

U.S. Income Tax Return for Homeowners Associations

Go to www.irs.gov/Form1120H for instructions and the latest information.

2023

For calendar year 2023 or tax year beginning , 2023, and ending ,

Header section containing association name (SPRING WOODS MOBILE HOME SUBDIVISION HOMEOWNER'S ASSOCIATION, INC), address (2375 VOYSIA LANE, NORTH FORT MYERS, FL 33917), employer identification number (59-2400296), and date association formed (12/31/1982).

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A Check type of homeowners association: [X] Condominium management association [] Residential real estate association [] Timeshare association

Table with 2 columns: Description (B Total exempt function income, C Total expenditures, D Association's total expenditures, E Tax-exempt interest) and Amount.

Table for Gross Income (excluding exempt function income) with 8 rows (1-8) and columns for Description and Amount.

Table for Deductions (directly connected to the production of gross income) with 9 rows (9-18) and columns for Description and Amount.

Table for Tax and Payments with 8 rows (19-26) and columns for Description and Amount.

Sign Here section: Declaration of preparer, Signature of officer (KAREN ATKINSON), Title (President), Date (10-3-24), and checkbox for IRS discussion (Yes).

Paid Preparer Use Only section: Print/Type preparer's name (KAREN ATKINSON), Firm's name (Atkinson & Associates), Firm's address (3443 Hancock Bridge Pkwy., Suite 101, North Fort Myers, FL 33903), and other identifying information.

Federal Income Tax Summary
SPRING WOODS MOBILE HOME SUBDIVISION
HOMEOWNER'S ASSOCIATION, INC

	2023	2022	Diff
EXEMPT FUNCTION INCOME AND EXPENDITURES			
Total exempt function income.....	120,166	185,416	-65,250
Expenditures described in 90% test.....	213,607	28,761	184,846
Total expenditures for the tax year.....	213,607	28,761	184,846
GROSS INCOME (NON-EXEMPT FUNCTION INCOME)			
Gross income.....	0	0	0
DEDUCTIONS			
Total deductions.....	0	0	0
TAXABLE INCOME			
Specific deduction of \$100.....	100	100	0
Taxable income.....	-100	-100	0
TAX COMPUTATION			
Tax (30% of taxable income).....	0	0	0
Net tax.....	0	0	0
PAYMENTS AND CREDITS			
Total payments and credits.....	0	0	0
REFUND OR AMOUNT DUE			
Overpayment.....	0	0	0
Tax due.....	0	0	0
TAX RATES			
Marginal tax rate.....	30.0%	30.0%	0.0%

Florida Income Tax Summary
SPRING WOODS MOBILE HOME SUBDIVISION
HOMEOWNER'S ASSOCIATION, INC

	2023	2022	Diff
FEDERAL INCOME			
Federal taxable income.....	-100	-100	0
STATE INCOME (LOSS)			
Adjusted federal income.....	-100	-100	0
Florida portion of adjusted fed inc.....	-100	-100	0
Florida net income.....	0	0	0
TAX COMPUTATION			
Income/Franchise tax.....	0	0	0
Total taxes.....	0	0	0
Penalties and interest.....	0	0	0
Total due.....	0	0	0
PAYMENTS			
Total payments.....	0	0	0
REFUND OR AMOUNT DUE			
Overpayment.....	0	0	0
Tax due.....	0	0	0
TAX RATES			
Marginal tax rate.....	0.0%	0.0%	0.0%



Florida Corporate Income/Franchise Tax Return

FEIN 59-2400296

INTU

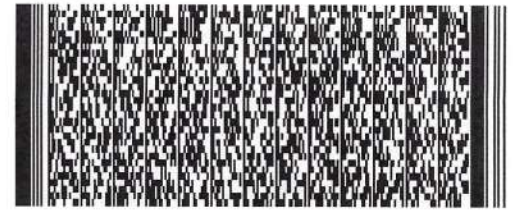
F-1120, R. 01/24

For calendar year 2023 or tax year beginning _____, 2023 ending _____

Rule 12C-1.051
Florida Administrative Code
Effective 01/24
Page 1 of 6

844102023123100020050374359240029600008

Name SPRING WOODS MOBILE HOME SUBDI
Address 2375 VOYSIA LANE
City/State/ZIP NORTH FORT MYERS FL 33917



Computation of Florida Net Income Tax

- 1 Federal taxable income (see instructions)
Attach pages 1-5 of federal return
2 State income taxes deducted in computing federal taxable income
3 Additions to federal taxable income (from Schedule I)
4 Total of Lines 1, 2 and 3
5 Subtractions from federal taxable income (from Schedule II)
6 Adjusted federal income (Line 4 minus Line 5)
7 Florida portion of adjusted federal income (see instructions)
8 Nonbusiness income allocated to Florida (from Schedule R)
9 Florida exemption
10 Florida net income (Line 7 plus Line 8 minus Line 9)
11 Tax due: 5.5% of Line 10
12 Credits against the tax (from Schedule V)
13 Total corporate income/franchise tax due (Line 11 minus Line 12)
14 a Penalty: F-2220 b Other
c Interest: F-2220 d Other
15 Total of Lines 13 and 14
16 Payment credits: Estimated tax payments 16a \$
Tentative tax payment 16b \$
17 Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here.
18 Credit: Enter amount of overpayment credited to next year's estimated tax here.
19 Refund: Enter amount of overpayment to be refunded here and on payment coupon.

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12/31/23

INTU

F-1120

R. 01/24

FLCA0512 12/27/23

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name SPRING WOODS MOBILE HOME SUBDIVISION
Address 2375 VOYSIA LANE
City/State/ZIP NORTH FORT MYERS FL 33917

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: ID, Value 1, Value 2, Value 3. Rows include 592400296, 20230101, 20231231, 00000000, 006, 201, -10000, 0.



FEIN 59-2400296

This return is considered incomplete unless a copy of the federal return is attached.			
If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.			
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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign here	Signature of officer (must be an original signature)	Date	Title President
Paid preparers only	Preparer's signature KAREN ATKINSON	Date	Preparer check if self-employed <input checked="" type="checkbox"/> Preparer's PTIN P01438030
	Firm's name (or yours if self-employed) and address Atkinson & Associates		FEIN 47-2400262
	3443 Hancock Bridge Pkwy., Suite 101		ZIP 33903
	North Fort Myers, FL		

All Taxpayers Must Answer Questions A Through L Below – See Instructions

- A** State of incorporation: FL
- B** Florida Secretary of State document number: 766109
- C** Florida consolidated return? YES NO
- D** Initial return Final return (final federal return filed)
- E** Principal Business Activity Code (as pertains to Florida) 813000
- F** A Florida extension of time was timely filed? YES NO **T**
- G-1** Corporation is a member of a controlled group? YES NO If yes, attach list.
- G-2** Part of a federal consolidated return? YES NO If yes, provide: FEIN from federal consolidated return: _____ Name of corporation: _____
- G-3** The federal common parent has sales, property, or payroll in Florida? YES NO
- H** Location of corporate books: 2375 ZOYSIA LANE
 City: NORTH FORT MYERS State: FL ZIP: 33903
- I** Taxpayer is a member of a Florida partnership or joint venture? YES NO
- J** Enter date of latest IRS audit: _____
a List years examined: _____
- K** Contact person concerning this return: SHARON WILLIAMS
a Contact person telephone number: 239-543-8172
b Contact person e-mail address: springwoodshoa2375@gmail
- L** Type of federal return filed 1120 1120S or 1120-H

Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**

If Filing Paper Return

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
 5050 W Tennessee Street
 Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:

Florida Department of Revenue
 PO Box 6440
 Tallahassee FL 32314-6440



FEIN 59-2400296
DATA Page 1 of 2

592400296	0	0	0
-10000	0	0	0
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0	0	0	0



NAME SPRING WOODS MOBILE HOME SUBDIVISION FEIN 59-2400296 TAXABLE YEAR ENDING 12/31/23

Schedule I – Additions and/or Adjustments to Federal Taxable Income

1	Interest excluded from federal taxable income (see instructions)	1
2	Undistributed net long-term capital gains (see instructions)	2
3	Net operating loss deduction (attach schedule)	3
4	Net capital loss carryover (attach schedule)	4
5	Excess charitable contribution carryover (attach schedule)	5
6	Employee benefit plan contribution carryover (attach schedule)	6
7	Enterprise zone jobs credit (Florida Form F-1156Z)	7
8	Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8
9	Guaranty association assessment(s) credit	9
10	Rural and/or urban high-crime area job tax credits	10
11	State housing tax credit	11
12	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12
13	New worlds reading initiative credit	13
14	Strong families tax credit (credit for contributions to eligible charitable organizations)	14
15	Live local program credit	15
16	New markets tax credit	16
17	Entertainment industry tax credit	17
18	Research and development tax credit	18
19	Experiential learning tax credit program	19
20	Credit for qualified railroad reconstruction or replacement expenditures	20
21	Credit for manufacturing of human breast milk derived human milk fortifiers	21
22	s.168(k), IRC, special bonus depreciation	22
23	Depreciation of qualified improvement property (see instructions)	23
24	Expenses for business meals provided by a restaurant (see instructions)	24
25	Film, television, and live theatrical production expenses (see instructions)	25
26	Other additions (attach schedule)	26
27	Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.	27

Schedule II – Subtractions from Federal Taxable Income

1	Gross foreign source income less attributable expenses a Enter s. 78, IRC, income \$ _____ b plus s. 862, IRC, dividends \$ _____ c plus s. 951A, IRC, income \$ _____ d less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____ Total ▶	1
2	Gross subpart F income less attributable expenses a Enter s. 951, IRC, subpart F income \$ _____ b less direct and indirect expenses \$ _____ Total ▶	2
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3	Florida net operating loss carryover deduction (see instructions)	3
4	Florida net capital loss carryover deduction (see instructions)	4
5	Florida excess charitable contribution carryover (see instructions)	5
6	Florida employee benefit plan contribution carryover (see instructions)	6
7	Nonbusiness income (from Schedule R, Line 3)	7
8	Eligible net income of an international banking facility (see instructions)	8
9	s. 168(k), IRC, special bonus depreciation (see instructions)	9
10	Depreciation of qualified improvement property (see instructions)	10
11	Film, television, and live theatrical production expenses (see instructions)	11
12	Other subtractions (attach schedule)	12
13	Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13



NAME SPRING WOODS MOBILE HOME SUBDIVISION FEIN 59-2400296 TAXABLE YEAR ENDING 12/31/23

Schedule III – Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Page 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1 Property (Schedule III-B below)				x 25% or	
2 Payroll				x 25% or	
3 Sales (Schedule III-C below)				x 50% or	
4 Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a Beginning of year	b End of year	c Beginning of year	d End of year
1 Inventories of raw material, work in process, finished goods				
2 Buildings and other depreciable assets				
3 Land owned				
4 Other tangible and intangible (financial org. only) assets (attach schedule)				
5 Total (Lines 1 through 4)				
6 Average value of property				
a Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	6 a _____			
b Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)			6 b _____	
7 Rented property (8 times net annual rent)				
a Rented property in Florida	7 a _____			
b Rented property Everywhere			7 b _____	
8 Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a Enter Lines 6a plus 7a and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8 a _____			
b Enter Lines 6b plus 7b and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere			8 b _____	

III-C Sales Factor

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1 Sales (gross receipts)		
2 Sales delivered or shipped to Florida purchasers		
3 Other gross receipts (rents, royalties, interest, etc. when applicable)		
4 TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])		

III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1 Insurance companies (attach copy of Schedule T—Annual Report)			
2 Transportation services			

Schedule IV – Computation of Florida Portion of Adjusted Federal Income

1 Apportionable adjusted federal income from Page 1, Line 6	1
2 Florida apportionment fraction (Schedule III-A, Line 4)	2
3 Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3
4 Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4
5 Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5
6 Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6
7 Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7
8 Total carryovers apportioned to Florida (add Lines 4 through 7)	8
9 Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9



NAME SPRING WOODS MOBILE HOME SUBDIVISION FEIN 59-2400296 TAXABLE YEAR ENDING 12/31/23

Schedule V – Credits Against the Corporate Income/Franchise Tax		
1	Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1
2	Capital investment tax credit (attach certification letter)	2
3	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3
4	Community contribution tax credit (attach certification letter)	4
5	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5
6	Rural job tax credit (attach certification letter)	6
7	Urban high-crime area job tax credit (attach certification letter)	7
8	Hazardous waste facility tax credit	8
9	Florida alternative minimum tax (AMT) credit	9
10	Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10
11	State housing tax credit (attach certification letter)	11
12	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12
13	New worlds reading initiative credit (attach certificate)	13
14	Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14
15	Live local program credit (attach certificate)	15
16	New markets tax credit	16
17	Entertainment industry tax credit	17
18	Research and development tax credit	18
19	Experiential learning tax credit	19
20	Credit for qualified railroad reconstruction or replacement expenditures	20
21	Credit for manufacturing of human breast milk derived human milk fortifiers	21
22	Other credits (attach schedule)	22
23	Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23

Schedule R – Nonbusiness Income			
Line 1	Nonbusiness income (loss) allocated to Florida		
	Type		Amount
	_____		_____
	_____		_____
	Total allocated to Florida.....	1	_____
	(Enter here and on Page 1, Line 8)		
Line 2	Nonbusiness income (loss) allocated elsewhere		
	Type	State/country allocated to	Amount
	_____	_____	_____
	_____	_____	_____
	Total allocated elsewhere.....		2
Line 3	Total nonbusiness income		
	Grand total. Total of Lines 1 and 2.....		3
	(Enter here and on Schedule II, Line 7)		



NAME SPRING WOODS MOBILE HOME SUBDIVISION FEIN 59-2400296 TAXABLE YEAR ENDING 12/31/23

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2024

1	Florida income expected in taxable year	1	\$ _____
2	Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2	\$ _____
3	Estimated Florida net income (Line 1 less Line 2)	3	\$ _____
4	Total Estimated Florida tax (5.5% of Line 3)		\$ _____
	Less: Credits against the tax	4	\$ _____
5	Computation of installments:		
	Payment due dates and	If 6/30 year end, last day of 4th month,	
	payment amounts:	otherwise last day of 5th month – Enter 0.25 of Line 4	5 a _____
		Last day of 6th month – Enter 0.25 of Line 4	5 b _____
		Last day of 9th month – Enter 0.25 of Line 4	5 c _____
		Last day of fiscal year – Enter 0.25 of Line 4	5 d _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1	Amended estimated tax	1	\$ _____
2	Less:		
a	Amount of overpayment from last year elected for credit to estimated tax and applied to date	2 a	\$ _____
b	Payments made on estimated tax declaration (Florida Form F-1120ES)	2 b	\$ _____
c	Total of Lines 2(a) and 2(b)	2 c	\$ _____
3	Unpaid balance (Line 1 less Line 2(c))	3	\$ _____
4	Amount to be paid (Line 3 divided by number of remaining installments)	4	\$ _____

References

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.
The forms are available online at floridarevenue.com/forms.*

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1120A	Florida Corporate Short Form Income Tax Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

Information for Filing Florida Form F-7004

When to file – File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties – If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

Signature – A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed – To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A If applicable, state the reason you need the extension:

B Type of federal return filed: Form 1120-H
 Contact person for questions: SHARON WILLIAMS
 Telephone number: 239-543-8172
 Contact Person email address: springwoodshoa2375@gmail

Extension of Time Request		Florida Income/Franchise Tax Due
1	Tentative amount of Florida tax for the taxable year	1 0.
2	LESS: Estimated tax payments for the taxable year	2 0.
3	Balance due – You must pay 100% of the tax tentatively determined due with this extension request.	3 0.

Transfer the amount on Line 3 to **Tentative tax due** on reverse side.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

**Florida Department of Revenue - Corporate Income Tax
Florida Tentative Income/Franchise Tax Return
and Application for Extension of Time to File Return**

Name SPRING WOODS MOBILE HOME SUBDIVISION
 Address 2375 VOYSIA LANE
 City/State/ZIP NORTH FORT MYERS, FL 33917

FEIN 59-2400296
 Taxable Year End 12/23
 FILING STATUS Partnership S-Corporation
 All other federal returns to be filed X
 Tentative Tax Due \$ 0.

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____ Date: _____

592400296	0	0	0
3	0	0	0
20231231	0	0	0
0	0	0	0
006	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name SPRING WOODS MOBILE HOME SUBDIVISION	Identifying number 59-2400296
	Number, street, and room or suite no. (If P.O. box, see instructions.) 2375 VOYSIA LANE	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) NORTH FORT MYERS, FL 33917	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for. 17

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here
- 5 a The application is for calendar year 20 23, or tax year beginning _____, 20 __, and ending _____, 20 __
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions – attach explanation.)

6 Tentative total tax.....	6	0.
7 Total payments and credits. See instructions.....	7	0.
8 Balance due. Subtract line 7 from line 6. See instructions.....	8	0.