

TY2025 1120-POL MeF ATS Scenario 2

TaxPeriodEndDt -- 12/31/2025

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 -- 1/1/2025

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

TY2025 1120-POL MeF ATS Scenario 2 cont.

SigningOfficerGrp

PersonFirstNm - Test

PersonLastNm - Phrozintows

SSN – 999-00-9999

IRSResponsiblePrtyInfoCurrInd -- Y

binaryAttachmentCnt – 0

For calendar year 2025 or other tax year beginning , 2025, and ending , 20

Check the box if this is a section 501(c) organization ☐

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 and street. If a P.O. box, see instructions.			Room or suite no.
	City or town	State or province	Country	ZIP or foreign postal code

Part I	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	

Part II	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	

Part III	Tax and Payments		
19	Taxable income. Subtract line 18 from line 17c. If line 19 is zero or less, see instructions	19	
20	Income tax. See instructions	20	
21a	Tax Credits. Foreign tax credit (Form 1118)	21a	
b	Other credits (see instructions)	21b	
c	General business credit. Attach Form 3800 (see instructions)	21c	
d	Total tax credits. Add lines 21a through 21c	21d	
22	Total tax. Subtract line 21d from line 20	22	
23a	Payments. 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	Elective payment election amount from Form 3800 (section 527 organization only)	23d	
e	Total payments. Add lines 23a through 23d	23e	
24	Tax due. Subtract line 23e from line 22. See instructions for depository method of payment	24	
25	Overpayment. Subtract line 22 from line 23e and complete and attach Form 8050. See instructions	25	

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

May the IRS discuss this return with the preparer shown below? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	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.			

Part IV Additional Information

- 26** At any time during the 2025 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 ☐ **Yes** ☐ **No**
If "Yes," enter the name of the foreign country _____
- 27** 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 ☐ **Yes** ☐ **No**
- 28** Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____
- 29** Date organization formed _____
- 30a** The books are in care of _____
- b** Enter name of candidate _____
- c** The books are located at _____
- d** Telephone no. _____

Form **1120-POL** (2025)

DRAFT — DO NOT FILE

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