## Unitary Corporation Business Tax Return

| Total assets 00 | Name of parent or designated Connectic |  | Parent or Des <br> Connecticut Tax Re | T Pa |
| :---: | :---: | :---: | :---: | :---: |
| Gross receipts 00 | Address number and street | PO Box |  |  |
| NAICS code: See instructions. | City or town | State ZIP code | DRS use only | $-20$ |
| Audited by $\square \mathrm{F} \quad \square \mathrm{O}$ |  |  | Federal Employer ID Number (FEIN) |  |
| Check All Applicable Boxes $\quad$ 1. $\square$ Address change 2. Unitary return status: $\square$ Final $\square$ Short period |  |  |  |  |
| 3. Has any corporation within the group: $\square$ Dissolved $\square$ Withdrawn Merged/Reorganized: Enter survivor's CT Tax Reg \# |  |  |  |  |
| 5. Does any nexus company pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member? <br> Yes (Attach Form CT-1120AB.) |  |  |  |  |
| 6. Is the unitary group exchanging R \& D tax credits? |  |  | $\square$ No |  |
| 7. Did the unitary group annualize its estimated tax payments? |  |  | $\square$ No |  |
| 8. Is any corporation filing Form CT-1120 PIC? $\square$ |  |  | $\square$ No |  |

Schedule of Corporations Included in the Unitary Return If additional lines are needed, attach a schedule.

|  | Corporation Name | $\begin{gathered} \text { Nexus } \\ \text { With } \mathrm{CT}(\checkmark) \\ \hline \end{gathered}$ |  | ber |  | FEIN |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | Common parent or designated Connecticut parent |  | $\checkmark$ |  |  |  |  |
| 2. |  |  | - | -000 |  |  |  |
| 3. |  |  | $\checkmark$ | - 00 |  |  |  |
| Tax Registration Number must be included for parent and all affiliates, if applicable. |  |  |  |  |  |  |  |
| Minimum Tax Calculation |  |  |  |  |  |  |  |
| 1. Enter the total number of corporations included in this unitary return <br> 2. Minimum tax: Multiply Line 1 by $\$ 250$. |  |  |  |  |  |  | 00 |

- Attach a Complete Copy of Form 1120 Including all Schedules as Filed With the Internal Revenue Service -


## Schedule A - Computation of Tax on Net Income

| 1. Net income from Schedule D, Line 18........................................................................................... | -1 | 00 |
| :---: | :---: | :---: |
| 2. Apportionment fraction from Form CT-1120A, Schedule R . |  | 0. |
| 3. Connecticut net income: Multiply Line 1 by Line 2. | - 3 | 00 |
| 4. Operating loss carryover: See instructions. | - 4 | 00 |
| 5. Income subject to tax: Subtract Line 4 from Line 3. | - 5 | 00 |
| 6. Tax: Multiply Line 5 by 7.5\% (.075). ............................................................................................. | - 6 | 00 |
| Schedule B - Computation of Minimum Tax on Capital |  |  |
| 1. Minimum tax base from Schedule E, Line 6, Column C............. | - 1 | 00 |
| 2. Apportionment fraction from Form CT-1120A, Schedule S | 2 | 0. |
| 3. Multiply Line 1 by Line 2. .......... | - 3 | 00 |
| 4. Number of months covered by this return. | - 4 |  |
| 5. Multiply Line 3 by Line 4. Divide the result by 12. | 5 | 00 |
| 6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. ................................................................ | - 6 | 00 |
| Schedule C - Computation of Amount Payable |  |  |
| 1a. Tax: Greater of Schedule A, Line 6; Schedule B, Line 6; or minimum tax. | - 1a | 00 |
| 1b. Reserved for future use.............................................................................................................. |  |  |
| 1c. Recapture of tax credits: See instructions, | - 1c | 00 |
| 1. Total tax: Enter the total of Lines 1a and 1c. If no tax credits claimed, also enter on Line 6. | 1 | 00 |
| 2. Multiply Line 1 by $30 \%$ (0.30)....................................................................................................... | - 2 | 00 |
| 3. Enter the greater of Line 2 or minimum tax. | - 3 | 00 |
| 4. Tax credit limitation: Subtract Line 3 from Line 1. .............................................................................. | - 4 | 00 |
| 5. Tax credits from Form CT-1120K, Part II, Line 11. See instructions. Do not exceed amount on Line 4. | - 5 | 00 |
| 6. Balance of tax payable: Subtract Line 5 from Line 1... | - 6 | 00 |
| 7a. Paid with application for extension from Form CT-1120 EXT | 7 a | 00 |
| 7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, \& ESD ........................................................... | -7b | 00 |
| 7c. Overpayment from prior year ............................................................................................................. | -7c | 00 |
| 7. Tax payments: Enter the total of Lines 7a, 7b, and 7c. | 7 | 00 |
| 8. Balance of tax due (overpaid): Subtract Line 7 from Line 6. | - 8 | 00 |
| 9. Add: Penalty (9a) . 00 Interest (9b) 000 CT-1120I Interest (9c) | 9 | 00 |
| 10. Amount to be credited to 2009 estimated tax (10a)_ . 00 Refunded (10b) | 10 | 00 |
| 11. Balance due with this return: Add Line 8 and Line 9. ..................................................................... | - 11 | 00 |

Make check payable to: Commissioner of Revenue Services. Attach check to return with paper clip. Do not staple.
Mail to: Department of Revenue Services
PO Box 2974, Hartford CT 06104-2974

## Schedule D - Computation of Net Income

| 1. Federal taxable income (loss) before net operating loss and special deductions. | - | 1 |  | 00 |
| :---: | :---: | :---: | :---: | :---: |
| 2. Interest income wholly exempt from federal tax |  | 2 |  | 00 |
| 3. Unallowable deduction for corporation tax from Schedule F, Line 8 |  | 3 |  | 00 |
| 4. Interest expenses paid to a related member from Form CT-1120AB, Part I A, Line 1 | - | 4 |  | 00 |
| 5. Intangible expenses and costs paid to a related member from Form CT-1120AB, Pa | B, Line 1 ................. | 5 |  | 00 |
| 6. Federal bonus depreciation: See instructions. |  | 6 |  | 00 |
| 7. Total: Add Lines 1 through 6. |  | 7 |  | 00 |
| 8. Dividend deduction from Form CT-1120 ATT, Schedule I, Line 4 |  | 8 |  | 00 |
| 9. Capital loss carryover (if not deducted in computing federal capital gain) |  | 9 |  | 00 |
| 10. Capital gain from sale of preserved land. | ...........- | 10 |  | 00 |
| 11. Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule J, Line 10 | - | 11 |  | 00 |
| 12. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 1 |  | 12 |  | 00 |
| 13. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2. | - | 13 |  | 00 |
| 14. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3 |  | 14 |  | 00 |
| 15. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB, Part II B, Line 1 |  | 15 |  | 00 |
| 16. Other: Attach explanation. | - | 16 |  | 00 |
| 17. Total: Add Lines 8 through 16. | - | 17 |  | 00 |
| 18. Net income: Subtract Line 17 from Line 7. Enter here and on Schedule A, Line 1 | - | 18 |  | 00 |
| Schedule E - Computation of Minimum Tax Base | Column A |  |  | Column C |
| See instructions. | Beginning of Year |  |  |  |
| 1. Capital stock from federal Schedule L, Line 22a and Line 22b... | 00 |  | 00 | Column B) |
| 2. Surplus and undivided profits from federal Schedule L, Lines 23,24 , and 25 .......... | 00 |  | 00 | Divided by 2 |
| 3. Surplus reserves: Attach schedule. | 00 |  | 00 |  |
| 4. Total: Add Lines 1, 2, and 3. Enter average in Column C.................................... | 00 |  | 00 | 00 |
| 5. Holdings of stock of private corporations: Attach schedule. Enter average in Column C. | 00 |  | 00 | 00 |
| 6. Balance: Subtract Line 5, Column C, from Line 4, Column C. Enter here and on Sched | dule B, Line 1. |  |  | 00 |


| Schedule F - Taxes |  |
| :--- | :--- | :--- |
| 1. Payroll |  |
| 2. Real property |  |
| 3. Personal property |  |
| 4. Sales and use |  |
| 5. Other: See instructions. |  |
| 6. Connecticut corporation business deducted in the computation of federal taxable income |  |
| 7. 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. |  |
| 8. Total unallowable deduction for corporation business tax purposes: <br> Add Line 6 and Line 7, Column B. Enter here and on Schedule D, Line 3. |  |

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 the penalty for willfully delivering a false return or document to the Department of Revenue Services (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.


