

S CORPORATION BUSINESS TAX RETURN

(Rev. 12/99)

ENTER INCOME YEAR BEGINNING _____, 1999, **AND ENDING** _____, _____

LABEL HERE	Total Assets	Corporation Name	Connecticut Tax Registration Number
	Gross Receipts	Number and Street	000
	Federal Principal Business Activity Code	City or Town	Date Received (for Department use only)
	Audited By <input type="checkbox"/> F <input type="checkbox"/> O	State ZIP Code	Federal Employer ID Number

CHECK AND COMPLETE ALL APPLICABLE BOXES Is this corporation annualizing its income? Yes (Attach Form CT-11201)

Change of: Mailing Address Closing Month **Return status:** Initial Return Final Return Short Period Return
If this is a short period, please check corresponding box: Merger Acquisition Change of Filing Status

If this is a final return, has the corporation:
 Dissolved Withdrawn Merged/Reorganized (Enter survivor's CT Tax Registration Number) _____

Does this return include the assets, liabilities and items of income, deduction and credit of a QSSS? Yes No
 If yes, indicate how many QSSSs are included in this return _____. Attach a copy of the federal QSSS election Form 966 and a schedule listing the name and Connecticut Tax Registration Numbers of each QSSS.

Was this company included in a Connecticut Combined Corporation Business Tax Return for any prior year? Yes No
Is this corporation a financial service company? Yes (Attach Form CT-1120A FS) No

- ATTACH A COMPLETE COPY OF FEDERAL FORM 1120S INCLUDING ALL SCHEDULES AS FILED WITH THE INTERNAL REVENUE SERVICE -

COMPUTATION OF NET INCOME

1. Federal ordinary income (loss) (Federal Form 1120S, Line 21)	▶	1	
2. Unallowable deduction for corporation tax (<i>Schedule F</i> , Line 8)	▶	2	
3. Intangible expenses and interest expenses paid to a related member (See instructions)	▶	3	
4. TOTAL (Add Lines 1, 2 and 3)	▶	4	
5. Capital gain from sale of preserved land	▶	5	
6. Other (Attach explanation)	▶	6	
7. TOTAL (Add Line 5 and Line 6)	▶	7	
8. NET INCOME (Subtract Line 7 from Line 4)	▶	8	

SCHEDULE A - COMPUTATION OF TAX ON NET INCOME

1. Net income (Line 8 above) (If 100% Connecticut, also enter on <i>Schedule A</i> , Line 3)	▶	1	
2. Apportionment fraction (Carry to six places. See instructions.)	▶	2	0.
3. Connecticut net income (Multiply Line 1 by Line 2)	▶	3	
4. Operating loss carryover (Form CT-1120/CT-1120S ATT , <i>Schedule H</i> , Line 6, Column A)	▶	4	
5. Connecticut S corporation net income or loss (Subtract Line 4 from Line 3)	▶	5	
6. Connecticut S corporation net income subject to tax: Multiply Line 5 by 55% (.55)	▶	6	
7. TAX: Multiply Line 6 by 8.50% (.085)	▶	7	

SCHEDULE B - COMPUTATION OF MINIMUM TAX ON CAPITAL

1. Minimum tax base (<i>Schedule D</i> , Line 6, Column C) (If 100% Connecticut, enter also on Line 3)	▶	1	
2. Apportionment fraction (Carry to six places. See instructions.)	▶	2	0.
3. Multiply Line 1 by Line 2	▶	3	
4. Number of months covered by this return	▶	4	
5. Multiply Line 3 by Line 4, then divide by 12	▶	5	
6. TAX: (3 and 1/10 mills per dollar. Multiply Line 5 by .0031) (Maximum tax for <i>Sch. B</i> is \$1,000,000)	▶	6	

SCHEDULE C - COMPUTATION OF AMOUNT PAYABLE (MINIMUM TAX \$250)

1. TOTAL TAX	(a) Tax (Larger of <i>Schedule A</i> , Line 7, <i>Schedule B</i> , Line 6 or \$250)	▶	1a		▼ ENTER TOTAL OF LINES 1a and 1b ▼
	(b) Recapture of Tax Credits (See instructions)	▶	1b		
	2. Tax Credits (Form CT-1120SK , Part III, Line 13, Column B)	▶	2		
3. Balance of tax payable (Subtract Line 2 from Line 1. If zero or less, enter -0-)	▶	3			
4. TAX PAYMENTS	(a) Paid with application for extension, Form CT-1120S EXT	▶	4a		▼ ENTER TOTAL OF LINES 4a, 4b, 4c ▼
	(b) Paid with estimates (Forms CT-1120 ESA, ESB, ESC & ESD)	▶	4b		
	(c) Overpayment from prior year	▶	4c		
5. Balance of tax due (overpaid) (Subtract Line 4 from Line 3)	▶	5			
6. Add Penalty ▶(6a) _____ Interest ▶(6b) _____ CT-1120I Interest ▶(6c) _____	▶	6			
7. Amount to be credited to 2000 estimated tax ▶(7a) _____ Refunded ▶(7b) _____	▶	7			
8. Balance due with this return (Add Line 5 and Line 6)	▶	8			

Mail to: State of Connecticut, Department of Revenue Services, PO Box 150406, Hartford CT 06115-0406

Make check payable to: COMMISSIONER OF REVENUE SERVICES. Write the S corporation's Connecticut Tax Registration Number and "1999 Form CT-1120S" on the check. Attach check to return with paper clip. DO NOT STAPLE.

Check if you do not want a booklet sent to you next year. Checking this box does not relieve you of your responsibility to file.

