



Form CT-1120CU-MI

Combined Group Member Information

Connecticut Designated Taxable Member's CT Tax Registration #

2018

Complete this form in blue or black ink only. Please note that each form is year specific.
To prevent any delay in processing, the correct year's form must be submitted to DRS.

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

| | Member #: <input type="text"/> | Member #: <input type="text"/> | Member #: <input type="text"/> |
|--|--|--|--|
| 1. Corporation Name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Connecticut Tax Registration #. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. FEIN. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. NAICS Code. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Connecticut taxable member. | <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. | <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. | <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. | <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). | <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. | <input type="text"/> .00 | <input type="text"/> .00 | <input type="text"/> .00 |
| 11. Payment made with extension (Form CT-1120 EXT). ... | <input type="text"/> .00 | <input type="text"/> .00 | <input type="text"/> .00 |
| 12. Estimated payments made (Forms CT-1120 ESA, ESB, ESC, and ESD). | <input type="text"/> .00 | <input type="text"/> .00 | <input type="text"/> .00 |
| 13. Overpayment from prior year. | <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? | <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? | <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? | <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. | <input type="text"/> | <input type="text"/> | <input type="text"/> |



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

| Column A - Company that has merged with member. | | Column B - Member listed in Part I. | |
|---|------|-------------------------------------|-----------------------------|
| Corporation Name | FEIN | Member # | Date of Merger (mm/dd/yyyy) |
| 1. | | | - - |
| 2. | | | - - |
| 3. | | | - - |
| 4. | | | - - |
| 5. | | | - - |

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. | | - - | |
| 2. | | - - | |
| 3. | | - - | |
| 4. | | - - | |
| 5. | | - - | |

PART IV - Provide information about excluded members.

| Corporation Name | FEIN | Reason for exclusion |
|------------------|------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |