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

Form CT-1120X Amended Corporation Business Tax Return

2012

Enter Income Year Beginning ►	,	201	2, and Ending ►					
Corporation name				► Connecticut T	Tax Registration Number			
Address Number and street PO Bo			DRS use on			- 20		
State ZIP code Federal Emp						loyer ID Number (FEIN)		
					—			
Check and Complete All Applicable Boxe			tly under Connecticut		☐ Ye			
Did this taxpayer have an average monthly n Connecticut return being amended:	et employment gain as d ► ☐ CT-1120 ► ☐ C			ICE?	☐ Ye	es 🔲 No		
•		, 1 - 1 1	200					
Reason for amended return: (Check one) ► □ IRS adjustments or federal Form 1120X Enter date of final determination:				_				
▶ ☐ Connecticut corporation business tax co▶ ☐ Other: Specify	redits	cut a	pportionment change		ticut n	et operating loss		
				Column B Net Change	Net Change		Column C Correct Amount	
Schedule A – Computation of Tax on No	et Income		Amount as Originally Reported or Adjusted	Increase or (Decr				
 Net income from Schedule D, Line 22 If 100% Connecticut, also enter on Lin 	e 3	1.	00		00	>	00	
2. Apportionment fraction: Carry to six place		2.	0.	0.		▶ 0.		
3. Connecticut net income: Multiply Line 1 b	y Line 2	3.	00		00	>	00	
Operating loss carryover from Form CT-1 Line 14, Column D		4.	00		00	>	00	
5. Income subject to tax: Subtract Line 4 fro	m Line 3	5.	00		00	>	00	
6. Tax: Multiply Line 5 by 7.5% (.075)		6.	00		00	>	00	
Schedule B – Computation of Minimum	Tax on Capital							
 Minimum tax base from Form CT-1120 or Line 6, Column C. If 100% Connecticut, 		1.	00		00	>	00	
2. Apportionment fraction: Carry to six place			0.	0.		▶ 0.		
3. Multiply Line 1 by Line 2		3.	00		00	>	00	
4. Number of months covered by this return		4.	,		'	>		
5. Multiply Line 3 by Line 4, divide the resul	t by 12	5.	00		00	>	00	
6. Tax (3 and 1/10 mills per dollar): Multiply	Line 5 by .0031	6.	00		00	>	00	
Schedule C - Computation of Amount I	Payable							
1a. Tax: Greater of Schedule A, Line 6, Sched								
or minimum tax			00		00		00	
1b. Enter the amount of surtax due: See instr			00		00		00	
1c. Recapture of tax credits: See instructions1. Total tax: Enter the total of Lines 1a thro		1c.	00		00		00	
credits claimed, enter also on Line 6		1.	00		00	>	00	
Multiply Line 1 by 30% (0.30). If filing For instructions.		2.	00		00		00	
3. Enter the greater of Line 2 or \$250		3.	00		00		00	
Tax credit limitation: Subtract Line 3 from		4.	00		00		00	
5. Tax credits from Form CT-1120K , Part II,			00		- 00			
Do not exceed amount on Line 4		5.	00		00	>	00	
6. Balance of tax payable: Subtract Line 5 f	rom Line 1	6.	00		00	>	00	
7a. Paid with application for extension from F	orm CT-1120 EXT	7a.	00		00	>	00	
7b. Paid with estimates from Forms CT-1120 ES	SA, ESB, ESC, & ESD	7b.	00		00	>	00	
7c. Overpayment from prior year		7c.	00		00	>	00	
7d. Tax paid with original return plus addition		l						
original return was filed			00		00		00	
7. Tax payments: Enter the total of Lines 7a through 7d						>	00	
8. Overpayment on original return or as last adjusted						>	00	
. •	9. Net payments to date: Subtract Line 8 from Line 7							
	_						00	
10b. Amount to be refunded: If Line 9 is greater than Line 6, enter amount to be refunded.11. Tax due: If Line 6 is greater than Line 9, enter amount of tax due.							00	
12. Interest: See instructions	. 11.	<u> </u>	00					
13. Balance due: Add Line 11 and Line 12	13		00					

Schedule D – Computation of Net Income				Column A Amount as Originally Reported or Adjusted		Column B Net Change Increase or (Decrease)		Column C Correct Amount	
Federal taxable income (loss) before net operating loss and special deductions			1.		00		00	•	00
2. Intere	Interest income wholly exempt from federal tax				00		00	>	00
3. Unallowable deduction for corporation tax from Forms CT-1120 Schedule F, Line 8 or CT-1120U, Schedule F, Line 4		3.		00		00	>	00	
	est expenses paid to a related men		4.		00		00	>	00
5. Intano from I	gible expenses and costs paid to a Form CT-1120AB, Part I B, Line 3	a related member	5.		00		00	>	00
	ral bonus depreciation: See instru		6.		00		00	>	00
7. Rese	rved for future use		7.						
	199 domestic production activities		8.		00		00	>	00
9. Other	: Attach explanation		9.		00		00	>	00
10. Total: Add Lines 1 through 9.			10.		00		00	>	00
11. Divide	end deduction from Form CT-1120	ATT, Schedule I, Line 5	11.		00		00	>	00
12. Capital loss carryover (if not deducted in computing federal capital gain)		12.		00		00	>	00	
13. Capita	al gain from sale of preserved lan	d	13.		00		00	>	00
14. Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule J, Line 13		14.		00		00	>	00	
	15. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 1		15.		00		00	>	00
Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2		16.		00		00	>	00	
17. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3		17.		00		00	>	00	
 Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB, Part II B, Line 1 		18.		00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00	>	00	
19. Reserved for future use.		19.		///	///////////////////////////////////////	///	<i>[[]]]]]]]]</i>		
20. Other: See instructions.		20.		00		00		00	
21. Total: Add Lines 11 through 20		21.		00		00	>	00	
22. Net income: Subtract Line 21 from Line 10. Enter here and on Schedule A, Line 1.			22.		00		00	>	00
	any changes below. Show any co orm CT-1120K, <i>Business Tax C</i>		ach	additional schedule	s, if	necessary. If ame	endir	ng to claim a tax c	redit,
Schedule Line Num									
Mail return	with payment to:	Mail return without payme	nt to		Make	check payable to:			
Department of Revenue Services PO Box 2974, Hartford CT 06104-2974 Department of Revenue Services PO Box 150406, Hart		nue S	e Services Com		Commissioner	missioner of Revenue Services o return with paper clip. Do not staple.			
my knowle of Revenu	on: I declare under penalty of law the dge and belief, it is true, complete, are Services (DRS) is a fine of not maxpayer is based on all information of the declaration of the declarat	and correct. I understand to the than \$5,000, imprisonment of the than \$5,000, imprisonment of the thick that t	hat t nent	he penalty for willfully for not more than five	deliv	ering a false return	or do	cument to the Depa	artment
Sign Here	Signature of corporate officer Title			Date	Date Te		Telephone number ()		
Keep a	Paid preparer's signature			Date		Preparer	s SS	N or PTIN	
of this return for your	Firm's name and address					FEIN			
records.						Telephon	e nur	nber	