

FORM CT-1120X

Amended Corporation Business Tax Return

FOR CALENDAR YEAR _____ OR FISCAL YEAR BEGINNING _____, _____, AND ENDING _____, _____

| | | |
|---|--|---|
| For Dept. Use Only | Corporation Name | CONNECTICUT TAX REGISTRATION NUMBER |
| Audited by <input type="checkbox"/> F <input type="checkbox"/> O | Address Number and Street PO Box | DATE RECEIVED (For Department Use Only) |
| Initial: | City or Town State ZIP Code | FEDERAL EMPLOYER ID NUMBER |

CHECK AND COMPLETE ALL APPLICABLE BOXES **Is this return currently under Connecticut audit?** Yes No

Connecticut return being amended: CT-1120 CT-1120S CT-1120CR CT-1120L

Amended federal return: (attach copy) 1120X 1120S Other (specify) _____

Reason for amended return: (check one) IRS Adjustments (attach copy of IRS notification) CT Corporation Business Tax Credits
 CT Apportionment Change CT Net Operating Loss Other (specify) _____

| CORPORATION BUSINESS TAX | | COLUMN A As Originally Reported or Adjusted | COLUMN B Net Change <i>(explain on Page 2)</i> | COLUMN C Correct Amount |
|---|------|--|---|-----------------------------------|
| 1. Tax on net income (See instructions) | 1. | | | |
| 2. Minimum tax on capital (See instructions) | 2. | | | |
| 3. Tax (Largest of Line 1, Line 2, or \$250) | 3. | | | |
| 4. Surtax (See instructions. If Line 3 is minimum tax, enter "0") ... | 4. | | | |
| 5. Total tax before credits (Add Line 3 and Line 4) | 5. | | | |
| 6. Total credits | 6. | | | |
| 7. Total tax after credits (Subtract Line 6 from Line 5) .. | 7. | | | |
| PAYMENTS | | | | |
| 8. Overpayment from prior year | 8. | | | |
| 9. Estimated tax payments | 9. | | | |
| 10. Paid with extension | 10. | | | |
| 11. Tax paid with original return | 11. | | | |
| 12. Tax paid after filing return | 12. | | | |
| 13. Total payments (Add Lines 8 through Line 12, Column C) | 13. | | | |
| 14. Overpayment on original return or as last adjusted | 14. | | | |
| 15. Net payments to date (Subtract Line 14 from Line 13) | 15. | | | |
| REFUND OR TAX DUE | | | | |
| 16. (a) Amount of overpayment to be credited to _____ estimated tax | 16a. | | | |
| (b) Amount to be refunded (If Line 15 is greater than Line 7, Column C, enter the difference) | 16b. | | | |
| 17. Tax Due (If Line 7, Column C is greater than Line 15, enter the difference) | 17. | | | |
| 18. Interest | 18. | | | |
| 19. TOTAL BALANCE DUE (Add Line 17 and Line 18) | 19. | | | |

MAKE CHECK PAYABLE TO: Commissioner of Revenue Services

Mail this return and attachments to: Department of Revenue Services, PO Box 2974, Hartford CT 06104-2974.

DECLARATION: I declare under the 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 Keep a copy of this return for your records. | Signature of Corporate Officer | Title | Date | Telephone Number () | |
| | Paid Preparer's Signature | | | Date | Preparer's SSN or PTIN |
| | Firm's Name and Address | | | | Federal Employer ID Number |
| | | | | | Telephone Number () |

SCHEDULE A — COMPUTATION OF TAX ON NET INCOME

| | | COLUMN A As Originally Reported or Adjusted | COLUMN B Net Change <i>(explain below)</i> | COLUMN C Correct Amount |
|---|----|--|---|-----------------------------------|
| 1. Net income | 1. | | | |
| 2. Apportionment factor <i>(Carry to six places)</i> | 2. | | | |
| 3. Connecticut net income | 3. | | | |
| 4. Operating loss carryover | 4. | | | |
| 5. Net income subject to tax | 5. | | | |
| 6. S corporation net income subject to tax <i>(See instructions)</i> | 6. | | | |
| 7. Tax on net income <i>(See instructions)</i> | 7. | | | |

SCHEDULE B — COMPUTATION OF MINIMUM TAX ON CAPITAL

| | | | | |
|--|----|--|--|--|
| 1. Minimum tax base | 1. | | | |
| 2. Apportionment factor <i>(Carry to six places)</i> | 2. | | | |
| 3. Line 1, or Line 1 multiplied by Line 2 | 3. | | | |
| 4. Number of months covered by return | 4. | | | |
| 5. Line 3 multiplied by Line 4, divided by 12 | 5. | | | |
| 6. Minimum tax on capital | 6. | | | |

EXPLAIN ANY CHANGES BELOW. Show any computation in detail. Attach additional schedules, if necessary. If you are amending to claim a tax credit, attach **Form CT-1120K**, *Business Tax Credit Summary*, or **Form CT-1120SK**, *S Corporation Business Tax Credit Summary*.

| Schedule or Line Number | | | | |
|----------------------------|--|--|--|--|
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