

Name Number, street, and room or suite no. If a P.O. box, see instructions. City or town, state or province, country, and ZIP or foreign postal code	A. Employer identification number B. Date incorporated C. Total assets (see instructions)
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Check useful boxes: Initial return Final return Name change Address change

INCOME

1a	Gross receipts or sales	
b	Returns and allowances (subtract 1b from 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	Other income (attach statement)	
10	Total income. Add lines 3 through 9	

DEDUCTIONS

11	Compensation of officers	
12	Salaries and wages (less employment credits)	
13	Repairs and maintenance	
14	Bad debts	
15	Rents	
16	Taxes and licenses	
17	Interest expense	
18	Charitable contributions	
19	Depreciation from Form 4562	
20	Other deductions (attach schedule)	
21	Total deductions. Add lines 11 through 20	
22	Taxable income before net operating loss deduction and special deductions (line 10 minus line 21)	

TAX, REFUNDABLE CREDITS, AND PAYMENTS

23	Total tax (Schedule J, Part I, line 11)	
24	Total payments and refundable credits	
25	Estimated tax penalty. Check if Form 2220 is attached <input type="checkbox"/>	
26	Amount owed. If line 23 is larger than line 24, enter amount owed	
27	Overpayment. If line 24 is larger than line 23, enter overpayment	

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

Paid preparer's signature

Date

PTIN