STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

(Rev. 12/99)

# **Form CT-1120X**

**Amended Corporation Business Tax Return** 

ı	FOR CAL	LENDAR YEAROR FI	SCAL YEAR BEG	SINNING	, 19, <i>F</i>	AND ENDING		
For Dept. U	lse Only	Corporation Name				CONNEC	CTICUT TAX REGISTRATION NUMBER	
Audited by		Physical Address	Number and St	reet	PO Box	DATE RI	DATE RECEIVED (For Department Use Only)	
□F	$\Box$ $\circ$	1 Hydrodi / Iddi odo	rambor and or	.001	1 G Box	DATE IN	TOLIVED (I or Doparations due offiny)	
Initial:		City or Town		State	ZIP Code	FEDERA	L EMPLOYER ID NUMBER	
CHECK	AND	COMPLETE ALL APPLI	CABLE BOX	=S le thie return	currently und	ler Connectic	ut audit?	
		turn being amended:	□CT-1120	☐ CT-1120S	□CT-11200			
Amende	ed fede	ral return: (attach copy)	<b>□</b> 1120X	<b>1</b> 120S	Other (sp	ecify)		
Reason	for am	ended return: (check one)	☐ IRS Adjustn	nents (attach copy of I	RS notification)	□сто	Corporation Business Tax Credits	
		TCT Apportionment Change	☐ CT Net Ope	rating Loss	Other (sp	ecify)		
CORPOI	RATION	N BUSINESS TAX		COLUMN A As Originally Repo or Adjusted	orted	COLUMN B Net Change xplain on Page 2)	COLUMN C Correct Amount	
1. Tax	on net i	income (See instructions)	1	·				
		x on capital (See instructio						
		t of Line 1, Line 2, or \$250)	•					
		nstructions. If Line 3 is minimum t						
		fore credits (Add Line 3 and						
		3						
		er credits (Subtract Line 6 f						
		or orodito (Odbirdot Eino o r	10111 21110 07 7	•				
PAYMEN			0					
		nt from prior year						
		ax payments						
		xtension						
	•	th original return						
	•	er filing return						
		ents (Add Lines 8 through L						
		nt on original return or as I	<del>-</del>					
15. Net	paymer	nts to date (Subtract Line 14	4 from Line 13)				15	
REFUNE	OR T	AX DUE						
16. (a)	Amount	of overpayment to be cred	ited to	estimated tax		1	6a	
(b)	Amount	to be refunded (If Line 15	is greater than	Line 7, Column C,	enter the differer	nce)1	6b	
17. Tax	Due (If	Line 7, Column C is greate	r than Line 15,	enter the difference	)		17	
18. Inter	rest						18	
19. <b>TO</b> 1	TAL BA	LANCE DUE (Add Line 1	7 and Line 18)					
MAI	KE CHE	CK PAYABLE TO: Commi	issioner of Re	venue Services			19	
Mail	this retu	rn and attachments to: Depart	ment of Revenue	e Services, PO Box 29	974, Hartford CT 0	06104-2974.		
DECLAR		true, complete, and correct thousand dollars, or both.) any knowledge.	t. (The penalty	for false statement is preparer (other thar	imprisonment no	ot to exceed one based on all in	of my knowledge and belief, it is year or a fine not to exceed two formation of which preparer ha	
Sign Here		re of Officer		Title	D	ate T	elephone Number	
Keep a copy	Paid Pr	eparer's Signature				<b>(</b>   F	ederal Employer ID Number	
of this								
return for your records		Name and Address				Ţ	elephone Number	

## SCHEDULE A - COMPUTATION OF TAX ON NET INCOME

		As Originally Reported or Adjusted	Net Change (Explain below)	Correct Amount
1.	Net income			
2.	Apportionment factor (Carry to six places)			
3.	Connecticut net income			
4.	Operating loss carryover			
	Net income subject to tax			
6.	S corporation net income subject to tax(See instructions)			
7.	Tax on net income (See instructions)			
SC	HEDULE B — COMPUTATION OF MINIMUM TAX	K 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			
clai Sch	PLAIN ANY CHANGES BELOW. Show any computer a tax credit, attach Form CT-1120K, Business Tax Credule or a Number			

COLUMN A

**COLUMN B** 

**COLUMN C** 

(Rev. 12/99)

### **FORM CT-1120X**

### **Amended Corporation Business Tax Return Instructions**

#### **General Instructions**

Use Form CT-1120X, Amended Corporation Business Tax Return, to correct your Connecticut corporation business tax return as it was originally filed or as it was later adjusted by the corporation, by the Department of Revenue Services, by the Internal Revenue Service, or to claim a Connecticut tax credit.

#### When to File

Generally, Form CT-1120X must be filed within three years from the due date of the original return. See the information below concerning a federal Revenue Agent's Report (RAR) or federal and Connecticut amended return changes.

### **RAR - Internal Revenue Service Adjustments**

If this return is filed as a result of Internal Revenue Service adjustments, you must also attach a complete copy of the Internal Revenue Service notification of changes. The return must be filed within 90 days after having received final notification of the Internal Revenue Service changes.

#### Federal and Connecticut Amended Return Changes

Any company whose return to the Internal Revenue Service has been amended must file Form CT-1120X within 90 days after the filing of an amended return with the Internal Revenue Service. You must attach a complete copy of your amended federal return.

If the change involves an adjustment to Connecticut net income, Connecticut apportionment factor, Connecticut operating loss carryover or a Connecticut corporation business tax credit, explain in detail and attach all appropriate supporting forms and schedules.

#### Information Section

Line 17 -

Line 18 -

Enter the income year covered by this return, the corporate name, address, Connecticut Tax Registration Number, and Federal Employer Identification Number in the spaces provided.

Check the appropriate box for the Connecticut corporation business tax return being amended. Indicate whether the taxpayer is currently under Connecticut audit and the reason for amending the return.

Refer to the instructions for the Connecticut corporation business tax return and related schedules and forms for the year you are amending, concerning modifications, allocation and apportionment of income, tax computation, or tax credits. For additional information, you may call the Taxpaver Services Division at 1-800-382-9463 (toll-free from within Connecticut) or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users only may transmit inquiries 24 hours a day, seven days a week by calling 860-297-4911.

	Specific Instructions
Page 1	
Lines 1 - 10, Column A:	Enter the amounts as shown on your original return or as adjusted by any prior audit or amended return. Line 1 is the amount reported on <b>Form CT-1120</b> , <i>Schedule A</i> , Line 6 or <b>Form CT-1120S</b> , <i>Schedule A</i> , Line 7. Line 2 is the amount reported on <b>Form CT-1120</b> or <b>Form CT-1120S</b> , <i>Schedule B</i> , Line 6.
Lines 1 - 10, Column B:	Enter the amount(s) of any change(s) and explain the change(s) on the reverse side of <b>Form CT-1120X</b> . The amounts entered in Column B should be the net increase or net decrease for each line that has been changed.
Lines 1 - 10, Column C:	Add the increase in Column B to the amount in Column A or subtract the decrease in Column B from Column A and enter the result here. If Column B has no entries, enter the amount from Column A in Column C.
Surtax (Line 4)	Compute surtax for income years beginning on or after January 1, 1989, and before January 1, 1992, by multiplying Line 3 by 20% (.20). For income years beginning on or after January 1, 1992, and before January 1, 1993, multiply Line 3 by 10% (.10). Enter zero if Line 3 is the minimum tax (\$250).
Line 11 -	Enter the amount of tax you paid with your original return.
Line 12 -	Enter the amount of any tax you paid after filing your original return.
Line 13 -	Add the amounts on Lines 8 through 12, Column C, and enter the total here.
Line 14 -	Enter the amount of any overpayment reported on your original return or as last adjusted.
Line 15 -	Subtract Line 14 from Line 13 and enter the result on Line 15.
Line 16 -	If Line 15 is greater than Line 7, Column C, subtract Line 7, Column C, from Line 15 and enter the result on Lines 16a or 16b.

If Line 7, Column C, is greater than Line 15, subtract Line 15 from Line 7, Column C, and enter the result on Line 17.

Enter the amount of interest due on Line 18. Interest is computed on the underpayment of tax from the statutory due date to the date of payment. (Refer to interest rates on Page 2 of instructions.) Do not include the penalty with your remittance. If a penalty is due, the Department of Revenue Services will calculate the amount of penalty

due and bill the corporation. Line 19 -Add Line 17 and Line 18 and enter total on Line 19.

#### Page 2, Schedule A and Schedule B

Lines 1 - 7, Column A: Enter the amounts as shown on your original return or as adjusted by any prior audit or amended return.

Lines 1 - 7, Column B: Enter the amount(s) of any change(s) and explain the change(s) on the reverse side of **Form CT-1120X**. The amounts entered in Column B should be the net increase or net decrease for each line that has been changed.

Lines 1 - 7, Column C: Add the increase in Column B to the amount in Column A, or subtract the Column B decrease from Column A, and enter the result here. If Column B has no entries, enter the amount from Column A in Column C.

**S Corporations Only (Line 6)**: Multiply Line 5 by the appropriate percentage listed below. Enter the result on Line 6. Conn. Gen. Stat. §12-217(c)(2) provides for the phaseout of the S corporation business tax by reducing the percentage of net income subject to corporation business tax for income years beginning on or after January 1, 1997. For income years beginning on or after January 1, 2001, S corporations will no longer be subject to the corporation business tax.

Phase Out Schedule						
Tax Years Beginning	But Before	Net Income Subject				
on or After		to Tax				
1-1-1997	1-1-1998	90% (.90)				
1-1-1998	1-1-1999	75% (.75)				
1-1-1999	1-1-2000	55% (.55)				
1-1-2000	1-1-2001	30% (.30)				
1-1-2001	_	0%				

#### **Tax Rates**

Tax Years Beginning on or After	But Before	Net Income Base Tax Rate	Minimum Tax on Capital	Minimum Tax Rate	Other
1-1-1981	1-1-1983	10% (.10)	.0031	\$250	Additional Base Net Income And Salaries 5% (.05)
1-1-1983	1-1-1985	11.5% (.115)	.0031	\$250	
1-1-1985	1-1-1989	11.5% (.115)	.0031	\$100	
1-1-1989	1-1-1992	11.5% (.115)	.0031	\$250	Surtax
					20% (.20)
1-1-1992	1-1-1993	11.5% (.115)	.0031	\$250	Surtax 10% (.10)
1-1-1993	1-1-1995	11.5% (.115)	.0031	\$250	
1-1-1995	1-1-1996	11.25% (.1125)	.0031	\$250	
1-1-1996	1-1-1997	10.75% (.1075)	.0031	\$250	
1-1-1997	1-1-1998	10.5% (.105)	.0031	\$250	
1-1-1998	1-1-1999	9.5% (.095)	.0031	\$250	
1-1-1999	1-1-2000	8.5% (.085)	.0031	\$250	

#### **Interest Rates on Tax Underpayments**

Period

7-1-1976 through 6-30-1980 7-1-1980 through 1-31-1982 2-1-1982 through 12-31-1993 1-1-1994 through 6-30-1995 On or after 7-1-1995

### **Interest Rate**

1% (.01) per month or fraction thereof 1¼% (.0125) per month or fraction thereof 1⅓ % (.016667) per month or fraction thereof 1¼% (.0125) per month or fraction thereof 1% (.01) per month or fraction thereof

#### Remittance

Make your check payable to "Commissioner of Revenue Services" and write your Connecticut Tax Registration Number on the check.

Mail to: State of Connecticut

Department of Revenue Services

PO Box 2974

Hartford CT 06104-2974

#### Signature

The return must be signed by a duly authorized officer.

Anyone paid to prepare the tax return must also sign the return. The preparer's Federal Employer Identification Number, name, address, and telephone number must be entered in the spaces provided.