

FORM CT-1120X

Amended Corporation Business Tax Return

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

DRS Use Only	Corporation Name	CONNECTICUT TAX REGISTRATION NUMBER
Audited by <input type="checkbox"/> F <input type="checkbox"/> O	Address Number and Street	PO Box
Initial:	City or Town	State
		ZIP Code
		DRS USE ONLY - - 20
		FEDERAL EMPLOYER ID NUMBER

CHECK AND COMPLETE ALL APPLICABLE BOXES Is this return currently under Connecticut audit? Yes No

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

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 (explain on Page 2)	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. (a) Amount of overpayment to be credited to _____ estimated tax			16a.
(b) Amount to be refunded (If Line 15 is greater than Line 7, Column C, enter the difference)			16b.
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)			19.

MAKE CHECK PAYABLE TO: Commissioner of Revenue Services

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

DECLARATION: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

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

SCHEDULE A — COMPUTATION OF TAX ON NET INCOME							
		COLUMN A As Originally Reported or Adjusted		COLUMN B Net Change <i>(explain below)</i>		COLUMN C Correct Amount	
1. Net income	1.						
2. Apportionment factor <i>(Carry to six places)</i>	2.						
3. Connecticut net income	3.						
4. Operating loss carryover	4.						
5. Net income subject to tax	5.						
6. S corporation net income subject to tax (See instructions)	6.						
7. Tax on net income (See instructions)	7.						

SCHEDULE B — COMPUTATION OF MINIMUM TAX ON CAPITAL							
1. Minimum tax base	1.						
2. Apportionment factor <i>(Carry to six places)</i>	2.						
3. Line 1, or Line 1 multiplied by Line 2	3.						
4. Number of months covered by return	4.						
5. Line 3 multiplied by Line 4, divided by 12	5.						
6. Minimum tax on capital	6.						

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>	