



Form CT-1120CU

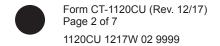
Combined Unitary Corporation Business Tax Return



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For DRS Enter Income Year Beginning > and Ending ▶ Use Only M M - D D - Y Y M M - D D - Y Y Y Y Name of Connecticut designated taxable member Connecticut Tax Registration Number Number and street PO Box Federal Employer ID Number (FEIN) City, town, or post office State ZIP code Check All Applicable Boxes: Address change **Amended** 2. Unitary return status: **Initial return Final** Short period 3. Is any member exchanging R & D tax credits? ► Yes (File Form CT-1120 XCH separately.) .00 If Yes, enter the amount of credit refund requested: 4. Did the unitary group annualize its estimated tax payments? Yes (Attach Form CT-1120I.) No Water's Edge **Affiliated Group** 5. Filing Method: Worldwide See instructions. (Election) (Election) (Default) Part III - Computation of Amount Payable - Complete Part II, Part II, and Schedule KU before completing Part III. 1. Combined Unitary Tax: Enter amount from Part I, Line 9, Combined Group Total column. 1. ▶ .00 .00 .00 4a. Amount paid with Form CT-1120 EXT. 4a. ▶ .00 4b. Amount paid with Forms CT-1120 ESA, ESB, ESC, and ESD. 4b. ▶ .00 4c. Overpayment from prior year. 4c. ▶ .00 .00 .00 .00 6b. Interest 6b. ▶ .00 .00 .00 .00 .00 For a faster refund, choose Direct Deposit by completing Lines 7c through 7e. 7c. ▶ Checking Savings 7d. Routing number ▶ 7e. Account number ▶ 7f. Will this refund go to a bank account outside the U.S.? Yes 7g. Bank name ▶ .00

9. Balance due with this return: Add Line 5 and Line 6.



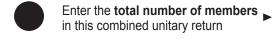


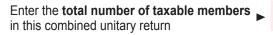
CT Tax Re	T Tax Registration Number										

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.)

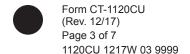
Member #	Corporation Name	Taxable (Y/N)	CT Tax Registration Number *	FEIN
1.	Designated Taxable Member	Υ		
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		*CT Ta	ax Registration Number must be included for pare	nt and all taxable members.













Conne	Connecticut designated taxable member's CT Tax Registration #										

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column as reported on Form CT-1120CU-MTB, Line 10 (or

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 12, if applicable). Otherwise leave Line 6b blank.

Line 9. Otherwise leave Line 6c blank. 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. ▶ 8. Recapture of tax credits: Enter the total of all columns on

Line 8 in Combined Group Total column. ▶ 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 Combined Group Total column.

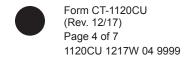
Enter the Combined Group Total on Part III, Line 1. ▶

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				
 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 amo	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					

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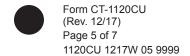
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Connecticut design	nated taxable mem	nber's CT Tax Re	egistration#

Taxable Member #:	Taxable Member #:	Taxable Member #:	Taxable Member #:	Taxable Member #:	Taxable Member #:	
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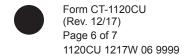
Connecticut designated taxable member's CT Tax Registration #								

Corporation name:	PART II – Combined Group unitary tax credit computation.	Taxable Member #:	Taxable Member #:	Taxable Member #:	Taxable Member #:
reported on Part I, Line 9	·				
or Line 1 minus \$250. If negative, enter zero ("0")		.00	.00	.00	.00
amount reported on Line 2 in any column		.00	.00	.00	.00
5. Enter the lesser of Line 1 multiplied by 9.99% (.0999) or or Line 4 minus \$250. If negative, enter zero ("0")		.00	.00	.00	.00
or or Line 4 minus \$250. If negative, enter zero ("0")	4. Subtract Line 3 from Line 1.	.00	.00	.00	.00
reported on Line 5 in any column		.00	.00	.00	.00
8. Combined unitary tax credits: Add the amounts in each column on Line 7 and enter the total here		.00	.00	.00	.00
the amounts in each column on Line 7 and enter the total here	7. Add Line 3 and Line 6 in each column	.00	.00	.00	.00
and on Part III. Line 2	the amounts in each column on Line 7				
.00	and on Part III, Line 2. ► .00				

Combined Unitary Group Net Operating Loss Summary

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.

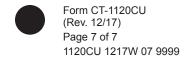
Sign	Corporate officer's name (print)	C	Corporate officer's sig	nature	Date (MMDDYYYY)			
Here								
Keep a	Title		Telephone number		M			
copy of					May DRS contact the preparer shown below about this return?	No		
	Paid preparer's name (print)	Paid preparer's signatu	ure	Date (MMDDYYYY)	Preparer's SSN or PTIN			
for your								
records.	Firm's name and address			Firm's FEIN	Telephone number			
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	Taxable Member #:		Taxable Member #:	Taxable	Member #:		Taxable Member #:		Taxable Member #:	
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Connecti	Connecticut designated taxable member's CT Tax Registration #										

Schedule KU - Combined Unitary Tax Credits
Attach 2017 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
	Credits With Carryback Provisions			·				Jan, jointal a 7 and and
	Neighborhood Assistance				.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	5.			•	-	.00	
6.	Service Facility	6.			•	-	.00	
7.	Reserved	7.						
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