Form CT-941X

(Rev. 12/04)

Amended Connecticut Reconciliation of Withholding



(Important: See instructions on back before completing this return.)

Name of Employer	of Employer Con		onnecticut Tax Registration Number	
Address (Number and Street)		Federal Employer	Federal Employer ID Number	
City, Town, or Post Office	State	ZII	P Code	
Name of form being amended (check one): ► ☐ Form CT-941 Quarter being amended (Form CT-941 filers only, check one) at 1st Quarter 2nd Quarter 3rd Quarter Solution	nd enter calendar year (all ter 4th Quar	filers):) Household Employer Calendar Year	
D candary major B say say	AMOUNT AS ORIGINALLY	NET CHANGE (Increase or Decrease)	CORRECTED AMOUNT	
 Enter gross wages from Form CT-941, Line 1 or gross nonpayroll amounts from Form CT-945, Line 1 1 Enter gross CT wages from Form CT-941, Line 2 or gross 		•		
CT nonpayroll amounts from Form CT-945, Line 2		<u> </u>		
Form CT-945, Line 3		<u> </u>		
5. Deposits made with Form CT-WH (Form CT-941) or Form CT-8109 (Form CT-945)		•		
6. Amount paid with Form CT-941, Form CT-945, or Form CT-941 (DRS/P)		•		
8. Overpayment, if any, as shown on original return (or as 9. Subtract Line 8 from Line 7	previously adjusted)	9 ►		
11. Interest on net tax due		11 ►		
12. Total amount due or (credit) (Add Line 10 and Line 11)		12 ►		
Overpayment: If amount on Line 12 is a credit, enter the overpayment amount here ▶ \$ and check if: ▶ ☐ Applied to next return or ▶ ☐ Refunded Declaration: I declare that (check the appropriate box) ☐ All overwithheld Connecticut income taxes for the current calendar year were repaid to employees prior to the end of the current calendar year (You must keep in your records each employee's written receipt showing the date and amount of repayment.) ☐ None of this refund or credit was withheld from employees.	of Revenue Services. your check. Mail to: Department State of Co PO Box 293 Hartford CT	Write your CT Tax R t of Revenue Services innecticut 31 T 06104-2931	payable to: Commissioner egistration Number on disconnected to the	
I further declare under penalty of law that I have examined this return (including a fit is true, complete, and correct. I understand the penalty for willfully delivering a fixears, or both.				
Sign Here Signature of Employer	Date			
Keep a copy of this return	Date	Federa	al Employer ID Number	
for your records Firm Name and Address				

Explanation to Changes to the Connecticut Reconciliation Enter the line number from Page 1 for each item you are changing and give the reason for each change. Attach all supporting forms				
and schedules for items changed. Be sure to include the business name and tax registration numbers on any attachments.	_			
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Form CT-941X Instructions Amended Connecticut Reconciliation of Withholding

Important: This form must be filed before the end of the current calendar year to correct Connecticut income tax withholding errors made during the same calendar year. This form may not be filed after the end of the calendar year to correct Connecticut income tax withholding errors made during that calendar year unless to correct an **administrative error**.

Purpose

Use Form CT-941X to correct Form CT-941, Connecticut Quarterly Reconciliation of Withholding, Form CT-945, Connecticut Annual Reconciliation of Withholding for Nonpayroll Amounts, or Form CT-941 (DRS/P), Connecticut Quarterly Reconciliation of Withholding for Household Employers, as it was originally filed. Form CT-941X can only be used to correct a single period. If additional periods require correction, or if you are amending for more than one type of return, a separate Form CT-941X must be completed for each period and for each type of return that you are amending.

To claim a refund for the overpayment of Connecticut withholding tax, Form CT-941X must be filed within three years from the due date of the original return. If you filed federal Form 941c, you must file Form CT-941X no later than 90 days after the date of filling the amended federal return. If the tax reported on your federal Form 941 or federal Form 945 is changed or corrected by the Internal Revenue Service or other competent authority, you must file Form CT-941X to report the change or correction no later than 90 days after the final determination of such change or correction.

Note: Form CT-941X is not used to correct any mistakes made on Form CT-W3, Connecticut Annual Reconciliation of Withholding, or Form CT-1096, Connecticut Annual Summary and Transmittal of Information Returns. To correct any errors made on Form CT-W3 or Form CT-1096, you must submit a revised Form CT-W3 or Form CT-1096 clearly labeled "AMENDED." The total amounts reported for Connecticut tax withheld on Line 3 of Form(s) CT-941, Form CT-945, or if applicable, Form(s) CT-941X, for the calendar year must agree with the total amount reported on Form CT-W3, Line 1, or Form CT-1096, Line 1, or both. The total amounts reported for gross Connecticut wages or nonpayroll amounts on Form(s) CT-941, Form CT-945, Line 2, or if applicable, Form(s) CT-941X, Line 2, for the calendar year must agree with total Connecticut wages reported on Form CT-W3, Line 2, or total nonpayroll amounts reported on Form CT-1096, Line 2, or both.

Information Section

Enter the name of the employer, address, Connecticut Tax Registration Number, and Federal Employer Identification Number in the spaces provided. Check the appropriate box to indicate the type of quarterly return you are amending. Also, check the appropriate box and enter the calendar year to identify the quarterly return being amended.

Line Instructions

In the first column, enter the amount reported on the original Form CT-941, Form CT-945, or Form CT-941(DRS/P).

In the second column, enter the net increase or net decrease for each line which has been changed. (Any decrease should be in parentheses.)

In the third column, enter the amount that should have been reported on the original Form CT-941, Form CT-945, or Form CT-941(DRS/P).

- Line 10: If the amount on Line 10 is a net tax due, you must complete Line 11 and Line 12. If Line 10 is a credit, enter the same amount on Line 12 and complete the overpayment section.
- **Line 11:** The unpaid amount is subject to interest of 1% (.01) per month, or fraction of a month, from the due date.

Line 12: Add Line 10 and Line 11. Enter total.

Attachments

A copy of your federal Form 941c, quarterly reconciliations of withholding from other states (original and corrected copies), and all federal Forms W-2c must be attached to support your changes.

Signature

This form must be signed by the employer. Anyone paid to prepare the tax return must sign the return. The preparer's Federal Employer Identification Number, firm name, and firm address must also be entered in the space provided.

For Further Information:

Call DRS during business hours, Monday through Friday:

- 1-800-382-9463 (in-state), or
- **860-297-5962** (from anywhere)

TTY, TDD, and Text Telephone users only may transmit anytime by calling 860-297-4911