

Form 1120-SDepartment of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**

Do not file this form unless the corporation has filed Form 2553 to elect to be an S corporation.

20 _____

For calendar year or tax year beginning

NAME AND ADDRESS OF CORPORATION Name _____ Number, street, and room or suite no. _____ City or town, state or province, country, and ZIP or foreign postal code _____	A. S election effective date _____	B. Business activity code number _____
	C. Employer identification number _____	D. Date incorporated _____
	E. Total assets (see instructions) \$ _____	
	F. Check applicable boxes: <input type="checkbox"/> (1) Initial return <input type="checkbox"/> (2) Final return <input type="checkbox"/> (3) Name change <input type="checkbox"/> (4) Address change	

INCOME

1a Gross receipts or sales		
b Returns and allowances		
c Balance. Subtract line 1b from line 1a		
2 Cost of goods sold		
3 Gross profit. Subtract line 2 from line 1c		
4 Net gain (loss) from Form 4797		
5 Other income (loss) (attach statement)		
6 Total income (loss). Combine lines 3 through 5		

DEDUCTIONS

7 Compensation of officers		
8 Salaries and wages (less employment credits)		
9 Repairs and maintenance		
10 Bad debts		
11 Rents		
12 Taxes and licenses		
13 Interest expense		
14 Depreciation (attach Form 4562)		
15 Depletion		
16 Advertising		
17 Pension, profit-sharing, etc., plans		
18 Employee benefit programs		
19 Other deductions (attach statement)		
20 Total deductions. Add lines 7 through 19		
21 Ordinary business income (loss). Subtract line 20 from line 6		

TAX AND PAYMENTS

22 Excess net passive income tax		
23 Tax from Schedule D (Form 1120-S)		
24 Add lines 22 and 23		
25 Payments: 20 _____ estimated tax payments		
26 Tax due. Subtract line 25 from line 24		
27 Overpayment. Subtract line 24 from line 25		

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's Signature	_____ Date	_____ PTIN	_____ Firm's EIN