

(Rev. 12/02) AC Enter Income Year Beginning _____, 2002, and Ending _____

Total Assets ▶	<input type="checkbox"/>	Connecticut Tax Registration Number
Gross Receipts ▶		DRS USE ONLY
NAICS Code (see instructions) ▶		- 20
Audited By <input type="checkbox"/> F <input type="checkbox"/> O		Federal Employer ID Number

CHECK AND COMPLETE ALL APPLICABLE BOXES

1. Change of: <input type="checkbox"/> Closing Month <input type="checkbox"/> Address	2. Return Status: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Short Period Return	3. If this is a short period, check the corresponding box: <input type="checkbox"/> Merger <input type="checkbox"/> Acquisition <input type="checkbox"/> Change of Filing Status	4. If this is a final return, has the corporation: ▶ <input type="checkbox"/> Dissolved ▶ <input type="checkbox"/> Withdrawn ▶ <input type="checkbox"/> Merged/Reorganized (Enter survivor's Connecticut Tax Registration Number) _____	5. Federal return was filed on: ▶ <input type="checkbox"/> 1120 ▶ <input type="checkbox"/> 1120A ▶ <input type="checkbox"/> 1120H ▶ <input type="checkbox"/> Other: _____ ▶ <input type="checkbox"/> Consolidated Basis: Parent Co. Name ▶ _____ Parent Co. FEIN ▶ _____
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6. Is this corporation exchanging R & D tax credits? ▶ Yes (Attach **Form CT-1120 XCH**) No

7. Was this company included in a Connecticut combined business tax return for the previous year? ▶ Yes ▶ No
(If this is the first year electing or revoking combined status, attach **Form CT-1120CC** or **Form CT-1120CC-R**)

8. Is this company included in a Connecticut combined business tax return? Yes (Complete **Form CT-1120CR**) No

9. Is the principal place of business located in Connecticut? ▶ Yes ▶ No If "No," enter state where principal place of business is located _____ State of incorporation _____ Date of organization _____
Date qualified in Connecticut _____ Date business began in Connecticut _____

10. Is this corporation exempt from Connecticut corporation business tax? Yes (Attach explanation of exemption including statutory cite) No

11. Is this corporation annualizing its income? ▶ Yes (Attach **Form CT-1120I**) No

- ATTACH A COMPLETE COPY OF FORM 1120 INCLUDING ALL SCHEDULES AS FILED WITH THE INTERNAL REVENUE SERVICE -

SCHEDULE A - COMPUTATION OF TAX ON NET INCOME

1. Net income (<i>Schedule D</i> , Line 13) (If 100% Connecticut, enter also on Line 3)	▶	1	
2. Apportionment fraction (Carry to six places. See instructions.)	▶	2	0.
3. Connecticut net income (Multiply Line 1 by Line 2)	▶	3	
4. Operating loss carryover (Form CT-1120 ATT , <i>Schedule H</i> , Line 6, Column A)	▶	4	
5. Income subject to tax (Subtract Line 4 from Line 3)	▶	5	
6. TAX: Multiply Line 5 by 7.5% (.075)	▶	6	

SCHEDULE B - COMPUTATION OF MINIMUM TAX ON CAPITAL

1. Minimum tax base (<i>Schedule E</i> , Line 6, Column C) (If 100% Connecticut, enter also on Line 3)	▶	1	
2. Apportionment fraction (Carry to six places. See instructions.)	▶	2	0.
3. Multiply Line 1 by Line 2	▶	3	
4. Number of months covered by this return	▶	4	
5. Multiply Line 3 by Line 4, divide the result by 12	▶	5	
6. TAX: (3 and 1/10 mills per dollar) Multiply Line 5 by .0031. (Maximum tax for <i>Sch. B</i> is \$1,000,000)	▶	6	

SCHEDULE C - COMPUTATION OF AMOUNT PAYABLE (MINIMUM TAX \$250)

1a. Tax (Larger of <i>Schedule A</i> , Line 6; <i>Schedule B</i> , Line 6; or \$250)	▶	1a		
1b. Recapture of Tax Credits (See instructions)	▶	1b		
1. TOTAL TAX (Enter the total of Line 1a and Line 1b. If no tax credits claimed, enter also on Line 6.)	▶	1		
2. Multiply Line 1 by 30% (0.30)	▶	2		
3. Enter the greater of Line 2 or \$250	▶	3		
4. Tax Credit Limitation (Subtract Line 3 from Line 1)	▶	4		
5. Tax Credits (Form CT-1120K , Part II, Line 14. Do not exceed amount on Line 4.)	▶	5		
6. Balance of tax payable (Subtract Line 5 from Line 1)	▶	6		
7a. Paid with application for extension (Form CT-1120 EXT)	▶	7a		
7b. Paid with estimates (Forms CT-1120 ESA, ESB, ESC, & ESD)	▶	7b		
7c. Overpayment from prior year	▶	7c		
7. TAX PAYMENTS (Enter the total of Lines 7a, 7b, and 7c)	▶	7		
8. Balance of tax due (overpaid) (Subtract Line 7 from Line 6)	▶	8		
9. Add Penalty ▶ (9a) _____ Interest ▶ (9b) _____ CT-1120I Interest ▶ (9c) _____	▶	9		
10. Amount to be credited to 2003 estimated tax ▶ (10a) _____ Refunded ▶ (10b) _____	▶	10		
11. Balance due with this return (Add Line 8 and Line 9)	▶	11		

Make check payable to: Commissioner of Revenue Services (Attach check to return with paper clip. Do not staple.) Mail to: Department of Revenue Services PO Box 2974, Hartford CT 06104-2974	<input type="checkbox"/> Check if you do not want a booklet sent to you next year. (Checking this box does not relieve you of your responsibility to file.)
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SCHEDULE D - COMPUTATION OF NET INCOME

1. Federal taxable income (loss) before net operating loss and special deductions	▶	1		
2. Interest income wholly exempt from federal tax	▶	2		
3. Unallowable deduction for corporation tax (Schedule F, Line 8)	▶	3		
4. Intangible expenses and interest expenses paid to a related member (See instructions)	▶	4		
5. 30% federal bonus depreciation (See instructions)	▶	5		
6. TOTAL (Add Lines 1, 2, 3, 4, and 5)	▶	6		
7. Dividend deduction (Form CT-1120 ATT, Schedule I, Line 4)	▶	7		
8. Capital loss carryover (if not deducted in computing federal capital gain)	▶	8		
9. Capital gain from sale of preserved land	▶	9		
10. Federal bonus depreciation recovery (Form CT-1120 ATT, Schedule J, Line 4)	▶	10		
11. Other (Attach explanation)	▶	11		
12. TOTAL (Add Lines 7, 8, 9, 10, and 11)	▶	12		
13. NET INCOME (Subtract Line 12 from Line 6. Enter here and on Schedule A, Line 1.)	▶	13		

SCHEDULE E - COMPUTATION OF MINIMUM TAX BASE (See instructions)

	COLUMN A	COLUMN B	COLUMN C
	BEGINNING OF YEAR	END OF YEAR	(COLUMN A plus COLUMN B) DIVIDED BY 2
1. Capital stock (federal Schedule L, Line 22a and Line 22b)			
2. Surplus and undivided profits (federal Schedule L, Lines 23, 24, and 25)			
3. Surplus reserves (Attach schedule)			
4. Total (Add Lines 1, 2, and 3.) Enter average in Column C			
5. Holdings of stock of private corporations (attach schedule). Enter average in Column C			
6. Balance (Subtract Line 5, Column C from Line 4, Column C. Enter here and on Schedule B, Line 1.)			

SCHEDULE F - TAXES

	COLUMN A	COLUMN B
1. Payroll		
2. Real property		
3. Personal property		
4. Sales and use		
5. Other (See instructions)		
6. Connecticut corporation business (Deducted in the computation of federal taxable income)		
7. Tax on or measured by income or profits imposed by other states or political subdivisions (Deducted in the computation of federal taxable income). ATTACH SCHEDULE		
8. Total unallowable deduction for corporation business tax purposes (Add Line 6 and Line 7, Column B. Enter here and on Schedule D, Line 3.)		

SCHEDULE G - ADDITIONAL REQUIRED INFORMATION (Attach Schedule)

Name of Officer	Home Address	Title

- In which Connecticut town(s) does the corporation own or lease (as lessee) real or tangible personal property, or perform services?

- (a) Did this corporation transfer a controlling interest in an entity owning Connecticut real property? Yes No
If "Yes," enter: Transferee Name ▶ _____ Federal Employer ID Number ▶ _____
- (b) Was there a transfer of a controlling interest in your company owning Connecticut real property? Yes No
If "Yes," enter: Transferor Name ▶ _____ Federal Employer ID Number ▶ _____
- Did any corporation at any time during the year own a majority of the voting stock of this corporation? Yes No
If "Yes," enter: Corporation Name: _____ Federal Employer ID Number _____
- Last taxable year this corporation was audited by the Internal Revenue Service ▶ _____
Were adjustments reported to Connecticut? Yes No (If "No," attach explanation.)

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 to DRS is a fine of not more than \$5,000, or 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 Keep a copy of this return for your records	Signature of Corporate Officer	Date	May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions, Page 17)
	Title	Telephone Number ()	
	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm's Name and Address	FEIN	Telephone Number ()