STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

Form CT-1120

CORPORATION BUSINESS TAX RETURN

1999

(Rev. 12/99)

ENTER INCOME YEAR BEGINNING _____, **1999 AND ►ENDING** _____, ____

Total Assets ►	LABEL HERE	Corporation Name ►	Connecticut Tax Registration Number 0 0 0
Gross Receipts ►		Number and Street ►	Date Received (for Department use only)
Federal Principal Business Activity Code ►		City or Town State ZIP Code ►	Federal Employer ID Number
Audited By ❒ F ❒ O			

CHECK AND COMPLETE ALL APPLICABLE BOXES **Is this corporation annualizing its income?** ►❒ Yes (Attach **Form CT-1120I**)

Change of:
- ❒ Mailing Address
- ❒ Closing Month

Return Status:
- ❒ Initial Return
- ❒ Final Return
- ❒ Short Period Return

If this is a short period, check the corresponding box:
- ❒ Merger
- ❒ Acquisition
- ❒ Change of Filing Status

If this is a final return, has the corporation:
- ►❒ Dissolved ►❒ Withdrawn
- ►❒ Merged/Reorganized (Enter survivor's Connecticut tax registration number) _____

Federal return was filed on:
- ►❒ 1120 ►❒ 1120A
- ►❒ 1120H ►❒ Consolidated Basis
- ►❒ 1120PC (See instructions)
- ►❒ Other

Is this company included in a Connecticut combined business tax return? ❒Yes (Complete **Form CT-1120CR**) ❒No

Was this company included in a Connecticut combined business tax return for any prior year? ►❒Yes ►❒No (If this is the first year revoking or electing combined status, attach **Form CT-1120CC**)

Is this corporation a financial service company? ►❒Yes (Attach **Form CT-1120A FS**) ❒No

– ATTACH A COMPLETE COPY OF FORM 1120 INCLUDING ALL SCHEDULES AS FILED WITH THE INTERNAL REVENUE SERVICE –

COMPUTATION OF NET INCOME

1. Federal taxable income (loss) before net operating loss and special deductions	►	1	
2. Interest income wholly exempt from federal tax	►	2	
3. Unallowable deduction for corporation tax (*Schedule F*, Line 8)	►	3	
4. Intangible expenses and interest expenses paid to a related member (See instructions)	►	4	
5. TOTAL (Add Lines 1, 2, 3, and 4)	►	5	
6. Dividend deduction (**Form CT-1120/CT-1120S ATT**, *Schedule I*, Line 4)	►	6	
7. Capital loss carryover (if not deducted in computing federal capital gain)	►	7	
8. Capital gain from sale of preserved land	►	8	
9. Other (Attach explanation)	►	9	
10. TOTAL (Add Lines 6, 7, 8, and 9)	►	10	
11. NET INCOME (Subtract Line 10 from Line 5)	►	11	

SCHEDULE A – COMPUTATION OF TAX ON NET INCOME

1. Net income (Line11) (If 100% Connecticut, enter also on *Schedule A*, Line 3)	►	1	
2. Apportionment fraction (Carry to six places. See instructions.)	►	2	0.
3. Connecticut net income (Multiply Line 1 by Line 2)	►	3	
4. Operating loss carryover (**Form CT-1120/CT-1120S ATT**, *Schedule H*, Line 6, Column A)	►	4	
5. Income subject to tax (Subtract Line 4 from Line 3)	►	5	
6. TAX: Multiply Line 5 by 8.50% (.0850)	►	6	

SCHEDULE B – COMPUTATION OF MINIMUM TAX ON CAPITAL

1. Minimum tax base (*Schedule D*, Line 6, Column C,) (If 100% Connecticut, enter also on Line 3)	►	1	
2. Apportionment fraction (Carry to six places. See instructions.)	►	2	0.
3. Multiply Line 1 by Line 2	►	3	
4. Number of months covered by this return	►	4	
5. Multiply Line 3 by Line 4, divide the result by 12	►	5	
6. TAX: (3 and 1/10 mills per dollar) Multiply Line 5 by .0031. (Maximum tax for *Sch. B* is $1,000,000)	►	6	

SCHEDULE C – COMPUTATION OF AMOUNT PAYABLE (MINIMUM TAX $250)

1. TOTAL TAX	(a) Tax (Larger of *Schedule A*, Line 6, *Schedule B*, Line 6 or $250) ►	1a			▼ ENTER TOTAL OF LINES 1a and 1b ▼
	(b) Recapture of Tax Credits (See instructions) ►	1b		1	
2. Tax Credits (**Form CT-1120K**, Part III, Line 13, Column B)				2	
3. Balance of tax payable (Subtract Line 2 from Line 1. If zero or less, enter -0-)				3	
4. TAX PAYMENTS	(a) Paid with application for extension, **Form CT-1120 EXT** ►	4a			▼ ENTER TOTAL OF LINES 4a, 4b, 4c ▼
	(b) Paid with estimates (**Forms CT-1120 ESA**, **ESB**, **ESC** & **ESD**) ►	4b			
	(c) Overpayment from prior year ►	4c		4	
5. Balance of tax due (overpaid) (Subtract Line 4 from Line 3)				5	
6. Add Penalty ►(6a) _____ Interest ►(6b) _____ **CT-1120I** Interest ►(6c) _____				6	
7. Amount to be credited to 2000 estimated tax ►(7a) _____ Refunded ►(7b) _____				7	
8. **Balance due with this return** (Add Line 5 and Line 6)				8	

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**

►❒ Check if you do not want a booklet sent to you next year. (Checking this box does not relieve you of your responsibility to file.)

SCHEDULE D – COMPUTATION OF MINIMUM TAX BASE *(See Instructions)*

	COLUMN A BEGINNING OF YEAR	COLUMN B END OF YEAR	COLUMN C (COLUMN A plus COLUMN B) DIVIDED BY 2
1. Capital stock (Federal Schedule L, Line 22a and Line 22b)			
2. Surplus and undivided profits (Federal Schedule L, Line 23, 24 and Line 25)			
3. Surplus reserves (Attach schedule)			
4. Total (Add Lines 1, 2, and 3) Enter average in Column C			
5. Holdings of stock of private corporations (*Schedule E*) Enter average in Column C			
6. Balance (Subtract Column C, Line 5 from Column C, Line 4) Enter here and on *Schedule B*, Line 1			

SCHEDULE E – HOLDINGS OF STOCK

NAME OF CORPORATION	BEGINNING OF YEAR AMOUNT	END OF YEAR AMOUNT
TREASURY STOCK		
TOTAL Enter here and on *Schedule D*, Line 5		

SCHEDULE F – TAXES

	COLUMN A	COLUMN B
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 (Add Column B, Line 6 and Line 7. Enter here and on front page, *Computation of Net Income*, Line 3)		

SCHEDULE G – ADDITIONAL REQUIRED INFORMATION

Name of Officer	Home Address	Title

1. Is the principal place of business located in Connecticut? ►❒ Yes ►❒ No If "No," enter state where principal place of business is located _____ State of incorporation _____ Date of organization _____
   Date qualified in CT _____ Date business commenced in CT_____
2. In which Connecticut towns does the corporation own or lease (as lessee) real or tangible personal property, or perform services?
   _____
3. a. Did this corporation transfer a controlling interest in an entity owning Connecticut real property? ►❒ Yes ►❒ No
   If "Yes," enter: Entity Name ►_____ Federal Employer ID Number ►_____
   b. Was there a transfer of a controlling interest in your company owning Connecticut real property ? ►❒ Yes ►❒ No
   If "Yes," enter: Transferor Name ►_____ Federal Employer ID Number ►_____
4. Did any corporation at any time during the year own a majority of the voting stock of this corporation? ►❒ Yes ►❒ No
   If "Yes," enter the name of such corporation: _____
5. Last taxable year this corporation was audited by the Internal Revenue Service ►_____
   Were adjustments reported to Connecticut? ►❒ Yes ►❒ No (If "No," attach explanation.)
6. Is this corporation exempt from Connecticut corporation business tax? ❒ Yes (If "Yes" attach explanation of exemption including statutory cite)

DECLARATION: I declare under penalty of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

SIGN HERE	Signature of Corporate Officer	Title	Date	Telephone Number ( )
Keep a copy of this return for your records	Paid Preparer's Signature		Date	Federal Employer ID Number
	Firm's Name and Address			Telephone Number ( )