

Form 1120 Department of the Treasury Internal Revenue Service		U.S. Corporation Income Tax Return For calendar year or tax year beginning _____ and ending _____		20____	
Name of Corporation Number, street, and room or suite no. City or town, state, and ZIP code		A Employer identification number		B Date incorporated	
		C Total assets (see instructions)		D State of incorporation	
INCOME					
1a		Gross receipts or sales			
1b		Returns and allowances (subtract 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		Net gain or (loss) from Form 4797			
10		Other income (attach statement)			
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 expense			
19		Charitable contributions			
20		Depreciation (from Form 4562)			
21		Depletion			
22		Advertising			
23		Pension, profit-sharing, etc., plans			
24		Employee benefit programs			
25		Other deductions (attach schedule)			
26		Total deductions. Add lines 12 through 25			
27		Taxable income before net operating loss deduction and special deductions (Line 11 minus Line 26)			
TAX, REFUNDABLE CREDITS, AND PAYMENTS					
28		Taxable income (Line 27 minus special deductions)			
29		Total tax (from Schedule J)			
30		Total payments and refundable credits			
31		Estimated tax penalty			
32		Amount owed (If line 29 plus 31 is larger than line 30, enter amount owed)			
33		Overpayment (If line 30 is larger than the sum of line 29 and 31, enter amount overpaid)			
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 Use Only:					
Preparer's signature		Date		PTIN	

Firm's name

Firm's EIN