

## Check Applicable Boxes

1. $\square$ Address change
2. Return status: $\square$ Initial $\square$ Final $\square$ short period $\square$ Amended
3. If this is a final return, has the corporation: $\neg \square$ Dissolved $\triangleright \square$ Withdrawn $\triangleright \square$

Visit the DRS Taxpayer Service
Center (TSC) at www.ct.gov/TSC
to pay this return electronically.
Merged/reorganized:
Enter survivor's CT Tax Reg.\#


Part IV - Computation of Amount Payable Complete Parts I, II, III, and Schedule KC before completing Part IV.


Part I - Separate Taxes of Corporations Included in the Combined Return - If additional lines are needed, attach a worksheet. Notice is hereby given to the Commissioner of Revenue Services that the affiliated corporations listed below have elected to be included in this Combined Corporation Business Tax Return according to the provisions of Conn. Gen. Stat. §12-223a. Attach Forms CT-1120CC, if applicable.

| Corporation Name |  | * CT Tax Registration Number |  | Separate Tax (Form CT-1120, Sch. C, Line 1) |
| :---: | :---: | :---: | :---: | :---: |
| 1. | Common parent or designated Connecticut parent | $\checkmark$ | - | 00 |
| 2. |  | $\checkmark$ | - | 00 |
| 3. |  | $\bigcirc$ | - | 00 |
| 4. |  | - | - | 00 |
| 5. |  | - | - | 00 |
| 6. |  | - | - | 00 |
| 7. |  | $\bigcirc$ | - | 00 |
| 8. |  | - | - | 00 |
| 9. |  | - | - | 00 |
| 10. |  | - | - | 00 |
| 11. |  | $\bigcirc$ | - | 00 |
| 12. |  | - | - | 00 |
| 13. |  | - | - | 00 |
| 14. |  | - | - | 00 |
| 15. |  | - | - | 00 |
| 16. |  | $\bigcirc$ | - | 00 |
| 17. |  | - | - | 00 |
| 18. |  | - | - | 00 |
| 19. |  | - | - | 00 |
| 20. |  | - | - | 00 |
| 21. |  | - | - | 00 |
| 22. |  | $\checkmark$ | - | 00 |
| 23. |  | - | - | 00 |
| 24. |  | - | - | 00 |
| 25. |  | - | - | 00 |
| 26. |  | - | - | 00 |
| 27. |  | - | - | 00 |
| 28. |  | - | - | 00 |
| 29. |  | - | - | 00 |
| 30. |  | - | - | 00 |
| 31. |  | - | - | 00 |
| 32. |  | - | - | 00 |
| 33. |  | $\checkmark$ | - | 00 |
| 34. |  | - | - | 00 |
| 35. |  | - | - | 00 |
| 36. |  | - | - | 00 |
| 37. |  | $\checkmark$ | - | 00 |
| 38. |  | - | - | 00 |
| 39. |  | $\checkmark$ | - | 00 |
| 40. |  | $\checkmark$ | - | 00 |
| 41. |  | $\checkmark$ | - | 00 |
| 42. |  | $\checkmark$ | - | 00 |
| 43. |  | $\checkmark$ | - | 00 |
| 44. |  | $\checkmark$ | - | 00 |
| 45. |  | $\checkmark$ | - | 00 |
| 46. |  | $\checkmark$ | - | 00 |
| 47. |  | $\checkmark$ | - | 00 |
| 48. |  | $\checkmark$ | - | 00 |
| 49. |  | $\checkmark$ | - | 00 |
| 50. |  | $\checkmark$ | - | 00 |
| 51. | Total separate taxes: Add Lines 1 through 50. Enter to | her | e and on Part IV, Line 1. | 00 |

Check here for: $\square$ Addition of Affiliates: Attach schedule showing Affiliate Name, Connecticut Tax Registration Number, and FEIN. $\square$ Deletion of Affiliates: Attach schedule showing Affiliate Name, Connecticut Tax Registration Number, and FEIN.
Form CT-1120CR (Rev. 12/14)


Form CT-1120CR (Rev. 12/14)
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Part V - Connecticut Combined Operating Loss Carryover

|  |  | Column A Connecticut Apportioned Income (Loss) | Column B Connecticut Apportioned Loss Carryover Applied 2001 to 2013 | Column C Carryover to 2014 Subtract Column B from Column A. | Column D Connecticut Apportioned Loss Carryover Applied to 2014 | Column ERemaining Apportioned Loss <br> Carryover Available for 2015 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | 2000 | 00 | 00 | 00 | 00 | 00 |
| 2. | 2001 | 00 | 00 | 00 | 00 | 00 |
| 3. | 2002 | 00 | 00 | 00 | 00 | 00 |
| 4. | 2003 | 00 | 00 | 00 | 00 | 00 |
| 5. | 2004 | 00 | 00 | 00 | 00 | 00 |
| 6. | 2005 | 00 | 00 | 00 | 00 | 00 |
| 7. | 2006 | 00 | 00 | 00 | 00 | 00 |
| 8. | 2007 | 00 | 00 | 00 | 00 | 00 |
| 9. | 2008 | 00 | 00 | 00 | 00 | 00 |
| 10. | 2009 | 00 | 00 | 00 | 00 | 00 |
| 11. | 2010 | 00 | 00 | 00 | 00 | 00 |
| 12. | 2011 | 00 | 00 | 00 | 00 | 00 |
| 13. | 2012 | 00 | 00 | 00 | 00 | 00 |
| 14. | 2013 |  |  |  |  | 00 |
| 15. | 2014 |  |  |  |  | 00 |
| 16. Total: Add Lines 1 through 14 in Column D. Enter the result from Column $D$ here and on Form CT-1120CR, Part II, Line 27, Combined Total column. |  |  |  |  | 00 | $00$ |
| 17. | Total combined operating loss carryover to 2015. Add Lines 1 through 15 in Column E. |  |  |  |  |  |


 or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.


## Schedule KC — Combined Tax Credits

Attach 2014 Form CT-1120K for each affiliate claiming a business tax credit and enter the combined credit totals on this schedule.
Part I-A Tax Credits With Carryback Provisions

A
Amount Applied

B
Carryback Amount

| 1. | Neighborhood Assistance |  | 00 | 00 |
| :--- | :--- | :--- | :--- | :--- |
| 2. | Housing Program Contribution |  | 00 | 00 |
| 3. Total Part I-A: Add Line 1 and Line 2 in Column A and Column B. | P | 00 |  |  |

A
Part I-B Tax Credits Without Carryback or Carryforward Provisions
Amount Applied

|  | Apprenticeship Training | - | 00 |
| :---: | :---: | :---: | :---: |
| 5. | Manufacturing Facility Credit for Facilities Located in a Targeted Investment Community/Enterprise Zone | $\checkmark$ | 00 |
| 6. | Machinery and Equipment | - | 00 |
| 7. | Qualified Small Business Job Creation | - | 00 |
| 8. | Service Facility | $\checkmark$ | 00 |
| 9. | New Jobs Creation | - | 00 |
| 10. | Reserved for future use |  |  |
| 11. | Film Production | - | 00 |
| 12. | Digital Animation | $\checkmark$ | 00 |
| 13. | Film Production Infrastructure | - | 00 |
| 14. | Job Expansion | - | 00 |
|  | Total Part I-B: Add Lines 4 through 14. | - | 00 |



## Part II - Total Tax Credits Applied

| 1. | Enter amount from Form CT-1120CR, Part IV, Line 11. |  |  |
| :---: | :--- | :--- | :--- |
| 2. | Tax Credits With Carryback Provisions: Enter amount from Part I-A, Line 3, Column A. <br> Do not exceed amount on Line 1. | 00 |  |
| 3. | Creditable corporation business tax balance: Subtract Line 2 from Line 1. |  |  |
| 4. | Tax Credits Without Carryback or Carryforward Provisions: Enter amount from Part I-B, Line 15, Column A. <br> Do not exceed amount on Line 3. | 00 |  |
| 5. | Creditable corporation business tax balance: Subtract Line 4 from Line 3. |  |  |
| 6. | Tax Credits With Carryforward Provisions: Carryforward credits that expire first should be claimed before any credit <br> carryforward that will expire later or not at all. Enter amount from Part I-C, Line 31, Column C. <br> Do not exceed amount on Line 5. | 00 |  |
| 7. | Creditable corporation business tax balance: Subtract Line 6 from Line 5. | 00 |  |
| 8. | Electronic Data Processing Equipment Property Tax Credit: Enter amount from Part I-D, Line 32, Column C. <br> Do not exceed amount on Line 7. | 00 |  |
| 9. | Total tax credits applied: Add Part II, Lines 2, 4, 6, and 8. Enter total here and on Form CT-1120CR, Part IV, <br> Computation of Amount Payable, Line 12. Do not exceed amount on Line 1. | 00 |  |

Part III - Credit Reconciliation If additional lines are required, attach a worksheet.

| Column A <br> Name of Affiliate Computing Credit | Column B <br> Connecticut Tax <br> Registration Number | Column C <br> Name of Tax Credit <br> Applied | Column D <br> Amount of Tax <br> Credit Applied |
| :--- | :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  | 00 |
|  |  |  | 00 |
|  |  |  | 00 |
|  |  |  | 00 |
|  |  |  | 00 |

