Department of Revenue Services State of Connecticut (Rev. 12/13)

Form CT-1120X Amended Corporation Business Tax Return

2013

(i tov. Enter	Income Year Beginning ►		2011	3 and Ending					
Corporation name				5, and Ending -	Connecticut 1	Tax Rec	istration Num	ber	
ос.р.	, a.c.						,		
Addre	ess Number and street	PO	Box		DRS use only	,	20		
City o	or town State	7IP	code	<u> </u>	Federal Emple	over ID	- 20	N)	
Oity C		> Table 1 in Fig. 1 is realised (1 in Fig.							
Che	ck and Complete All Applicable Boxes Is this	s return cur	rent	tly under Connecticut	audit?	☐ Ye	s 🗖 No		
	necticut return being amended:								
	son for amended return: (Check one)								
	IRS adjustments or federal Form 1120X. Attach a copy	y of IRS not	ifica	ation or federal Form 1	120X.				
	Enter date of final determination:								
		Connectic	ut a	pportionment change	► ☐ Connec	ticut n	et operating	loss	
	Other: Specify								
	Column A Column B								
Sc	hedule A – Computation of Tax on Net Income			Amount as Originally Reported or Adjusted	Net Change Increase or (Decr	Net Change ncrease or (Decrease)		Correct Amount	
	Net income from <i>Schedule D</i> , Line 22			r toportod or r tajdotod	110100000 01 (2001				
	If 100% Connecticut, also enter on Line 3.		1.	00		00	>	00	
2.	Apportionment fraction: Carry to six places. See instruct	tions	2.	0.	0.		▶ 0.		
	Connecticut net income: Multiply Line 1 by Line 2	F	3.	00		00	>	00	
4.	Operating loss carryover from Form CT-1120 ATT, Sche	edule H,		00		00		00	
_	Line 14, Column D		4. 5.	00		00		00	
	Tax: Multiply Line 5 by 7.5% (.075)		6.	00		00		00	
	hedule B – Computation of Minimum Tax on Capit		0.	00		00		00	
	Minimum tax base from Form CT-1120 or CT-1120U, Scho								
١.	Line 6, Column C. If 100% Connecticut, also enter on I		1.	00		00	>	00	
2.	Apportionment fraction: Carry to six places. See instruct	tions	2.	0.	0.		▶ 0.	·	
3.	Multiply Line 1 by Line 2		3.	00		00	>	00	
	Number of months covered by this return	-	4.				>		
	Multiply Line 3 by Line 4, divide the result by 12	-	5.	00		00		00	
_	Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .003	1	6.	00		00	>	00	
	hedule C – Computation of Amount Payable						ı		
1a.	Tax: Greater of Schedule A, Line 6; Schedule B, Line 6; or minimum tax		1a.	00		00		00	
1b.	Enter the amount of surtax due: See instructions.	-	1b.	00		00		00	
	Recapture of tax credits: See instructions.	-	1c.	00		00		00	
l .	Total tax: Enter the total of Lines 1a through 1c. If no ta								
	credits claimed, enter also on Line 6		1.	00		00	>	00	
2	Multiply Line 1 by 30% (0.30)		2.	00		00		00	
	Enter the greater of Line 2 or \$250.	F	3.	00		00		00	
	Tax credit limitation: Subtract Line 3 from Line 1	-	4.	00		00		00	
	Tax credits from Form CT-1120K , Part II, Line 11			00					
	Do not exceed amount on Line 4.		5.	00		00	>	00	
6.	Balance of tax payable: Subtract Line 5 from Line 1		6.	00		00	-	00	
	Paid with application for extension from Form CT-1120	_	7a.	00		00		00	
	Paid with estimates from Forms CT-1120 ESA, ESB, ESC, 8	-	7b.	00		00		00	
	Overpayment from prior year	-	7c.	00		00	•	00	
7d.	Tax paid with original return plus additional tax paid afte original return was filed		7d.	00		00	•	00	
7.	Tax payments: Enter the total of Lines 7a through 7d.	-	7.	00		00		00	
	Overpayment on original return or as last adjusted						>	00	
	Net payments to date: Subtract Line 8 from Line 7.						>	00	
	Amount to be credited to estimated tax: If Line 9 is greater than Line 6, enter amount to be credited to estimated tax.						>	00	
	b. Amount to be refunded: If Line 9 is greater than Line 6, enter amount to be refunded						>	00	
	11. Tax due: If Line 6 is greater than Line 9, enter amount of tax due.						>	00	
	Interest: See instructions.					12.		00	
13	Balance due: Add Line 11 and Line 12.					13.	▶	00	

Schedule D – Computation of Net Income				Column A Amount as Origin Reported or Adju		Column B Net Change Increase or (Decrease))	Column C Correct Amount	
	I taxable income (loss) before n deductions		1.		00		0	•	00
	t income wholly exempt from fed		2.		00		0	-	00
3. Unallow	vable deduction for corporation to the F, Line 8 or CT-1120U, Sche	ax from Forms CT-1120	3.		00	0	0	>	00
	t expenses paid to a related me orm CT-1120AB, Part I A, Line		4.		00	0	0	>	00
5. Intangib	ole expenses and costs paid to corm CT-1120AB , Part I B, Line 3	a related member 3	5.		00	0	0	•	00
	I bonus depreciation: See instru		6.		00				00
7. Reserve	ed for future use		7.						
8. IRC §19 federal	99 domestic production activitie Form 1120, Line 25	s deduction from	8.		00	0	0	•	00
9. Other: A	Attach explanation		9.		00	0	0	>	00
10. Total: A	dd Lines 1 through 9		10.		00	0	0	>	00
11. Dividen	d deduction from Form CT-1120	ATT, Schedule I, Line 5	11.		00	0	0	>	00
12. Capital capital	loss carryover (if not deducted gain)	in computing federal	12.		00	О	0	•	00
13. Capital	gain from sale of preserved lan	d	13.		00	0	0	>	00
14. Federal Schedu	14. Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule J, Line 14				00	0	0	>	00
from F o	ons to interest add back orm CT-1120AB, Part II A, Line	1	15.		00	0	0	>	00
from F o	ons to interest add back orm CT-1120AB, Part II A, Line	2	16.		00	0	0	>	00
from F c	17. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3		17.		00	0	0	>	00
related	ons to add back of intangible exmember from Form CT-1120Al	B, Part II B, Line 1			00	0	0	>	00
19. Reserved for future use. 20. Other: See instructions.			-r	///////////////////////////////////////	/////	///////////////////////////////////////		<u> </u>	///
			-		00		0		00
21. Total: Add Lines 11 through 20		21.		00		0		00	
on Sche	edule A, Line 1		22.		00	0	0	>	00
	I		acri	additional scried	uies, ii	necessary. II amend	יוווג	g to daim a tax crec	JII.,
Departn	vith payment to: nent of Revenue Services	Mail return without payme Department of Rever	nue S			e check payable to: Commissioner of I			
Declaration	2974, Hartford CT 06104-2974 n: I declare under penalty of law toge and belief, it is true, complete, a		eturn	(including any acc	ompan		ter	ments) and, to the bes	
of Revenue	ge and belief, it is true, complete, a Services (DRS) is a fine of not mo payer is based on all information	ore than \$5,000, imprisonn	nent f	or not more than fi					
	Corporate officer's name (print)	signa	signature			Date			
Sign Here Keep a	Corporate officer's enfail address (print)			Title			Telephone number ()		
copy of this			Preparer's SSN or PTIN			TIN Date	Date		
return for your records.	Paid preparer's signature					FEIN	FEIN		
	Firm's name and address				Telenh	Telephone number			