



Form CT-207K

Insurance/Health Care Center Tax Credit Schedule

2016

Complete this form in blue or black ink only. See instructions before completing.

Name of company	Connecticut tax registration number

Part 1 - 30% Tax Credits Limitation

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|---|-----|
| 1. Amount of tax from Form 207, Line 4; Form 207F, Line 11; or Form 207HCC, Line 13. | .00 |
| 2. Part 1 - 30% Tax Credit Limitation: Multiply Line 1 by 30% (.30). | .00 |

Part 1A - Tax Credits With Carryback Provisions

	Column A Carryforward Amount From Previous Income Years	Column B 2016 Credit Amount Claimed	Column C Amount Applied	Column D Carryforward Amount to 2017	Column E Carryback Amount
3. Neighborhood Assistance		.00 ▶	.00		.00
4. Housing Program Contribution - Form CT-1120 HPC	.00	.00 ▶	.00 ▶	.00 ▶	.00
5. Total Part 1A: Add Line 3 and Line 4. The total from Column C must not exceed amount from Line 2.	.00	.00 ▶	.00 ▶	.00 ▶	.00

Part 1B - Tax Credits Without Carryback or Carryforward Limitation

- | | |
|--|-----|
| 6. Part 1B - Tax Credit Without Carryback or Carryforward Limitation: Subtract Line 5, Column C from Line 2. | .00 |
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	Column A Carryforward Amount From Previous Income Years	Column B 2016 Credit Amount Claimed	Column C Amount Applied	Column D Carryforward Amount to 2017	Column E Carryback Amount
7. <i>Reserved for future use.</i>					
8. New Jobs Creation - Form CT-1120 NJC		.00 ▶	.00		
9. Insurance Department Assessment		.00 ▶	.00		
10. <i>Reserved for future use.</i>					
11. <i>Reserved for future use.</i>					
12. <i>Reserved for future use.</i>					
13. Total Part 1B: Add Lines 7 through 12. The total from Column C must not exceed amount from Line 6.		.00 ▶	.00		

