Form **1120-H**

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0123

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1120H for instructions and the latest information.

| For cal | endar y | ear 2022 or tax year beginnin | g | | , 20 | 22, and e | ending | | | | , 20 | |
|---|--|---|-------|---------------------|----------|-----------|--------------|-------------------|---|------------------------|---------------------|--|
| | Name | Name | | | | Empl | | | ployer identification number | | | |
| TYPE | Number street and recovery as life D.O. have an institute | | | | | | | | | | | |
| OR | Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | Date associa | ssociation formed | | | | |
| PRIN | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | | |
| | , , , , , , , , | | | | | | | | | | | |
| Check | if: (* | 1) Final return | (2) N | ame change | (3) | Addre | ss cha | nae | (4) | □ An | nended return | |
| | | ype of homeowners association: | | | | | | | _ `` | | neshare association | |
| В | Total exempt function income. Must meet 60% gross income test. See instructions | | | | | | | | | | | |
| С | Total expenditures made for purposes described in 90% expenditure test. See instructions | | | | | | | | | | | |
| | Association's total expenditures for the tax year. See instructions | | | | | | | | | D | | |
| _ E | Tax-exempt interest received or accrued during the tax year | | | | | | | | | E | | |
| Gross Income (excluding exempt function income) 1 Dividends | | | | | | | | | | | | |
| | | | | | | | | | | 1 | | |
| | Taxable interest | | | | | | | | | 2 | | |
| | Gross rents | | | | | | | | | 3 | | |
| | Gross royalties | | | | | | | | | 5 | | |
| 5 | Capital gain net income (attach Schedule D (Form 1120)) | | | | | | | | | 6 | | |
| 6 7 | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | | | | | | | | 7 | | |
| | | | | | | | | | | 8 | | |
| | Gross income (excluding exempt function income). Add lines 1 through 7 | | | | | | | | | | come) | |
| 9 | | ` , | | | | | | | | 9 | | |
| | | s and maintenance | | | | | | | | 10 | | |
| | Rents | | | | | | | | | 11 | | |
| 12 | Taxes and licenses | | | | | | | | | | | |
| 13 | Interest | | | | | | | | | | | |
| 14 | Depreciation (attach Form 4562) | | | | | | | | | | | |
| | Other deductions (attach statement) | | | | | | | | | 15 | | |
| | Total deductions. Add lines 9 through 15 | | | | | | | | | 16 | | |
| | | e income before specific ded | | | | | | | | 17 | | |
| 18 | Specifi | c deduction of \$100 | | | | | | | | 18 | \$100 | |
| -10 | T | - t Oulstweet live 40.6 | | | Payments | | | | | 40 | | |
| | Taxable income. Subtract line 18 from line 17 | | | | | | | | | 19 20 | | |
| 20 21 | Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.) | | | | | | | | | 21 | | |
| 22 | Tax credits (see instructions) | | | | | | | | • | 22 | | |
| | 2021 overpayment credited to 2022 23a | | | | | | | | | | | |
| | | stimated tax payments | | | | Total | 23c | | | | | |
| | | posited with Form 7004 | | | | | 23d | | | | | |
| | | for tax paid on undistributed | | | | | 23e | | | | | |
| f | Credit for federal tax paid on fuels (attach Form 4136) | | | | | | | | | | | |
| g | Add lin | es 23c through 23f | | | | | | | | 23g | | |
| | | nt owed. Subtract line 23g fro | | | | | | | | 24 | | |
| | _ | ayment. Subtract line 22 fron | _ | | | | | | | 25 | | |
| 26 | | mount of line 25 you want: C | | | | | | Refund | | 26 | | |
| Sign | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | ae. | | | | |
| | a., _ | | | | | | ١ ١ | | IRS discuss this return preparer shown below? | | | |
| Here | Signature of officer Date Title | | | | | | | | | ictions. Yes No | | |
| | Joignatur | Print/Type preparer's name | | Preparer's signatur | | | Date | e I | <u> </u> | | £ PTIN | |
| Paid | |) - - - - - - - - - | | | - | | | | | ck if employe | · | |
| Prepa | | | | | | | | | | 's EIN | | |
| Use (| אוחע | Firm's address Phon | | | | | | | | | | |