

Form CT-1120
Corporation Business Tax Return

2005

(Rev. 12/05) AF

ENTER INCOME YEAR BEGINNING _____, 2005, AND ENDING _____

Total Assets ▶ 00	Corporation Name	CT Tax Registration Number	
Gross Receipts ▶ 00	Number and Street PO Box		DRS Use Only - - 20
NAICS Code (see instructions) ▶	City or Town State ZIP Code		Federal Employer ID Number
Audited By <input type="checkbox"/> F <input type="checkbox"/> O			

CHECK AND COMPLETE ALL APPLICABLE BOXES

1. Change of: Closing Month Address

2. Return Status: Initial Return Final Return Short Period Return

3. If this is a short period, check the corresponding box: Merger Acquisition Change of Filing Status

4. If this is a final return, has the corporation: Dissolved Withdrawn Merged/Reorganized (Enter survivor's Connecticut Tax Registration Number)

5. Federal return was filed on: 1120 1120A 1120H Other: _____ Consolidated Basis: Parent Co. Name ▶ _____ Parent Co. FEIN ▶ _____

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 or unitary 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 (Attach 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

12. Is this company subject to the interest add back or the intangible expense add back? Yes (Attach Form CT-1120AB) No

13. Is this corporation filing Form CT-1120 PIC? Yes (Attach Form CT-1120 PIC) 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 (Schedule D, Line 18) (If 100% Connecticut, also enter on Line 3)	▶ 1	00
2. Apportionment fraction (Carry to six places. See instructions.)	▶ 2	0.
3. Connecticut net income (Multiply Line 1 by Line 2)	▶ 3	00
4. Operating loss carryover (Form CT-1120 ATT, Schedule H, Line 6, Column A)	▶ 4	00
5. Income subject to tax (Subtract Line 4 from Line 3)	▶ 5	00
6. TAX: Multiply Line 5 by 7.5% (.075)	▶ 6	00

SCHEDULE B - COMPUTATION OF MINIMUM TAX ON CAPITAL

1. Minimum tax base (Schedule E, Line 6, Column C) (If 100% Connecticut, also enter on Line 3)	▶ 1	00
2. Apportionment fraction (Carry to six places. See instructions.)	▶ 2	0.
3. Multiply Line 1 by Line 2	▶ 3	00
4. Number of months covered by this return	▶ 4	
5. Multiply Line 3 by Line 4, divide the result by 12	▶ 5	00
6. TAX: (3 and 1/10 mills per dollar) Multiply Line 5 by .0031. (Maximum tax for Sch. B is \$1,000,000)	▶ 6	00

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

1a. Tax (Greater of Schedule A, Line 6; Schedule B, Line 6; or \$250)	▶ 1a	00
1b. For Future Use	▶ 1b	
1c. Recapture of Tax Credits (See instructions)	▶ 1c	00
1. TOTAL TAX (Enter the total of Line 1a, Line 1b, and Line 1c. If no tax credits claimed, also enter on Line 6.)	▶ 1	00
2. Multiply Line 1 by 30% (0.30)	▶ 2	00
3. Enter the greater of Line 2 or \$250	▶ 3	00
4. Tax Credit Limitation (Subtract Line 3 from Line 1)	▶ 4	00
5. Tax Credits (Form CT-1120K, Part II, Line 11. Do not exceed amount on Line 4.)	▶ 5	00
6. Balance of tax payable (Subtract Line 5 from Line 1)	▶ 6	00
7a. Paid with application for extension (Form CT-1120 EXT)	▶ 7a	00
7b. Paid with estimates (Forms CT-1120 ESA, ESB, ESC, & ESD)	▶ 7b	00
7c. Overpayment from prior year	▶ 7c	00
7. TAX PAYMENTS (Enter the total of Lines 7a, 7b, and 7c)	▶ 7	00
8. Balance of tax due (overpaid) (Subtract Line 7 from Line 6)	▶ 8	00
9. Add Penalty ▶ (9a) .00 Interest ▶ (9b) .00 CT-1120I Interest ▶ (9c) .00	▶ 9	00
10. Amount to be credited to 2006 estimated tax ▶ (10a) .00 Refunded ▶ (10b) .00	▶ 10	00
11. Balance due with this return (Add Line 8 and Line 9)	▶ 11	00

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

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.)

SCHEDULE D – COMPUTATION OF NET INCOME

1. Federal taxable income (loss) before net operating loss and special deductions	▶ 1	00
2. Interest income wholly exempt from federal tax	▶ 2	00
3. Unallowable deduction for corporation tax (<i>Schedule F</i> , Line 8)	▶ 3	00
4. Interest expenses paid to a related member (Form CT-1120AB , Part I A, Line 1)	▶ 4	00
5. Intangible expenses and costs paid to a related member (Form CT-1120AB , Part I B, Line 1)	▶ 5	00
6. Federal bonus depreciation (See instructions)	▶ 6	00
7. TOTAL (Add Lines 1 through 6)	▶ 7	00
8. Dividend deduction (Form CT-1120 ATT , <i>Schedule I</i> , Line 4)	▶ 8	00
9. Capital loss carryover (if not deducted in computing federal capital gain)	▶ 9	00
10. Capital gain from sale of preserved land	▶ 10	00
11. Federal bonus depreciation recovery (Form CT-1120 ATT , <i>Schedule J</i> , Line 7)	▶ 11	00
12. Exceptions to interest add back (Form CT-1120AB , Part II A, Line 1)	▶ 12	00
13. Exceptions to interest add back (Form CT-1120AB , Part II A, Line 2)	▶ 13	00
14. Exceptions to interest add back (Form CT-1120AB , Part II A, Line 3)	▶ 14	00
15. Exceptions to add back of intangible expenses paid to a related member (Form CT-1120AB , Part II B, Line 1)	▶ 15	00
16. Other (Attach explanation)	▶ 16	00
17. TOTAL (Add Lines 8 through 16)	▶ 17	00
18. NET INCOME (Subtract Line 17 from Line 7. Enter here and on <i>Schedule A</i> , Line 1.)	▶ 18	00

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

	COLUMN A		COLUMN B		COLUMN C
	BEGINNING OF YEAR		END OF YEAR		
1. Capital stock (federal Schedule L, Line 22a and Line 22b)		00		00	(COLUMN A plus COLUMN B) DIVIDED BY 2
2. Surplus and undivided profits (federal Schedule L, Lines 23, 24, and 25)		00		00	
3. Surplus reserves (Attach schedule)		00		00	
4. Total (Add Lines 1, 2, and 3) Enter average in Column C		00		00	00
5. Holdings of stock of private corporations (attach schedule). Enter average in Column C		00		00	00
6. Balance (Subtract Line 5, Column C, from Line 4, Column C. Enter here and on <i>Schedule B</i> , Line 1.)					00

SCHEDULE F – TAXES

	COLUMN A	COLUMN B
1. Payroll	00	
2. Real property	00	
3. Personal property	00	
4. Sales and use	00	
5. Other (See instructions)	00	
6. Connecticut corporation business (Deducted in the computation of federal taxable income)		00
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		00
8. Total unallowable deduction for corporation business tax purposes (Add Line 6 and Line 7, Column B. Enter here and on <i>Schedule D</i> , Line 3.)		00

SCHEDULE G – ADDITIONAL REQUIRED INFORMATION – Attach a Schedule of Officers

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

2. (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning Connecticut real property? ▶ Yes ▶ No
If **Yes**, enter: Entity Name ▶ _____ Federal Employer ID Number ▶ _____

(b) Was there a direct or indirect transfer of a controlling interest in your company owning Connecticut real property? ▶ Yes ▶ No
If **Yes**, enter: Transferor Name ▶ _____ Federal Employer ID Number ▶ _____

3. 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 _____

4. 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 the penalty for willfully delivering a false return to the Department of Revenue Services 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	Corporate Officer's Name (Print)	Corporate Officer's Signature	Date	May DRS contact the preparer shown below about this return? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions, Page 15)
	Title	Telephone Number ()		
	Paid Preparer's Name (Print)	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm's Name and Address	FEIN	Telephone Number ()	