Department of Revenue Services State of Connecticut

Form CT-1120 Corporation Business Tax Return

(Rev. 12/04) AE	ENTER	INCOME	YEAR									,
Total Assets		Corpora	ation Nar	ne]	CT Tax Registration	Number
•	00)										
Gross Receipts		Number	r and Str	eet				PO E	Box		DRS Use Only	
<u> </u>	00)									_	- 20
NAICS Code (see instructions)												
City or Town State ZIP Code								Federal Employer I) Number			
Audited By D F												
CHECK AND CO	OMPL	ETE AL							orporation		Federal return was file	
1. Change of: 2. F		Status: Return		is is a short per the corresponding			Dissolved ►				□ 1120 ► □ 1120A	▶ 1 120H
		Return			g box.	▶□	Merged/Reorga Connecticut Ta				Other: Consolidated Basis	<u></u>
	·	Period		cquisition			Connecticut 12	ix registration	Number)		arent Co. Name 🕨	
	Retu			hange of Filing Sta	atus						arent Co. FEIN 🕨	
6. Is this corporation	on excl	nanging F	२ & D ta	x credits?	Yes	(Attac	h Form CT-112	20 XCH)	No			
7. Was this compa												
				king combined s								
8. Is this company								(, —	
											here principal place o	f business is
				State								
				Date b						mnt	tion including statutory c	ita) 🗖 Na
11. Is this corporati										mpi	ion including statutory c	
		-							tach Forn		Г-1120АВ) 🗍 No	
13. Is this corpora					•					101		
· · ·									-	F II	NTERNAL REVENUE	SERVICE -
SCHEDULE A								S AS TILLD	••••		TERNAL REVENUE	SERVICE -
1. Net income (Sc									····· ►	1		00
2. Apportionment			, ,				,			2	0.	I
3. Connecticut net			-							3		00
4. Operating loss										4		00
5. Income subject	to tax (Subtract	Line 4 fr	om Line 3)						5		00
6. TAX: Multiply Li	ne 5 by	, 7.5% (.0)75)							6		00
SCHEDULE B	– C	ΟΜΡυτ	OITA	N OF MINIMU	јм т	AX O	N CAPITAL					
1. Minimum tax ba										1		00
2. Apportionment f										2	0.	
3. Multiply Line 1 b	y Line	2							►	3		00
4. Number of mon	ths cov	vered by t	this retur	rn					►	4		
5. Multiply Line 3 b	Multiply Line 3 by Line 4, divide the result by 12						►	5		00		
6. TAX: (3 and 1/1	0 mills	per dolla	r) Multipl	y Line 5 by .0031	I. (Max	imum	tax for Sch. B is	\$\$1,000,000).	►	6		00
SCHEDULE C	- C	OMPUT	IOITA	OF AMOUN	IT PA	YAB	LE (MINIMU	JM TAX \$25	60)			
1a. Tax (Greater of						,						00
1b. Surtax (Line 1a	multipli	ied by 25	% (.25).	If Line 1a is \$2	50, ent	ter zer	o.)		► [^]	b		00
1c. Recapture of Ta										С		00
1. TOTAL TAX (En	iter the	total of Li	ne 1a, Li	ine 1b, and Line 1	c. If no	o tax cr	redits claimed, a	also enter on Li	ne 6.)	1		00
2. Multiply Line 1 b	y 30%	(0.30)							►	2		00
3. Enter the greate	r of Lin	e 2 or \$2	50						►	3		00
4. Tax Credit Limita	ation (S	ubtract L	ine 3 fro	m Line 1)					►	4		00
5. Tax Credits (For	rm CT-	1120K , F	art II, Li	ine 11. Do not e	exceed	l amou	unt on Line 4.)		►	5		00
 5. Tax Credits (Form CT-1120K, Part II, Line 11. Do not exceed amount on Line 4.) 6. Balance of tax payable (Subtract Line 5 from Line 1) 									6		00	
7a. Paid with application for extension (Form CT-1120 EXT)									_		00	
7b. Paid with estimates (Forms CT-1120 ESA, ESB, ESC, & ESD)								_		00		
7c. Overpayment fro												00
7. TAX PAYMENTS										7		00
8. Balance of tax due (overpaid) (Subtract Line 7 from Line 6)								8		00		
9. Add Penalty \blacktriangleright (9a)00 Interest \blacktriangleright (9b)0 CT-1120I Interest \blacktriangleright (9c)0								9		00		
0. Amount to be credited to 2005 estimated tax \blacktriangleright (10a)0 Refunded \blacktriangleright (10b)0								0		00		
11. Balance due w										-		00
Make check payable to			-				► Check if y					00
	(Atta	ach check	to return	with paper clip. Do	o not sta	aple.)	to you nex	t year. (Checkir	ng this box			
Mail to:	Dep	oartment c	of Revenu	ue Services CT 06104-2974			does not r responsib	elieve you of yo ility to file.)	ur			

	SCHEDU	LED - COMPUTATION OF I									
	1. Federal	taxable income (loss) before net oper-	ating loss and special deduction	s		▶ 1				00	
1	2. Interest	Interest income wholly exempt from federal tax								00	
:	3. Unallow				00						
4	4. Interest	expenses paid to a related member (F	▶ 4				00				
5. Intangible expenses and costs paid to a related member (Form CT-1120AB, Part I B, Line 1)										00	
6. Federal bonus depreciation (See instructions)										00	
	7. TOTAL (Add Lines 1 through 6)									00	
1	8. Dividend deduction (Form CT-1120 ATT, Schedule I, Line 4)									00	
:	9. Capital loss carryover (if not deducted in computing federal capital gain)									00	
		gain from sale of preserved land					00				
		bonus depreciation recovery (Form C					00				
		ons to interest add back (Form CT-112		-			00				
		ons to interest add back (Form CT-112		-			00				
		ons to interest add back (Form CT-112	14				00				
1	 Exceptions to add back of intangible expenses paid to a related member (Form CT-1120AB, Part II B, Line 1) 									00	
1								00			
	16. Other (Attach explanation) 17. TOTAL (Add Lines 8 through 16)									00	
		COME (Subtract Line 17 from Line 7.								00	
	SCHEDU	5		COLUMN			DLUMN B		COLUMN	1	
		(See instructions)		BEGINNING O			OF YEAR		0010111	-	
	1 Canital s	stock (federal Schedule L, Line 22a and	l line 22b)		00			00	(COLUMN A	'	
		and undivided profits (federal Schedule	,		00			00	COLUMN E	'	
		reserves (Attach schedule)			00			00	DIVIDED BY	2	
		dd Lines 1, 2, and 3) Enter average in (00			00		00	
		of stock of private corporations (attach so			00	0				00	
(6. Balance	(Subtract Line 5, Column C, from Line	4, Column C. Enter here and on	Schedule B, Line	1.)					00	
	SCHEDU	ILE F – TAXES				0.0	OLUMN A		COLUMN B		
	1. Payroll							00			
	2. Real pro	pertv						00			
	3. Persona							00			
	4. Sales ar							00			
ļ	5. Other (S	See instructions)									
-		icut corporation business (Deducted in	the computation of federal taxab	le income)						00	
	7. Tax on c (Deducte	or measured by income or profits imposed in the computation of federal taxable	sed by other states or political su income). ATTACH SCHEDULE	bdivisions						00	
1	8. Total un (Add Lin	allowable deduction for corporation bu e 6 and Line 7, Column B. Enter here a	siness tax purposes and on <i>Schedule D</i> , Line 3.)							00	
	SCHEDU		IRED INFORMATION - A								
			(- 1							
1.	. In which (Connecticut town(s) does the corpora	tion own or lease (as lessee) re	al or tangible per	sonai pro	perty,	, or perforn	n ser	VICES?		
2.	2. (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning Connecticut real property? ► TYes ► No If "Yes," enter: Entity Name ► Federal Employer ID Number ►										
	(b) Was there a direct or indirect transfer of a controlling interest in your company owning Connecticut real property? ► Yes ► No If "Yes," enter: Transferor Name ► Federal Employer ID Number ►										
3.	3. Did any corporation at any time during the year own a majority of the voting stock of this corporation? ► Yes ► No										
						er					
	Were adju	ble year this corporation was audited bustments reported to Connecticut?	Yes ► No (If "No," attach	explanation.)							
י	ECLAKAII	ON: I declare under penalty of law that I have it is true, complete, and correct. I unders than five years, or both. The declaration	tand the penalty for willfully delivering a of a paid preparer other than the taxp	a false return to DRS bayer is based on all	is a fine of information	not mo	re than \$5,00)0, or i	imprisonment for not	bellet, t more	
\$	SIGN HERE	Corporate Officer's Name (Print)	Corporate Officer's Signature	[Date			belo	contact the prepa		
	Keep a	Title		Telephone Numbe	er				Yes 🗌 No		
	copy of this	Poid Propararia Nama (Drint)	Paid Propararia Signatura	()) ot c				tructions, Page 1	4)	
,	return for your records	Paid Preparer's Name (Print)	Paid Preparer's Signature		Date		Prepare		SSN or PTIN		
	,	Firm's Name and Address FEIN					Teleph (Telephone Number			