

Form CT-1120X

AMENDED CORPORATION BUSINESS TAX RETURN

FOR CALENDAR YEAR _____ OR FISCAL YEAR BEGINNING _____, 19 ____, AND ENDING _____, 19 ____

For Dept. Use Only Audited by <input type="checkbox"/> F <input type="checkbox"/> O	Corporation Name	CONNECTICUT TAX REGISTRATION NUMBER
	Number and Street	DATE RECEIVED (For Department Use Only)
Initial:	City or Town	State ZIP Code
		FEDERAL EMPLOYER ID NUMBER

Connecticut return being amended: CT-1120 CT-1120S CT-1120CR CT-1120L

Is the return currently under Connecticut audit? YES NO

Amended federal return: (attach copy) 1120X 1120S Other (specify) _____

Reason for amended return: (check one) IRS Adjustments (attach copy of IRS notification) CT Corporation Business Tax Credits

CT Apportionment Change CT Net Operating Loss Other (specify) _____

CORPORATION BUSINESS TAX	COLUMN A As Originally Reported or Adjusted	COLUMN B Net Change <i>(explain on Page 2)</i>	COLUMN C Correct Amount
1. Tax on net income (See instructions)	1.	_____	_____
2. Minimum tax on capital (See instructions)	2.	_____	_____
3. Tax (Largest of Line 1, Line 2 or \$250)	3.	_____	_____
4. Surtax (See instructions. If Line 3 is minimum tax, enter 0)	4.	_____	_____
5. Total tax before credits (Add Line 3 and Line 4)	5.	_____	_____
6. Total credits	6.	_____	_____
7. Total tax after credits (Subtract Line 6 from Line 5) ..	7.	_____	_____

PAYMENTS

8. Overpayment from prior year	8.	_____	_____
9. Estimated tax payments	9.	_____	_____
10. Paid with extension	10.	_____	_____
11. Tax paid with original return	11.	_____	_____
12. Tax paid after filing return	12.	_____	_____
13. Total payments (Add Lines 8 through Line 12, Column C)	13.	_____	_____
14. Overpayment on original return or as last adjusted	14.	_____	_____
15. Net payments to date (Subtract Line 14 from Line 13)	15.	_____	_____

REFUND OR TAX DUE

16. Refund (If Line 15 is greater than Line 7, Column C, enter the difference)	16.	_____	_____
17. Tax Due (If Line 7, Column C is greater than Line 15, enter the difference)	17.	_____	_____
18. Interest	18.	_____	_____
19. TOTAL BALANCE DUE (Add Line 17 and Line 18) MAKE CHECK PAYABLE TO: Commissioner of Revenue Services	19.	_____	_____

Mail this return and attachments to: Department of Revenue Services, PO Box 2974, Hartford CT 06104-2974.

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

SCHEDULE A — COMPUTATION OF TAX ON NET INCOME

	COLUMN A As Originally Reported or Adjusted	COLUMN B Net Change (Explain below)	COLUMN C Correct Amount
1. Net income	_____	_____	_____
2. Apportionment factor (Carry to six places)	_____	_____	_____
3. Connecticut net income	_____	_____	_____
4. Operating loss carryover	_____	_____	_____
5. Net income subject to tax	_____	_____	_____
6. S corporation adjustment (See instructions)	_____	_____	_____
7. Tax on net income (See instructions)	_____	_____	_____

SCHEDULE B — COMPUTATION OF MINIMUM TAX ON CAPITAL

1. Minimum tax base	_____	_____	_____
2. Apportionment factor (Carry to six places)	_____	_____	_____
3. Line 1, or Line 1 multiplied by Line 2	_____	_____	_____
4. Number of months covered by return	_____	_____	_____
5. Line 3 multiplied by Line 4, divided by 12	_____	_____	_____
6. Minimum tax on capital	_____	_____	_____

EXPLAIN ANY CHANGES BELOW. Show any computation in detail. Attach additional schedules if necessary. If you are amending to claim a tax credit, attach Form CT-1120K, *Business Tax Credit Summary* or Form CT-1120SK, *S Corporation Business Tax Credit Summary*.

<i>Schedule or Line Number</i>			

