

TY2018 1120POL Test Scenario #2

TaxPeriodEndDt -- 12/31/2018

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 -- 1/1/2018

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

For calendar year 2018 or other tax year beginning , 2018, 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, street, and room or suite no. (If a P.O. box, see instructions.)	
	City or town, state or province, country, and ZIP or foreign postal code	

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) ▶					
18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	17c				
		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 2018 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	

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

Paid Preparer Use Only	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.			

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	9
Taxpayer Daytime Phone	14-555-1212