



Form CT-1120X

Amended Connecticut Corporation
 Business Tax Return

2017

Complete this form in blue or black ink only. Type or print.

For Income Year Beginning ▶ - and Ending ▶ - For DRS Use Only ▶ -
M M - D D - Y Y Y Y M M - D D - Y Y Y Y M M - D D - Y Y Y Y

Corporation name Connecticut Tax Registration Number

Mailing address (number and street) Federal Employer ID Number (FEIN)

City, town, or post office State ZIP code

Check and Complete All Applicable Boxes

Is this return currently under Connecticut audit? Yes No

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: - -
M M - D D - Y Y Y Y

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

Other: Specify

Schedule A – Computation of Tax on Net Income

	A. Original amount or as previously adjusted	B. Net change increase or (decrease)	C. Correct amount
1. Net income from Schedule D, Line 22. If 100% Connecticut, also enter on Line 3. 1.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
2. Apportionment fraction: Carry to six places. See instructions. 2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Connecticut net income: Multiply Line 1 by Line 2. 3.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
4. Operating loss carryover from Form CT-1120 ATT, Schedule H, Line 21, Column E. Do not exceed 50% of Line 3. 4.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
5. Income subject to tax: Subtract Line 4 from Line 3. 5.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
6. Tax: Multiply Line 5 by 7.5% (.075). 6.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00

Schedule B – Computation of Minimum Tax on Capital

1. Minimum tax base from Form CT-1120, Schedule E, Line 6, Column C. If 100% Connecticut, also enter on Line 3. 1.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
2. Apportionment fraction: Carry to six places. See instructions. 2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Multiply Line 1 by Line 2. 3.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
4. Number of months covered by this return 4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Multiply Line 3 by Line 4, divide the result by 12. ... 5.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. Maximum tax for Schedule B is \$1,000,000. 6.	<input type="text"/>	<input type="text"/>	<input type="text"/> .00



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Schedule C – Computation of Amount Payable

A. Original amount or as previously adjusted **B.** Net change increase or (decrease) **C.** Correct amount

	A.	B.	C.
1a. Tax: Greater of Schedule A, Line 6; Schedule B, Line 6; or minimum tax 1a.			.00
1b. Enter the amount of surtax due: See instructions. 1b.			.00
1c. Recapture of tax credits: See instructions. 1c.			.00
1. Total tax: Enter the total of Lines 1a through 1c. If no tax credits claimed, enter also on Line 6. 1.			.00
2. Multiply Line 1 by 49.99% (0.4999)..... 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
5a. Tax credits from Form CT-1120K, Part II, Line 9 Do not exceed amount on Line 4. 5a.			.00
5b. Excess credit utilization from Form CT-1120K, Part II, Line 12. 5b.			.00
5. Total tax credits: Add Line 5a and Line 5b. 5.			.00
6. Balance of tax payable: Subtract Line 5 from Line 1. 6.			.00
7a. Paid with application for extension from Form CT-1120 EXT 7a.			.00
7b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, & ESD 7b.			.00
7c. Overpayment from prior year 7c.			.00
7d. Tax paid with original return plus additional tax paid after original return was filed 7d.			.00
7. Tax payments: Enter the total of Lines 7a through 7d. 7.			.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



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Schedule D – Computation of Net Income

	A. Original amount or as previously adjusted	B. Net change increase or (decrease)	C. Correct amount
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 from Forms CT-1120 Schedule F , Line 8	3.		.00
4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1	4.		.00
5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 3	5.		.00
6. Federal bonus depreciation: See instructions.	6.		.00
7. <i>Reserved for future use.</i>	7.		
8. IRC §199 domestic production activities deduction from federal Form 1120, Line 25	8.		.00
9. Other: Attach explanation.	9.		.00
10. Total: Add Lines 1 through 9.	10.		.00
11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 5	11.		.00
12. Capital loss carryover (if not deducted in computing federal capital gain)	12.		.00
13. Capital gain from sale of preserved land	13.		.00
14. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 26	14.		.00
15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1	15.		.00
16. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2	16.		.00
17. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3	17.		.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
19. Deferred cancellation of debt income. See instructions.	19.		.00
20. Other: See instructions.	20.		.00
21. Total: Add Lines 11 through 20.	21.		.00
22. Net income: Subtract Line 21 from Line 10. Enter here and on <i>Schedule A</i> , Line 1.	22.		.00



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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	Explanation for change

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>)	Title	Telephone number
	Corporate officer's signature	Date	
	Corporate officer's email address (<i>print</i>)		
	Paid preparer's name (<i>print</i>)	Preparer's SSN or PTIN	Firm's FEIN
	Paid preparer's signature	Date	Telephone number
	Firm's name, address, and ZIP code		