

Department of Revenue Services State of Connecticut (Rev. 12/15) 1120X 00 15W 01 9999



## Form CT-1120X Amended Corporation Business

Tax Return



| Enter Income Year Beginning <a></a>  | , 201             | 5, and Ending         | ►           |                        | ,                       |                |    |
|--|-------------------|-----------------------|-------------|------------------------|-------------------------|----------------|----|
| Corporation name   |                   | ► Connecticut         |             |                        | Tax Registration Number |                |    |
| Address Number and street  | PO Box            |                       |             | DRS use only           |                         | - 20           |    |
| City or town State   | ZIP cod           | е                     | •           | ► Federal Employe      | ID Nu                   | -              |    |
| Check and Complete All Applicable Boxes Is this re-  | eturn curren      | tly under Conn        | ecticut au  | udit?                  | Yes                     | □ No           |    |
| Connecticut return being amended:  | ► CT-11           |                       |             | _                      |                         |                |    |
| Reason for amended return: (Check one) IRS adjustments or federal Form 1120X. Attach a copy of Enter date of final determination:      | of IRS notifica   | ation or federal      | Form 112    | 20X.                   |                         |                |    |
| Connecticut corporation business tax credits   | Connecticut a     | pportionment c        | hange       | Connecticu             | t net                   | operating loss |    |
| Other: Specify   |                   |                       |             |                        |                         |                |    |
|  |                   | Column Amount as Orig |             | Column B<br>Net Change |                         |                |    |
| Schedule A – Computation of Tax on Net Income  |                   | Reported or Ad        |             | ncrease or (Decreas    | e)                      |                |    |
| <ol> <li>Net income from Schedule D, Line 22<br/>If 100% Connecticut, also enter on Line 3.</li> </ol>                                 | 1.                |                       | 00          |                        | 00                      | •              | 00 |
| 2. Apportionment fraction: Carry to six places. See instructio   | ns. 2.            | 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, Schedu  |                   |                       |             |                        |                         |                |    |
| Line 17, Column D. Do not exceed 50% of Line 3.  | 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   |                   |                       |             |                        |                         |                |    |
| <ol> <li>Minimum tax base from Form CT-1120 or CT-1120U, Schea<br/>Line 6, Column C. If 100% Connecticut, also enter on Lir</li> </ol> |                   |                       | 00          |                        | 00                      | •              | 00 |
| 2. Apportionment fraction: Carry to six places. See instructio   |                   | 0.                    |             | ).                     |                         | ▶ 0.           | 00 |
| 3. Multiply Line 1 by Line 2.  | 3.                |                       | 00          |                        | 00                      | -              | 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          |                        | 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   | I                 |                       |             | ł                      |                         | 1              |    |
| 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 |
| 1c. Recapture of tax credits: See instructions.  | 1c.               |                       | 00          |                        | 00                      | •              | 00 |
| 1. <b>Total tax:</b> Enter the total of Lines 1a through 1c. If no tax credits claimed, enter also on Line 6.                          | 1.                |                       | 00          |                        | 00                      |                | 00 |
| credits claimed, enter also on Line 0.   | 1.                |                       | 00          |                        | 50                      | ·              | 00 |
| 2. Multiply Line 1 by 49.99% (0.4999).   | 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 9   |                   |                       |             |                        |                         |                |    |
| 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 EX   |                   |                       | 00          |                        | 00                      |                | 00 |
| 7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & E<br>7c. Overpayment from prior year                                       | <b>SD</b> 7b. 7c. |                       | 00          |                        | 00                      |                | 00 |
| 7d. Tax paid with original return plus additional tax paid after   | 76.               |                       | 00          |                        | 00                      |                | 00 |
| original return was filed  | 7d.               |                       | 00          |                        | 00                      | Þ              | 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 that   | n Line 6, ente    | r amount to be o      | credited to | estimated tax. 10      | )a. 🕨                   |                | 00 |
| 10b. Amount to be refunded: If Line 9 is greater than Line 6, er   | nter amount t     | o be refunded.        |             | 10                     | 0b. 🕨                   |                | 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 |



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| Schedule D – Computation of Net Income  |     | Column A<br>Amount as Originally<br>Reported or Adjusted |                     | Column B<br>Net Change<br>Increase or (Decrease) |                     | Column C<br>Correct Amount |  |
|---|-----|--|---------------------|--|---------------------|----------------------------|--|
| 1. Federal taxable income (loss) before net operating loss and  |     |  |                     |  |                     |                            |  |
| special deductions  | 1.  | 0  | -                   | 00   | •                   | 00                         |  |
| 2. Interest income wholly exempt from federal tax   | 2.  | 0  | 0                   | 00   | •                   | 00                         |  |
| 3. Unallowable deduction for corporation tax from Forms CT-1120<br>Schedule F, Line 8 or CT-1120U, Schedule F, Line 4                 | 3.  | 0  | 0                   | 00   | •                   | 00                         |  |
| <ol> <li>Interest expenses paid to a related member<br/>from Form CT-1120AB, Part I A, Line 1</li> </ol>                              | 4.  | 0  | 0                   | 00   | •                   | 00                         |  |
| <ol> <li>Intangible expenses and costs paid to a related member<br/>from Form CT-1120AB, Part I B, Line 3</li> </ol>                  | 5.  | 0  | 0                   | 00   | •                   | 00                         |  |
| 6. Federal bonus depreciation: See instructions.  | 6.  | 0  | 0                   | 00   |                     | 00                         |  |
| 7. Reserved for future use.   | 7.  |  |                     |  |                     |                            |  |
| <ol> <li>IRC §199 domestic production activities deduction from<br/>federal Form 1120, Line 25</li> </ol>                             | 8.  | 0  | 0                   | 00   |                     | 00                         |  |
| 9. Other: Attach explanation.   | 9.  | 0  | 0                   | 00   | •                   | 00                         |  |
| 10. Total: Add Lines 1 through 9.   | 10. | 0  | 0                   | 00   | •                   | 00                         |  |
| 11. Dividend deduction from Form CT-1120 ATT, Schedule I, Line 5  | 11. | 0  | 0                   | 00   | •                   | 00                         |  |
| 12. Capital loss carryover (if not deducted in computing federal capital gain)  | 12. | 0  | 0                   | 00   | •                   | 00                         |  |
| 13. Capital gain from sale of preserved land  | 13. | 0  | 0                   | 00   | •                   | 00                         |  |
| 14. Federal bonus depreciation recovery from <b>Form CT-1120 ATT</b> , <i>Schedule J,</i> Line 16                                     | 14. | 0  | 0                   | 00   | •                   | 00                         |  |
| 15. Exceptions to interest add back<br>from Form CT-1120AB, Part II A, Line 1   | 15. | 0  | 0                   | 00   | •                   | 00                         |  |
| 16. Exceptions to interest add back<br>from Form CT-1120AB, Part II A, Line 2   | 16. | 0  | 0                   | 00   |                     | 00                         |  |
| 17. Exceptions to interest add back<br>from Form CT-1120AB, Part II A, Line 3   | 17. | 0  | 0                   | 00   |                     | 00                         |  |
| <ol> <li>Exceptions to add back of intangible expenses paid to a<br/>related member from Form CT-1120AB, Part II B, Line 1</li> </ol> | 18. | 0  | 0                   | 00   | •                   | 00                         |  |
| 19. Deferred cancellation of debt income. See instructions.   | 19. | 0  | 0                   | 00   |                     | 00                         |  |
| 20. Other: See instructions.  | 20. | 0  | 0                   | 00   |                     | 00                         |  |
| 21. Total: Add Lines 11 through 20.   | 21. | 0  | 0                   | 00   | •                   | 00                         |  |
| 22. Net income: Subtract Line 21 from Line 10. Enter here and on Schedule A, Line 1.  | 22. | 0  | 0                   | 00   | •                   | 00                         |  |
| Explain any changes below. Show any computation in detail. Att attach Form CT-1120K, <i>Business Tax Credit Summary</i> .             | ach | additional schedules,                                    | if necessary. If ar | nendir   | ng to claim a tax o | redit,                     |  |
| Line Number   |     |  |                     |  |                     |                            |  |

| Mail return with payment to:        | Mail return without payment to:       | Make check payable to:                                 |
|-------------------------------------|---------------------------------------|--|
| Department of Revenue Services      | Department of Revenue Services        | Commissioner of Revenue Services                       |
| PO Box 2974, Hartford CT 06104-2974 | PO Box 150406, Hartford CT 06115-0406 | Attach check to return with paper clip. Do not staple. |

**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.

|   | Corporate officer's name (print)          | Corporate officer's signature |                        | Date                    |  |
|---|---|-------------------------------|------------------------|-------------------------|--|
| Keep a<br>copy<br>of this<br>return for<br>your<br>records. | Corporate officer's email address (print) |                               | Title                  | Telephone number<br>( ) |  |
|   | Paid preparer's name (print)              |                               | Preparer's SSN or PTIN | Date                    |  |
|   | Paid preparer's signature                 |                               |                        | FEIN                    |  |
|   | Firm's name and address                   | Telephone number              |                        |                         |  |