



Form CT-1120CU



Combined Unitary Corporation Business Tax Return

	Complete this	form in blue or	black ink only.	Do not use staples.
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Enter Income Year Beginning	2019	and Ending ►			
Name of Connecticut designate	\overline{M} \overline{M} - \overline{D} \overline{D} - \overline{Y} \overline{Y} \overline{Y} \overline{Y}	Μ	M - D D - Y Y Y Y Connecticut Ta	Registration Number	
Number and street		PO Box		ver ID Number (FEIN)	
•				· · · · · ·	
City, town, or post office	State	ZIP code			
	•	•			
Check All Applicable Boxes	s: 1. ► Address	s change			
2. Unitary return status:	Initial return	Final •	Short period ►	Amended	
3. Is any member exchanging R	& D tax credits?	Yes (File Form C	T-1120 XCH separately.)		
If Yes, enter the amount of c	redit refund requested:	•	.00		
4. Did the unitary group annualiz	ze its estimated tax paym	nents?	Yes (Attach Form CT-1	120I.) No	
5. Filing Method:	Water's Edge	► Affilia	ted Group	Worldwide	
See instructions.	(Default)	(Electi	-	(Election)	
Part III – Computation of Ar	nount Payable - Comp	olete Part I, Part II, an	d Schedule KU before comp	eting Part III.	
1. Combined Unitary Tax: Ente	er amount from Part Ⅰ, Line	9, Combined Group	<i>Total</i> column 1. ►		.00
2. Combined Unitary Tax Cred	l its: Enter amount from Pa	rt II, Line 4	2. ►		.00
3. Balance of tax before PE cr	edit: Subtract Line 2 from	Line 1	3. ►		.00
4. Total PE credit applied from a	Il members. See instructio	ns	4. ►		.00
5. Balance of tax payable: Sub	otract Line 4 from Line 3, b	ut not less than zero	("0") 5. ►		.00
6a. Amount paid with Form CT-1	120 EXT	6a. ►	.00		
6b. Amount paid with Forms CT-1	120 ESA, ESB, ESC, and E	SD . 6b. ►	.00		
6c. Overpayment from prior year.		6c. ►	.00		
6. Tax payments: Add Lines 6a	a, 6b, and 6c		6. ►		.00
7. Balance of tax due (overpai	d): Subtract Line 6 from	Line 5	7. ►		.00
8a. Penalty.			8a. ►		.00
8b. Interest.			8b. ►		.00
8c. Form CT-1120I Interest			8c. ►		.00
8. Total penalty and interest: E	Enter the total of Lines 8a	a, 8b, and Line 8c.	8. ►		.00
9a. Amount to be credited to 20					.00
9b. Amount to be refunded			9b. ►		.00
For a faster refund, choose Direct	Deposit by completing Line	es 9c through 9e.	9c. ► Checking	► Savings	
9d. Routing number ►	96	e. Account number >			
9f. Will this refund go to a bank a	account outside the U.S.?	► Yes 9q.	Bank name ►		
10. Total to be credited or refun					.00
11. Balance due with this return					.00
-			av in processing your return	and/or refund	

the correct year's form must be submitted to the Department of Revenue Services (DRS).





Schedule of Members Included in the Combined Unitary Return. (Enter taxable members first.)

For more than 50 members, attach replicas of this page as needed, with the same infomation and begin numbering with 51.

	Member #	Corporation Name	Taxab					ax Re				iber *		5		J	FEI		
1.	1.	Designated Taxable Member		Y															
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					*CT T	ax Re	egistr	ation N	umbe	r must	be incl	uded fo	or pare	nt and	l all tax	able	memb	ers.	



Enter the total number of members in this combined unitary return.

Enter the total number of taxable members in this combined unitary return.





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Connecticut Tax Registration Number



Column A Column B Column C Taxable Taxable Taxable PART I – Combined Group Total Tax Member #: Member #: Member #: Corporation name: **Combined Group Total** 1. Tax on combined group net income from Form CT-1120CU-NI, Part III, Line 14. .00 2. Tax on combined group minimum tax base from Form CT-1120CU-MTB, Line 14. .00 3. Enter the larger of Line 1 or Line 2.If greater than \$2,500,000, complete Form .00 CT-1120CU-NCB. 4. Aggregate maximum tax: If Line 3 exceeds \$2,500,000, enter the amount from Form CT-1120CU-NCB, Part III, Line 5. Otherwise, enter zero ("0"). .00 5. If Line 4 is zero ("0"), enter the amount from Line 3. Otherwise, enter the lesser of Line 3 .00 or Line 4.

On Lines 6a, 6b, and 6c, enter each taxable member's share of amount shown on Line 5, as applicable:

- 6a. If amount on Line 5 is based on combined group net income from Line 1, enter the corresponding amounts in each column as reported on Form CT-1120CU-NI, Part III, Line 13. Otherwise leave Line 6a blank.
- 6b. If amount on Line 5 is based on combined group minimum tax base from Line 2, enter the corresponding amounts in each column as reported on Form CT-1120CU-MTB, Line 10 (or Line 12, if applicable). Otherwise leave Line 6b blank.
- 6c. If amount on Line 5 is based on the aggregate maximum tax from Line 4, enter the corresponding amounts in each column as reported on Form CT-1120CU-NCB, Part III, Line 9. Otherwise leave Line 6c blank.
- 7. Surtax: Multiply each applicable tax amount on Line 6a, Line 6b, or Line 6c, by 10% (.10). If the tax amount in any column is \$250, enter zero ("0"). Enter the total of all columns on Line 7 in *Combined Group Total* column.
- 8. Recapture of tax credits: Enter the total of all columns on Line 8 in *Combined Group Total* column.
- 9. Total tax: Add Lines 6a, 6b, or 6c, and Lines 7 and 8. Enter the amount in each column on Part II, Line 1, and enter the total of all columns on Line 9 in *Combined Group Total* column. Enter the Combined Group Total on Part III, Line 1.

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•	.00	.00	.00	.00
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Member #: Member #: <t< th=""><th></th><th>Column D</th><th>Column E</th><th>Column F</th><th>Column G</th><th>Column H</th><th></th></t<>		Column D	Column E	Column F	Column G	Column H	
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4. 5. .00							
5. 6a. .00 .00 .00 .00 .00 .00 6b. .00 .00 .00 .00 .00 .00 .00 6c. .00 .00 .00 .00 .00 .00 .00 .00 7. .00 .00 .00 .00 .00 .00 .00 .00 8. .00 .00 .00 .00 .00 .00 .00 .00	3.						
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	8.		.00	.00	.00	-00	.00
900 .00 .00 .00	9.		.00	.00	.00	.00	.00







	Column A	Column B	Column C	Colu	mn D					
PART II – Combined Group Unitary Tax Credit Computation	Taxable Member #:	Taxable Member #:	Taxable Member #:	Taxable Member #	<u>+</u> .					
Corporation name:	mernoer #:		moniber #.	incriber /						
 Enter each member's separate tax liability as reported on Part I, Line 9. 		.00	.00	.00	.00					
2. Enter the lesser of Line 1 multiplied by 50.01% (.5001) or Line 1 minus \$250. If negative, enter zero ("0").		.00	.00	.00	.00					
3. Tax credits applied. Do not exceed the amount reported on Line 2 in any column.		.00	.00	.00	.00					
4. Combined unitary tax credits: Add the amounts	s in each column on	Line 3 and enter the total he	ere and on Part III, Line 2.	•	.00					
Combined Unitary Group Net Operating Loss Summary										
	-	•								
1. Total apportioned net operating loss applied by comb	ined unitary group me	mbers in 2019 from Form CT-	1120CU-NI, Part III, Line 11.	1. ►	.00					
2. Total apportioned net operating loss carryover ava	ilable for use in 2020) by all combined unitary gro	up members.	2. ►	.00					
Combined Unitary Group Pass-Through Entity ("PE") Tax Credit Summary										
1. PE credit carryforward from 2018.		1. 🕨	.00							
2. Enter the sum of 2019 PE credits reported in each	2. ►	.00								
3. Total 2019 PE credit available. Add Line 1 and Lin	3. 🕨	.00								
4. PE credit applied in 2019 from Form CT-1120CU,	4. 🕨	.00								
5. PE credit carryforward: Subtract Line 4 from Line	5. 🕨	.00								

DECLARATION: I declare under the penalty of law that I have examined this return 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.

	Corporate officer's name (print)	Corpo	orate officer's sig	gnature		Date	
Sign						-	-
Here	Title	Tele	ephone number			M M - D	D - Y Y Y Y
Keep a copy of			-		May DRS contact the pl shown below about this		Yes No
this return	Paid preparer's name (print)	Paid preparer's signatu	re	Date	Prepa	rer's SSN o	r PTIN
for your				-	-		
records.	Firm's name and address		Firm's FEIN	M M - D	D - Y Y Y Y Teleph	none numbe	er
						-	-



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Connecticut Tax Registration Number



Column E	Column F	Column G	Column H	Column I	
Taxable Member #:					
	00	00	00	00	00
1.	-00	.00	.00	.00	.00
2.	.00	.00	.00	.00	.00
3.	.00	.00	.00	.00	.00







Schedule KU – Combined Unitary Tax Credits Attach 2019 Form CT-1120K for each member claiming, using, or sharing a business tax credit and enter the combined credit totals.

Tax Credits With Carryback Provisions		Column A Carryback Amount	Column B Amount Applied		Column C Carryforward Amount
1. Neighborhood Assistance.	1.	.00	•	.00	
2. Housing Program Contribution.	2.	.00		.00	
Tax Credits Without Carryback or Carryforward Provisions					
3. Apprenticeship Training.	3.	I		.00	
 Manufacturing Facility Credit for Facilities located in a Targeted Investment Community/Enterprise Zone. 	4.	,	•	.00	
5. Machinery and Equipment.	5.	1	•	.00	
6. Service Facility.	6.	1	•	.00	
7. Reserved for future use.	7.				
8. Film Production.	8.	1	•	.00	
9. Digital Animation.	9.	I	•	.00	
10. Film Production Infrastructure.	10.	1		.00	
Tax Credits With Carryforward Provision	ns				
11. Housing Program Contribution.	11.	I	•	.00 ►	.00
12. Research and Experimental Expenditures.	12.	1	•	.00 ►	.00
13. Research and Development.	13.	I		.00 ►	.00
14. Fixed Capital Investment.	14.	1		.00 ►	.00
15. Human Capital Investment.	15.	1	•	.00 ►	.00
16. Insurance Reinvestment Fund.	16.	I	•	.00 ►	.00
17. Reserved for future use.	17.				
18. Historic Homes Rehabilitation.	18.	I	•	.00 ►	.00
19. Donation of Land.	19.	I	•	.00 ►	.00
20. Historic Structures Rehabilitation.	20.	I	•	.00 ►	.00
21. Historic Preservation.	21.	I	•	.00 ►	.00
22. Urban and Industrial Site Reinvestment.	22.	I	•	.00 ►	.00
23. Green Buildings.	23.	1		.00 ►	.00
24. Historic Rehabilitation.	24.	I	•	.00 ►	.00
25. Electronic Data Processing Equipment Property Tax Credit.	25.		•	.00 ►	.00
26. Add the amounts in Column A, Column B, and Column C.	26.	.00		.00 ►	.00

