number *	FEIN
1.	Designated Taxable Member	Υ		
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		*CT Ta	ax Registration Number must be included for pare	nt and all taxable members.









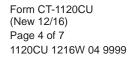




Connecticut designated taxable member's CT Tax Registration #									

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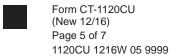
1120C0 1216W 03 9999				
PART I – Combined group total tax		Taxable Member #:	Taxable Member #:	Taxable Member #:
	Corporation name:			
	Combined Group Total			
Tax on combined group net income from Form CT-1120CU-NI, Part III, Line 14 ▶	.00			
Tax on combined group minimum tax base from Form CT-1120CU-MTB, Line 14 ▶	.00			
3. Enter the larger of Line 1 or Line 2. If greater than \$2,500,000, complete Form CT-1120CU-NCB ▶	.00			
 Aggregate maximum tax: If Line 3 exceeds \$2,500,000, enter the amount from Form CT-1120CU-NCB, Part III, Line 5. Otherwise, enter zero ("0"). 	.00			
5. If Line 4 is zero ("0"), enter the amount from Line 3. Otherwise, enter the lesser of Line 3 or Line 4▶	.00			
On Lines 6a, 6b, and 6c, enter each taxable member's share of amount	unt shown on Line 5, as applicable	:		
6a. If amount on Line 5 is based on combined group net income from Line 1, enter the corresponding amounts in each column as reported on Form CT-1120CU-NI, Part III,				
Line 13. Otherwise leave Line 6a blank		.00	.00	.00
6b. If amount on Line 5 is based on combined group minimum tax base from Line 2, enter the corresponding amounts in each column as reported on Form CT-1120CU-MTB, Line 10 (or				
Line 12, if applicable). Otherwise leave Line 6b blank		.00	00.	.00
6c. If amount on Line 5 is based on the aggregate maximum tax from Line 4, enter the corresponding amounts in each column as reported on Form CT-1120CU-NCB, Part III,				
Line 9. Otherwise leave Line 6c blank.		.00	.00	.00
7. Surtax: Multiply each applicable column on Line 6a, Line 6b, or Line 6c, by 20% (.20). If the amount in any column is \$250 or less, enter zero ("0"). Enter the total of all columns				
on Line 7 in Combined Group Total column	.00	.00	00.	.00
8. Recapture of tax credits: Enter the total of all columns on Line 8 in Combined Group Total column ▶	.00	.00	.00	.00
9. Total tax: Add Lines 6a, 6b, or 6c, and Lines 7 and 8. Enter the amount in each column on Part II, Line 1, and enter the total				
of all columns on Line 9 in <i>Combined Group Total</i> column. Enter the Combined Group Total on Part III, Line 1▶	.00	.00	.00	.00







	Taxable Member #:						
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4.							
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6b.	.00	.00		00 .	00	.00	.00
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6c.	.00	.00.		00 .	00	.00	.00
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8.						.00	.00
		100					
9.	.00	.00.). (.00	00	.00	.00





Connecticut designated taxable member's CT Tax Registration #									

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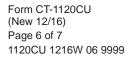
PART II – Combined Group unitary tax credit computation.	Taxable Member #:	Taxable Member #:	Taxable Member #:	Taxable Member #:
Corporation name:				
Enter each member's separate tax liability as reported on Part I, Line 9	.00	.00	.00	.00
2. Enter the lesser of Line 1 multiplied by 50.01% (.5001) or Line 1 minus \$250. If negative, enter zero ("0")	.00	.00	.00	.00
Tax credits applied. Do not exceed the amount reported on Line 2 in any column.	.00	.00	.00	.00
4. Subtract Line 3 from Line 1.	.00	.00	.00	.00
5. Enter the lesser of Line 1 multiplied by 4.99% (.0499) or or Line 4 minus \$250. If negative, enter zero ("0")	.00	.00	.00	.00
Excess credit utilization. Do not exceed the amount reported on Line 5 in any column.	.00	.00	.00	.00
7. Add Line 3 and Line 6 in each column	.00	.00	.00	.00
8. Combined unitary tax credits: Add the amounts in each column on Line 7 and enter the total here				
and on Part III, Line 2. ► .00				
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Combined Unitary Group Net Operating Loss Summary

1.	Total apportioned net operating loss applied by combined unitary group members in 2016 from Form CT-1120CU-NI, Part III, Line 11	

DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand 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, 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.

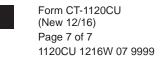
Sign	Corporate officer's name (print)	Corp	porate officer's signatu	re	Date (MMDDYYYY)	Date (MMDDYYYY)	
Here							
Keep a	Title	Tele	ephone number		May DDS contact the property		
copy of					May DRS contact the preparer shown below about this return?	No	
	Paid preparer's name (print)	Paid preparer's signature		Date (MMDDYYYY)	Preparer's SSN or PTIN		
for your							
records.	Firm's name and address		Firm	n's FEIN	Telephone number		







	Taxable Member #:					
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2.	.00	0	.00	.00	.00	.00
3.	.00	0	.00	.00	.00	.00
4.	.00		.00	.00		.00
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	.00	O	.00	.00	.00	.00
6.	.00	0	.00	.00	.00	.00
7.	.00	0	.00	.00	.00	.00





Connecticu	Connecticut designated taxable member's CT Tax Registration #									

Schedule KU - Combined Unitary Tax Credits
Attach 2016 Form CT-1120K for each member claiming, using, or sharing a business tax credit and enter the combined credit totals.

				Column A Carryback Amount		Column B Amount Applied		Column C Carryforward Amount
Tax Credits With Carryback Provisions						Amount Applied		Carrylorward Amount
1.	Neighborhood Assistance	1.		•	.00	•	.00	
2.	Housing Program Contribution	2.	. •	•	.00	•	.00	
Tax	Credits Without Carryback or Carryforward Provisions							
3.	Apprenticeship Training	3.			•	•	.00	
4.	Manufacturing Facility Credit for Facilities located in a Targeted Investment Community/Enterprise Zone	4.			•		.00	
5.	Machinery and Equipment				•		.00	
6.	Service Facility				•		.00	
7.	New Jobs Creation	7.			•		.00	
8.	Film Production	8.			•	•	.00	
9.	Digital Animation	9.			•	-	.00	
10.	Film Production Infrastructure	10.			•	•	.00	
Tax	Credits With Carryforward Provisions							
11.	Housing Program Contribution	11.			•	-	.00	.00
12.	Research and Experimental Expenditures	12.			•	-	.00	.00
13.	Research and Development	13.			•	-	.00	.00
14.	Fixed Capital Investment	14.			•	•	.00	.00
15.	Human Capital Investment	15.			•	•	.00	.00
16.	Insurance Reinvestment Fund	16.			•	•	.00	.00
17.	Small Business Administration Guaranty Fee	17.			•	•	.00	.00
18.	Historic Homes Rehabilitation	18.			•	•	.00	.00
19.	Donation of Land	19.			•	•	.00	.00
20.	Historic Structures Rehabilitation	20.			•	•	.00	.00
21.	Historic Preservation	21.			•	•	.00	.00
22.	Urban and Industrial Site Reinvestment	22.			•	•	.00	.00
23.	Green Buildings	23.			•	•	.00	.00
24.	Historic Rehabilitation	24.			•	•	.00	.00
25.	Electronic Data Processing Equipment Property Tax Credit	25.			•	•	.00	.00
26.	Add the amounts in Column A, Column B, and Column C.	26.	. ▶	•	.00	•	.00	.00