STATE OF CONNECTICUT

Form CT-1120

DEPARTMENT OF REVENUE SERVICES CORPORATION BUSINESS TAX RETURN (Rev. 12/98) ENTER INCOME YEAR BEGINNING ________,1998 AND ▶ ENDING_____ ,19 CT TAX REGISTRATION NUMBER Total Assets Corporation Name 0 0 **Gross Receipts** DATE RECEIVED (For Dept. Use Only) Number and Street Federal Business Activity Code FEDERAL EMPLOYER ID NUMBER City or Town State ZIP Code Audited By F \square CHECK AND COMPLETE ALL APPLICABLE BOXES CHANGE OF: ☐ Mailing Address ☐ Closing Month RETURN STATUS: ☐ Initial Return ☐ Final Return ☐ Short Period Return IF THIS IS A SHORT PERIOD. PLEASE CHECK CORRESPONDING BOX: ☐ Merger Acquisition ☐ Change of Filing Status IF THIS IS A FINAL RETURN, HAS THE CORPORATION: ▶ ☐ DISSOLVED ▶ ☐ WITHDRAWN ▶ ☐ MERGED / REORGANIZED (Enter survivor's CT tax registration number) FEDERAL RETURN WAS FILED ON: ► 1120 ► 1120A ► 1120H ► CONSOLIDATED BASIS ► 1120PC (See Instructions) ► 1120PC State of incorporation _____ Date of organization _____ Date qualified in CT _____ Date business commenced in CT_ ► □ No IS THIS PART OF A COMBINED RETURN INCLUDING TWO OR MORE CORPORATIONS? ► ☐ Yes (Complete Form CT-1120CR) WAS THIS COMPANY INCLUDED IN A CONNECTICUT COMBINED BUSINESS TAX RETURN FOR ANY PRIOR YEAR? ► ☐ No (If first year filing combined, attach Form CT-1120CC) Yes (If revoking election to file combined for current year, attach Form CT-1120CC) - ATTACH A COMPLETE COPY OF FORM 1120 INCLUDING ALL SCHEDULES AS FILED WITH THE INTERNAL REVENUE SERVICE -COMPUTATION OF NET INCOME 1. Federal taxable income (loss) before net operating loss and special deductions 2. Interest income wholly exempt from federal tax 3. Unallowable deduction for corporation tax (Schedule F. Line 8) 4. TOTAL (Add Lines 1, 2 and 3) 6. Capital loss carryover (if not deducted in computing federal capital gain) 8. NET INCOME (Subtract Line 7 from Line 4) 8 SCHEDULE A - COMPUTATION OF TAX ON NET INCOME Net Income (Line 8) (If 100% Connecticut, enter also on Schedule A, Line 3) Apportionment fraction (Carry to six places. See instructions.) Income subject to tax (Subtract Line 4 from Line 3) 6. TAX: Multiply Line 5 by 9.50% (.0950) ▶ 6 SCHEDULE B - COMPUTATION OF MINIMUM TAX ON CAPITAL Minimum tax base (Schedule D, Column C, Line 6) (Banks, Form CT-1120/CT-1120S ATT, Schedule J, Column D, Line 5) (If 100% Connecticut, enter also on Line 3) Apportionment fraction (Carry to six places. See instructions.) Multiply Line 1 by Line 2 4. Number of months covered by this return TAX: (3 and 1/10 mills per dollar) Multiply Line 5 by .0031. (Maximum tax for Sch. B is \$1,000,000) SCHEDULE C - COMPUTATION OF AMOUNT PAYABLE (MINIMUM TAX \$250) Tax (Larger of Schedule A, Line 6, or Schedule B, Line 6 or \$250) Tax Credits (Form CT-1120K, Part III, Column B, Line 13)▶ 3 (a) Paid with application for extension, Form CT-1120 EXT ► 4a **ENTER TOTAL OF** 4. **TAX** (b) Paid with estimates (Forms CT-1120 ESA, ESB, ESC & ESD) .. ► 4b LINES 4a, 4b, 4c (c) Overpayment from prior year → 4c ___ Interest ► (6b) ____ CT-1120I Interest ► (6c) 6. Add Penalty ►(6a) 7 Amount to be credited to 1999 estimated tax ► (7a) refunded ► (7b)

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

► ☐ Check if you do not want a booklet sent to you next year. Checking this box does not relieve you of your responsibility to file.

SCHED		TION OF MINIMUM TAX BASE	COLUMN A	COLUMN B	COLUMN C
1 Conito	(See Instru		BEGINNING OF YEAR	END OF YEAR	(COLUMN A plus
•	Capital stock (Federal Schedule L, Line 22a and Line 22b)				COLUMN B)
	Surplus reserves (Attach schedule)				DIVIDED BY 2
•	•	average in Column C			
	Holdings of stock of private corporations (Sch. E) Enter average in Column C				
	• • •	5 from Column C, Line 4) Enter here and on Sch			
SCHED	ULE E - HOLDINGS	OF STOCK			
		NAME OF CORPORATION		BEGINNING OF YEAR	END OF YEAR
				AMOUNT	AMOUNT
TREASUR	YSTOCK				
	iter here and on Schedule D), Line 5			
SCHEDULE F - TAXES				COLUMN A	COLUMN B
1. Payroll	1. Payroll				
	Real property				
	. Personal property				
	. Sales and use				
	5. Other				
	Connecticut corporation business				
	(deducted in the computation of Federal Taxable Income)				
7. Tax on or measured by income or profits imposed by other states or political subdivisions (deducted in the computation of Federal Taxable Income) ATTACH SCHEDULE					
	· · · · · · · · · · · · · · · · · · ·	orporation business tax purposes			
		. Enter here and on front page, Computation of N	et Income, Line 3)		
		AL REQUIRED INFORMATION			_
N	Name of Officer Address			Title	
1 lo the	nringinal place of huginos	ss located in Connecticut? ► ☐ Yes ► [No. If "No." ontor stat	a whara principal place	of business is
1. Is the locate		ss located in Connecticut?	Jino ii no, enterstat	e where principal place	e of business is
		es the corporation own or lease (as lessee) rea	l or tangible personal prop	erty, or perform service	es?
					
3. a. Di	a. Did this corporation transfer a controlling interest in an entity owning Connecticut real property?		cticut real property?	► ☐ Yes	► □ No
	If "Yes," enter: Entity Name	e ▶ F	ederal Employer ID Number		
b. W	b. Was there a transfer of a controlling interest in your company owning Connecticut real property?			► ☐ Yes	►□ No
	If "Yes," enter: Transferor	Name ▶ F	ederal Employer ID Numb	er >	
4. Did any corporation at any time during the year own a majority of the voting stock of this corporation? ► ☐ Yes ► ☐ No If "Yes," enter the name of such corporation:					► □ No
5. Last t	axable year this corporation	on was audited by the Internal Revenue Service	>		
		onnecticut? ► 🗖 Yes ► 🗖 No (If "No,"	• •		
	•	Connecticut corporation business tax? (See ins	structions) 🔲 Yes 🔲 No (If "Yes" attach explanat	tion including
statut	tory cite.)				
DECLAR	ATIONS I declare condent				and haliaf it in turn
DECLAR		the penalty of false statement that I have exan rrect. Declaration of preparer (other than the tax			
SIGN	Signature of Corporate Off		Date	Telephone Numb	
HERE				()	
Кеер а	Paid Preparer's Signature		Date	Federal Employer	r ID Number
copy of					
this return for	I Firm's Name and Address			Telephone Number	
your				()	
records				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	