

Form CT-1120X
Amended Corporation Business Tax Return

2015

Enter Income Year Beginning ► _____, 2015, and Ending ► _____,

Corporation name			Connecticut Tax Registration Number	
Address	Number and street	PO Box	DRS use only - - 20	
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)

☐ IRS adjustments or federal Form 1120X. Attach a copy of IRS notification or federal Form 1120X.

Enter date of final determination: _____.

☐ Connecticut corporation business tax credits ☐ Connecticut apportionment change ☐ Connecticut net operating loss

☐ Other: Specify _____

		Column A Amount as Originally Reported or Adjusted	Column B Net Change Increase or (Decrease)	Column C Correct Amount
Schedule A – Computation of Tax on Net Income				
1. Net income from <i>Schedule D</i> , Line 22 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. Connecticut net income: Multiply Line 1 by Line 2.	3.	00	00	00
4. Operating loss carryover from Form CT-1120 ATT , <i>Schedule H</i> , Line 17, Column D. Do not exceed 50% of Line 3.	4.	00	00	00
5. Income subject to tax: Subtract Line 4 from Line 3.	5.	00	00	00
6. Tax: Multiply Line 5 by 7.5% (.075).	6.	00	00	00
Schedule B – Computation of Minimum Tax on Capital				
1. Minimum tax base from Form CT-1120 or CT-1120U , <i>Schedule E</i> , 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.			
5. Multiply Line 3 by Line 4, divide the result by 12.	5.	00	00	00
6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031.	6.	00	00	00
Schedule C – Computation of Amount Payable				
1a. Tax: Greater of <i>Schedule A</i> , Line 6; <i>Schedule B</i> , Line 6; or minimum tax.	1a.	00	00	00
1b. Enter the amount of surtax due: See instructions.	1b.	00	00	00
1c. Recapture of tax credits: See instructions.	1c.	00	00	00
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. Multiply Line 1 by 49.99% (0.4999).	2.	00	00	00
3. Enter the greater of Line 2 or \$250.	3.	00	00	00
4. Tax credit limitation: Subtract Line 3 from Line 1.	4.	00	00	00
5. Tax credits from Form CT-1120K , Part II, Line 9 Do not exceed amount on Line 4.	5.	00	00	00
6. Balance of tax payable: Subtract Line 5 from Line 1.	6.	00	00	00
7a. Paid with application for extension from Form CT-1120 EXT	7a.	00	00	00
7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & ESD	7b.	00	00	00
7c. Overpayment from prior year.	7c.	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.	9.			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. Amount to be refunded: If Line 9 is greater than Line 6, enter amount to be refunded.	10b.			00
11. Tax due: If Line 6 is greater than Line 9, enter amount of tax due.	11.			00
12. Interest: See instructions.	12.			00
13. Balance due: Add Line 11 and Line 12.	13.			00

Schedule D – Computation of Net Income		Column A Amount as Originally Reported or Adjusted	Column B Net Change Increase or (Decrease)	Column C Correct Amount
1. 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 Schedule F , Line 8 or CT-1120U , <i>Schedule F</i> , Line 4	3.	00	00 ▶	00
4. 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. <i>Reserved for future use.</i>	7.			
8. IRC §199 domestic production activities deduction from federal Form 1120, Line 25	8.	00	00 ▶	00
9. Other: Attach explanation.	9.	00	00 ▶	00
10. Total: Add Lines 1 through 9.	10.	00	00 ▶	00
11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 5	11.	00	00 ▶	00
12. Capital loss carryover (if not deducted in computing federal capital gain)	12.	00	00 ▶	00
13. Capital gain from sale of preserved land	13.	00	00 ▶	00
14. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 16	14.	00	00 ▶	00
15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1	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. Deferred cancellation of debt income. See instructions.	19.	00	00 ▶	00
20. Other: See instructions.	20.	00	00 ▶	00
21. Total: Add Lines 11 through 20	21.	00	00 ▶	00
22. Net income: Subtract Line 21 from Line 10. Enter here and on <i>Schedule A</i> , Line 1.	22.	00	00 ▶	00

Explain any changes below. Show any computation in detail. Attach additional schedules, if necessary. If amending to claim a tax credit, attach **Form CT-1120K**, *Business Tax Credit Summary*.

Schedule or Line Number	

Mail return with payment to: Department of Revenue Services PO Box 2974, Hartford CT 06104-2974	Mail return without payment to: Department of Revenue Services PO Box 150406, Hartford CT 06115-0406	Make check payable to: Commissioner of Revenue Services Attach check to return with paper clip. Do not staple.
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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 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 Keep a copy of this return for your records.	Corporate officer's name (<i>print</i>)		Corporate officer's signature		Date
	Corporate officer's email address (<i>print</i>) ▶			Title	Telephone number ()
	Paid preparer's name (<i>print</i>)			Preparer's SSN or PTIN	Date
	Paid preparer's signature				FEIN
	Firm's name and address				Telephone number ()