STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES PO Box 2990

Hartford CT 06104-2990

(Rev. 12/00)

Please

Form CATV 211-5

Community Antenna Television System Companies Gross Earnings Tax Return

Connecticut Tax Registration Number

PURPOSE: Each community antenna television system company must file this return on or before April 1st of each year to report its gross earnings from operating a community antenna television system during the preceding calendar year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date. See instructions on back.

make changes to your name					Federa	al Employer Identi	fication Number		
and address if					Return	Return for Calendar Year:			
incorrectly				☐ Check if am Enter calenda		return. being amended	l:		
	IMPORTANT! SEE REVERS	SE SIL	DE BEFORE COM	IPLETING	THIS	RETURN			
Total amount of gross earnings from lines, facilities, apparatus, and auxiliary equipment in this state for tax year ended with no deduction from such gross earnings from operations for commissions, rebates or other payments, except such refunds as arise from errors or overcharges					1	\$			
2. Average of total number of miles of lines operated everywhere at beginning and end of year					2				
3. Average of total number of miles of lines operated within Connecticut at beginning and end of year					3				
4. Average of total number of miles of lines operated without Connecticut at beginning and end of year					4				
	COMPUTATION O	F TAX	ζ						
5. Total amount of gross earnings (Enter the total amount reported on Line 1)					5	\$			
6. Apportionment fraction (Divide Line 3 by Line 2. Carry to six decimal places.)					6	O. Dec	imal Notation		
7. Balance subject to tax (Multiply Line 6 by Line 5)					7	\$			
8. Tax: Multiply Line 7 by 5% (.05)					8	\$			
9. Connecticut Business Tax Credit(s) (See Instructions) 9 \$			\$		·				
10. Assessments (See Instructions)			\$						
11. Total credits (Add Lines 9 and 10)				11	\$				
12. Net tax due (Subtract Line 1 from Line 8. If negative figure, enter zero ("0")					12	\$			
13. Penalty: (See Instructions)					13	\$			
14. Interest: 1% (.01) per month or fraction of a month from due date					14	\$			
15. Total Amount Due (Add Lines 12, 13, and 14)					15	\$			
complete, and co	I declare under the penalties of false statemer rect. (The penalty for false statement is impri parer (other than the taxpayer) is based on	isonme	ent not to exceed one	year or a fine	not to	exceed two the			
Sign Here	Signature of Treasurer (or authorized agent or officer) Date					Telephone Number			
Keep a copy of this return	Print name of Treasurer (or authorized agent or officer)					Title			
for your records	Paid Preparer's Signature Date					Preparer's SSN or PTIN			
	Firm's Name and Address					Federal Employer Identification Number			

Form CATV 211-5 Instructions

- Line 1: Enter the total amount of gross earnings from lines, facilities, apparatus, and auxiliary equipment within the State of Connecticut for this tax year. Gross earnings cannot be reduced by commissions, rebates or other payments, but may be reduced by the amount of refunds issued as the result of errors or overcharges.
- **Line 2:** Enter the average of the total number of miles of lines operated everywhere at the beginning and at the end of the tax year.
- **Line 3:** Enter the average of the total number of lines operated within Connecticut at the beginning and at the end of the tax year.
- **Line 4:** Enter the average of the total number of miles of lines operated **outside** of Connecticut at the beginning and at the end of the tax year.
- **Line 5:** Enter the total amount of gross earnings from Line 1 for the tax year.
- Line 6: Calculate the apportionment fraction to be applied to total gross receipts by dividing Line 3 (average total miles of lines within Connecticut) by Line 2 (average of total miles of lines everywhere). Carry the resulting apportionment fraction to six decimal places, enter on Line 6.
- **Line 7**: Multiply Line 6 (apportionment fraction) by Line 5 (total amount of gross earnings). Enter the product here.
- **Line 8:** Multiply Line 7 (balance subject to tax) by the tax rate of 5 % (.05). Enter the product here.

Line 9: Credits

To claim the following credits complete Form CT-1120K, Business Tax Credit Summary. For information about Connecticut business tax credits, see Informational Publication 95 (2.1), Guide to Connecticut Corporation Business Tax Credits, and Special Notice 2000(15), Connecticut Corporation Business Tax Credits, 1999 - 2000 Update.

Computer Donation Credit: Enter the amount approved by the Commissioner of Revenue Services.

Historic Homes Credit: Enter the Historic Homes Credit approved by the Connecticut Historical Commission.

Neighborhood Assistance Act Credit: A copy of documentation from the Department of Revenue Services approving the proposal and stating the maximum credit allowable must be filed with this return.

Employer-Assisted Housing Credit: A copy of documentation from the Connecticut Housing Finance Authority (CHFA) approving this credit must be filed with this return.

Housing Program Contribution Credit: A copy of the tax credit voucher issued by CHFA must be filed with this return.

Electronic Data Processing Equipment Property Tax Credit: A copy of Form CT-1120 EDPC and the applicable property tax bill must be filed with this return.

- Line 10: Enter the amount of assessment made according to Conn. Gen. Stat. §16-49. The tax imposed under Conn. Gen. Stat. §12-258 is to be reduced by any assessment made under Conn. Gen. Stat. §16-49 that is attributable to the year that the tax is assessed. A copy of the assessment issued by the Department of Public Utility Control must be filed with this return.
- Line 11: Add Lines 9 and 10 and enter the sum here.
- Line 12: Subtract Total Credits (Line 11) from Tax (Line 8). Enter the amount of net tax due. If the result is a negative number, enter zero ("0").
- Line 13: Late Payment Penalty: If tax is due, the penalty for late payment is 10% (.10) of the tax due or \$50, whichever is greater.

Late Filing Penalty: If no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for failure to file any return that is required by law to be filed. A return must be filed even if no additional tax is due.

- Line 14: Interest: If the tax is not paid when due, multiply Line 12 by 1% (.01) times the number of months, or fraction of a month, that the payment is late. Enter the product here.
- Line 15: Add Lines 12, 13, and 14 and enter the sum here.

Make check payable to "COMMISSIONER OF REVENUE SERVICES" and mail to:

Department of Revenue Services PO Box 2990 Hartford CT 06104-2990

Signature

The treasurer, authorized agent or officer of the company must sign this return. Print name of treasurer, authorized agent or officer of the company under signature line.

Paid Preparer Signature

A paid preparer must sign and date Form CATV 211-5. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN), and their firm's Federal Employer Identification Number (FEIN) in the spaces provided.