

**U.S. Income Tax Return for Certain Political Organizations**

OMB No. 1545-0123

**2017**Information about Form 1120-POL and its instructions is available at [www.irs.gov/form1120pol](http://www.irs.gov/form1120pol).

For calendar year 2017 or other tax year beginning , 2017, and ending , 20

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

|   |  |  |
|---|--|--|
| Check if:                               | Name of organization   | Employer identification number   |
| <input type="checkbox"/> Final return   |  |  |
| <input type="checkbox"/> Name change    | Number, street, and room or suite no. (If a P.O. box, see instructions.) | <b>Candidates for U.S. Congress Only</b><br>If this is a principal campaign committee, and it is the ONLY political committee, check here <input type="checkbox"/>         |
| <input type="checkbox"/> Address change | 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"/> |
| <input type="checkbox"/> Amended return |  |  |

|                   |   |   |     |  |  |
|-------------------|---|---|-----|--|--|
| <b>Income</b>     | 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   | <b>Total income.</b> Add lines 1 through 7  | 8   |  |  |
| <b>Deductions</b> | 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  | <b>Total deductions.</b> 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  |     |  |  |
| <b>Tax</b>        | 19  | <b>Taxable income.</b> Subtract line 18 from line 17c. If line 19 is zero or less, see the instructions | 19  |  |  |
|                   | 20  | <b>Income tax.</b> See instructions   | 20  |  |  |
|                   | 21  | <b>Tax credits.</b> 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 <b>Total payments.</b> Add lines 23a through 23c  | 23d   |     |  |  |
|                   | 24  | <b>Tax due.</b> Subtract line 23d from line 22. See instructions for depository method of payment       | 24  |  |  |
|                   | 25  | <b>Overpayment.</b> Subtract line 22 from line 23d  | 25  |  |  |

|                               |  |  |
|-------------------------------|--|--|
| <b>Additional Information</b> | 1  | At any time during the 2017 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<br>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. |  |

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.

|                  |                      |      |       |
|------------------|----------------------|------|-------|
| <b>Sign Here</b> | Signature of officer | Date | Title |
|                  |                      |      |       |

May the IRS discuss this return with the preparer shown below? See instructions ☐ Yes ☐ No

|                               |                            |                      |      |   |            |
|-------------------------------|----------------------------|----------------------|------|---|------------|
| <b>Paid Preparer Use Only</b> | 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.  |