Department of Revenue Services State of Connecticut (Rev. 12/10)

## Form CT-1120X

2010

## **Amended Corporation Business Tax Return**

| Enter Income Year Beginning ▶  |   |                             |                               |                                     |                        | ,                  |                            |  |
|--|---|-----------------------------|-------------------------------|-------------------------------------|------------------------|--------------------|----------------------------|--|
| DRS use only   | Corporation name  |                             |                               | Connecticut Tax Registration Number |                        |                    |                            |  |
| Audited by   | Address number and street   | PO Box DRS use only         |                               |                                     |                        |                    |                            |  |
|  |   |                             |                               |                                     | _                      | <b>– 20</b>        |                            |  |
| Initial:   | City or town Si   | State ZIP code Federal Empl |                               |                                     | loyer ID Number (FEIN) |                    |                            |  |
| Check and C  | omplete All Applicable Boxes Is this return cur   | rently                      | y under Connecticut au        | ıdit?                               |                        | <b>]</b> No        |                            |  |
|  | eturn being amended: ► ☐ CT-1120 ► ☐  |                             |                               |                                     |                        |                    |                            |  |
|  | nended return: (Check one)  |                             |                               |                                     |                        |                    |                            |  |
|  | ustments or federal Form 1120X. Attach a copy of IRS rate of final determination:   | otific                      | ation or federal Form 1       | 120X.                               |                        |                    |                            |  |
| ► ☐ Connect  | ticut corporation business tax credits 🌎 🕨 🗖 Connec   | ticut a                     | apportionment change          | ► ☐ Connecti                        | cut r                  | net operating loss |                            |  |
| ► ☐ Other: S   | Specify   |                             | Column A Amount as Originally | Column B<br>Net Change              |                        |                    | Column C<br>Correct Amount |  |
| Schedule A – Computation of Tax on Net Income                              |   |                             | Reported or Adjusted          |                                     | crease or (Decrease)   |                    | ıt                         |  |
|  | ne from Schedule D, Line 22   |                             |                               |                                     |                        |                    |                            |  |
|  | Connecticut, also enter on Line 3.  |                             | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
|  | ment fraction: Carry to six places. See instructions  |                             | 0.                            | 0.                                  | 0.0                    | <b>▶</b> 0.        |                            |  |
|  | cut net income: Multiply Line 1 by Line 2   | . 3.                        | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
|  | g loss carryover from <b>Form CT-1120 ATT</b> , <i>Schedule H</i> ,   | . 4.                        | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
|  | ubject to tax: Subtract Line 4 from Line 3  |                             | 00                            |                                     | 00                     |                    | 00                         |  |
|  | iply Line 5 by 7.5% (.075)  |                             | 00                            |                                     | 00                     |                    | 00                         |  |
|  | - Computation of Minimum Tax on Capital   |                             | [55]                          |                                     | 100                    | .1                 | 100                        |  |
|  | tax base from Form CT-1120 or CT-1120U, Schedule E,   |                             |                               |                                     |                        | T                  | $\top$                     |  |
|  | olumn C. If 100% Connecticut, also enter on Line 3  | . 1.                        | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
| 2. Apportion   | ment fraction: Carry to six places. See instructions  | . 2.                        | 0.                            | 0.                                  |                        | <b>▶</b> 0.        |                            |  |
|  | ine 1 by Line 2   |                             | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
|  | of months covered by this return  |                             |                               |                                     |                        | <b>&gt;</b>        |                            |  |
| 1  | ine 3 by Line 4, divide the result by 12  |                             | 00                            |                                     | 00                     |                    | 00                         |  |
| 6. Tax (3 an   | d 1/10 mills per dollar): Multiply Line 5 by .0031  | . 6.                        | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
|  | - Computation of Amount Payable   |                             |                               |                                     |                        |                    |                            |  |
|  | ster of Schedule A, Line 6; Schedule B, Line 6;   | 4-                          |                               |                                     |                        |                    |                            |  |
|  | amount of surtax due: See instructions  |                             | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
|  | e of tax credits: See instructions.   |                             | 00                            |                                     | 00                     |                    | 00                         |  |
|  | : Enter the total of Lines 1a through 1c. If no tax   | . 10.                       | 00                            |                                     | -00                    |                    | 100                        |  |
|  | aimed, enter also on Line 6   | . 1.                        | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
| 2. Multiply L  | ine 1 by 30% (0.30)   | . 2.                        | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
| 3. Enter the   | greater of Line 2 or \$250.   | . 3.                        | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
| 4. Tax credit  | t limitation: Subtract Line 3 from Line 1   | . 4.                        | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
|  | ts from Form CT-1120K, Part II, Line 11   | _                           |                               |                                     |                        |                    |                            |  |
|  | xceed amount on Line 4  | _                           | 00                            |                                     |                        | <b>&gt;</b>        | 00                         |  |
|  | of tax payable: Subtract Line 5 from Line 1application for extension from Form CT-1120 EXT  | _                           | 00                            |                                     | _                      | <b>&gt;</b>        | 00                         |  |
|  | estimates from Forms CT-1120 ESA, ESB, ESC, & ESD   |                             | 00                            |                                     | _                      | <b>&gt;</b>        | 00                         |  |
|  | nent from prior year  |                             | 00                            |                                     |                        | <b>&gt;</b>        | 00                         |  |
|  | with original return plus additional tax paid after   |                             |                               |                                     |                        |                    | 100                        |  |
| original re  | eturn was filed   |                             | 00                            |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
|  | nents: Enter the total of Lines 7a through 7d   |                             |                               |                                     | 00                     | <b>&gt;</b>        | 00                         |  |
| 8. Overpayment on original return or as last adjusted                      |   |                             |                               |                                     |                        | ▶                  | 00                         |  |
| 9. Net payments to date: Subtract Line 8 from Line 7.                      |   |                             |                               |                                     |                        | <b>&gt;</b>        | 00                         |  |
|  | 10a. Amount to be credited to estimated tax: If Line 9 is greater than Line 6, enter amount to be credited to estimated tax  10b. Amount to be refunded: If Line 9 is greater than Line 6, enter amount to be refunded  |                             |                               |                                     |                        |                    |                            |  |
|  |   | 10b.                        |                               | 00                                  |                        |                    |                            |  |
|  |   | 11.<br>12.                  |                               | 00                                  |                        |                    |                            |  |
| 12. Interest: See instructions.  13. Balance due: Add Line 11 and Line 12. |   |                             |                               |                                     | 13.                    | 1                  | 00                         |  |
| io. Dalance  | WWW. / WOU LINE IT WHILE IT IN THE TENTH IN |                             | ·····                         |                                     | 10.                    | F                  | JUU                        |  |

|  |  |   | Column A<br>Amount as Originally                          |                  | Column B<br>Net Change                             |        | Column C<br>Correct Amount                  |                        |               |               |
|--|--|---|---|------------------|--|--------|---|------------------------|---------------|---------------|
|  |  | - Computation of Net Inc  |   | _                | Reported or Adjust                                 |        | Increase or (D                              |                        |               |               |
|  |  | cable income (loss) before no<br>ductions   |   | 1.               |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
| 2. Intere  | est inc  | come wholly exempt from fed   | leral tax   | 2.               |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
|  |  | e deduction for corporation ta<br>F, Line 8 or <b>CT-1120U</b> , <i>Sche</i>  |   | 3.               |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
| from I   | Form   | penses paid to a related mer CT-1120AB, Part I A, Line 1  |   | 4.               |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
| 5. Intano<br>from I  | gible e<br><b>Form</b>   | expenses and costs paid to a<br>CT-1120AB, Part I B, Line 3   | a related member  | 5.               |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
| 6. Fede  | ral bo   | nus depreciation: See instru  | ctions  | 6.               |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
|  |  | on of debt income deferred of   |   | 7.               |  | 00     |   | 00                     | <b>•</b>      | 00            |
|  |  | domestic production activities<br>m 1120, Line 25   |   | 8.               |  | 00     |   | 00                     | <b>•</b>      | 00            |
| 9. Other   | r: Atta  | ch explanation  |   | 9.               |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
| 10. Total:   | Add  | Lines 1 through 9   |   | 10.              |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
| 11. Divide   | end de   | eduction from Form CT-1120  | ATT, Schedule I, Line 5                                   | 11.              |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
|  |  | s carryover (if not deducted i  |   | 12.              |  | 00     |   | 00                     | <b>•</b>      | 00            |
| 13. Capita   | al gai   | n from sale of preserved land   | d   | 13.              |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
|  |  | nus depreciation recovery frontsf.  |   | 14.              |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
|  | 15. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 1 |   |   | 15.              |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
| 16. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2   |  |   | 16.   |                  | 00   |        | 00  | <b>&gt;</b>            | 00            |               |
| 17. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3   |  |   | 17.   |                  | 00   |        | 00  | <b>&gt;</b>            | 00            |               |
| 18. Excer<br>relate  | ptions<br>ed me  | to add back of intangible ex<br>mber from <b>Form CT-1120A</b> E  | penses paid to a<br>B, Part II B, Line 1                  | 18.              |  | 00     |   | 00                     | <b>&gt;</b>   | 00            |
|  |  | for future use  |   | 19.              |  |        |   |                        |               |               |
| 20. Other: See instructions.   |  |   |   |                  | 00   |        | 00  | <b>&gt;</b>            | 00            |               |
| 21. Total: Add Lines 11 through 20   |  |   | 21.   |                  | 00   |        | 00  | <b>&gt;</b>            | 00            |               |
| 22. Net income: Subtract Line 21 from Line 10. Enter here and on Schedule A, Line 1.                                   |  |   | 22.   |                  | 00   |        | 00  | <b>&gt;</b>            | 00            |               |
|  |  | hanges below. Show any co<br>CT-1120K, <i>Business Tax C</i>  |   | ach              | additional schedule                                | es, if | necessary. I                                | f amendir              | ng to claim   | a tax credit, |
| Schedule<br>Line Num   |  |   |   |                  |  |        |   |                        |               |               |
|  |  |   |   |                  |  |        |   |                        |               |               |
|  |  |   |   |                  |  |        |   |                        |               |               |
|  |  |   |   |                  |  |        |   |                        |               |               |
|  |  |   |   |                  |  |        |   |                        |               |               |
| Mail return with payment to:  Department of Revenue Services  Mail return without payme Department of Revenue Services |  |   | nue Services Con  |                  |  |        | ayable to:<br>missioner of Revenue Services |                        |               |               |
| PO Bo  | ox 297   | 74, Hartford CT 06104-2974  | PO Box 150406, Har  | tford            | CT 06115-0406                                      | Attac  | ch check to retu                            | rn with pap            | er clip. Do n | ot staple.    |
| my knowle<br>of Revenu   | edge a<br>le Ser   | declare under penalty of law the<br>and belief, it is true, complete, a<br>vices (DRS) is a fine of not mo<br>er is based on all information of | and correct. I understand t<br>re than \$5,000, imprisonn | hat tl<br>nent f | he penalty for willfully<br>for not more than five | deliv  | vering a false re                           | eturn or do            | cument to th  | e Department  |
| Sign Here  | Signa  | Signature of corporate officer Title  |   |                  | Date   |        | Tele  | Telephone number       |               |               |
| Keep a copy  | Paid preparer's signature  |   |   |                  | Date   | Date   |   | Preparer's SSN or PTIN |               |               |
| of this<br>return for  | Firm'  | Firm's name and address   |   |                  | F  |        |   | FEIN                   |               |               |
| your records.  |  |   |   |                  |  |        | Tele  | phone nur              | nber          |               |