

Form 1120 Department of the Treasury Internal Revenue Service	U.S. Corporation Income Tax Return For calendar year or tax year beginning _____, and ending _____ Go to www.irs.gov/Form1120 for instructions and the latest information.	2023
NAME OF CORPORATION NUMBER, STREET, AND ROOM OR SUITE NO. 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)	D. Check keys if applicable ☐ Initial return ☐ Final return ☐ Address change
INCOME		
1a Gross receipts or sales	Returns and allowances b	c
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		
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 (less claimed elsewhere)		20
21 Depletion		21
22 Advertising		22
23 Pension, profit-sharing, etc., plans		23
24 Employee benefit programs		24
25 Reserved for future use		25
26 Other deductions (attach schedule)		26
27 Total deductions. Add lines 12 through 26		27
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28
TAX, REFUNDABLE CREDITS, AND PAYMENTS		
29a Net operating loss deduction	Special deductions b	c
30 Taxable income. Subtract line 29c from line 28		30
31 Total tax (Schedule J, Part I, line 11)		31
32 Total payments, refundable credits, and offset carryover		32
33 Estimated tax penalty. See instructions		33

34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35

SIGN HERE UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS.

Signature of officer

Date

Title