Department of Revenue Services State of Connecticut

Form CT-1120 Corporation Business Tax Return

2008

(Rev. 12/08)	En	ter income	year beginning >		08, and ending	y ►		, , , , , , , , , , , , , , , , , , , ,		
Total assets		Corporatio		·	· ·]	CT Tax Registration Numbe	r	
•	00							_		
Gross receipts	00	Number ar	nd street		PO Box			DRS use only		
NAICS code: See instructions	100	4							20	
City or tow			'n	State	ZIP code		1 1	Federal Employer ID Number	r (FEIN)	
Audited by F O										
Check and Complete	al		Final							
3. If this is a final ret ► ☐ Merged/reorga	urn, anize	has the co ed: Enter s	orporation: ▶☐ Dissolved ▶☐ urvivor's CT Tax Registration Numbe	Withdrawn r:				·		
4. Federal return wa ▶☐ Consolidate				:her:	Parent	co F	FIN	>		
			R & D tax credits? ►☐ Yes (Atta	ch Form CT-112		J No				
			CT combined or unitary business tax				Ye	s ▶□ No		
If this is the first year electing or revoking combined or unitary status, attach Form CT-1120CC or Form CT-1120CC-R . 7. Is this company included in a CT combined or unitary business tax return for this year? Yes (Attach Form CT-1120CR or Form CT-1120U .)										
8. Is the principal place	се о	of business		No If No , enter	state where p	rincip	al p	lace of business is	∐ No	
Date qualified in C	Т		Date business began	in CT	ne or organiza					
9. Is this corporation	exe	mpt from C	T corporation business tax?	(Attach explana	ation of exemp	tion ir	nclu	ding statutory cite.)	lo	
			alized method to calculate its estimate			es (Att	ach	Form CT-1120I.))	
11. Does this corporati	ion	pay, accrue	e, or incur interest expenses or intang ated member? Tes (Attach Fo	ible expenses, o	costs, and .)					
			-1120 PIC? The state of the sta							
Schedule A - Com			<u> </u>							
			chedule D, Line 18. If 100% Connectic	ut, enter also or	n Line 3	▶	1		00	
			ix places. See instructions			_	2	0.		
3. Connecticut net inc	ome	e: Multiply L	ine 1 by Line 2			▶	3		00	
			m CT-1120 ATT, Schedule H, Line 14,				4		00	
5. Income subject to t	ax:	Subtract Lir	ne 4 from Line 3			▶	5		00	
) 			▶	6		00	
			Minimum Tax on Capital	iout ontor also	an Lina 2		4		00	
1			E, Line 6, Column C. If 100% Connect ix places. See instructions			_	1 2	0.	00	
		•	x places. See instructions				3	0.	00	
1			return			<u> </u>	4			
			e result by 12				· -		00	
1			fultiply Line 5 by .0031. Maximum tax for				6		00	
Sabadula C Cam		tation of A	mount Dayabla (Minimum Tax \$250	,			-			
1a. Tax: Greater of Sch	hedu	ule A, Line 6	S; Schedule B, Line 6; or \$250			▶ 1	la		00	
1			uctions				lc		00	
			1a and Line 1c. If no tax credits clair	•		_	1		00	
		. ,					2		00	
3. Enter the greater of Line 2 or \$250.									00	
4. Tax credit limitation: Subtract Line 3 from Line 1.									00	
5. Tax credits from Form CT-1120K, Part II, Line 11. Do not exceed amount on Line 4.									00	
6. Balance of tax payable: Subtract Line 5 from Line 1.									00	
7a. Paid with application for extension from Form CT-1120 EXT									00	
7c. Overpayment from prior year									00	
7. Tax payments: Enter the total of Lines 7a, 7b, and 7c.							_		00	
8. Balance of tax due (overpaid): Subtract Line 7 from Line 6.									00	
9. Add Penalty ► (9a)00									00	
10. Amount to be credited to 2009 estimated tax ►(10a)00Refunded ►(10b)00									00	
11. Balance due with this return: Add Line 8 and Line 9.									00	
Mail to: Department of Rev PO Box 2974 Hartford CT 06104-			Make check payable to: Commissioner of Revenue Services Attach check to return with paper clip.	Attach a complincluding all sc the Internal Rev	hedules as file				•	

Sch	nedule D - Computation of Net Income								
	Federal taxable income (loss) before net operating loss and special dedu	uctions			. 1				00
	Interest income wholly exempt from federal tax						00		
	Unallowable deduction for corporation tax from Schedule F, Line 8						00		
1	Interest expenses paid to a related member from Form CT-1120AB, Par						00		
1	Intangible expenses and costs paid to a related member from Form CT-1						00		
1	Federal bonus depreciation: See instructions.						00		
I .	Total: Add Lines 1 through 6.						00		
	Dividend deduction from Form CT-1120 ATT, Schedule I, Line 4								00
1	Capital loss carryover (if not deducted in computing federal capital gain)						00		
I .	Capital gain from sale of preserved land						00		
1	Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule						00		
1	Exceptions to interest add back from Form CT-1120AB, Part II A, Line 1						00		
I .	Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2						00		
I .	Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3	_	-				00		
	Exceptions to add back of intangible expenses paid to a related member								
	Form CT-1120AB, Part II B, Line 1								00
1	Other: Attach explanation				-				00
	Total: Add Lines 8 through 16.								00
	Net income: Subtract Line 17 from Line 7. Enter here and on Schedule A	4, Line 1.	T						00
Sch	hedule E - Computation of Minimum Tax Base		Column A		Colur		_	Column	С
	See instructions.		Beginning of Ye		End of		00	(Column A p	lus
	Capital stock from federal Schedule L, Line 22a and Line 22b			00			00	Column E	
1	Surplus and undivided profits from federal Schedule L, Lines 23, 24, and			00			00	Divided by	2
1	Surplus reserves: Attach schedule			00			00		
	Total: Add Lines 1, 2, and 3. Enter average in Column C			00			00		00
1	Holdings of stock of private corporations - Attach schedule. Enter average in			00			00		00
	Balance: Subtract Line 5, Column C, from Line 4, Column C. Enter here	and on S	scheaule B, Line 1.						00
Scl	hedule F - Taxes				Colu	mn A		Column E	3
1.	Payroll						00		
2.	Real property						00		
3.	Personal property						00		
	Sales and use						00		
	Other: See instructions.				,,,,,,	,,,,,	00	<u> </u>	
	CT corporation business: Deducted in the computation of federal taxable			[//					00
7.	Tax on or measured by income or profits imposed by other states or polit deducted in the computation of federal taxable income: Attach schedule.	tical subo	divisions						00
	Total unallowable deduction for corporation business tax purposes: Add						///		- 00
0.	Enter here and on Schedule D, Line 3.	0 ai		·. 					00
Sch	nedule G - Additional Required Information - Attach a schedule	e of corp	orate officers' nar	nes, title	s, and a	ddress	es. S	ee instructions	 3.
	•	•			-				
1. 11	n which CT town(s) does the corporation own or lease, as lessee, re-	ai or tang	gibie personai prop	berty, or	penom	service	S?		
-									
2. (a	a) Did this corporation directly or indirectly transfer a controlling inter	est in ar	entity owning CT	real pro	perty?►	☐ Yes	s >	►□ No	
lf	Yes, enter: Entity name ►		Federal Employer	ID Num	oer >	-			
/ /	b) Was there a direct or indirect transfer of a controlling interest in yo	ur oomn	ony owning CT ro	al propo	th /2			-□ No	
	o) was there a direct or indirect transfer of a controlling interest in your • Yes, enter: Transferor name ►					LJ TES		INO INO	
"	1es, enter. Hansieror hame		i ederai Employer	ID INUIII					
3. D	oid any corporation at any time during the year own a majority of the	voting st	tock of this corpora	ation?		☐ Yes	s >	►□ No	
lf	Yes, enter: Corporation name		Federal Employer	ID Num	oer				
4 1	ast taxable year this corporation was audited by the Internal Revenu	ıo Soniio	20.						
	Vere adjustments reported to CT? $\blacktriangleright\Box$ Yes $\blacktriangleright\Box$ No (If No , attach								
		•	*						
and b	aration: I declare under penalty of law that I have examined this return (includelief, it is true, complete, and correct. I understand the penalty for willfully deleted in the more than \$5,000, or imprisonment for not more than five years, or both.	iding any ivering a i	accompanying sched false return or docum	dules and nent to the	statemen Departm	its) and, intention	to the	e best of my know ue Services (DR	vledge S) is a
fine of	of not more than \$5,000, or imprisonment for not more than five years, or both.	The decl	aration of a paid prep	parer othe	r than the	taxpaye	er is b	ased on all infor	mation
OI WII	Corporate officer's name (print) Corporate officer's signature	re	Date	<u> </u>		4 DD(tact the prepare	
Sign	n Here	54,5							er n?
Ke	pep a Title	Title Telephone number							
С	ору							′es No ctions, Page 14	.
	this Paid preparer's name (print) Paid preparer's signature		Date	1	F	reparer's	s SSI	N or PTIN	
1	urn for vour								
	cords. Firm's name and address	address FEIN					e nun	nber	