STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

your records.

Firm's Name and Address

Form CT-990T Connecticut Unrelated Business Income Tax Return

ст-990Т **2002**

Telephone Number

Federal Employer ID Number

			Income Ta	ах к	eturn				_
(Rev. 12/02)	ENTER INCOME YEA	AR BEGINNING		, 2002	, AND ► ENDIN	G			
DRS USE ONLY	Organization Name	(Please type or print)				•		TAX REGISTRATION NUMBER	
Audited By	Address	Number and Street		P	О Вох		DRS	S USE ONLY	
□F						•	•	20	
□∘	City or Town		State	Z	P Code		FED	DERAL EMPLOYER ID NUMBER	
Init						•	•		
CHECK A	ND COMPLETE AL	L APPLICABLE BOXES	IF THE O	RGAN	ZATION IS ANN	UALIZIN	GITS	INCOME CHECK HERE ▶□	
								Initial Return 🔲 Final Return	n
	-	Corporation Do			Foreign Trust		_	er (Explain)	
		usiness began in Connection			-	, _	,	o. (=/.p.a)	
		or business income activit					_		
		Enter state of incorporatio					tion:		
		cut if not incorporated in C				Ü	_		
						's CT Tax	Registi	ration Number)	
					·			· · · · · · · · · · · · · · · · · · ·	
			CLUDING ALL S	CHEDI	JLES AS FILED	WITH T	HE IN	TERNAL REVENUE SERVICE	i –
	ATION OF INCOM								
		xable income (2002 federal F			•	t t			
		duction (2002 federal Form 9		,		t t			
		icut tax on unrelated busines				1	3		
	, ,	l 3)				- 1	4		
		ent of Connecticut tax included				1			
		come (Subtract Line 5 from L	ine 4)			▶	6		
	ATION OF TAX								T
		come (Line 6 above) (If 100°			•	- t			
	,	CT-990T, Schedule A, Line		,		- t		0.	1
		ss taxable income (Line 1 or	•	-		- 1			
	•	rm CT-990T, Schedule B, L	,			ŀ			
	,	t Line 4 from Line 3)				- H			
		<u>(.075)</u>				>	6		
	ATION OF AMOU						. 1		
,	•	x, Line 6)							
	•	quipment Property Tax Credi	•		,		2		
3. Balance	1	act Line 2 from Line 1. If zero				▶	3		
4. TAX		ation for extension, Form CT						▼ ENTER TOTAL OF	
PAYMENTS		es (Forms CT-990T ESA, ESE						▼ LINES 4a, 4b, 4c	
	4c. Overpayment tro	m prior year					4		
		(Subtract Line 4 from Line				▶	5		V///////
Tax ove	•	Line 5 to be credited to 2003							
		be refunded							
		Sa and Line 6b)					6		
_	• •	te filing (See instructions)				l l			
		te filing (See instructions)							
		estimated tax (Attach Form							
		turn (Add Lines 5, 7a, 7b, a					7		
		ble to: COMMISSIONER OF ue Services, PO Box 5014,				noney ord	ler to	return with paper clip. Do not s	staple.)
DECLARA	TION: I declare u	nder penalty of law that	I have examine	d this	return (includin	g anv a	ccom	panying schedules and state	ements)
and, to the	best of my knowled	lge and belief, it is true, c	omplete, and co	rrect.	I understand th	at the po	enalty	for willfully delivering a fals	e return
						oth. The	decla	aration of a paid preparer oth	er than
the taxpaye	er is based on all in	formation of which the p	reparer has any	knowl	edge.				
1	Signature of Officer or	Fiduciany		Da	to				1
	Signature of Officer of	i luudidi y		Da	ıc			May DRS contact the prepare	
SIGN HERE			T. 1	Tolophono Number			shown below about this return?		
Keep a Title Telephone Numb			epriorie mumber			☐ Yes ☐ No (See instructions)			
copy	Doid Droporada Ciarat			(J.			` ,	
of this F return for	Paid Preparer's Signatu	ие		Da	ıe			Preparer's SSN or PTIN	

SCHEDULE A — UNRELATED BUSINESS INCOME APPORTIONMENT (See Instructions)

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column I (Carry to six places)
	1. (a) Inventories			
PROPERTY	(b) Tangible Property			
(Average Value)	(c) Real Property			
(Attorage value)	(d) Capitalized Rent			
	1. TOTAL			DECIMAL NOTATION
	2. (a) Sales of Tangibles			
	(b) Services			
RECEIPTS	(c) Rentals			
	(d) Other			
	2. TOTAL			DECIMAL NOTATION
WAGES, SALARIES, AND OTHER COMPENSATION	3. TOTAL			DECIMAL NOTATION
	4. TOTAL (Add Lines 1, 2, and	d 3 in Column C)		DECIMAL NOTATION
	5. Apportionment fraction (Dividalso on Schedule C, Line 4, a			

SCHEDULE B — CONNECTICUT APPORTIONED OPERATING LOSS CARRYOVER

1.	1997 Connecticut net operating loss (from 1997 Form CT-990T, Schedule C, Line 5)	1	
2.	1998 Connecticut net operating loss (from 1998 Form CT-990T, Schedule C, Line 5)	2	
3.	1999 Connecticut net operating loss (from 1999 Form CT-990T, Schedule C, Line 5)	3	
4.	2000 Connecticut net operating loss (from 2000 Form CT-990T, Schedule C, Line 5)	4	
5.	2001 Connecticut net operating loss (from 2001 Form CT-990T, Schedule C, Line 5)	5	
6.	TOTAL (Add Lines 1 through 5) Enter here and on <i>Computation of Tax</i> , Line 4	6	

SCHEDULE C — COMPUTATION OF NET OPERATING LOSS CARRYFORWARD

1.	Enter amount from Computation of Income, Line 6, if less than zero	1		
2.	Add back Specific Deduction (from 2002 federal Form 990-T, Part II, Line 33)	2		
3.	Subtotal (Add Line 1 and Line 2)	3		
4.	Apportionment fraction (Schedule A, Line 5)	4	•	
5.	2002 Connecticut net operating loss available for carryforward (Multiply Line 3 by Line 4)	5		