Department of Revenue Services State of Connecticut (Rev. 12/13)

## Form CT-1120X Amended Corporation Business Tax Return

2013

Enter Income Year Beginning ▶ 2013, and Ending ▶ Corporation name Connecticut Tax Registration Number PO Box Address Number and street DRS use only -20State Federal Employer ID Number (FEIN) City or town ZIP code **Check and Complete All Applicable Boxes** Is this return currently under Connecticut audit? ☐ Yes ■ No Connecticut return being amended: 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 Column B 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. ..... 1. 00 00 00 2. Apportionment fraction: Carry to six places. See instructions. ...... 0. 0. **▶** 0. 00 00 3. Connecticut net income: Multiply Line 1 by Line 2. ..... 3. 00 4. Operating loss carryover from **Form CT-1120 ATT**, *Schedule H*, 00 00 Line 14, Column D..... 4 00 00 5. Income subject to tax: Subtract Line 4 from Line 3. ..... 5. 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, Schedule E, Line 6, Column C. If 100% Connecticut, also enter on Line 3. .... 1 00 00 ▶ 00 2. 0. ▶ 0. 2. Apportionment fraction: Carry to six places. See instructions. ..... 3. Multiply Line 1 by Line 2. ..... 3. 00 00 00 4. Number of months covered by this return ...... 4. 5. 5. Multiply Line 3 by Line 4, divide the result by 12. ..... 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 Schedule A, Line 6; Schedule B, Line 6; 00 00| ▶ 00 or minimum tax..... 1a 1b. Enter the amount of surtax due: See instructions. ..... 1b. 00 00  $\triangleright$ 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. Multiply Line 1 by 30% (0.30). ..... 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 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 00 7a. Paid with application for extension from Form CT-1120 EXT ...... 00 00 7b. Paid with estimates from Forms CT-1120 ESA. ESB. ESC. & ESD ...... 00 00 00 7c. Overpayment from prior year ...... 00 00 00 7d. Tax paid with original return plus additional tax paid after original return was filed ..... 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 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. 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. 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	
	I taxable income (loss) before n		1.		00	00	•		00
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, Schedule F, Line 4			3.		00	00	<b>•</b>		00
Interest expenses paid to a related member from Form CT-1120AB, Part I A, Line 1			4.		00	00	<b>•</b>		00
5. Intangible expenses and costs paid to a related member from Form CT-1120AB, Part I B, Line 3			5.		00	00	<b>•</b>		00
6. Federal bonus depreciation: See instructions.			6.		00	00	<b></b>		00
7. Reserv	red for future use		7.						
federal	99 domestic production activitie Form 1120, Line 25		-		00	00	_		00
9. Other: Attach explanation.					00	00			00
10. Total: Add Lines 1 through 9.			-		00	00	_		00
	nd deduction from Form CT-1120	·	11.		00	00	<b>&gt;</b>		00
	loss carryover (if not deducted gain)		12.		00	00	<b>•</b>		00
13. Capital gain from sale of preserved land			13.		00	00	<b></b>		00
14. Federal bonus depreciation recovery from Form CT-1120 ATT, Schedule J, Line 14			14.		00	00	<b>•</b>		00
15. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 1			15.		00	00	<b>&gt;</b>		00
16. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 2			16.		00	00	<b>•</b>		00
17. Exceptions to interest add back from Form CT-1120AB, Part II A, Line 3			17.		00	00	<b>•</b>		00
18. Exceptions to add back of intangible expenses paid to a related member from <b>Form CT-1120AB</b> , Part II B, Line 1					00	00	<b>&gt;</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00
19. Reserved for future use.			-r						
20. Other: See instructions.			-		00	00			00
21. Total: Add Lines 11 through 20			21.		00	00	<b>•</b>		00
on Schedule A, Line 1					00	00	<b>•</b>		00
			acn a	additional schedi	uies, ir	necessary. If amendi	ng to	ciaim a tax cred	ait,
Mail return with payment to:  Department of Revenue Services PO Box 2974, Hartford CT 06104-2974  Mail return without payment of Revenue Services PO Box 150406, Hartford CT 06104-2974						ayable to: missioner of Revenue Services o return with paper clip. Do not staple.			
my knowled of Revenue	n: I declare under penalty of law ti ge and belief, it is true, complete, a Services (DRS) is a fine of not mo payer is based on all information	and correct. I understand to ore than \$5,000, imprisonn	that th	ne penalty for willfu or not more than fi	lly deliv	ering a false return or do	cume	ent to the Departn	nent
	Corporate officer's name (print)  Corporate officer's			s signature			Date		
Sign Here Keep a	Corporate officer's email address (print)			Title			Telephone number		
copy of this return for	Paid preparer's name (print)			Preparer's SSN or PTIN			Date		
your records.				1		FEIN			
	Firm's name and address				Telepho	ne nur	mber		