

FORM CT-1120L

CORPORATION BUSINESS TAX RETURN - LIFE INSURANCE COMPANY

ENTER INCOME YEAR BEGINNING _____ 1998 AND ► **ENDING** _____ 19 _____

TOTAL ASSETS	Corporation Name	CT TAX REGISTRATION NUMBER									
AUDITED BY	Number and Street	DATE RECEIVED (For Dept. Use Only)									
<input type="checkbox"/> F	City or Town	State	ZIP Code	FEDERAL EMPLOYER ID NUMBER							
<input type="checkbox"/> O											

CHECK AND COMPLETE ALL APPLICABLE BOXES

CHANGE OF: Mailing Address Closing Month (Attach explanation) **RETURN STATUS:** Initial Return Final Return

IF THIS IS A FINAL RETURN, HAS THE CORPORATION:

► DISSOLVED ► WITHDRAWN ► MERGED / REORGANIZED (Enter Survivor's CT Tax Registration Number) _____

FEDERAL RETURN WAS FILED ON: ► 1120L ► CONSOLIDATED BASIS ► OTHER

FOREIGN INSURER: A FOREIGN INSURER (OUTSIDE CONNECTICUT) ELECTING TO BE TAXED AS A DOMESTIC (CONNECTICUT) INSURER.

- State of incorporation _____ Date of organization _____ Date qualified in Connecticut _____
Date business commenced in Connecticut _____
- Is this part of a combined return including two or more corporations? ► Yes (Complete **Form CT-1120CR**) ► No
- Was this company included in a Connecticut Combined Business Tax Return for any prior year? ► Yes ► No
(If first year, attach **Form CT-1120CC**)
- a. Did this corporation transfer a controlling interest in an entity owning Connecticut real property? ► Yes ► No
If "Yes," enter: Entity Name ► _____ Federal Employer ID Number ► _____
b. Was there a transfer of a controlling interest in your company owning Connecticut real property? ► Yes ► No
If "Yes," enter: Transferor Name ► _____ Federal Employer ID Number ► _____
- Did any corporation at any time during the taxable year own a majority of the voting stock of this corporation? ► Yes ► No
If "Yes," enter the name of such corporation _____
- Last taxable year this corporation was audited by the Internal Revenue Service ► _____
Were adjustments reported to Connecticut? ► Yes ► No (If "No," attach explanation.)

SCHEDULE A - COMPUTATION OF TAX ON NET INCOME

1. Net Income (Schedule C, Line 9)	► 1		
2. Apportionment fraction (Form CT-1120A-I, Sch. O or Sch. O-R, whichever is applicable) (Carry to six places) ...	► 2	0.	
3. Connecticut net income (Multiply Line 1 by Line 2)	► 3		
4. TAX: Multiply Line 3 by 9.50% (.095)	► 4		

SCHEDULE B - COMPUTATION OF AMOUNT PAYABLE

1. Tax (Schedule A, Line 4)	► 1		
2. Tax Credits (Form CT-1120K, Part III, Column B, Line 13)	► 2		
3. Balance of tax payable (Subtract Line 2 from Line 1. If zero or less, enter -0-)	► 3		
4. TAX PAYMENTS	(a) Paid with application for extension, Form CT-1120 EXT	► 4a	▼ ENTER TOTAL OF LINES 4a, 4b, 4c ▼
	(b) Paid with estimates (Forms CT-1120 ESA, ESB, ESC & ESD)	► 4b	
	(c) Overpayment from prior year	► 4c	
5. Balance of tax due (overpaid) (Subtract Line 4 from Line 3)	► 5		
6. Add Penalty ► (6a) _____ Interest ► (6b) _____ CT-1120I Interest ► (6c) _____	► 6		
7. Amount to be credited to 1999 estimated tax ► (7a) _____ refunded ► (7b) _____	► 7		
8. Balance due with this return (Add Line 5 and Line 6)	► 8		

Make check payable to: Commissioner of Revenue Services (Attach check to return with paper clip. Do not staple.)
Mail to: Department of Revenue Services, PO Box 2974, Hartford CT 06104-2974

SCHEDULE C - COMPUTATION OF NET INCOME

ADJUSTMENTS FOR CONNECTICUT TAX BASE	ADDITIONS	1. Total taxable income (federal Form 1120L, Page 1, Line 27)	1	
		2. Company's share of tax-exempt interest (Multiply the amount on federal Form 1120L, Schedule B, Line 9 by the company's share percentage on Schedule F, Line 32)	2	
		3. Capital loss carrybacks which have been deducted in the computation of gain (loss) from operations (Attach detailed schedule)	3	
		4. Operations loss carrybacks which have been deducted in the computation of gain (loss) from operations (Attach detailed schedule)	4	
		5. Total (Add Lines 1 through 4)	5	
	SUBTRACTIONS	6. The portion of capital loss carrybacks which have been deducted in the computation of gain (loss) from operations for any taxable year which would, for federal tax purposes, have been deductible in the taxable year as a capital loss carryover if it had not been deducted in a previous year as a carryback (Attach detailed schedule)	6	
		7. The portion of operating loss carrybacks which have been deducted in the computation of gain (loss) from operations for any taxable year which would, for federal tax purposes, have been deductible in the taxable year as an operations loss carryover if it had not been deducted in a previous year as a carryback (Attach detailed schedule)	7	
		8. Total (Add Line 6 and Line 7)	8	
		9. Net Income (Subtract Line 8 from Line 5. Enter here and on front page, Schedule A, Line 1)	9	

SPECIAL INSTRUCTIONS FOR LIFE INSURANCE COMPANIES

Form CT-1120L is the corporation business tax return required to be filed by Connecticut domestic insurance companies which are life insurance companies and any foreign insurer (incorporated outside Connecticut) electing to be taxed as a domestic Connecticut insurer. Conn. Gen. Stat. §12-213 provides that the terms *life insurance company, life insurance company taxable income, life insurance company's share, operations loss carryback, capital loss carryback, operations loss carryover, gain or loss from operations and capital loss carryover*, shall have the same meaning as they have in the federal corporation income tax law effective and in force on the last day of the income year.

If claiming an exemption under Conn. Gen. Stat. §32-530 et seq., which establishes an insurance and financial services export zone in the City of Hartford Connecticut, attach explanation. Insurance companies whose corporate headquarters are located in the export zone and are conducting all of their business outside the United States are exempt from the corporation business tax.

ANNUAL STATEMENTS AND FEDERAL TAX RETURNS. Life insurance companies must affix a copy of their federal Form 1120L, *U.S. Life Insurance Company Income Tax Return*, as filed with the Internal Revenue Service and a copy of Schedule T of the NAIC Annual Statement for the income year. Only the first six pages of Form 1120L are required. Any attachments may be omitted.

DECLARATION: I declare under the penalties of false statement that I have examined this return and to the best of my knowledge and belief it is true, complete and correct. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

SIGN HERE	Signature of Corporate Officer	Title	Date	Telephone Number ()
	Paid Preparer's Signature		Date	Federal Employer ID Number
Keep a copy of this return for your records	Firm's Name and Address			Telephone Number ()