

Form **1120****U.S. Corporation Income Tax Return**
For calendar year or tax year tax beginning and endingOMB No.
2024

Name of Corporation	Employer Identification Number (EIN)	Date Incorporated
Number, Street, and Room or Suite No.	State of Incorporation	Total Assets (see instructions)
City or Town, State, and ZIP Code	Check applicable boxes: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change	

INCOME

1a	Gross receipts or sales	
1b	Returns and allowances	
1c	Balance (subtract line 1b from line 1a)	
2	Cost of goods sold	
3	Gross profit (subtract line 2 from line 1c)	
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 (attach schedule)	
11	Total Income (add lines 3 through 10)	

DEDUCTIONS (SEE INSTRUCTIONS FOR LIMITATIONS ON 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 expense	
19	Charitable contributions	
20	Depreciation	
21	Depletion	
22	Advertising	
23	Pension, profit-sharing, plans, etc.	
24	Employee benefit programs	
25	Other deductions (attach schedule)	
26	Total Deductions (add lines 12 through 25)	
27	Taxable Income before Net Operating Loss (subtract line 26 from line 11)	

TAX, REFUNDABLE CREDITS, AND PAYMENTS

28	Total Tax (from schedule)	
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29	Total Payments and Refundable Credits	
30	Estimated Tax Penalty (see instructions)	
31	Amount Owed (if line 28 plus line 30 is larger than line 29)	
32	Overpayment (if line 29 is larger than the sum of line 28 and line 30)	

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.

Sign Here _____ Date _____ Title _____
Signature of Officer

Paid Preparer Use Only Preparer's Name _____ Preparer's Signature _____
Firm's Name _____ Firm's EIN _____
Firm's Address _____ Phone No. _____