Enter Income Year Beginning -

| Total assets |  | Corporation name |
| :--- | :--- | :--- |
| Amount from federal Form 1120, Line | 00 |  |
| 11: See Schedule C, Line 1b below. |  | Number and street |
|  | 00 |  |
| NAICS code: See instructions. | City or town |  |

## Check and Complete All Applicable Boxes

1. $\square$ Address change
2. Return status: $\square$ InitialFinal $\square$ Short period
3. If this is a final return, has the corporation: $\square \square$ Dissolved

2011, and Ending
ng
$\square \square$ Withdrawn

|  |
| :---: |
|  |
|  |


|  | Federal Employer ID Number (FEIN) |  |
| :---: | :--- | :--- |
|  | - |  |
| PO Box | DRS use only |  |
|  | - | - |
| ZIP code | CT Tax Registration Number |  |
|  | - |  |

Visit www.ct.gov/TSC to file and pay this return electronically.
$-\square$ Merged/reorganized: Enter survivor's CT Tax Registration Number:
4. Federal return was filed on: $\square 1120 \rightarrow \square$ 1120-H $\square$ 1120-REIT $\square \square$ 1120-RIC $\square$ Other: $\square \square$ Consolidated basis: Parent co. name $\square$ Parent co. FEIN
5. Is this corporation exchanging $R$ \& $D$ tax credits? $\square$ Yes (Attach Form CT-1120 XCH.) $\square$ No
6. Was this company included in a CT combined or unitary business tax return for the previous year? $\square$ Yes $\square$ No If this is the first year electing or revoking combined or unitary status, attach Form CT-1120CC or Form CT-1120CC-R.
7. Is this company included in a CT combined or unitary business tax return for this year?
$\square$ Yes (Attach Form CT-1120CR or Form CT-1120U.) $\square$ No
8. Is the principal place of business located in CT? $\square$ Yes $\square \square$ No If No, enter state where principal place of business is located ___ State of incorporation
Date of organization $\quad$ Date qualified in CT Date qualified in CT Yes (Attach explanation of exemption including statutory cite.) $\square$ No 10. Did this corporation use the annualized method to calculate its estimated tax installments? $\square$ Yes (Attach Form CT-1120I.) $\square$ No 11. Does this corporation pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member? $\square \square$ Yes (Attach Form CT-1120AB.) $\square$ No
12. Is this corporation filing Form CT-1120 PIC? $\square$ Yes (Attach Form CT-1120 PIC.) $\square$ No
13. Did this corporation have an average monthly net employment gain as calculated on Form CT-1120 TCE? $\square$ Yes $\square$ No

## Attach a Complete Copy of Form 1120 Including All Schedules as Filed With the Internal Revenue Service. Complete Schedule C after completing all other schedules.



| Schedule A - Computation of Tax on Net Income |  |  |  |
| :---: | :---: | :---: | :---: |
| 1. Net income: Enter amount from Schedule D, Line 22. If 100\% Connecticut, enter also on Line 3. ... . | 1 |  | 00 |
| 2. Apportionment fraction: Carry to six places. See instructions. | 2 | 0 |  |
| 3. Connecticut net income: Multiply Line 1 by Line 2. .................................................................. | 3 |  | 00 |
| 4. Operating loss carryover from Form CT-1120 ATT, Schedule H, Line 14, Column D ....................... | 4 |  | 00 |
| 5. Income subject to tax: Subtract Line 4 from Line 3. .................................................................. | 5 |  | 00 |
| 6. Tax: Multiply Line 5 by 7.5\% (.075). ...................................................................................... | 6 |  | 00 |


| Schedule B - Computation of Minimum Tax on Capital |  |  |  |
| :---: | :---: | :---: | :---: |
| 1. Minimum tax base from Schedule E, Line 6, Column C. If 100\% Connecticut, enter also on Line 3.1 | 1 |  | 00 |
| 2. Apportionment fraction: Carry to six places. See instructions. | 2 | 0 |  |
| 3. Multiply Line 1 by Line 2. .................................................................................................... | 3 |  | 00 |
| 4. Number of months covered by this return ............................................................................... | 4 |  |  |
| 5. Multiply Line 3 by Line 4, divide the result by 12. .................................................................... | 5 |  | 00 |
| 6. Tax (3 and $1 / 10$ mills per dollar): Multiply Line 5 by .0031. Maximum tax for Schedule B is $\$ 1,000,000$... | 6 |  | 00 |


| Schedule D - Computation of Net Income |  |  |
| :---: | :---: | :---: |
| 1. Federal taxable income (loss) before net operating loss and special deductions ............................. | 1 | 00 |
| 2. Interest income wholly exempt from federal tax........................................................................ | 2 | 00 |
| 3. Unallowable deduction for corporation tax from Schedule F, Line 8............................................. | 3 | 00 |
|  | 4 | 00 |
| 5. Intangible expenses and costs paid to a related member from Form CT-1120AB, Part I B, Line $3 \ldots .$. | 5 | 00 |
| 6. Federal bonus depreciation: See instructions. | 6 | 00 |
| 7. Reserved for future use ....................................................................................................... | 7 |  |
| 8. IRC §199 domestic production activities deduction from federal Form 1120, Line 25........................ | 8 | 00 |
| 9. Other: Attach explanation. ................................................................................................... | 9 | 00 |
| 10. Total: Add Lines 1 through 9. ............................................................................................... | 10 | 00 |
| 11. Dividend deduction from Form CT-1120 ATT, Schedule I, Line 5................................................ | 11 | 00 |
| 12. Capital loss carryover (if not deducted in computing federal capital gain) ...................................... | 12 | 00 |
| 13. Capital gain from sale of preserved land | 13 | 00 |
| 14. Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule J, Line 12 ...................... | 14 | 00 |
| 15. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 1 ..................................... | 15 | 00 |
| 16. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2 ..................................... | 16 | 00 |
| 17. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3 ...................................... | 17 | 00 |
| 18. Exceptions to add back of intangible expenses paid to a related member from <br> Form CT-1120AB, Part II B, Line 1 | 18 | 00 |
| 19. Reserved for future use ..................................................................................................... |  |  |
| 20. Other: See instructions. ....................................................................................................... | 20 | 00 |
| 21. Total: Add Lines 11 through 20. ............................................................................................ $\square$ | 21 | 00 |
| 22. Net income: Subtract Line 21 from Line 10. Enter here and on Schedule A, Line 1. ....................... | 22 | 00 |


| Schedule E - Computation of Minimum Tax Base See instructions. |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Column A Beginning of Year | Column B <br> End of Year | Column C |
| 1. Capital stock from federal Schedule L, Line 22a and Line 22b .... | 00 | 00 | (Column A plus |
| 2. Surplus and undivided profits from federal Schedule $L$, Lines 23, 24, and 25. | 00 | 00 | Column B) Divided by 2 |
| 3. Surplus reserves: Attach schedule. | 00 | 00 |  |
| 4. Total: Add Lines 1, 2, and 3. Enter average in Column C. ....... | 00 | 00 | 00 |
| 5. Holdings of stock of private corporations: Attach schedule. Enter average in Column C. | 00 | 00 | 00 |
| 6. Balance: Subtract Line 5, Column C, from Line 4, Column C. Enter here and on Schedule B, Line 1. ......................... |  |  | 00 |



Schedule G - Additional Required Information - Attach a schedule of corporate officers' names, titles, and addresses. See instructions.

1. In which CT town(s) does the corporation own or lease, as lessee, real or tangible personal property, or perform services?
2. (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning CT real property? $\square$
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 CT real property? $\square \square$ Yes $\square$ No

If Yes, enter: Transferor name Federal Employer ID Number
(c) If the answer to either 2(a) or 2(b) is Yes, enter: Transferee(s) name

Date of transfer $\qquad$ , and attach a list of addresses for all Connecticut realty property transferred.
3. Did any corporation at any time during the year own a majority of the voting stock of this corporation?

If Yes, enter: Corporation name $\qquad$ Federal Employer ID Number
4. Last taxable year this corporation was audited by the Internal Revenue Service

Were adjustments reported to CT? $\square$ Yes $\square \square$ No (If No, attach explanation.)

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than $\$ 5,000$, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| Sign Here <br> Keep a copy of this return for your records. | Corporate officer's name (print) |  |  | Date |
| :---: | :---: | :---: | :---: | :---: |
|  | Corporate officer's signature |  |  | Telephone number ( ) |
|  | Title |  | May DRS contact the preparer shown below about this return? <br> Yes $\square$ No $\square$ See instructions. |  |
|  | Paid preparer's name (print) |  |  | Date |
|  | Paid preparer's signature |  |  | Preparer's SSN or PTIN |
|  | Firm's name and address |  | FEIN | Telephone number ( ) |
| Mail paper return with payment to: Department of Revenue Services State of Connecticut PO Box 2974 Hartford CT 06104-2974 |  | Mail paper return without payment to: Department of Revenue Services State of Connecticut PO Box 150406 Hartford CT 06115-0406 | Make check payable to: <br> Commissioner of Revenue Services <br> Attach check to return with paper clip. Do not staple. |  |

