Department of Revenue Services State of Connecticut

Form CT-1120X

2009

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Amended Corporation Business Tax Return (Rev. 02/10) Enter Income Year Beginning ▶ 2009, and Ending ▶ DRS use only Corporation name Connecticut Tax Registration Number Audited by Address PO Box DRS use only number and street \square F \square O -20Initial: City or town State ZIP code Federal Employer ID Number (FEIN) **Check and Complete All Applicable Boxes** Is this return currently under Connecticut audit? ☐ Yes □ No Connecticut return being amended: ► □ CT-1120 ► □ CT-1120U Reason for amended return: (Check one) ☐ Federal 1120X: Attach copy. ► ☐ IRS adjustments: Attach copy of IRS notification and enter date of final determination. ► ☐ Connecticut corporation business tax credits ► ☐ Connecticut apportionment change ► ☐ Connecticut net operating loss Other: Specify Column A Column B Column C **Amount as Originally Net Change Correct Amount** Schedule A - Computation of Tax on Net Income Reported or Adjusted Increase or (Decrease) 1. Net income from Schedule D, Line 22 If 100% Connecticut, also enter on Line 3. 00 00 00 1. 2. Apportionment fraction: Carry to six places. See instructions. 2. 0. 0. 0. 3. Connecticut net income: Multiply Line 1 by Line 2. 3. 00 00 00 4. Operating loss carryover from Form CT-1120 ATT. Schedule H. Line 14, Column D..... 00 00 00 4. 5. Income subject to tax: Subtract Line 4 from Line 3. 5. 00 00 ▶ 00 6. Tax: Multiply Line 5 by 7.5% (.075). 00 00 00 Schedule B - Computation of Minimum Tax on Capital 1. Minimum tax base from Form CT-1120 or CT-1120U, Schedule E, Line 6, Column C. If 100% Connecticut, also enter on Line 3. ... 1. 00 00 00 2. Apportionment fraction: Carry to six places. See instructions. 2. 0. 0. 0. 3. Multiply Line 1 by Line 2. 3. 00 00 00 4. Number of months covered by this return 4. 00 • 5. Multiply Line 3 by Line 4, divide the result by 12. 5. 00 00 00 00 6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. 00 Schedule C - Computation of Amount Payable 1a. Tax: Greater of Schedule A, Line 6; Schedule B, Line 6; 00 00 -00 or \$250 1a 1b. Enter the amount of surtax due: See instructions. 1b 00 00 00 1c. Recapture of tax credits: See instructions. 00 00 -00 1c. 1. Total tax: Enter the total of Lines 1a through 1c. If no tax credits claimed, enter also on Line 6. 1. 00 00 00 2. 00 00 > 00 2. Multiply Line 1 by 30% (0.30). 3. Enter the greater of Line 2 or \$250. 3. 00 00 -00 00 00 -4. Tax credit limitation: Subtract Line 3 from Line 1. 4. 00 5. Tax credits from Form CT-1120K, Part II, Line 11 Do not exceed amount on Line 4. 5. 00 00 ► 00 6. Balance of tax payable: Subtract Line 5 from Line 1. 00 00 00 7a. Paid with application for extension from **Form CT-1120 EXT** 00 00 00 7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & ESD 00 00 00 00 00 00 7d. Tax paid with original return plus additional tax paid after original return was filed 7d 00 00 00 7. Tax payments: Enter the total of Lines 7a through 7d. 7. 00 00 00 8. Overpayment on original return or as last adjusted 8. 00 9. Net payments to date: Subtract Line 8 from Line 7. 00 10a. Amount to be credited to estimated tax: If Line 9 is greater than Line 6, enter amount to be credited to estimated tax.... 10a. 00 10b. 10b. Amount to be refunded: If Line 9 is greater than Line 6, enter amount to be refunded. 00 00 11. Tax due: If Line 6 is greater than Line 9, enter amount of tax due. 11. 12. Interest: See instructions. 12. 00

13. Balance due: Add Line 11 and Line 12.

Schedule D – Computation of Net Income						Column B Net Change Increase or (Decrease	Net Change		Column C Correct Amount	
Federal taxable income (loss) before net operating loss and										
special deductions			1.		00		00	>	00	
2. Interest income wholly exempt from federal tax			2.		00		00	>	00	
3. Unallowable deduction for corporation tax from Forms CT-1120 or CT-1120U, Schedule F, Line 8		3.		00		00	>	00		
Interest expenses paid to a related member from Form CT-1120AB, Part I A, Line 1		4.		00		00	>	00		
5. Intangible expenses and costs paid to a related member from Form CT-1120AB, Part I B, Line 3		5.		00		00	>	00		
6. Federal bonus depreciation: See instructions			6.		00		00	>	00	
7. Cancellation of debt income deferred on I.R.C. §108(i) election statement		7.		00		00	>	00		
8. I.R.C. §199 domestic production activities deduction			8.		00		00	>	00	
9. Other: Attach explanation.			9.		00		00	>	00	
			10.		00		00	•	00	
11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 4					00		00	•	00	
12. Capital loss carryover (if not deducted in computing federal		12.		00		00	•	00		
, ,			13.		00		00	>	00	
13. Capital gain from sale of preserved land			13.		100		00		00	
Schedule J, Line 10		14.		00		00	>	00		
, ,		15.		00		00	>	00		
16. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2		16.		00		00	>	00		
17. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3		17.		00		00	>	00		
18. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB, Part II B, Line 1		18.		00		00	>	00		
19. Reserved for future use		19.								
20. Other: See instructions.					00		00	>	00	
			21.		00		00	>	00	
22. Net income: Subtract Line 21 from Line 10. Enter here and on Schedule A, Line 1		22.		00		00		00		
		=	ach	additional schedul	es, if	necessary. If ame	ndir	g to claim a tax cre	dit,	
	with payment to:	Mail return without payme Department of Rever			Make	e check payable to: Commissioner c	of Re	venue Services		
PO Box 2974, Hartford CT 06104-2974 PO Box 150406, Hart			ford	ord CT 06115-0406 Attach check to return with paper clip. Do not staple.						
my knowle of Revenu	on: I declare under penalty of law the edge and belief, it is true, complete, are Services (DRS) is a fine of not methe taxpayer is based on all informations.	and correct. I understand to bre than \$5,000, or impris	hat tl onm	he penalty for willfully ent for not more that	deliv	vering a false return o	or do	cument to the Departr	ment	
Sign Here	Signature of corporate officer	of corporate officer Title		Date		Telephone (Telephone number ()			
Keep a copy	Paid preparer's signature			Date	Preparer's	Preparer's SSN or PTIN				
of this return for	Firm's name and address					FEIN	FEIN			
your records.					Telephone number					