Department of Revenue Services State of Connecticut

## Form CT-1120U Unitary Corporation Business Tax Return

<u> </u>	7. 12/08)			. por accord		iax itotaii	•			
	ter income Year be				, and ending	<u> </u>	1 1		Darant ar Daaisma	ted CT Derent
▶ <sup>To</sup>	otal assets	00	Name of parent or designated Conne	ecticut parent co	orporation				Parent or Designa necticut Tax Registra	
G	ross receipts	$\cap$	Address number and st	reet		PO Box	•		ioonious iux itogioniu	
_			- Hamber and st	1001		1 O Box		DRS	use only	
► IN	AICS code: See instructions	·.	City or town		State	ZIP code		DICO		<b>- 20</b>
Aud	ited by 🔲 F 🔲	0						Fede	ral Employer ID Num	iber (FEIN)
Ch	eck All Applicable B	эхс	1. Address change 2. Unita	rv return status:	☐ Final ☐ Shor	t period	· •			
			ne group: ▶☐ Dissolved ▶☐ Withd				CT Ta	k Rea	#	
					orm CT-1120Q an			- 3	☐ No	
			ay, accrue, or incur interest expenses	•			,			
â	and related interest exp	ens	es to a related member?	Yes (Attach F	orm CT-1120AB.)				☐ No	
6. I	s the unitary group exc	ha	nging R & D tax credits? ▶☐	Yes (Attach F	orm CT-1120 XCI	H.)			☐ No	
7. [	Did the unitary group anr	iual	_	Yes (Attach F	-				☐ No	
8. I	s any corporation filing F	orn	1 CT-1120 PIC? ▶□	Yes (Attach F	orm CT-1120 PIC	.)			☐ No	
So			s Included in the Unitary Return							
	C	orp	oration Name	Nexus With CT (√)	CT Tax Re	gistration Num	ber		FE	IN
1	Common parent or design	ınat	ed Connecticut parent	With OT (*)	<b>&gt;</b>		_			
'.	Common parent or desig	jiiai	Su Connecticut parent							
2.					<b>•</b>		<u> </u>	00		
3.					•		<u> </u>	00		
			be included for parent and all affiliates, if	f applicable.						
	inimum Tax Calcula		**							
			of corporations included in this u	-				1		
2.	Minimum tax: Multiply	/ Li	ne 1 by \$250				. ▶	2		00
			h a Complete Copy of Form 1120	Including all	Schedules as F	iled With the l	ntern	al Re	evenue Service –	
		•	tation of Tax on Net Income							
1			ule D, Line 18					1		00
1			rom Form CT-1120A, Schedule R.					2	0.	
1			: Multiply Line 1 by Line 2					3		00
1			r: See instructions					4		00
1	•		bubtract Line 4 from Line 3					5		00
		_	7.5% (.075)				<b></b>	6		00
		_	tation of Minimum Tax on Cap							
1			Schedule E, Line 6, Column C					1		00
			rom Form CT-1120A, Schedule S					2	0.	00
1			)					3		00
1			red by this return					4		
1			Divide the result by 12							00
			r dollar): Multiply Line 5 by .0031					6		00
			tation of Amount Payable e A, Line 6; Schedule B, Line 6; or I	minimum tay				10		00
1			A, LITIE 6, SCHEUUIE B, LITIE 6, OF						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7777777777777
1			: See instructions					-	<u> </u>	//////////////////////////////////////
1	· ·							-		00
1			tal of Lines 1a and 1c. If no tax cr					1		00
1			0.30)					-		00
	•		2 or minimum tax					-		00
			otract Line 3 from Line 1					-		00
			CT-1120K, Part II, Line 11. See instr					-		00
1			Subtract Line 5 from Line 1							00
			extension from Form CT-1120 EXT					-		00
1			Forms CT-1120 ESA, ESB, ESC, & E					-		00
1			ear				-	-		00
1			e total of Lines 7a, 7b, and 7c				-	-		00
1			rpaid): Subtract Line 7 from Line 6.				▶			00
1			.00 Interest ►(9b)				)_	9		00
1			2009 estimated tax ►(10a)				_	10		00
			return: Add Line 8 and Line 9					11		00
			mmissioner of Revenue Services.	Attach check to	return with paper	clip. Do not stap	ole.			
Mail			partment of Revenue Services  Roy 2074 Hartford CT 06104-20	74						
		U	Box 2974, Hartford CT 06104-297	14						

Schedul	e D — Computation of Net Income									
'	al taxable income (loss) before net operating	a lose and special deductions				1			00	
									00	
	. Interest income wholly exempt from federal tax								00	
	I. Interest expenses paid to a related member from Form CT-1120AB, Part I A, Line 1								00	
	ble expenses and costs paid to a related me					-			00	
_						6			00	
6. Federal bonus depreciation: See instructions.									00	
7. Total: Add Lines 1 through 6.						7 8			00	
8. Dividend deduction from Form CT-1120 ATT, Schedule I, Line 4									00	
10. Capita		-			00					
11. Federa		-			00					
12. Excep					00					
13. Excep		14			00					
	tions to interest add back from Form CT-11					14			00	
	tions to add back of intangible expenses pa orm CT-1120AB, Part II B, Line 1				•	15			00	
	Attach explanation.								00	
1	Add Lines 8 through 16								00	
	come: Subtract Line 17 from Line 7. Enter h								00	
						•	D			
Schedul	– Computation of Minimum Tax See instructions.	Base	D.	Column A	or	Colur End of			Column C	
			D	eginning of Ye		Elia oi	real		(Column A plus	
	stock from federal Schedule L, Line 22a ar				00			00	Column B)	
	s and undivided profits from federal Schedu				00			00	Divided by 2	
	s reserves: Attach schedule				00			00		
	dd Lines 1, 2, and 3. Enter average in Colu				00			00	00	
1	s of stock of private corporations: Attach sche	•			00			00	00	
6. Balanc	e: Subtract Line 5, Column C, from Line 4,	Column C. Enter here and on Sch	hedule	<i>B</i> , Line 1					00	
Schedul	e F - Taxes					Colu	mn A		Column B	
1. Payroll								00		
2. Real pr	operty							00		
3. Person	al property							00		
4. Sales a	nd use							00		
5. Other:	See instructions.							00		
6. Connec	cticut corporation business deducted in the	computation of federal taxable inc	come						00	
	or measured by income or profits imposed		isions						1	
	deducted in the computation of federal taxable income: Attach schedule.									
	8. Total unallowable deduction for corporation business tax purposes: Add Line 6 and Line 7, Column B. Enter here and on <i>Schedule D</i> , Line 3.									
Add Lii	le 6 and Line 7, Column B. Enter here and 6	on scriedule D, Line 3.							00	
best of my Departme	on: I declare under penalty of law that I have knowledge and belief, it is true, comple to f Revenue Services (DRS) is a fine of the other than the taxpayer is based on a	te, and correct. I understand the not more than \$5,000, or imprise	ne per sonme	nalty for willf ent for not m	ully delivore than	vering a	false r	eturr	n or document to the	
	Corporate officer's name (print)	Corporate officer's signature		, ,	Date		May	DRS	contact the preparer	
Sign Here	Title Telephone number						show	shown below about this return?		
3.5									es 🗌 No 🗌	
Keep a cop		Deidanaanaa		( )	D-4					
of this return for	Paid preparer's name (print)	Paid preparer's signature		Date			Prepa	arer's	SSN or PTIN	
your	Firm's name and address					Tolo			number	
records.	Firm's name and address			FEIN			(	)	Hullibel	