

U.S. Corporation Income Tax Return

For calendar year 20__ or tax year beginning _____, 20__, ending
_____, 20__

1120

OMB No. 1545-0123

Name of Corporation	A. Employer identification number (EIN)	B. Date incorporated
Number, street, and room or suite no. If a P.O. box, see instructions.	C. Total assets (see instructions)	D. Check database code
City or town, state or province, country, and ZIP or foreign postal code	E. Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change	

Income (Keep columns aligned)

	b Less returns and allowances		1c
1a Gross receipts or sales			
2 Cost of goods sold			2
3 Gross profit. Subtract line 2 from line 1c			3
4 Dividends and inclusions			4
5 Interest			5
6 Gross rents			6
7 Gross royalties			7
8 Capital gain net income			8
9 Net gain or (loss) from Form 4797, Part II, line 17			9
10 Other income (attach statement)			10
11 Total income. Add lines 3 through 10			11

Deductions (See instructions for limitations on deductions)

12 Compensation of officers	12		
13 Salaries and wages (less employment credits)	13		
14 Repairs and maintenance	14		
15 Bad debts	15		
16 Rents	16		
17 Taxes and licenses	17		
18 Interest expense	18		
19 Charitable contributions	19		
20 Depreciation from Form 4562	20		
21 Depletion	21		
22 Advertising	22		
23 Pension, profit-sharing, etc., plans	23		
24 Employee benefit programs	24		
25 Other deductions (attach schedule)	25		
26 Total deductions. Add lines 12 through 25	26		
27 Taxable income before net operating loss deduction and special deductions. Line 11 minus line 26	27		

Tax, Refundable Credits, and Payments

28 Total tax (Schedule J, Part I, line 11)	28		
29 Total payments, refundable credits, and offset carrier	29		
30 Estimated tax penalty. (Check if Form 2220 is attached) <input type="checkbox"/>	30		

31	Amount owed. If line 29 is smaller than the total of lines 28 and 30, enter amount owed	31	
32	Overpayment. If line 29 is larger than the total of lines 28 and 30, enter amount overpaid	32	

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 _____

Firm's name _____ Firm's address and ZIP code _____