

**U.S. Income Tax Return for an S Corporation**  
For calendar year 2023, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>Name</b>  <b>Number, street, and room or suite no.</b>  <b>City or town, state or province, country, and ZIP or foreign postal code</b>	<b>A. Selection effective date</b>	<b>B. Business activity code number</b>
	<b>C. Employer identification number</b>	<b>D. Date incorporated</b>
	<b>E. Total assets (see instructions)</b>	
	<b>F. Check joint venture or final return boxes if applicable:</b> <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		
<b>1a</b>	Gross receipts or sales	
<b>b</b>	Returns and allowances	
<b>c</b>	Balance. Subtract line 1b from line 1a	
<b>2</b>	Cost of goods sold (attach Form 1125-A)	
<b>3</b>	Gross profit. Subtract line 2 from line 1c	
<b>4</b>	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	
<b>5</b>	Other income (loss) (attach statement)	
<b>6</b>	<b>Total income (loss).</b> Combine lines 3 through 5	

DEDUCTIONS		
<b>7</b>	Compensation of officers (attach Form 1125-E)	
<b>8</b>	Salaries and wages (less employment credits)	
<b>9</b>	Repairs and maintenance	
<b>10</b>	Bad debts	
<b>11</b>	Rents	
<b>12</b>	Taxes and licenses	
<b>13</b>	Interest (see instructions)	
<b>14</b>	Depreciation (attach Form 4562)	
<b>15</b>	Depletion	
<b>16</b>	Advertising	
<b>17</b>	Pension, profit-sharing, etc., plans	
<b>18</b>	Employee benefit programs	
<b>19</b>	Other deductions (attach statement)	
<b>20</b>	<b>Total deductions.</b> Add lines 7 through 19	
<b>21</b>	<b>Ordinary business income (loss).</b> Subtract line 20 from line 6	

TAX AND PAYMENTS		
<b>22a</b>	Excess net passive income tax (attach schedule)	
<b>b</b>	Tax from Schedule D (Form 1120-S)	
<b>c</b>	Add lines 22a and 22b	
<b>23</b>	Payments: 2023 estimated tax payments and 2022 overpayment applied	
<b>24</b>	Tax due. Subtract line 23 from line 22c. If line 23 is smaller than line 22c, enter amount owed	

25	Overpayment. If line 23 is larger than line 22c, enter amount overpaid		
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**Sign Here**

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
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**Paid Preparer Use Only**

_____ Preparer's signature	_____ PTIN	_____ Date
_____ Firm's name	_____ Firm's EIN	