

Name 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. Initial return, final return, name change, or address change?
	\$	

INCOME

1a	Gross receipts or sales	
b	Returns and allowances (subtract 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	Net gain or (loss) from Form 4797	
10	Other income (attach schedule)	
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	
19	Charitable contributions	
20	Depreciation from Form 4562	
21	Depletion	
22	Advertising	
23	Pension, profit-sharing, etc., plans	
24	Employee benefit programs	
25	Reserved for future use	
26	Other deductions (attach schedule)	
27	Total deductions. Add lines 12 through 26	
28	Taxable income before net operating loss deduction and special deductions	

TAX, REFUNDABLE CREDITS, AND PAYMENTS

29	Taxable income (subtract line 28 from total or applicable amount)	
30	Total tax (from Schedule J)	
31	Total payments, federal income tax withheld, and credits	
32	Estimated tax penalty (see instructions)	
33	Amount owed. If line 30 is larger than line 31, enter amount owed	
34	Overpayment. If line 31 is larger than line 30, enter amount overpaid	

Sign Here

Signature of officer

Date

Title

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Firm's name

Firm's EIN

Phone number