

TY2014 1120POL Test Scenario #2

TaxPeriodEndDt -- 12/31/2014

PreparerFirmGrp

PreparerFirmEIN -- n/a

PreparerFirmName -- n/a

PreparerFirmUSAddress -- none

MultSoftwarePackagesUsedInd -- no

OriginatorGrp

EFIN -- as assigned

OriginatorTypeCd -- ERO

PractitionerPINGrp

EFIN -- as assigned

PIN -- as assigned

PinEnteredByCd -- Taxpayer

SignatureOptionCd -- Pin Number

ReturnTypeCd -- 1120-POL

TaxPeriodBeginDt -- 1/1/2014

Filer

EIN -- 00-9000004

BusinessName -- National Hyrax Association

BusinessNameControlTxt -- NATI

USAddress -- 1234 Weeping Willow Lane, Anaheim, CA 92812

BusinessOfficerGrp

PersonNm -- Test U. Phrozintows

PersonTitleTxt -- Treasurer

PhoneNum -- 714-555-1212

EmailAddressTxt --

SignatureDt -- self-select

TaxpayerPIN -- self-select

DiscussWithPaidPreparerInd -- Y

PreparerPersonDetail

PreparerPersonNm -- Test J. Caesar

PTIN -- P99999998

PhoneNum -- 703-555-1212

EmailAddressTxt --

PreparationDt -- self select

SelfEmployedInd -- Y

binaryAttachmentCnt -- 0

Form 1120-POL Department of the Treasury Internal Revenue Service	U.S. Income Tax Return for Certain Political Organizations	OMB No. 1545-0123 2014	
▶ Information about Form 1120-POL and its instructions is available at www.irs.gov/form1120pol .			
For calendar year 2014 or other tax year beginning , 2014, and ending , 20			
Check the box if this is a section 501(c) organization ▶ <input type="checkbox"/>			
Check if: <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Amended return	Name of organization	Employer identification number	
	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"/>	
	City or town, state or province, country, and ZIP or foreign postal code	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"/>	
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 ▶		
	5a The books are in care of ▶ b Enter name of candidate ▶ c The books are located at ▶ d Telephone No. ▶		
Sign Here	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.		
	Signature of officer	Date	Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address ▶	Firm's EIN ▶	
		Phone no.	
For Paperwork Reduction Act Notice, see instructions. Cat. No. 11523K Form 1120-POL (2014)			

Form 1120-POL, line 17b, Exempt Function Expenditures

<i>Description</i>	<i>Amount</i>
Purchase of political barbecue tickets	250
Campaign contributions	<u>370</u>
Total	620

Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$78
Requested payment date	3-15-2015
Taxpayer Daytime Phone	714-555-1212