

FORM 1120-D	Domestic Corporation Income Tax Return For calendar year or tax year beginning and ending	TAX YEAR _____
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NAME OF CORPORATION		EMPLOYER IDENTIFICATION NUMBER (EIN)
NUMBER, STREET, AND ROOM OR SUITE NO.		DATE OF INCORPORATION
CITY OR TOWN, STATE, AND ZIP CODE	STATE OF INCORPORATION	TOTAL ASSETS (USD)

INCOME		
1	Gross receipts or sales	
2	Cost of goods sold	
3	Gross profit. Subtract line 2 from line 1	
4	Dividends and inclusions	
5	Interest	
6	Gross rents	
7	Gross royalties	
8	Capital gain net income	
9	Net gain or (loss) from Form 4797	
10	Other income	
11	Total income. Add lines 3 through 10	

DEDUCTIONS		
12	Compensation of officers	
13	Salaries and wages (less employment credits)	
14	Repairs and maintenance	
15	Bad debts	
16	Rents	
17	Taxes and licenses	
18	Interest	
19	Charitable contributions	
20	Depreciation	
21	Advertising	

22	Employee benefit programs	
23	Other deductions	
24	Total deductions. Add lines 12 through 23	
25	Taxable income. Subtract line 24 from line 11	

TAX, REFUNDABLE CREDITS, AND PAYMENTS

26	Total tax	
27	Total payments and refundable credits	
28	Estimated tax penalty	
29	Amount owed. If line 26 is larger than line 27, enter amount owed	
30	Overpayment. If line 27 is larger than line 26, enter overpayment	

AUTHORIZED SIGNATURE AND DECLARATION

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

Signature of Preparer (other than taxpayer)

Date

PTIN