

FORM
1120-F

Department of the Treasury

INCOME TAX RETURN OF A FOREIGN CORPORATION

For calendar year or tax year beginning and ending

20__
Tax Year

NAME OF CORPORATION	EMPLOYER IDENTIFICATION NUMBER (EIN)	REFERENCE ID NUMBER (IF ANY)
NUMBER, STREET, AND ROOM OR SUITE NO. (IF A.P.O. BOX, SEE INSTRUCTIONS)	COUNTRY OF INCORPORATION	
CITY OR TOWN, STATE OR PROVINCE, COUNTRY, AND ZIP OR FOREIGN POSTAL CODE	COUNTRY OF LEGAL RESIDENCE/PRINCIPAL PLACE OF BUSINESS	

GENERAL INFORMATION

A Active conduct of a trade or business within the jurisdiction?

Yes No

B Is the corporation claiming benefits under an applicable income tax treaty?

Yes No

SECTION I – INCOME EFFECTIVELY CONNECTED WITH THE CONDUCT OF A TRADE OR BUSINESS

No.	Income Category	Amount
1	Gross receipts or sales	
2	Cost of goods sold	
3	Gross profit (subtract line 2 from line 1)	
4	Dividends	
5	Interest	
6	Gross rents	
7	Capital gain net income	
8	Other income	
9	Total effectively connected income (add lines 3 through 8)	

SECTION II – DEDUCTIONS ALLOCATED AND APPORTIONED TO EFFECTIVELY CONNECTED INCOME

No.	Deduction Category	Amount
10	Compensation of officers	
11	Salaries and wages (less employment credits)	
12	Repairs and maintenance	
13	Rents	
14	Taxes and licenses	
15	Interest expense	
16	Depreciation	
17	Other deductions	
18	Total deductions (add lines 10 through 17)	
19	Taxable income (subtract line 18 from line 9)	

SECTION III – TAX COMPUTATION AND PAYMENTS

20	Total tax liability	
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21	Estimated tax payments	
22	Withholding tax shown on Form(s) 1042-S or 8288-A	
23	Total payments (add lines 21 and 22)	
24	Estimated tax penalty	
25	Amount owed (If line 20 plus line 24 is larger than line 23, enter amount owed)	
26	Overpayment (If line 23 is larger than the sum of line 20 and line 24, enter overpayment)	

Signature of Officer

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer

Date

Title

Paid Preparer Use Only

Preparer's Signature

Date

PTIN

Firm's Name

Firm's EIN / Address