Caution: DRAFT FORM

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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form **1120-H**

U.S. Income Tax Return for Homeowners Associations

2008

OMB No. 1545-0127

Department of the Treasury

► See separate instructions.

		dar year 2008 or tax year beginning	ng	, 2008,	and endin	ig .		, 20	
		Name				oloyer identificatio	n numbe		
Use									
lab	el.	Number, street, and room or suite no. If a P.O. box, see instructions. Date association form					d		
Oth wis	- 1								
	nt or	City or town, state, and ZIP code							
typ	е.								
Che	ck if:	(1) Final return (2)	☐ Name change	(3)	Address	change	(4)	Amended i	return
Α	Chec	ck type of homeowners association:	Condominium management as	sociation	Residential	real estate associa	tion	Timeshare asso	ciation
В	Tota	al exempt function income. Must n	neet 60% gross income	test (see ir	nstructions		В		
С		al expenditures made for purposes					С		
D		ociation's total expenditures for th					D		
Е		-exempt interest received or accru	ed during the tax year	A			Е		
	Gross Income (excluding exempt function income)								
1	Divi	dends					1		
2	Taxable interest						2		
3	Gross rents						3		
4	Gross royalties						4		
5	Cap	ital gain net income (attach Sched	dule D (Form 1120)) .				5		<u> </u>
6	Net	gain or (loss) from Form 4797, Pa	rt II, line 17 (attach Forn	n 4797) .			6		<u> </u>
7		er income (excluding exempt func					7 8		
8	Gross income (excluding exempt function income). Add lines 1 through 7								
	D	eductions (directly connected	to the production of g	gross inco	me, exclu	iding exempt		on income)	
9		aries and wages					9		<u> </u>
10	Rep	airs and maintenance					10		<u> </u>
11	Rents						11		
12	Tax	es and licenses					12		_
13							13		-
14							14		-
15	Other deductions (attach schedule)						15		
16	Total deductions. Add lines 9 through 15						16 17		
17 18							18	\$100	00
10	Spe	cinc deduction of \$100	Tax and Pa	vments			10	Ψ100	00
	T						19		Т
19	Taxable income . Subtract line 18 from line 17						20		
20 21							21		
22							22		
23	Total taxi outstact line 21 from line 20. God included in 10 focupate of outstand disease.								
23	Payii	nents: a 2007 overpayment credited to 2008	23a						
			23b	c Total ▶	23c				
		d Tax deposited with Form	•		23d				
		e Credit for tax paid on undistri		Form 2439).	23e				
	f Credit for federal tax paid on fuels (attach Form 4136) 23f								
		g Add lines 23c through 23	•	•			23g		
24	Amo	ount owed. Subtract line 23g from line					24		
25		rpayment. Subtract line 22 from I					25		
26		er amount of line 25 you want: Credi				Refunded ►	26		
O: -	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						of my kno	owledge and belief, i	t is true,
Sig	"	osos., and osmploto. Decidation of preparer (of	Dased oil dil	omadon or w	on proparer I	arry miowieuge.		the IRS discuss this	
Hei	re) — — — — — — — — — — — — — — — — — — —					with (see	the preparer shown instructions)? \square Yes	Delow No
		Signature of officer	Date	Title		T		1 0011 ===	
Paid		Preparer's		Date		Check if	Prep	arer's SSN or PTIN	
Preparer's Use Only		signature Firm's name (or				self-employed	1		
		yours if self-employed),				EIN :	1		
		address, and ZIP code				FIIOTIE IIO.	(,	