



Enter Income Year Beginning  and Ending  Should you file Form CT-1120CU? See DRS website.

Corporation name  Federal Employer ID Number (FEIN)

Number and street  PO Box  Connecticut Tax Registration Number

City, town, or post office  State  ZIP code  Total assets  Amount from federal Form 1120, Line 11 (See Schedule C, Line 1b).

Is this corporation requesting a refund for the Student Loan Payment tax credit?  
 Yes (File Form CT-RSLP separately.) Amount of credit to be issued in the form of a refund requested:  .00 NAICS code: See instructions.

Is this corporation exchanging R & D tax credits?  
 Yes (File Form CT-1120 XCH separately.) Amount of credit to be issued in the form of a refund requested:  .00

**Schedule C – Computation of Amount Payable (Minimum Tax \$250)**

|  |      |                      |     |
|--|------|----------------------|-----|
| 1a. Tax: Greater of Schedule A, Line 6; Schedule B, Line 6; or \$250.  | 1a.  | <input type="text"/> | .00 |
| 1b. Surtax: Line 1a multiplied by 10%. If federal Form 1120, Line 11 is less than \$100,000,000 or Line 1a is \$250 enter zero ("0").                          | 1b.  | <input type="text"/> | .00 |
| 1c. Recapture of tax credits: See instructions.  | 1c.  | <input type="text"/> | .00 |
| 1. Total tax: Enter the total of Lines 1a through Line 1c. If no tax credits claimed, enter also on Line 6.  | 1.   | <input type="text"/> | .00 |
| 2. Multiply Line 1 by 49.99% (0.4999).   | 2.   | <input type="text"/> | .00 |
| 3. Enter the greater of Line 2 or \$250.   | 3.   | <input type="text"/> | .00 |
| 4. Tax credit limitation: Subtract Line 3 from Line 1.   | 4.   | <input type="text"/> | .00 |
| 5a. Tax credits from Form CT-1120K, Part II, Line 9. Do not exceed amount on Line 4.   | 5a.  | <input type="text"/> | .00 |
| 5b. Excess credit utilization from Form CT-1120K, Part II, Line 12.  | 5b.  | <input type="text"/> | .00 |
| 5. Total tax credits: Add Line 5a and Line 5b.   | 5.   | <input type="text"/> | .00 |
| 6. Balance of tax before PE credit: Subtract Line 5 from Line 1.   | 6.   | <input type="text"/> | .00 |
| 7. PE credit from Form CT-1120PE, Line 3.  | 7.   | <input type="text"/> | .00 |
| 8. Balance of tax payable: Subtract Line 7 from Line 6, but not less than zero ("0").  | 8.   | <input type="text"/> | .00 |
| 9a. Paid with application for extension from Form CT-1120 EXT.   | 9a.  | <input type="text"/> | .00 |
| 9b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, and ESD.   | 9b.  | <input type="text"/> | .00 |
| 9c. Overpayment from prior year.   | 9c.  | <input type="text"/> | .00 |
| 9d. Amended filers only. Amounts paid with original return, plus additional tax paid after the original return was filed: Do not include penalty and interest. | 9d.  | <input type="text"/> | .00 |
| 9. Tax payments: Enter the total of Lines 9a, 9b, 9c and 9d.   | 9.   | <input type="text"/> | .00 |
| 10a. Amended filers only. Overpayment, if any, as shown on original return or as previously adjusted. All others enter zero ("0").                             | 10a. | <input type="text"/> | .00 |
| 10b. Subtract Line 10a from Line 9.  | 10b. | <input type="text"/> | .00 |
| 10. Balance of tax due (overpaid): Subtract Line 10b from Line 8.  | 10.  | <input type="text"/> | .00 |
| 11a. Penalty.  | 11a. | <input type="text"/> | .00 |
| 11b. Interest.   | 11b. | <input type="text"/> | .00 |
| 11c. Form CT-1120I Interest.   | 11c. | <input type="text"/> | .00 |
| 11. Total penalty and interest: Enter the total of Lines 11a, 11b, and Line 11c.   | 11.  | <input type="text"/> | .00 |
| 12a. Amount to be credited to 2024 estimated tax.  | 12a. | <input type="text"/> | .00 |
| 12b. Amount to be refunded.  | 12b. | <input type="text"/> | .00 |

For faster refund, use Direct Deposit by completing Lines 12c, 12d, and 12e.

12c. Checking  Savings  12d. Routing #  12e. Account #

12f. Will this refund go to a bank account outside the U.S.?  Yes 12g. Bank name

12. Total to be credited or refunded: Enter the total of Line 12a and Line 12b.  .00

13. Balance due with this return: Add Line 10 and Line 11.  .00

You must complete Schedules A, B, and D (Page 2) and Schedules E and G (Page 3) BEFORE completing Schedule C.  
Attach a complete copy of Form 1120 including all schedules as filed with the Internal Revenue Service.

Visit us at [portal.ct.gov/DRS](http://portal.ct.gov/DRS) for more information.



**Schedule A – Computation of Tax on Net Income**

|   |    |   |  |     |
|---|----|---|--|-----|
| 1. Net income: Enter amount from <i>Schedule D</i> , Line 24. <b>If 100% Connecticut, enter also on Line 3.</b> .....               | 1. | ▶ |  | .00 |
| 2. Apportionment fraction: Carry to six places. See instructions. ....  | 2. | ▶ |  | .00 |
| 3. Connecticut net income: Multiply Line 1 by Line 2. ....  | 3. | ▶ |  | .00 |
| 4. Operating loss carryover from <b>Form CT-1120 ATT</b> , <i>Schedule H</i> , Line 22, Column E. Do not exceed 50% of Line 3. .... | 4. | ▶ |  | .00 |
| 5. <b>Income subject to tax:</b> Subtract Line 4 from Line 3. ....  | 5. | ▶ |  | .00 |
| 6. <b>Tax:</b> Multiply Line 5 by 7.5% (.075). ....   | 6. | ▶ |  | .00 |

**Schedule B – Computation of Minimum Tax on Capital**

|   |    |   |  |     |
|---|----|---|--|-----|
| 1. Minimum tax base from <i>Schedule E</i> , Line 6, Column C. <b>If 100% Connecticut, enter also on Line 3.</b> ..         | 1. | ▶ |  | .00 |
| 2. Apportionment fraction: Carry to six places. See instructions. ....  | 2. | ▶ |  | .00 |
| 3. Multiply Line 1 by Line 2. ....  | 3. | ▶ |  | .00 |
| 4. Number of months covered by this return. ....  | 4. | ▶ |  | .00 |
| 5. Multiply Line 3 by Line 4, divide the result by 12. ....   | 5. | ▶ |  | .00 |
| 6. <b>Tax (3 and 1/10 mills per dollar):</b> Multiply Line 5 by .0031. Maximum tax for <i>Schedule B</i> is \$1,000,000. 6. | 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. State and local income taxes. ....  | 3.   | ▶ |  | .00 |
| 4. Interest expenses paid to a related member from <b>Form CT-1120AB</b> , Part I A, Line 1. ....  | 4.   | ▶ |  | .00 |
| 5. Intangible expenses and costs paid to a related member from <b>Form CT-1120AB</b> , Part I B, Line 3..  | 5.   | ▶ |  | .00 |
| 6. Federal bonus depreciation: See instructions. ....  | 6.   | ▶ |  | .00 |
| 7. Business interest expense carried forward under IRC § 163(j) and deducted for federal tax purposes in the current year. See instructions. ....          | 7.   | ▶ |  | .00 |
| 8. 80% of IRC § 179 deduction. See instructions. ....  | 8.   | ▶ |  | .00 |
| 9. Other: Attach explanation. ....   | 9.   | ▶ |  | .00 |
| 10. Total: Add Lines 1 through 9. ....   | 10.  | ▶ |  | .00 |
| 11. Dividend deduction from <b>Form CT-1120 ATT</b> , <i>Schedule I</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 <b>Form CT-1120 ATT</b> , <i>Schedule J</i> , Line 26. ....   | 14.  | ▶ |  | .00 |
| 15. Exceptions to interest add back from <b>Form CT-1120AB</b> , Part II A, Line 1. ....   | 15.  | ▶ |  | .00 |
| 16. Exceptions to interest add back from <b>Form CT-1120AB</b> , Part II A, Line 2. ....   | 16.  | ▶ |  | .00 |
| 17. Exceptions to interest add back from <b>Form CT-1120AB</b> , Part II A, Line 3. ....   | 17.  | ▶ |  | .00 |
| 18. Exceptions to add back of intangible expenses paid to a related member from <b>Form CT-1120AB</b> , Part II B, Line 1. ....                            | 18.  | ▶ |  | .00 |
| 19. 25% of IRC § 179 deduction added back in the preceding four years. ....  | 19.  | ▶ |  | .00 |
| 20. IRC § 163(j) business interest deduction disallowed for federal tax purposes. See instructions. ...  | 20.  | ▶ |  | .00 |
| 21. Contributions from Connecticut or its municipalities included in <i>Schedule D</i> , Line 1. ....  | 21.  | ▶ |  | .00 |
| 21a. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes. .... | 21a. | ▶ |  | .00 |
| 22. Other: See instructions. ....  | 22.  | ▶ |  | .00 |
| 23. <b>Total:</b> Add Lines 11 through 22. ....  | 23.  | ▶ |  | .00 |
| 24. <b>Net income:</b> Subtract Line 23 from Line 10. Enter here and on <i>Schedule A</i> , Line 1. ....   | 24.  | ▶ |  | .00 |



CT Tax Registration Number

**Schedule E – Computation of Minimum Tax Base**

See instructions.

|  | Column A<br>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                     |  |
| 2. Surplus and undivided profits from federal Schedule L, Lines 23, 24, and 25.                                    | .00                           | .00                     | (Column A plus Column B)<br>Divided by 2 |
| 3. Surplus reserves: Attach schedule.  | .00                           | .00                     |  |
| 4. <b>Total:</b> 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. <b>Balance:</b> Subtract Line 5, Column C, from Line 4, Column C. Enter here and on <i>Schedule B</i> , Line 1. |                               |                         | .00                                      |

**Schedule G – Additional Required Information**

Attach a schedule of corporate officers' names, titles, and addresses. See instructions.

- In which Connecticut (CT) town(s) does the corporation own or lease, as lessee, real or tangible personal property, or perform services?
- (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning CT real property?.....  Yes  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 CT real property?.....  Yes  No  
 If **Yes**, enter: Transferor name  FEIN/SSN
- (c) If the answer to either 2(a) or 2(b) is **Yes**, enter: Transferee(s) name   
 Date of transfer , **and** attach a list of addresses for all Connecticut real property transferred.
- Did any corporation at any time during the year own a majority of the voting stock of this corporation? .....  Yes  No  
 If **Yes**, enter: Corporation name  Federal Employer ID Number
- Last taxable year this corporation was audited by the Internal Revenue Service   
 Were adjustments reported to CT?  Yes  No (If **No**, attach explanation).



\_\_\_\_\_

**Check All Applicable Boxes:**

1.  Address change      2. Return status:  Initial     Amended     Final     Short period

Reason for amending, if applicable:  IRS adjustments or federal Form 1120X. Attach a copy of IRS notification or federal Form 1120X. Enter date of final determination: \_\_\_\_\_ M M - D D - Y Y Y Y

Connecticut corporation business tax credit change     Connecticut apportionment change     Connecticut net operating loss change     Other: Specify on line below.

3. If this is a final return, has the corporation:  Dissolved     Withdrawn  
 Merged/reorganized: Enter survivor's Connecticut (CT) Tax Registration Number: \_\_\_\_\_

4. Federal return was filed on:  
 1120     1120-H     1120-REIT     1120-RIC     Other: \_\_\_\_\_  
Consolidated basis: Parent co. name \_\_\_\_\_ Parent co. FEIN \_\_\_\_\_

5. Did this company file as part of a **Form CT-1120CU** for the previous year?     Yes     No

6. Does this company file as part of a Form CT-1120CU and is filing this return to report non-unitary business income?  
 Yes     No  
If Yes, enter the CT Tax Registration Number of the group's designated taxable member: \_\_\_\_\_

7. Is the principal place of business located in CT?     Yes     No  
If No, enter state where principal place of business is located: \_\_\_\_\_ State of incorporation: \_\_\_\_\_  
Date of organization: \_\_\_\_\_ M M - D D - Y Y Y Y    Date qualified in CT: \_\_\_\_\_ M M - D D - Y Y Y Y    Date business began in CT: \_\_\_\_\_ M M - D D - Y Y Y Y

8. Is this corporation exempt from CT Corporation Business Tax?  
 Yes (Attach explanation of exemption including statutory cite).     No

9. Did this corporation use the annualized method to calculate its estimated tax installments?  
 Yes (Attach **Form CT-1120I**).     No

10. Does this corporation pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member?  
 Yes (Attach **Form CT-1120AB**).     No

**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.

|  |  |   |   |
|--|--|---|---|
| <b>Sign Here</b>                             | Corporate officer's name (print)                 | Corporate officer's signature           | Date  |
|  | <b>This return MUST be filed electronically!</b> |   | _____<br><small>M M - D D - Y Y Y Y</small>   |
| Keep a copy of this return for your records. | Corporate officer's email address (print)        | <b>DO NOT MAIL paper return to DRS.</b> |   |
|  | Title  | Telephone number                        | May DRS contact the preparer shown below about this return?    Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  | Paid preparer's name (print)                     | Paid preparer's signature               | Date  |
|  | Firm's name and address                          | Firm's FEIN                             | Preparer's SSN or PTIN  |
|  |  | <small>M M - D D - Y Y Y Y</small>      | _____<br><small>M M - D D - Y Y Y Y</small>   |
|  |  |   | _____<br><small>M M - D D - Y Y Y Y</small>   |

**Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to DRS. Do not use staples.**  
Visit us at [portal.ct.gov/DRS](http://portal.ct.gov/DRS) for more information.