Form CT-1120 EXT Application for Extension of Time to File Corporation Business Tax Return

Complete this form in blue or black ink only. See instructions on reverse.

Enter In	come Year Beginning►	, 2012, and I	Ending	►			,	_	
Taxpayer	/er Corporation name				CT Ta	Tax Registration Number			
Please	Number and street	PC) Box	•	DRS	use o	ise only 20		
type or print.	City or town	State ZIP code	ral Employer ID Number (FEIN)						
	Request for Six	-Month Extension to File Form CT-1120	, Form	CT-1120CR, or F	orm Cl	-1120	U		
		of any tax due or believed to be due with t been approved. See instructions on revers		blication for an ext	ension	of tim	e to file, whether	or not	
until	for f	e, to October 1, 2013 , to file a Connecticu iscal year ending					-		
Information ending	, and Other Returns, for calen			□ No	_, 201	2, and	t	÷Tax,	
If No , the re	eason for the Connecticut exte	nsion is							
Are you filir	ng Form CT-1120CR?	Yes 🗖 No Are	you fili	ng Form CT-1120) U ?	— Y	íes 🗖 N	10	
Tentative F	Return								
1. Tenta	tive amount of tax due for this	s income year; minimum tax \$250. See ins	tructio	าร		1.		00	
2. Surta	x: See instructions	2.		00					
3. Total f	tax: Add Line 1 and Line 2. In	clude tax credit recapture, if applicable				3.		00	
4. Multip	oly Line 3 by 30% (.30) or see	instructions.	4.		00				
5. Multip	ly the number of companies	5.		00					
6. Enter	the greater of Line 4 or Line	5				6.		00	
7. Tax ci	redit limitation: Subtract Line	6 from Line 3				7.		00	
8. Tax ci	redits: Do not exceed amou	nt on Line 7.				8.		00	
9. Balan	ce of tax payable: Subtract L	ine 8 from Line 3				9.		00	
10. Paym	ent(s) of estimated tax		10.		00		7//////////////////////////////////////	//////	
11. Overp	payment from prior year		11.		00				
12. Total	Total payments: Add Line 10 and Line 11.							00	
13. Balar	3. Balance due with this return: Subtract Line 12 from Line 9.							00	
Departn State of Hartford Make check Revenue So		Mail paper return without payment to: Department of Revenue Services State of Connecticut, PO Box 150406 Hartford CT 06115-0406	at ww elect	the DRS Taxpayer vw.ct.gov/TSC to fi onically.	le and p	ay thi	s return		
Declaration	: I declare under penalty of law	that I have examined this return (including a	ту ассо	mpanying schedule	s and st	tateme	ents) and, to the be	est of my	

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 the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, 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	Corporate officer's name (print)	Corporate officer's signature		Date	May DRS contact the preparer shown below about this return?		
Кеер а сору	Title		Telephone number		See instructions.		
of this return for your	Paid preparer's name (print)	Paid preparer's signature		Date	Preparer's SSN or PTIN		
	Firm's name and address		FEIN		Telephone number		