

TY2014 1120POL Test Scenario #1

TaxPeriodEndDt -- 12/31/2014

PreparerFirmGrp

PreparerFirmEIN – 00-9000025

PreparerFirmName – ELECTRONIC TAX FILERS, INC.

PreparerFirmUSAddress – 100 TECHO DRIVE
RAINTOWN, WA 98530

MultSoftwarePackagesUsedInd -- no

OriginatorGrp

EFIN – as assigned

OriginatorTypeCd – ERO

PractitionerPINGrp

EFIN – as assigned

PIN – as assigned

PinEnteredByCd – n/a

SignatureOptionCd – Binary Attachment 8453 Signature Document

ReturnTypeCd – 1120-POL

TaxPeriodBeginDt – 1/1/2014

Filer

EIN – 00-9000015

BusinessName – Kolkwizia Political Action Committee

BusinessNameControlTxt -- KOLK

USAddress – 3504 West Oak Blvd, Tampa, FL 33607

BusinessOfficerGrp

PersonNm -- Test K. Insightful

PersonTitleTxt -- Chairman

PhoneNum – 813-555-1212

EmailAddressTxt --

SignatureDt – self-select

TaxpayerPIN – self-select

DiscussWithPaidPreparerInd -- Y

PreparerPersonDetail

PreparerPersonNm – John Doe

PTIN – P99999997

PhoneNum – 206-555-1212

EmailAddressTxt --

PreparationDt – self select

SelfEmployedInd -- N

binaryAttachmentCnt – 1

Form 1120-POL Department of the Treasury Internal Revenue Service		U.S. Income Tax Return for Certain Political Organizations		OMB No. 1545-0123		
		Information about Form 1120-POL and its instructions is available at www.irs.gov/form1120pol .		2014		
For calendar year 2014 or other tax year beginning				, 2014, and ending		
Check the box if this is a section 501(c) organization				<input type="checkbox"/>		
Check if:		Name of organization		Employer identification number		
<input type="checkbox"/> Final return		Number, street, and room or suite no. (If a P.O. box, see instructions.)		Candidates for U.S. Congress Only If this is a principal campaign committee, and it is the ONLY political committee, check here <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (see instructions.) <input type="checkbox"/>		
<input type="checkbox"/> Name change						
<input type="checkbox"/> Address change		City or town, state or province, country, and ZIP or foreign postal code				
<input type="checkbox"/> Amended return						
Income	1	Dividends (attach statement)			1	
	2	Interest			2	
	3	Gross rents			3	
	4	Gross royalties			4	
	5	Capital gain net income (attach Schedule D (Form 1120))			5	
	6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7	Other income and nonexempt function expenditures (see instructions)			7	
	8	Total income. Add lines 1 through 7			8	
Deductions	9	Salaries and wages			9	
	10	Repairs and maintenance			10	
	11	Rents			11	
	12	Taxes and licenses			12	
	13	Interest			13	
	14	Depreciation (attach Form 4562)			14	
	15	Other deductions (attach statement)			15	
	16	Total deductions. Add lines 9 through 15			16	
	17	Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show:				
	a	Amount of net investment income				
b	Aggregate amount expended for an exempt function (attach statement)			17c		
18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))			18		
Tax	19	Taxable income. Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.)			19	
	20	Income tax. (see instructions)			20	
	21	Tax credits. (Attach the applicable credit forms.) (see instructions)			21	
	22	Total tax. Subtract line 21 from line 20			22	
	23	Payments: a Tax deposited with Form 7004			23a	
	b	Credit for tax paid on undistributed capital gains (attach Form 2439)			23b	
	c	Credit for federal tax on fuels (attach Form 4136)			23c	
	d	Total payments. Add lines 23a through 23c			23d	
	24	Tax due. Subtract line 23d from line 22. See instructions for depository method of payment			24	
	25	Overpayment. Subtract line 22 from line 23d			25	
Additional Information	1	At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "Yes," enter the name of the foreign country				
	2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3	Enter the amount of tax-exempt interest received or accrued during the tax year			\$	
	4	Date organization formed				
Sign Here	5a	The books are in care of			b Enter name of candidate	
	c	The books are located at			d Telephone No.	
	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.					
Paid Preparer Use Only	Signature of officer		Date	Title		
	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's name		Firm's EIN			
	Firm's address		Phone no.			

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11523K

Form 1120-POL (2014)