

(Rev. 12/01)AB

ENTER INCOME YEAR BEGINNING _____, **2001, AND ENDING** _____

Total Assets	Corporation Name	Connecticut Tax Registration Number
Gross Receipts	Number and Street	PO Box
NAICS Code for Principal Business Activity	City or Town	State
Audited By <input type="checkbox"/> F <input type="checkbox"/> O	ZIP Code	Federal Employer ID Number

LABEL
HERE

0	0	0
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DRS USE ONLY

- - 20

CHECK AND COMPLETE ALL APPLICABLE BOXES Is this corporation exchanging R & D tax credits? Yes (See instructions) No

Change of: <input type="checkbox"/> Closing Month <input type="checkbox"/> Address	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 Withdrawn 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)	Federal return was filed on: <input type="checkbox"/> 1120 <input type="checkbox"/> 1120A <input type="checkbox"/> 1120H <input type="checkbox"/> Consolidated Basis <input type="checkbox"/> Other: _____
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Is this company included in a Connecticut combined business tax return? Yes (Complete Form CT-1120CR) No

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 CT-1120 CC-R)

Is this corporation a financial service company? Yes (Attach Form CT-1120A - FS) No

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 -

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. TOTAL (Add Lines 1, 2, 3, and 4)	▶	5	
6. Dividend deduction (Form CT-1120 ATT, Schedule I, Line 4)	▶	6	
7. Capital loss carryover (if not deducted in computing federal capital gain)	▶	7	
8. Capital gain from sale of preserved land	▶	8	
9. Other (Attach explanation)	▶	9	
10. TOTAL (Add Lines 6, 7, 8, and 9)	▶	10	
11. NET INCOME (Subtract Line 10 from Line 5)	▶	11	

SCHEDULE A - COMPUTATION OF TAX ON NET INCOME			
1. Net income (Line 11) (If 100% Connecticut, enter also on Schedule A, 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, Schedule H, 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 (Schedule D, 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 Sch. B is \$1,000,000)	▶	6	

SCHEDULE C - COMPUTATION OF AMOUNT PAYABLE (MINIMUM TAX \$250)			
1. TOTAL TAX	(a) Tax (Larger of Schedule A, Line 6; Schedule B, Line 6; or \$250)	▶ 1a	▼ ENTER TOTAL OF LINES 1a and 1b ▼
	(b) Recapture of Tax Credits (See instructions)	▶ 1b	
2. Tax Credits (Form CT-1120K, Part III, Line 13, Column B)	▶	2	
3. Balance of tax payable (Subtract Line 2 from Line 1. If zero or less, enter -0-)	▶	3	
4. TAX PAYMENTS	(a) Paid with application for extension (Form CT-1120 EXT)	▶ 4a	▼ ENTER TOTAL OF LINES 4a, 4b, 4c ▼
	(b) Paid with estimates (Forms CT-1120 ESA, ESB, ESC, & ESD)	▶ 4b	
	(c) Overpayment from prior year	▶ 4c	
5. Balance of tax due (overpaid) (Subtract Line 4 from Line 3)	▶	5	
6. Add Penalty ▶(6a) _____ Interest ▶(6b) _____ CT-1120I Interest ▶(6c) _____	▶	6	
7. Amount to be credited to 2002 estimated tax ▶ (7a) _____ Refunded ▶(7b) _____	▶	7	
8. Balance due with this return (Add Line 5 and Line 6)	▶	8	

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 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, Lines 22a and 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 (Schedule E). 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 E - HOLDINGS OF STOCK		
NAME OF CORPORATION	BEGINNING OF YEAR AMOUNT	END OF YEAR AMOUNT
TREASURY STOCK		
TOTAL (Enter here and on Schedule D, Line 5)		

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 front, Computation of Net Income, Line 3.)		

SCHEDULE G - ADDITIONAL REQUIRED INFORMATION		
Name of Officer	Home Address	Title

- 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 _____
- In which Connecticut towns 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: Entity 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 the name of such corporation: _____ 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.)
- Is this corporation exempt from Connecticut corporation business tax? Yes (If "Yes" attach explanation of exemption including statutory cite)

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 16)
	Title	Telephone Number ()	
	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm's Name and Address	FEIN	Telephone Number ()