

**FORM
1120-D**

U.S. Corporate Income Tax Return

For Domestic Corporations

2024

For calendar year or tax year beginning _____ ending _____

Name of Corporation	Employer Identification Number (EIN)	Date of Incorporation
Number, Street, and Room or Suite Number	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	Less 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	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 (attach Form 4562)	
20	Advertising	
21	Other deductions (attach schedule)	
22	TOTAL DEDUCTIONS. ADD LINES 11 THROUGH 21	
23	Taxable Income before Net Operating Loss. Subtract line 22 from line 10	
24	Net operating loss deduction	
25	TAXABLE INCOME. SUBTRACT LINE 24 FROM LINE 23	

TAX, PAYMENTS, AND REFUND / AMOUNT OWED		
26	Total Tax (from schedule/calculation)	
27a	Estimated tax payments for the current year	
27b	Tax deposited with Form 7004 (extension of time to file)	
28	Total Payments. Add lines 27a and 27b	

29	Estimated Tax Penalty (check if Form 2220 is attached <input type="checkbox"/>)	
30	Amount Owed. If line 26 plus line 29 is larger than line 28, enter amount owed	
31	Overpayment. If line 28 is larger than the sum of lines 26 and 29, enter overpayment	

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		Signature of Paid Preparer (if applicable)	
Title	Date	PTIN / FirmName	Date
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