

(Rev. 12/03) AD Enter Income Year Beginning \_\_\_\_\_, 2003, and Ending \_\_\_\_\_

|  |                            |  |
|--|----------------------------|--|
| Total Assets<br>▶ 00   | Corporation Name           | Connecticut Tax Registration Number<br>000 |
| Gross Receipts<br>▶ 00   | Number and Street          | PO Box                                     |
| NAICS Code (see instructions)<br>▶                               | City or Town               | State ZIP Code                             |
| Audited By <input type="checkbox"/> F <input type="checkbox"/> O | Federal Employer ID Number |  |

**CHECK AND COMPLETE ALL APPLICABLE BOXES**

|   |   |   |   |   |
|---|---|---|---|---|
| 1. Change of:<br><input type="checkbox"/> Closing Month<br><input type="checkbox"/> Address | 2. Return Status:<br><input type="checkbox"/> Initial Return<br><input type="checkbox"/> Final Return<br><input type="checkbox"/> Short Period Return | 3. If this is a short period, check the corresponding box:<br><input type="checkbox"/> Merger<br><input type="checkbox"/> Acquisition<br><input type="checkbox"/> Change of Filing Status | 4. If this is a final return, has the corporation:<br><input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Merged/Reorganized (Enter survivor's Connecticut Tax Registration Number) | 5. Federal return was filed on:<br><input type="checkbox"/> 1120 <input type="checkbox"/> 1120A <input type="checkbox"/> 1120H<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Consolidated Basis:<br>Parent Co. Name ▶ _____<br>Parent Co. FEIN ▶ _____ |
|---|---|---|---|---|

6. Is this corporation exchanging R & D tax credits?  Yes (Attach Form CT-1120 XCH)  No

7. 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 Form CT-1120CC-R)

8. Is this company included in a Connecticut combined business tax return?  Yes (Complete Form CT-1120CR)  No

9. 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 \_\_\_\_\_

10. Is this corporation exempt from Connecticut corporation business tax?  Yes (Attach explanation of exemption including statutory cite)  No

11. Is this corporation annualizing its income?  Yes (Attach Form CT-1120I)  No

12. Is this company subject to the interest add back or the intangible expense add back?  Yes (Attach Form CT-1120AB)  No

- ATTACH A COMPLETE COPY OF FORM 1120 INCLUDING ALL SCHEDULES AS FILED WITH THE INTERNAL REVENUE SERVICE -

**SCHEDULE A - COMPUTATION OF TAX ON NET INCOME**

|   |     |    |    |
|---|-----|----|----|
| 1. Net income (Schedule D, Line 18) (If 100% Connecticut, also enter on Line 3) ..... | ▶ 1 |    | 00 |
| 2. Apportionment fraction (Carry to six places. See instructions.) .....              | ▶ 2 | 0. |    |
| 3. Connecticut net income (Multiply Line 1 by Line 2) .....                           | ▶ 3 |    | 00 |
| 4. Operating loss carryover (Form CT-1120 ATT, Schedule H, Line 6, Column A) .....    | ▶ 4 |    | 00 |
| 5. Income subject to tax (Subtract Line 4 from Line 3) .....                          | ▶ 5 |    | 00 |
| 6. TAX: Multiply Line 5 by 7.5% (.075) .....  | ▶ 6 |    | 00 |

**SCHEDULE B - COMPUTATION OF MINIMUM TAX ON CAPITAL**

|   |     |    |    |
|---|-----|----|----|
| 1. Minimum tax base (Schedule E, Line 6, Column C) (If 100% Connecticut, also enter on Line 3) .....          | ▶ 1 |    | 00 |
| 2. Apportionment fraction (Carry to six places. See instructions.) .....                                      | ▶ 2 | 0. |    |
| 3. Multiply Line 1 by Line 2 .....  | ▶ 3 |    | 00 |
| 4. Number of months covered by this return .....  | ▶ 4 |    |    |
| 5. Multiply Line 3 by Line 4, divide the result by 12 .....   | ▶ 5 |    | 00 |
| 6. TAX: (3 and 1/10 mills per dollar) Multiply Line 5 by .0031. (Maximum tax for Sch. B is \$1,000,000) ..... | ▶ 6 |    | 00 |

**SCHEDULE C - COMPUTATION OF AMOUNT PAYABLE (MINIMUM TAX \$250)**

|  |      |  |    |
|--|------|--|----|
| 1a. Tax (Greater of Schedule A, Line 6; Schedule B, Line 6; or \$250) .....  | ▶ 1a |  | 00 |
| 1b. Surtax (Line 1a multiplied by 20% (.20)) .....   | ▶ 1b |  | 00 |
| 1c. Recapture of Tax Credits (See instructions) .....  | ▶ 1c |  | 00 |
| 1. <b>TOTAL TAX</b> (Enter the total of Line 1a, Line 1b, and Line 1c. If no tax credits claimed, also enter on Line 6.) | ▶ 1  |  | 00 |
| 2. Multiply Line 1 by 30% (0.30) .....   | ▶ 2  |  | 00 |
| 3. Enter the greater of Line 2 or \$250 .....  | ▶ 3  |  | 00 |
| 4. Tax Credit Limitation (Subtract Line 3 from Line 1) .....   | ▶ 4  |  | 00 |
| 5. Tax Credits (Form CT-1120K, Part II, Line 11. Do not exceed amount on Line 4.) .....                                  | ▶ 5  |  | 00 |
| 6. Balance of tax payable (Subtract Line 5 from Line 1) .....  | ▶ 6  |  | 00 |
| 7a. Paid with application for extension (Form CT-1120 EXT) .....   | ▶ 7a |  | 00 |
| 7b. Paid with estimates (Forms CT-1120 ESA, ESB, ESC, & ESD) .....   | ▶ 7b |  | 00 |
| 7c. Overpayment from prior year .....  | ▶ 7c |  | 00 |
| 7. <b>TAX PAYMENTS</b> (Enter the total of Lines 7a, 7b, and 7c) .....   | ▶ 7  |  | 00 |
| 8. Balance of tax due (overpaid) (Subtract Line 7 from Line 6) .....   | ▶ 8  |  | 00 |
| 9. Add Penalty ▶ (9a) _____ .00 Interest ▶ (9b) _____ .00 CT-1120I Interest ▶ (9c) _____ .00                             | ▶ 9  |  | 00 |
| 10. Amount to be credited to 2004 estimated tax ▶ (10a) _____ .00 Refunded ▶ (10b) _____ .00                             | ▶ 10 |  | 00 |
| 11. <b>Balance due with this return</b> (Add Line 8 and Line 9) .....  | ▶ 11 |  | 00 |

|  |   |
|--|---|
| Make check payable to: <b>Commissioner of Revenue Services</b><br>(Attach check to return with paper clip. Do not staple.)<br>Mail to: <b>Department of Revenue Services</b><br><b>PO Box 2974, Hartford CT 06104-2974</b> | <input type="checkbox"/> 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 NET INCOME**

|  |      |    |
|--|------|----|
| 1. Federal taxable income (loss) before net operating loss and special deductions                              | ▶ 1  | 00 |
| 2. Interest income wholly exempt from federal tax  | ▶ 2  | 00 |
| 3. Unallowable deduction for corporation tax (Schedule F, Line 8)  | ▶ 3  | 00 |
| 4. Interest expenses paid to a related member (Form CT-1120AB, Part I A, Line 1)                               | ▶ 4  | 00 |
| 5. Intangible expenses and costs paid to a related member (Form CT-1120AB, Part I B, Line 1)                   | ▶ 5  | 00 |
| 6. Federal bonus depreciation (See instructions)   | ▶ 6  | 00 |
| 7. TOTAL (Add Lines 1 through 6)   | ▶ 7  | 00 |
| 8. Dividend deduction (Form CT-1120 ATT, Schedule I, Line 4)   | ▶ 8  | 00 |
| 9. Capital loss carryover (if not deducted in computing federal capital gain)                                  | ▶ 9  | 00 |
| 10. Capital gain from sale of preserved land   | ▶ 10 | 00 |
| 11. Federal bonus depreciation recovery (Form CT-1120 ATT, Schedule J, Line 5)                                 | ▶ 11 | 00 |
| 12. Exceptions to interest add back (Form CT-1120AB, Part II A, Line 1)  | ▶ 12 | 00 |
| 13. Exceptions to interest add back (Form CT-1120AB, Part II A, Line 2)  | ▶ 13 | 00 |
| 14. Exceptions to interest add back (Form CT-1120AB, Part II A, Line 3)  | ▶ 14 | 00 |
| 15. Exceptions to add back of intangible expenses paid to a related member (Form CT-1120AB, Part II B, Line 1) | ▶ 15 | 00 |
| 16. Other (Attach explanation)   | ▶ 16 | 00 |
| 17. TOTAL (Add Lines 8 through 16)   | ▶ 17 | 00 |
| 18. NET INCOME (Subtract Line 17 from Line 7. Enter here and on Schedule A, Line 1.)                           | ▶ 18 | 00 |

**SCHEDULE E - COMPUTATION OF MINIMUM TAX BASE**  
(See instructions)

|  | COLUMN A          |    | COLUMN B    |    | COLUMN C                                    |
|--|-------------------|----|-------------|----|---|
|  | BEGINNING OF YEAR |    | END OF YEAR |    |   |
| 1. Capital stock (federal Schedule L, Line 22a and Line 22b)   |                   | 00 |             | 00 | (COLUMN A plus<br>COLUMN B)<br>DIVIDED BY 2 |
| 2. Surplus and undivided profits (federal Schedule L, Lines 23, 24, and 25)                          |                   | 00 |             | 00 |   |
| 3. Surplus reserves (Attach schedule)  |                   | 00 |             | 00 |   |
| 4. Total (Add Lines 1, 2, and 3.) Enter average in Column C  |                   | 00 |             | 00 |   |
| 5. Holdings of stock of private corporations (attach schedule). Enter average in Column C            |                   | 00 |             | 00 | 00  |
| 6. Balance (Subtract Line 5, Column C, from Line 4, Column C. Enter here and on Schedule B, Line 1.) |                   |    |             |    | 00  |

**SCHEDULE F - TAXES**

|   | COLUMN A | COLUMN B |
|---|----------|----------|
| 1. Payroll  | 00       |          |
| 2. Real property  | 00       |          |
| 3. Personal property  | 00       |          |
| 4. Sales and use  | 00       |          |
| 5. Other (See instructions)   | 00       |          |
| 6. Connecticut corporation business (Deducted in the computation of federal taxable income)   |          | 00       |
| 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 |          | 00       |
| 8. Total unallowable deduction for corporation business tax purposes (Add Line 6 and Line 7, Column B. Enter here and on Schedule D, Line 3.)                         |          | 00       |

**SCHEDULE G - ADDITIONAL REQUIRED INFORMATION - Attach a Schedule of Officers**

1. In which Connecticut town(s) does the corporation own or lease (as lessee) real or tangible personal property, or perform services?  
\_\_\_\_\_

2. (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning Connecticut real property?  Yes  No  
If "Yes," enter: Transferee Name \_\_\_\_\_ Federal Employer ID Number \_\_\_\_\_

(b) Was there a direct or indirect transfer of a controlling interest in your company owning Connecticut real property?  Yes  No  
If "Yes," enter: Transferor Name \_\_\_\_\_ Federal Employer ID Number \_\_\_\_\_

3. Did any corporation at any time during the year own a majority of the voting stock of this corporation?  Yes  No  
If "Yes," enter: Corporation Name \_\_\_\_\_ Federal Employer ID Number \_\_\_\_\_

4. Last taxable year this corporation was audited by the Internal Revenue Service \_\_\_\_\_  
Were adjustments reported to Connecticut?  Yes  No (If "No," attach explanation.)

**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.

|   |                                |                         |  |
|---|--------------------------------|-------------------------|--|
| <b>SIGN HERE</b><br>Keep a copy of this return for your records | Signature of Corporate Officer | Date                    | May DRS contact the preparer shown below about this return?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>(See instructions, Page 17) |
|   | Title                          | Telephone Number<br>( ) |  |
|   | Paid Preparer's Signature      | Date                    | Preparer's SSN or PTIN   |
|   | Firm's Name and Address        | FEIN                    | Telephone Number<br>( )  |