

Form CT-1120X

Amended Corporation Business Tax Return

2011

Enter Income Year Beginning , 2011, and Ending

Corporation name	Connecticut Tax Registration Number
Address Number and street PO Box	DRS use only - 20
City or town State ZIP code	Federal Employer ID Number (FEIN)

Check and Complete All Applicable Boxes **Is this return currently under Connecticut audit?** Yes No
Did this taxpayer have an average monthly net employment gain as calculated on Form CT-1120 TCE? Yes No
Connecticut return being amended: CT-1120 CT-1120U

Reason for amended return: (Check one)

- IRS adjustments or federal Form 1120X. Attach a copy of IRS notification or federal Form 1120X.
 Enter date of final determination: _____
- Connecticut corporation business tax credits Connecticut apportionment change Connecticut net operating loss
- Other: Specify _____

		Column A Amount as Originally Reported or Adjusted	Column B Net Change Increase or (Decrease)		Column C Correct Amount
Schedule A – Computation of Tax on Net Income					
1. Net income from <i>Schedule D</i> , Line 22 If 100% Connecticut, also enter on Line 3.	1.	00	00	▶	00
2. Apportionment fraction: Carry to six places. See instructions.	2.	0.	0.	▶	0.
3. Connecticut net income: Multiply Line 1 by Line 2.	3.	00	00	▶	00
4. Operating loss carryover from Form CT-1120 ATT , <i>Schedule H</i> , Line 14, Column D.....	4.	00	00	▶	00
5. Income subject to tax: Subtract Line 4 from Line 3.	5.	00	00	▶	00
6. Tax: Multiply Line 5 by 7.5% (.075).	6.	00	00	▶	00
Schedule B – Computation of Minimum Tax on Capital					
1. Minimum tax base from Form CT-1120 or CT-1120U , <i>Schedule E</i> , Line 6, Column C. If 100% Connecticut, also enter on Line 3.	1.	00	00	▶	00
2. Apportionment fraction: Carry to six places. See instructions.	2.	0.	0.	▶	0.
3. Multiply Line 1 by Line 2.	3.	00	00	▶	00
4. Number of months covered by this return	4.			▶	
5. Multiply Line 3 by Line 4, divide the result by 12.	5.	00	00	▶	00
6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031.	6.	00	00	▶	00
Schedule C – Computation of Amount Payable					
1a. Tax: Greater of <i>Schedule A</i> , Line 6; <i>Schedule B</i> , Line 6; or minimum tax	1a.	00	00	▶	00
1b. Enter the amount of surtax due: See instructions.	1b.	00	00	▶	00
1c. Recapture of tax credits: See instructions.	1c.	00	00	▶	00
1. Total tax: Enter the total of Lines 1a through 1c. If no tax credits claimed, enter also on Line 6.	1.	00	00	▶	00
2. Multiply Line 1 by 30% (0.30). If filing Form CT-1120 TCE , see instructions.	2.	00	00	▶	00
3. Enter the greater of Line 2 or \$250.	3.	00	00	▶	00
4. Tax credit limitation: Subtract Line 3 from Line 1.	4.	00	00	▶	00
5. Tax credits from Form CT-1120K , Part II, Line 11 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
7a. Paid with application for extension from Form CT-1120 EXT	7a.	00	00	▶	00
7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & ESD	7b.	00	00	▶	00
7c. Overpayment from prior year	7c.	00	00	▶	00
7d. Tax paid with original return plus additional tax paid after original return was filed	7d.	00	00	▶	00
7. Tax payments: Enter the total of Lines 7a through 7d.	7.	00	00	▶	00
8. Overpayment on original return or as last adjusted	8.			▶	00
9. Net payments to date: Subtract Line 8 from Line 7.	9.			▶	00
10a. Amount to be credited to estimated tax: If Line 9 is greater than Line 6, enter amount to be credited to estimated tax....	10a.			▶	00
10b. Amount to be refunded: If Line 9 is greater than Line 6, enter amount to be refunded.	10b.			▶	00
11. Tax due: If Line 6 is greater than Line 9, enter amount of tax due.	11.			▶	00
12. Interest: See instructions.	12.			▶	00
13. Balance due: Add Line 11 and Line 12.	13.			▶	00

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

Explain any changes below. Show any computation in detail. Attach additional schedules, if necessary. If amending to claim a tax credit, attach **Form CT-1120K**, *Business Tax Credit Summary*.

Schedule or Line Number	

Mail return with payment to: Department of Revenue Services PO Box 2974, Hartford CT 06104-2974	Mail return without payment to: Department of Revenue Services PO Box 150406, Hartford CT 06115-0406	Make check payable to: Commissioner of Revenue Services Attach check to return with paper clip. Do not staple.
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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 that 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	Signature of corporate officer	Title	Date	Telephone number ()
	Keep a copy of this return for your records.	Paid preparer's signature	Date	Preparer's SSN or PTIN
	Firm's name and address			FEIN
				Telephone number ()