

FORM S-CORP

ANNUAL S CORPORATION INCOME TAX RETURN

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Corporation Name Number, street, and room or suite no. City or town, state or province, and ZIP code	Employer Identification Number (EIN)	Date Incorporated
	State of Incorporation	Total Assets
	Check applicable boxes: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change	

INCOME		
1	Gross receipts or sales	
2	Cost of goods sold	
3	Gross profit. Subtract line 2 from line 1	
4	Net gain (loss) from Form 4797	
5	Other income (loss) (attach schedule)	
6	Total income (loss). Add 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	
15	Advertising	
16	Pension, profit-sharing, etc., plans	
17	Employee benefit programs	
18	Other deductions (attach schedule)	
19	Total deductions. Add lines 7 through 18	
20	Ordinary business income (loss). Subtract line 19 from line 6	

TAX AND PAYMENTS		
21	Excess net passive income tax	

22	Tax from Schedule D	
23	Add lines 21 and 22	
24	Payments: Estimated tax payments and amount applied from prior year return	
25	Tax due. If line 23 is larger than line 24, enter amount owed	
26	Overpayment. If line 24 is larger than line 23, enter overpayment amount	

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 Paid Preparer

Date

PTIN

Firm's Name and Address

Firm's EIN