

Department of Revenue Services State of Connecticut 1120CU 1218W 01 9999



Form CT-1120CU

2018 (Rev. 12/18)

Combined Unitary Corporation Business Tax Return Complete this form in blue or black ink only.

Name of Connecticul designated taxable member Connecticul Tax Registration Number Number and street PO Box Federal Employer ID Number (FEIN) City, town, or post office State 2. Unitary return status: Initial return Is any member exchanging R & D tax credits? Yes (File Form CT-1120 XCH separately). If Yes, enter the amount of credit refund requested: 00 4. Did the unitary group annualize its estimated tax payments? Yes (Attach Form CT-1120). No 5. Filing Method: Water's Edge Affiliated Group Worldvide (Election) Part III - Computations Opfenuti Cite Complete Part II. Part II. and Schedule KU before completing Part III. 1. Combined Unitary Tax: Enter amount from Part I, Line 9.	Enter Income Year Beginning ►	2018	and Ending				
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9f. Will this refund go to a bank account outside the U.S.? ► Yes 9g. Bank name ► 10. Total to be credited or refunded: Enter the total of Line 9a and Line 9b. 10. ► .00 11. Balance due with this return: Add Line 7 and Line 8. 11. ► .00 Please note that each form is year specific. To prevent any delay in processing your return and/or refund, .00	For a faster refund, choose Direc	t Deposit by completing Lin	es 9c through 9e.	9c. 🕨 🖸	hecking	Savings	
10. Total to be credited or refunded: Enter the total of Line 9a and Line 9b. 10. ► .00 11. Balance due with this return: Add Line 7 and Line 8. 11. ► .00 Please note that each form is year specific. To prevent any delay in processing your return and/or refund, .00	9d. Routing number ►	94	e. Account number	•			
11. Balance due with this return: Add Line 7 and Line 8. .00 Please note that each form is year specific. To prevent any delay in processing your return and/or refund,	9f. Will this refund go to a bank	account outside the U.S.?	► Yes 9g	. Bank name 🕨			
Please note that each form is year specific. To prevent any delay in processing your return and/or refund,	10. Total to be credited or refu	nded: Enter the total of L	ine 9a and Line 9b		10. 🕨		.00
	11. Balance due with this retur	n: Add Line 7 and Line 8.	•		11. 🕨		.00
	Please note that				your return and	/or refund,	





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

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

Member # **Corporation Name** Taxable (Y/N) CT Tax Registration Number * FEIN 1. Designated Taxable Member Y ► ► ► ► ► Þ ► ► ► ► ► ►

Enter the **total number of members** in this combined unitary return.

*CT Tax Registration Number must be included for parent and all taxable members.

Enter the total number of taxable members in this combined unitary return.





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				
 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 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 column as reported on Form CT-1120CU-MTB, Line 10 (or Line 12, if applicable). Otherwise leave Line 6b blank				.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
 Surtax: Multiply each applicable column on Line 6a, Line 6b, or Line 6c, by 10% (.10). If the amount in any column is \$250 or less, enter zero ("0"). Enter the total of all columns 		· · · · · ·			
on Line 7 in <i>Combined Group Total</i> column▶	.00		.00	.00	.00
 Recapture of tax credits: Enter the total of all columns on Line 8 in Combined Group Total column 	.00		.00	.00	.00
 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

	Form CT-1120CU (Rev. 12/18) Page 4 of 7 1120CU 1218W 0					CT Tax Registration Number		
	Taxable Member #:	т	Faxable Member #:	Taxable Member #:	Taxable Memb	er #: Taxable Mer	nber #: Taxable Mem	ber #:
1.								
2.								
3.								
4.								
5.								
6a.		.00		.00	.00	.00	.00	.00
ou.		.00			.00	.00	.00	.00
6b.		.00		.00	.00	.00	.00	.00
6c.		.00		.00	.00	.00	.00	.00
					0.0	22	22	
7.		.00		.00	.00	.00	.00	.00
8.		.00		.00	.00	.00	.00	.00
		00		00	00	00	00	00
9.		.00		.00	.00	.00	.00	.00





CT Tax F	Registration	Number
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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					
 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					
 Enter the lesser of Line 1 multiplied by 14.99% (.1499) 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 c	olumn on Line 7 and enter the to	tal here and on Part III, Line 2	>	.00					
Combined Unitary Group Net Operating Loss Sum	mary								
1. Total apportioned net operating loss applied by combined	unitary group members in 2018	from Form CT-1120CU-NI, Part I	II, Line 11 1.	.00					
2. Total apportioned net operating loss carryover available for	r use in 2019 by all combined ur	itary group members	2.	• .00					
Combined Unitary Group Pass-Through Entity ("Pl	E") Tax Credit Summary		_						
1. Reserved for future use									
2. Total 2018 PE credit available. Enter the sum of PE credits reported in each column on Form CT-1120CU-MI, Part I, Line 10									
3. PE credit applied in 2018 from Form CT-1120CU, Part III, Line 4									
4. PE credit carryforward: Subtract Line 3 from Line 2			4.	• .00					

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)	Corporate officer's sig	Date (MMDDYYYY)						
Here									
	Title	-	Telephone number						
Кеер а			-	_		May DRS contact to shown below about	this return?	Yes	No
copy of	Paid preparer's name (print)	Paid preparer's signal	ture	Date (M	MDDYYYY)		er's SSN or PTI	N	
this return									
for your	Firm's name and address			Firm's FEIN		Telep	phone number		
records.							-	_	



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CT Tax Registration Number

	Taxable Member #:	Taxable Member #:	Taxable M	ember #: Taxable Mer	mber #: Taxable Me	ember #:
1.		.00	.00	.00	.00	.00
0						
2.		.00	.00	.00	.00	.00
3.		.00	.00	.00	.00	.00
4.		.00	.00	.00	.00	.00
_						
5.		.00	.00	.00	.00	.00
6.		.00	.00	.00	.00	.00
7.		.00	.00	.00	.00	.00



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CT Tax Registration Number

Schedule KU - Combined Unitary Tax Credits Attach 2018 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
Тах	Credits With Carryback Provisions			Carryback Amount		Amount Applied		Carrylorward Amount
1.	Neighborhood Assistance.	. 1.			.00 ►		.00	
2.	Housing Program Contribution.	. 2.	►		.00 ►		.00	
Тах	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.	1					.00	
5.							.00	
5. 6.							.00	
	Reserved for future use.						.00	
7. Q	Film Production.						.00	
0. 9.	Digital Animation.						.00	
9. 10	Film Production Infrastructure.						.00	
10.		. 10.	•				.00	
Тах	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.	Reserved for future use.	. 17.						
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