

FORM CT-1120CR
COMBINED CORPORATION BUSINESS TAX RETURN

1999

ENTER INCOME YEAR BEGINNING _____, 1999, **AND ENDING** _____,

Name of Parent or Designated CT Parent Corporation		
Physical Address	Number and Street	PO Box
City or Town	State	ZIP Code

PARENT OR DESIGNATED CT PARENT		
CT TAX REGISTRATION NUMBER		
		000
DATE RECEIVED (For Dept. Use Only)		
FEDERAL EMPLOYER ID NUMBER		

CHECK AND COMPLETE ALL APPLICABLE BOXES Is this corporation annualizing its income? Yes (Attach Form CT-1120I)

- | | | | |
|--|--|--|---|
| Change of:
<input type="checkbox"/> Mailing Address
<input type="checkbox"/> Closing Month | Return Status:
<input type="checkbox"/> Initial Return
<input type="checkbox"/> Final Return
<input type="checkbox"/> Short Period Return | 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 | 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 Withdrawn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) |
|--|--|--|---|

PART I - SEPARATE TAXES OF CORPORATIONS INCLUDED IN THE COMBINED RETURN If additional lines are needed, attach a worksheet.

CORPORATION NAME	* CT TAX REGISTRATION NUMBER	SEPARATE TAX (Form CT-1120, Sch. C, Line 1)
1. COMMON PARENT OR DESIGNATED CONNECTICUT PARENT	— 000	
2.	— 000	
3.	— 000	
4.	— 000	
5.	— 000	
6.	— 000	
7.	— 000	
8. TOTAL SEPARATE TAXES (Add Lines 1 through 7) Enter here and on Part IV, Line 1		

* Tax registration numbers must be included for parent and all subsidiaries.

Notice is hereby given to the Commissioner of Revenue Services that the affiliated corporations listed above have elected to be included in this Combined Corporation Business Tax Return pursuant to the provisions of Conn. Gen. Stat. §12-223a(1). **Attach Forms CT-1120CC if applicable.**

ENTER the total number of corporations, including the parent corporation, in this combined return _____

Check here for Addition of Affiliates (Attach explanation) Deletion of Affiliates (Attach explanation)

Affiliate Name	CT Tax Registration Number	Federal Employer ID Number
	— 000	
	— 000	

PART IV - COMPUTATION OF AMOUNT PAYABLE

Complete Parts I, II, III, and *Schedule KC* before completing Part IV.

1. TOTAL SEPARATE TAXES (Part I, Line 8)		1.	
COMBINED TAX COMPUTATION:			
2a. Tax on Combined Net Income (Part II, Line 19, Combined Total Column)	2a		
2b. Tax on Combined Minimum Tax Base (Part III, Line 7, Combined Total Column)	2b		
2c. Tax (Largest of Line 2a, Line 2b, or \$250)	2c		
2d. Tax on companies (other than financial service companies) included in the combined return less one, multiplied by \$250	2d		
2. COMBINED TAX (Add Line 2c and Line 2d)		2.	
3. PREFERENCE TAX (Subtract Line 2 from Line 1. Enter amount not less than zero or more than \$25,000)		3.	
4. TOTAL TAX			
4a. Tax (Add Line 2 and Line 3)	4a		ENTER TOTAL OF LINES 4a and 4b
4b. Recapture of Tax Credits (See Instructions)	4b	4.	
5. TAX CREDITS (<i>Schedule KC</i> , Part III, Line 15)		5.	
6. BALANCE OF TAX PAYABLE (Subtract Line 5 from Line 4, but not less than zero)		6.	
TAX PAYMENTS:			
7a. Paid with Application for Extension, Form CT-1120 EXT	7a		
7b. Paid with Estimates: Forms CT-1120 ESA, ESB, ESC, and ESD	7b		
7c. Overpayment from prior year	7c		
7. TOTAL TAX PAYMENTS (Add 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 2000 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**
Mail to: **Department of Revenue Services, PO Box 2974, Hartford CT 06104-2974**

		1. PARENT OR DESIGNATED CT PARENT CORPORATION		
		ENTER CORPORATION NAMES		
		ENTER CONNECTICUT TAX REGISTRATION NUMBERS		
		- 000		
		ENTER FEDERAL EMPLOYER ID NUMBERS		
PART II	A D D	1. Form CT-1120, Computation of Net Income , Line 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 (from Form CT-1120, Schedule F , Line 8)	3	
		4. Intangible expenses and interest expenses paid to a related member (See instructions)	4	
		5. TOTAL (Add Lines 1, 2, 3, and 4)	5	
	D E D U C T	6. Dividends (a) Dividends from domestic companies less than 20% owned Limited to 70% deduction _____ (less related expenses)	6a	
		(b) Other dividends _____ (less related expenses)	6b	
		(c) Intercorporate dividends from corporations included in this combined return	6c	
		7. Capital loss carryover if not deducted in computing federal capital gain (Attach schedule)	7	
		8. Capital gain from sale of preserved land	8	
		9		
		10		
COMPUTATION OF COMBINED NET INCOME		11		
	11. NET INCOME (Loss) Subtract Line 10 from Line 5. If 100% Connecticut, enter also on Line 13	11		
	12. Apportionment fraction (Form CT-1120, Schedule A , Line 2. Carry to six places.)	12	0.	
	13. Connecticut net income (Line 11, or Line 11 multiplied by Line 12)	13		
	14. Operating loss carryover from separate return year (Cannot exceed amount on Line 13. Attach schedule)	14		
	15. Net income (Subtract Line 14 from Line 13)	15		
	16. Combined net income (Add all amounts on Line 15. Enter on Page 3, Line 16, <i>Combined Total</i> Column)	16		
	17. Operating loss carryover from combined return year (Cannot exceed amount on Line 16. Attach schedule)	17		
	18. Income subject to tax (Subtract Line 17 from Line 16)	18		
	19. TAX: Multiply Line 18 by 8.50% (.085) (Enter here and on Part IV, Line 2a)	19		
PART III		1		
	1. Form CT-1120, Schedule D , Line 6, Column C. If 100% Connecticut, enter also on Line 3	1		
	2. Apportionment fraction (Form CT-1120, Schedule B , Line 2. Carry to six places)	2	0.	
	3. Line 1, or Line 1 multiplied by Line 2	3		
	4. Number of months covered by this return	4		
	5. Line 3 multiplied by Line 4, divided by 12	5		
	6. *Combined minimum tax base (Add all amounts on Line 5. Enter on Page 3, Line 6, <i>Combined Total</i> Column)	6		
7. TAX: Multiply Line 6 by .0031 (3 1/10 mills per dollar)	7			

	2. AFFILIATE	3. AFFILIATE	4. AFFILIATE	5. AFFILIATE	6. AFFILIATE	7. AFFILIATE	COMBINED TOTAL
	- 000	- 000	- 000	- 000	- 000	- 000	
1							
2							
3							
4							
5							
6a							
6b							
6c							
7							
8							
9							
10							
11							
12	0.	0.	0.	0.	0.	0.	
13							
14							
15							
16							
17							
18							
19							
1							
2	0.	0.	0.	0.	0.	0.	
3							
4							
5							
6							
7							

DECLARATION: I declare under penalty of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature of Corporate Officer	Title	Date	Telephone Number ()
	Paid Preparer's Signature		Date	Federal Employer ID Number
	Firm's Name and Address			Telephone Number ()

SCHEDULE KC — COMBINED TAX CREDITS

Attach 1999 Form CT-1120K for each affiliate claiming a business tax credit and enter the combined credit totals on Schedule KC.

PART I - TAX CREDITS FROM 1999 INCOME YEAR

PART I-A Financial Institutions Tax Credit

	A Combined Amount Applied	B Name of Affiliate Computing Credit
1 Financial Institutions	▶	

PART I-B Tax Credits with Carryback Provisions

	A Combined Amount Applied	B Carryback Amount	C Name of Affiliate Computing Credit
2 Neighborhood Assistance	▶	▶	
3 Housing Program Contribution (See instructions)	▶	▶	
4 Employer-Assisted Housing (See instructions)	▶	▶	
5 TOTAL PART I-B (Add Lines 2 through 4)	▶	▶	

PART I-C Tax Credits without Carryback or Carryforward Provisions

	A Combined Amount Applied	B Name of Affiliate Computing Credit
6 Apprenticeship Training	▶	
7 Manufacturing Facility Credit for Facilities Located in a Targeted Investment Community/Enterprise Zone (Form CT-1120 TIC/EZ)	▶	
8 Research and Experimental Expenditures (Other Than Biotechnology Companies)	▶	
9 Grants to Institutions of Higher Education	▶	
10 Machinery and Equipment	▶	
11 Traffic Reduction	▶	
12 Displaced Electric Worker	▶	
13 Donation of Open Space Land	▶	
14 TOTAL PART I-C (Add Lines 6 through 13)	▶	

PART I-D Tax Credits with Carryforward Provisions

	A Combined Amount Applied	B Carryforward Amount to 2000	C Name of Affiliate Computing Credit
15 Housing Program Contribution (See instructions)		▶	
16 Employer-Assisted Housing (See instructions)		▶	
17 Opportunity Certificate	▶	▶	
18 Clean Alternative Fuel	▶	▶	
19 Research and Experimental Expenditures (Biotechnology Companies Only)	▶	▶	
20 Research and Development	▶	▶	
21 Fixed Capital Investment	▶	▶	
22 Human Capital Investment	▶	▶	
23 CT Insurance Reinvestment Fund	▶	▶	
24 Small Business Administration Guaranty Fee	▶	▶	
25 TOTAL PART I-D (Add Lines 15 through 24)	▶	▶	

PART I-E Electronic Data Processing Equipment Property Tax Credit

	A Combined Amount Applied	B Carryforward Amount to 2000	C Name of Affiliate Computing Credit
26 Electronic Data Processing Equipment Property Tax Credit	▶	▶	

PART II - CARRYFORWARD CREDITS FROM 1998 INCOME YEAR

	A Combined Amount Applied	B Name of Affiliate Computing Credit
1 Air Pollution	▶	
2 Industrial Waste	▶	
3 Neighborhood Assistance	▶	
4 Child Day Care	▶	
5 Housing Program Contribution	▶	
6 Clean Alternative Fuel	▶	
7 Employer-Assisted Housing	▶	
8 Electronic Data Processing Equipment Property Tax	▶	
9 Research and Development	▶	
10 Research and Experimental Expenditures (Biotechnology Companies Only)	▶	
11 Opportunity Certificate	▶	
12 Fixed Capital Investment	▶	
13 Human Capital Investment	▶	
14 TOTAL PART II (Add Lines 1 through 13)	▶	

PART III - TOTAL TAX CREDITS

	A Combined Amount Applied	B Name of Affiliate Computing Credit
15 TOTAL TAX CREDITS (Add Part I, Lines 1, 5, 14, 25, 26 and Part II, Line 14) (Enter here and on 1999 Form CT-1120CR, Part IV, Line 5)	▶	