2014

(Rev. 12/14)

Form CT-1120CR Combined Corporation Business Tax Return

Enter Income Year Beginning ▶, 2014, and Ending ▶ _		,[nated CT Paren	
Corporation name		▶	Conr	ecticut Tax F	Registration Numb	er
Address Number and street	PO Box		DRS (use only		
Christian	7ID	▶			2	20
City or town State	ZIP cod	le	Feder	al Employer	ID Number (FEIN)	
Check Applicable Boxes		Visit the DRS	Taxr	naver Servi	ice www.rt.go	W/DRS
1. Address change		Center (TSC)	_	-	7.00-07	
2. Return status: Initial Final Short period Ameno	ded	to pay this ref	urn e	electronicall	y. Jaxpayer serv	ice Center
3. If this is a final return, has the corporation: ▶ ☐ Dissolved ▶ ☐ With	drawn ►					
		Enter survivor's CT				
 Federal return was filed on: ► ☐ Consolidated Basis: Parent Co. Name 						
5. Is any corporation exchanging R & D tax credits?						☐ No
6. Did this combined group annualize its estimated tax payments?		• TY6	s (At	tach Form C	CT-1120I.)	☐ No
7. Does any corporation pay, accrue, or incur interest expenses or intangible costs, and related interest expenses to a related member?			s (At	tach Form C	CT-1120AB.)	☐ No
8. Is any corporation filing Form CT-1120 PIC?		▶ □ Ye	s (At	tach Form C	CT-1120 PIC.)	□ No
					,	
Part IV - Computation of Amount Payable Complete Parts I, II, III, and	nd <i>Sched</i>	dule KC before comp	letin	g Part IV.		
Total separate taxes from Part I, Line 51				1.		00
Combined tax computation:						
2a. Tax on combined net income from Part II, Line 29, Combined Total column▶	▶ 2a.		00	Гоио	facton note.	
2b. Tax on combined minimum tax base	24.				faster refu	
from Part III, Line 7, Combined Total column	≥ 2b.		00	choose	e direct dep	osit
2c. Tax: Largest of Line 2a, Line 2b, or \$250▶	≥ 2c.		00	(Lines 1	7c, 17d, and	17e).
2d. Tax on companies included in the combined return less one, multiplied by \$250	- 2d.		00	`		ĺ
2. Combined tax: Add Line 2c and Line 2d			▶	2.		00
3. Surtax: Line 2c multiplied by 20% (.20). If Line 2c is \$250, enter "0."			▶	3.		00
4. Recapture of tax credits: See instructions			▶	4.		00
5. Total combined tax: Add Lines 2 through 4			▶	5.		00
6. Preference tax: Subtract Line 5 from Line 1. Enter amount not less that	an "0" or m	nore than \$500,000	▶	6.		00
7. Total tax: Add Line 5 and Line 6			▶	7.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00
8. Multiply Line 7 by 30% (.30)	8.		00			
9. Multiply the number of companies included by \$250▶	· 9.		00		//////////////////////////////////////	<u> </u>
10. Enter the greater of Line 8 or Line 9				10.		00
11. Tax credit limitation: Subtract Line 10 from Line 7			-	11.		00
12. Tax credits from Schedule KC, Part II, Line 9: Do not exceed amo				12.		00
13. Balance of tax payable: Subtract Line 12 from Line 7				13.	,,,,,,,,,,,,	00
14a. Paid with application for extension from Form CT-1120 EXT ▶			00			
14b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, and ESD▶			00			
	14c.		00		///////////////////////////////////////	
14. Tax payments: Add Lines 14a, 14b, and 14c.				14.		00
15. Balance of tax due: Subtract Line 14 from Line 13				15.		00
16. Add: Penalty ► (16a) Interest ► (16b) CT-1			_ F	16.		00
17. Amount to be credited to 2015 estimated tax ► (17a)				17.		00
For faster refund, use Direct Deposit by completing Lines 17c, 17c		=		_		
17d. Routing number ►						
17f. Will this refund go to a bank account outside the U.S.? ▶ ☐ Yes	_		_			
18. Balance due with this return: Add Line 15 and Line 16			▶	۱ŏ.		00

Part I - Separate Taxes of Corporations Included in the Combined Return - If additional lines are needed, attach a worksheet. Notice is hereby given to the Commissioner of Revenue Services that the affiliated corporations listed below have elected to be included in this Combined Corporation Business Tax Return according to the provisions of Conn. Gen. Stat. §12-223a. Attach Forms CT-1120CC, if applicable.

	Corporation Name		* CT Tax Registration Number	Separate Tax (Form CT-1120, Sch. C, Line 1)
1.	Common parent or designated Connecticut parent	•		00
2.				00
3.		•		00
4.		•		00
5.				00
6.		•		00
7.		•		00
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45.		•	_	00
46.		•	_	00
47.		•	_	00
48.		•	-	00
49.		•	-	00
50.			_	00
51.	Total separate taxes: Add Lines 1 through 50. Enter tot	al here	e and on Part IV, Line 1.	00

* Tax registration numbers must be included for parent and all subsidiaries.

ENTER the t	ota	number of corporations, including the parent corporation, in this combined return ▶
Check here for:		Addition of Affiliates: Attach schedule showing Affiliate Name, Connecticut Tax Registration Number, and FEIN.
		Deletion of Affiliates: Attach schedule showing Affiliate Name, Connecticut Tax Registration Number, and FEIN.

Combined Total

Enter the sum of all affiliate amounts where applicable.

			_		
Part II	1.	Form CT-1120, Schedule D, Line 1 (federal taxable income (loss) before net operating loss and special deductions)	▶ 1	1	00
	2.	Interest income wholly exempt from federal tax	▶ 2	2	00
	3.	Unallowable deduction for corporation tax from Form CT-1120, Schedule F, Line 8	▶ 3	3	00
	4.	Interest expenses paid to a related member from Form CT-1120AB, Part I A, Line 1	>	1	00
A	5.	Intangible expenses and costs paid to a related member from Form CT-1120AB, Part I B, Line 3	► 5	5	00
ם	6.	Federal bonus depreciation: See instructions.	-	3	00
<u>م</u>	7.	Reserved for future use	> 7		
Se	8.	IRC §199 domestic production activities deduction from federal Form 1120, Line 25	▶ 8	3	00
Por	9.	Other: Attach explanation	•		00
Tax 1	10.	Total: Add Lines 1 through 9.	▶ 10		00
Adjustment for Connecticut Tax Base	11.	Dividends (a) Dividends from domestic companies less than 20% owned			
jusi		Limited to 70% deduction (less related expenses)	► 11a	a	00
Ad		(b) Other dividends (less related expenses)	▶ 11k		00
Ö		(c) Dividends from a captive REIT taxable in Connecticut	► 110		00
D		(d) Intercorporate dividends from corporations included in this combined return	► 110	d l	00
Е	12.	Capital loss carryover (if not deducted in computing federal capital gain): Attach schedule.	► 12	2	00
D		Capital gain from sale of preserved land	_		00
U		Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule J, Line 15		1	00
С	15.	Exceptions to interest add back from Form CT-1120AB, Part II A, Line 1	15	5	00
T		Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2			00
	17.	Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3	▶ 17	7	00
		Exceptions to add back of intangible expenses paid to a related member from Form CT-1120 AB, Part II B, Line 1			00
	19.	Deferred cancellation of debt income. See instructions.	19	9	00
	20.	Other: Attach explanation.	20		00
	21.	Total: Add Lines 11 through 20.	▶ 21	1	00
	22.	Net income (loss): Subtract Line 21 from Line 10. If 100% Connecticut, enter also on Line 24.	2 2	2	00
-	23.	Apportionment fraction from Form CT-1120, Schedule A, Line 2. See instructions. Carry to six places	23	3 /////////////////////////////////////	
n of d	24.	Connecticut net income: Line 22, or Line 22 multiplied by Line 23.	2 4	4	00
Computation of Combined Net Income	25.	Operating loss carryover from separate return year: Cannot exceed amount on Line 24. Attach schedule	2 5	5	00
in Put	26.	Net income: Subtract Line 25 from Line 24.	▶ 26	3	00
R C B	27.	Operating loss carryover from combined return year from Part V, Line 16, Column D. Cannot exceed amount on Line 26	2 7	7	00
Ö	28.	Income subject to tax: Subtract Line 27 from Line 26.	▶ 28	3	00
	29.	Tax: Multiply Line 28 by 7.5% (.075). Enter on Part IV, Line 2a.	29		00
Part III	1.	Form CT-1120, Schedule E, Line 6, Column C. If 100% Connecticut, enter also on Line 3. See instructions.	1	V/////////////////////////////////////	//////
		Apportionment fraction from Form CT-1120 , <i>Schedule B</i> , Line 2. See instructions. Carry to six places	2		
ed c		Line 1, or Line 1 multiplied by Line 2	3		
Computation of Combined Minimum Tax Base		Number of months covered by this return	4	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
npu min x B		Line 3 multiplied by Line 4, divided by 12	5	<i>\ </i>	
2 Z Z Z Z		Combined minimum tax base: Add all amounts on Line 5.			00
J 0		Tax: Multiply Line 6 by .0031 (3 1/10 mills per dollar). Enter on Part IV, Line 2b.	7		00

^AEnter corporation names.
^BEnter Connecticut Tax Registration Numbers.
^CEnter Federal Employer ID Numbers.

	Parent or Designated CT Parent Corporation	2. Affiliate	3. Affiliate	4. Affiliate		5. Affiliate	6. Affiliate	7. Affiliate	
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Part V – Connecticut Combined Operating Loss Carryover

Connecticut Apportioned Loss Carryover to 2014 Subtract Column B from Column A. Connecticut Apportioned Loss Carryover Applied 2001 to 2013 Subtract Column B from Column A. Connecticut Apportioned Loss Carryover to 2014 Subtract Column B from Column A. Connecticut Apportioned to 2014 Subtract Column B from Column A. Connecticut Apportion Carryover Applied to 2011 to 2013 Subtract Column B from Column A. Connecticut Apportioned to 2014 Subtract Column B from Column A. Connecticut Apportioned to 2014 Subtract Column B from Column A. Connecticut Apportioned to 2014 Subtract Column B from Column A. Connecticut Apportioned to 2014 Subtract Column B from Column A. Connecticut Apportioned to 2014 Subtract Column B from Column A. Connecticut Apportioned to 2014 Subtract Column B from Column A. Connecticut Apportioned to 2014 Subtract Column B from Column A.		Remaining Apportioned Loss Carryover Available for 2015 00 00
	00	
2. 2001 00 00		00
	00	
3. 2002 00 00		00
4. 2003 00 00 00	00	00
5. 2004 00 00	00	00
6. 2005 00 00	00	00
7. 2006 00 00	00	00
8. 2007 00 00 00	00	00
9. 2008	00	00
10. 2009 00 00	00	00
11. 2010 00 00	00	00
12. 2011 00 00	00	00
13. 2012 00 00	00	00
14. 2013 00 00	00	00
15. 2014 00 //////////////////////////////////		00
16. Total: Add Lines 1 through 14 in Column D. Enter the result from Column D here and on Form CT-1120CR , Part II, Line 27, <i>Combined Total</i> column.	00	
17. Total combined operating loss carryover to 2015. Add Lines 1 through 15 in Column E.	////// >	• 00

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	Corporate officer's name (p	,	Corporate office	er's signature		Date	May DRS contact shown below abo	
Keep a copy of this	Title				Telephone number		See instr	
return for your records.	Paid preparer's name (prin	t)	Paid preparer's	signature		Date	Preparer's SSN or F	PTIN
	Firm's name and address				FEIN		Telephone number	
Department of Revenue Services State of Connecticut PO Box 2974 Department of Reve State of Connecticut PO Box 150406		Mail paper return without pa Department of Revenue State of Connecticut PO Box 150406 Hartford CT 06115-0406	Services Commissi Attach check to return v Do not staple.		ssioner of Revenue	Services		

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Schedule KC — Combined Tax Credits

Attach 2014 Form CT-1120K for each affiliate claiming a business tax credit and enter the combined credit totals on this schedule.

	ons		Amount Applied	Carryback Amount
1. Neighborhood Assistance		>	00	00
2. Housing Program Contribution		>	00	00
3. Total Part I-A: Add Line 1 and Line 2 in Column	A and Column B.	>	00	00
Part I-B Tax Credits Without Carryback or Ca	arryforward Provisions			A Amount Applied
4. Apprenticeship Training			>	00
5. Manufacturing Facility Credit for Facilities Locate	ed in a Targeted Investment C	Community/Enterprise Zone	>	00
6. Machinery and Equipment			>	00
7. Qualified Small Business Job Creation			>	00
8. Service Facility			>	00
9. New Jobs Creation			>	00
10. Reserved for future use				
11. Film Production			>	00
12. Digital Animation			•	00
13. Film Production Infrastructure			>	00
14. Job Expansion			>	00
15. Total Part I-B: Add Lines 4 through 14.			>	00
16. Housing Program Contribution: See instructions.	From Previous Income Years	Amount Claimed	Corporation Business Tax	Amount to 2015
	Income Years		Business Tax	to 2015
	Income Years		Business Tax	
16. Housing Program Contribution: See instructions.17. Reserved for future use18. Research and Experimental Expenditures	Income Years 00	Claimed	Business Tax 00 ►	to 2015 00 00
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 	Income Years 00 00 00	Claimed Do	Business Tax 00 > 00 >	to 2015 000 000 000
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 		Claimed 00 ■ 00 ■	Business Tax 00 ▶ 00 ▶ 00 ▶	to 2015 00 00 00 00
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 	00 00 00 00	Claimed 00 00 00 00 00 00 00 00 00 0	Business Tax 00 ► 00 ► 00 ► 00 ► 00 ►	to 2015 00 00 00 00 00 00
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 	00 00 00 00 00 00	Claimed 00 00 00 00 00 00 00 00 00 0	Business Tax 00 ► 00 ► 00 ► 00 ► 00 ►	to 2015 000 000 000 000 000
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 	00 00 00 00 00 00 00	Claimed 00 00 00 00 00 00 00 00 00 0	Business Tax 00 ► 00 ► 00 ► 00 ► 00 ► 00 ►	to 2015 000 000 000 000 000 000 000
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 23. Small Business Administration Guaranty Fee 24. Historic Homes Rehabilitation 	00 00 00 00 00 00 00 00 00 00 00 00 00	Claimed 00 00 00 00 00 00 00 00 00 0	Business Tax 00 ► 00 ► 00 ► 00 ► 00 ► 00 ►	to 2015 000 000 000 000 000 000 000
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 23. Small Business Administration Guaranty Fee 	00 00 00 00 00 00 00 00 00 00 00 00 00	Claimed 00 00 00 00 00 00 00 00 00 0	Business Tax 00 ► 00 ► 00 ► 00 ► 00 ► 00 ► 00 ►	to 2015 000 000 000 000 000 000 000 000 000
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 23. Small Business Administration Guaranty Fee 24. Historic Homes Rehabilitation 25. Donation of Land 	00 00 00 00 00 00 00 00 00 00 00 00 00	Claimed 00 00 00 00 00 00 00 00 00 0	Business Tax 00 > 00 > 00 > 00 > 00 > 00 > 00 > 00	to 2015 000 000 000 000 000 000 000 000 000
 16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 23. Small Business Administration Guaranty Fee 24. Historic Homes Rehabilitation 25. Donation of Land 26. Historic Structures Rehabilitation 	00 00 00 00 00 00 00 00 00 00 00 00 00	Claimed 00 00 00 00 00 00 00 00 00 0	Business Tax 00 > 00 > 00 > 00 > 00 > 00 > 00 > 00	to 2015 000 000 000 000 000 000 000 000 000
16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 23. Small Business Administration Guaranty Fee 24. Historic Homes Rehabilitation 25. Donation of Land 26. Historic Structures Rehabilitation 27. Historic Preservation 28. Urban and Industrial Site Reinvestment	00 00 00 00 00 00 00 00 00 00 00 00 00	Claimed 00 00 00 00 00 00 00 00	Business Tax 00 > 00 > 00 > 00 > 00 > 00 > 00 > 00	to 2015
16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 23. Small Business Administration Guaranty Fee 24. Historic Homes Rehabilitation 25. Donation of Land 26. Historic Structures Rehabilitation 27. Historic Preservation 28. Urban and Industrial Site Reinvestment 29. Green Buildings	00 00 00 00 00 00 00 00 00 00 00 00 00	Claimed 00 00 00 00 00 00 00 00	Business Tax 00 > 00 > 00 > 00 > 00 > 00 > 00 > 00	to 2015 000 000 000 000 000 000 000 000 000
16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 23. Small Business Administration Guaranty Fee 24. Historic Homes Rehabilitation 25. Donation of Land 26. Historic Structures Rehabilitation 27. Historic Preservation 28. Urban and Industrial Site Reinvestment 29. Green Buildings 30. Historic Rehabilitation	00 00 00 00 00 00 00 00 00 00 00 00 00	Claimed 00	Business Tax 00 > 00 > 00 > 00 > 00 > 00 > 00 > 00	to 2015 00 00 00 00 00 00 00 00 00
16. Housing Program Contribution: See instructions. 17. Reserved for future use 18. Research and Experimental Expenditures 19. Research and Development 20. Fixed Capital Investment 21. Human Capital Investment 22. Insurance Reinvestment Fund 23. Small Business Administration Guaranty Fee 24. Historic Homes Rehabilitation 25. Donation of Land 26. Historic Structures Rehabilitation 27. Historic Preservation 28. Urban and Industrial Site Reinvestment 29. Green Buildings 30. Historic Rehabilitation 31. Total Part I-C: Add Lines 16 through 30	O	Claimed 00	Business Tax 00 > 00 > 00 > 00 > 00 > 00 > 00 > 00	to 2015 00 00 00 00 00 00 00 00 00

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Part II - Total Tax Credits Applied

1.	Enter amount from Form CT-1120CR, Part IV, Line 11.	00
2.	Tax Credits With Carryback Provisions: Enter amount from Part I-A, Line 3, Column A. Do not exceed amount on Line 1.	00
3.	Creditable corporation business tax balance: Subtract Line 2 from Line 1.	00
4.	Tax Credits Without Carryback or Carryforward Provisions: Enter amount from Part I-B, Line 15, Column A. Do not exceed amount on Line 3.	00
5.	Creditable corporation business tax balance: Subtract Line 4 from Line 3.	00
6.	Tax Credits With Carryforward Provisions: Carryforward credits that expire first should be claimed before any credit carryforward that will expire later or not at all. Enter amount from Part I-C, Line 31, Column C. Do not exceed amount on Line 5.	00
7.	Creditable corporation business tax balance: Subtract Line 6 from Line 5.	00
8.	Electronic Data Processing Equipment Property Tax Credit: Enter amount from Part I-D, Line 32, Column C. Do not exceed amount on Line 7.	00
9.	Total tax credits applied: Add Part II, Lines 2, 4, 6, and 8. Enter total here and on Form CT-1120CR , Part IV, Computation of Amount Payable, Line 12. Do not exceed amount on Line 1 .	> 00

Part III - Credit Reconciliation If additional lines are required, attach a worksheet.

Column A Name of Affiliate Computing Credit	Column B Connecticut Tax Registration Number	Column C Name of Tax Credit Applied	Column D Amount of Tax Credit Applied
			00
			00
			00
			00
			00
			00