



Form CT-1120CU

Combined Unitary Corporation Business Tax Return



Er	nter Income Year Beginning	2021		Ending				
	Name of Connecticut designation			I.			Registration Numbe	er
	Number and street		F	PO Box		Federal Employe	r ID Number (FEIN)
	City, town, or post office	State	Z	ZIP code				
		•	•					
Ch	eck All Applicable Boxe	es: 1. ► Addre	ess chan	ge				
2.	Unitary return status:	Initial return		Final 🕨 🕨	Shor	rt period ►	Amended	
3.	s any member exchanging l	R & D tax credits?	Yes	(File Form C	T-1120 XC	H separately.)		
1	f Yes, enter the amount of	credit refund requeste	d: 🕨			.00		
4.1	Did the unitary group annual	lize its estimated tax pav	/ments?	•	Yes (At	tach Form CT-11	201.)	10
	Filing Method:	Water's Edge	•	Affilia	ated Group		Worldwide	
	See instructions.	(Default)	ŗ	(Elect	-		(Election)	
Pa	rt III – Computation of A	mount Payable - Cor	nplete Pa	art I, Part II, ai	nd Schedule	<i>KU</i> before comple	ting Part III.	
1.	Combined Unitary Tax: En	ter amount from Part I, Liı	ne 9, <i>Con</i>	nbined Group	Total colum	nn1. 🕨		.00
2.	Combined Unitary Tax Cre	dits: Enter amount from I	Part II, Lir	ne 4		2. ►		.00
3.	Balance of tax before PE c	redit: Subtract Line 2 from	m Line 1.					.00
4.	Total PE credit applied from	all members. See instruct	tions			4. ►		.00
5.	Balance of tax payable: Su	ubtract Line 4 from Line 3,	but not le	ess than zero	("0")			.00
6a.	Amount paid with Form CT-	1120 EXT.	6a	. ►		.00		
6b.	Amount paid with Forms CT-	1120 ESA, ESB, ESC, and	d ESD . 6b	. ►		.00		
6c.	Overpayment from prior yea	r	6c	. ►		.00		
6.	Tax payments: Add Lines 6	3a, 6b, and 6c				6. ►		.00
7.	Balance of tax due (overpa	aid): Subtract Line 6 from	m Line 5.					.00
	Penalty.							.00
	Interest.							.00
	Form CT-1120I Interest.							.00
	Total penalty and interest:							.00
	Amount to be credited to 2							.00
	. Amount to be refunded							.00
Fo	or a faster refund, choose Direc	t Deposit by completing L	ines 9c th	rough 9e.	9c. 🕨	Checking	► Savings	
9d	. Routing number ►		9e. Acco	ount number I	•			
9f	. Will this refund go to a bank	account outside the U.S.	?►	Yes 9g.	Bank nam	e 🕨		
10	. Total to be credited or refu	Inded: Enter the total of	Line 9a	and Line 9b.		10. ►		.00
11	Balance due with this retu	rn: Add Line 7 and Line	8			11. 🕨		.00
	Please note that	at each form is year spec	ific. To p	revent any de	alay in proce	essing your return	and/or refund,	
	the co	rrect year's form must be	submitte	ed to the Dep	artment of F	Revenue Services (DRS).	

Visit us at **portal.ct.gov/DRS** for more information.





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 information and begin numbering with 51.

Line Member # **Corporation Name** Taxable (Y/N) CT Tax Registration Number * FEIN 1. 1. **Designated Taxable Member** Y 2. ► 3. 4. Þ 5. ► Þ 6. ► 7. 8. 9. 10. 11. Þ 12. 13. ► 14. 15. 16. ► 17. 18. 19. Þ 20. 21. 22. 23. Þ 24. ► 25. 26. 27. 28. 29. 30. Þ 31. ► ► 32. 33. 34. Þ 35. 36. ► Þ Þ 37. ► 38. ► Þ ► 39. 40. Þ 41. ► ► 42. 43. Þ 44. 45. ► 46. 47. 48. ► 49. 50. *CT Tax Registration Number must be included for parent and all taxable members. Enter the total number of taxable members

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

in this combined unitary return.

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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.

		.00	.00	.00
		00	00	00
		.00	.00	.00
		.00	.00	.00
•	.00	.00	.00	.00
•	.00	.00	.00	.00
•	.00	.00	.00	.00







	Column D	Column E	Column F	Column G	Column H	
	Taxable Member #:					
	1.					
	2.					
	3.					
	4.					
	5.					
6	a.	.00	.00	.00	.00	.00
6	b.	.00	.00	.00	.00	.00
		00	00	00	00	00
6	c.	.00	.00	.00	.00	.00
	7.	.00	.00	.00	.00	.00
	8.	.00	.00	.00	.00	.00
	9.	.00	.00	.00	.00	.00

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	Column A	Column B	Column C	Column D			
PART II – Combined Group Unitary Tax Credit Computation	Taxable Member #:	Taxable Member #:	Taxable Member #:	Taxable Member #:			
Corporation name:							
 Enter each member's separate tax liability as reported on Part I, Line 9. 		.00	.00	.00	.00		
 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		
 Tax credits applied. Do not exceed the amount reported on Line 2 in any column. 		.00	.00	.00	.00		
					.00		
4. Combined unitary tax credits: Add the amounts	s in each column on L	ine 3 and enter the total h	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 men	abors in 2021 from Form CT	1120CLENI Part III Line 11	1	.00		
	ined unitary group men			1.	.00		
2. Total apportioned net operating loss carryover ava	2. Total apportioned net operating loss carryover available for use in 2022 by all combined unitary group members. 2.						
Combined Unitary Group Pass-Throug	gh Entity (PE) T	ax Credit Summar	у				
			-				
1. PE credit carryforward from 2020. 1. .00							
2. Enter the sum of 2021 PE credits reported in each	2. ►	.00					
3. Total 2021 PE credit available. Add Line 1 and Lin	3. 🕨	.00					
4. PE credit applied in 2021 from Form CT-1120CU,	4. ►	.00					
5. PE credit carryforward: Subtract Line 4 from Line 3. 5.							

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)	Corporate officer's s	signature	Date
Sign				
Here Keep a copy of	Title	Telephone numbe	May DRS cont	M M D D Y Y act the preparer bout this return? Yes No
this return	Paid preparer's name (print)	Paid preparer's signature	Date	Preparer's SSN or PTIN
for your records.	Firm's name and address	Firm's FEIN	M M - D D - Y Y Y Y	Telephone number



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Connecticut Tax Registration Number



Column E	Column F	Column G	Column H	Column I	
Taxable Member #:					
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 2021 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.	►	.00	
 Manufacturing Facility Credit for Facilities located in a Targeted Investment Community/Enterprise Zone. 	4.	•	.00	
5. Machinery and Equipment.	5.	►	.00	
6. Service Facility.	6.	►	.00	
7. Reserved for future use.	7.			
8. Film Production.	8.	►	.00	
9. Digital Animation.	9.	►	.00	
10. Film Production Infrastructure.	10.	►	.00	
Tax Credits With Carryforward Provision	าร			
11. Housing Program Contribution.	11.	►	.00	.00
12. Research and Experimental Expenditures.	12.	►	.00	.00
13. Research and Development.	13.	►	.00	.00
14. Fixed Capital Investment.	14.	►	.00	.00
15. Human Capital Investment.	15.	►	.00	.00
16. Insurance Reinvestment Fund.	16.	►	.00	.00
17. Reserved for future use.	17.			
18. Historic Homes Rehabilitation.	18.	►	.00	.00
19. Donation of Land.	19.	►	.00	.00
20. Historic Structures Rehabilitation.	20.	►	.00	.00
21. Historic Preservation.	21.	►	.00	.00
22. Urban and Industrial Site Reinvestment.	22.	►	.00	.00
23. Green Buildings.	23.	•	.00	.00
24. Historic Rehabilitation.	24.	•	.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

