Department of Revenue Services State of Connecticut

## Form CT-1120 Corporation Business Tax Return

(Rev. 12/08)	Ente	er income	year	beginning	►			08, and ending <b>&gt;</b>			_,
Total assets		Corporation	name							CT Tax Registration	on Number
•	00									•	
Gross receipts		Number an	d street					PO Box	-	DRS use only	
►	00									-	- 20
NAICS code: See instructions	- F	0.0						710			-
		City or towr	1				State	ZIP code		Federal Employer	ID NUMBER (FEIN)
	0									•	
Check and Complete	e All A	Applicabl	e Boxe	es 1. 🗆 /	Address	change	2. Return s	tatus: 🗖 Initial		Final 🛛 Short	period
3. If this is a final ret	urn, h	has the cor	poratio	on: 🕨 🗖 D	issolve	d ►□	Withdrawn				
Merged/reorga							:				
4. Federal return wa	s filec	d on: 🕨 🗖	<b>J</b> 1120	)	120H	►□ Ot	her:				
Consolidate	ed bas	sis: Paren	it co. na	ame 🕨				Parent co.	FEIN	\▶	
5. Is this corporatio	n exc	hanging	R & D 1	tax credits'	? ►□	Yes (Attac	ch Form CT-112	20 XCH.) 🗖 N	lo		
6. Was this company											
If this is the first ye											_
7. Is this company inc											
8. Is the principal pla	ce of	business l	ocated	l in CT? ▶l	_ Yes		No If <b>No</b> , enter	state where princi	pal p	place of business is	
located Date qualified in C								te of organization			
9. Is this corporation								ation of exemption	inclu		) 🗖 No
10. Did this corporatio							· ·			• • •	
11. Does this corporat								— 、			
related interest exp	pense	es to a rela	ited me	ember?	Yes	(Attach Fo	rm CT-1120AB.	) 🔲 No			
12. Is this corporation	filing	Form CT-	1120 P	'IC? ► 🗖	Yes (Att	ach Form	CT-1120 PIC.)	🗖 No			
Schedule A – Com	puta	tion of Ta	x on N	let Income							
1. Net income: Enter											00
2. Apportionment frac										0.	
3. Connecticut net inc											00
4. Operating loss carr	-										00
5. Income subject to t									5		00
6. Tax: Multiply Line 5								►	6		00
Schedule B – Con					_						
1. Minimum tax base											00
2. Apportionment frac									2	0.	
3. Multiply Line 1 by L									3		00
4. Number of months	cover	red by this	return.					►	4		
5. Multiply Line 3 by L		-		,					5		00
6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. Maximum tax for Schedule B is \$1,000,000 •							6		00		
Schedule C – Com											
1a. Tax: Greater of Sch											00
1b. Reserved for future									/		
1c. Recapture of tax credits: See instructions.											00
1. Total tax: Enter the total of Line 1a and Line 1c. If no tax credits claimed, enter also on Line 6									1		00
2. Multiply Line 1 by 30% (0.30)									2		00
3. Enter the greater of Line 2 or \$250.											00
4. Tax credit limitation: Subtract Line 3 from Line 1.											00
5. Tax credits from Form CT-1120K, Part II, Line 11. Do not exceed amount on Line 4.										00	
6. Balance of tax payable: Subtract Line 5 from Line 1.										00	
7a. Paid with application for extension from Form CT-1120 EXT								7a		00	
7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & ESD								7b		00	
7c. Overpayment from prior year►										00	
7. Tax payments: Enter the total of Lines 7a, 7b, and 7c►										00	
8. Balance of tax due (overpaid): Subtract Line 7 from Line 6►								8		00	
9. Add Penalty ► (9a)00 Interest ► (9b)00 CT-1120I Interest ► (9c)00								9		00	
10. Amount to be credited to 2009 estimated tax $\blacktriangleright$ (10a) Refunded $\blacktriangleright$ (10b) 00								10		00	
11. Balance due with this return: Add Line 8 and Line 9.								11		00	
Mail to:				check payable				ete copy of Form 1			
Department of Rev PO Box 2974 Hartford CT 06104-				missioner of I check to return staple.			including all sc the Internal Rev	hedules as filed wit venue Service.	h		

Sche	edule	D – Computation of Net Income										
1. F	edera	I taxable income (loss) before net operating loss and special d	leductions			►	1				00	
2. In	nterest	st income wholly exempt from federal tax									00	
3. U	Inallov	wable deduction for corporation tax from Schedule F, Line 8	►	3				00				
4. In	nterest expenses paid to a related member from Form CT-1120AB, Part I A, Line 1										00	
5. In	5. Intangible expenses and costs paid to a related member from Form CT-1120AB, Part I B, Line 1										00	
6. F	6. Federal bonus depreciation: See instructions.										00	
7. Total: Add Lines 1 through 6											00	
8. D	8. Dividend deduction from Form CT-1120 ATT, Schedule I, Line 4										00	
9. C	9. Capital loss carryover (if not deducted in computing federal capital gain)▶										00	
10. C	0. Capital gain from sale of preserved land▶										00	
	1. Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule J, Line 10										00	
	12. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 1										00	
13. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2											00	
	14. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3										00	
15. Exceptions to add back of intangible expenses paid to a related member from											00	
Form CT-1120AB, Part II B, Line 1         15           16. Other: Attach explanation         16											00	
		Attach explanation									00	
		ome: Subtract Line 17 from Line 7. Enter here and on Schedul					18				00	
			IE A, LIIIE	I				umn P		Column		
Sche	eaule	<ul> <li>E – Computation of Minimum Tax Base See instructions.</li> </ul>		Colur Beginning				umn B of Year		Column (		
4 0							LIIC	I OI TEAI	00	(Column A plu	us	
		stock from federal Schedule L, Line 22a and Line 22b			00				00	Column B)		
	•	s and undivided profits from federal Schedule L, Lines 23, 24, a			00				00	Divided by 2	2	
		s reserves: Attach schedule			00				00		00	
		Add Lines 1, 2, and 3. Enter average in Column C			00				00		00	
		e: Subtract Line 5, Column C, from Line 4, Column C. Enter he										
				Schedule D, Li	IC 1						00	
Sche	edule	F – Taxes					Co	lumn A	1	Column B		
1. P	ayroll.								00			
2. R	leal pr	operty							00			
3. P	erson	al property							00			
4. S	ales a	and use							00			
	5. Other: See instructions								00		[[]]]	
6. CT corporation business: Deducted in the computation of federal taxable income											00	
<ol> <li>Tax on or measured by income or profits imposed by other states or political subdivisions deducted in the computation of federal taxable income: Attach schedule</li> </ol>												
		•						//////			00	
		nallowable deduction for corporation business tax purposes: Ad pere and on Schedule D, Line 3.									00	
		<b>G</b> – Additional Required Information – Attach a sched							ses	See instructions		
				•							·	
1. In v	which	n CT town(s) does the corporation own or lease, as lessee,	real or tai	ngible personal	l property,	or p	erfor	m servic	es?			
								_				
2. (a)	Did t	his corporation directly or indirectly transfer a controlling in	terest in a	an entity owning	CT real p	orop	ertv?	► 🗖 Ye	s	► 🗖 No		
		enter: Entity name ►										
								-		-		
	(b) Was there a direct or indirect transfer of a controlling interest in your company owning CT real property? 🕨 🗖 Yes 🕨 🗖 No											
lf Y	<b>′es</b> , e	enter: Transferor name ►		_ Federal Empl	oyer ID Nu	umb	er					
3. Dic	d anv	corporation at any time during the year own a majority of the	he votina	stock of this co	rporation?	,		► I Ye	s	►□ No		
		enter: Corporation name					er					
							-					
		able year this corporation was audited by the Internal Reve										
		djustments reported to CT? $\blacktriangleright$ $\Box$ Yes $\blacktriangleright$ $\Box$ No (If <b>No</b> , atta		,								
Decla	ration	I declare under penalty of law that I have examined this return (ir is true, complete, and correct. I understand the penalty for willfully ore than \$5,000, or imprisonment for not more than five years, or bo	ncluding an	y accompanying	schedules a	and s	tatem	ents) and	, to th	e best of my knowl	edge	
and be fine of	not mo	is true, complete, and correct. I understand the penalty for willfully ore than \$5,000, or imprisonment for not more than five years, or bo	delivering a oth. The de	a false return or d claration of a paid	locument to d preparer c	the	Depa than	rtment of I the taxpay	Reve ver is	nue Services (DRS based on all inform	i) is a lation	
of whic	ch the p	preparer has any knowledge.										
Sign I	Here	Corporate officer's name (print) Corporate officer's signa	ature		Date					ntact the preparer		
									shown below about this return?			
	eep a Title			Telephone number			See instructions, Page					
cop of th		Paid preparer's name (print) Paid preparer's signatur	aid preparer's signature Date							SN or PTIN		
returr			er s signature Date					rieparei	3 33			
you		Firm's name and address	EIN				Telenhor	יים מו	mber			
recoi	ius.	Thin 3 hame and address	ľ				Telephone number					