FORM CT-1120 DEWC

1999

(New 12/99)

Tax Credit for Displaced Workers Hired by Electric Suppliers

	FOR INCOME YEAR	
Beginning	1999, and Ending	

	CT	CT TAX REGISTRATION NUMBER					
Corporation Name					0	0	0

PURPOSE OF FORM

Complete **Form CT-1120 DEWC**, *Tax Credit for Displaced Workers Hired by Electric Suppliers*, to claim a credit based on the hiring of a displaced worker for a minimum period of six months of full-time employment. The credit amount available to each electric supplier equals \$1,500 for each displaced worker and is only allowed in the income year in which such displaced worker first completes six full months of full-time employment (Conn. Gen. Stat. §12-217bb). Attach a detailed schedule identifying employee name, job title and description, name and address of last employer, and date of hire.

- **Displaced Worker** means any Connecticut employee, other than an officer or a director of an electric company, as defined in Conn. Gen. Stat. §16-1, who has been terminated as a direct result of restructuring of the electric industry.
- Electric Supplier means a facility that provides electric generation services, as defined in Conn. Gen. Stat. §16-1.

For further information, see **Informational Publication 95(2.1)**, A Guide to Connecticut Corporation Business Tax Credits, or contact the Department of Revenue Services, Taxpayer Services Division, 1-800-382-9463 (toll-free from within Connecticut) or 860-297-5962 (from anywhere).

NOTE: This credit can **not** be claimed for any income year beginning prior to January 1, 1999. Electric companies can claim credits only **one time** for each displaced worker that is hired.

— This form must be attached to **Form CT-1120** or **Form CT-1120S** —

DISPLACED WORKERS HIRED BY ELECTRIC SUPPLIERS CREDIT COMPUTATION						
Total number of displaced workers hired that have completed six months of full time employment (Attach detailed schedule).	1					
Amount of credit available per displaced worker.	2	\$1,500	00			
3. TOTAL TAX CREDIT (Line 1 multiplied by Line 2. Enter here and on Form CT-1120K, Part I-C, Line 12 or Form CT-1120SK, Part I-C, Line 12.)	3					