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# U.S. Income Tax Return for Settlement Funds (Under Section 468B) 

- Go to www.irs.gov/Form1120SF for instructions and the latest information. For calendar year 20
Department of the Treasury
Internal Revenue Service
OMB No. 1545-0123


Check applicable boxes: (1) $\square$ Final return $\quad$ (2) $\square$ Name change $\quad$ (3) $\square$ Address change $\quad$ (4) $\square$ Amended return
Part I Income and Deductions (see instructions)

| 0 | 2 | Dividends . . . . . . . |
| :--- | :--- | :--- |
| 0 | Capital gain net income (attach Schedule D (Form 1120)) |  |



| 1 |  |  |
| :---: | :--- | :--- |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
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| 12 |  |  |
| 13 |  |  |

## Part II Tax Computation (see instructions)

14 Modified gross income. Subtract line 13 from line 6
15 Total tax. Multiply the amount on line 14 by 37\% (0.37)
16 Credits and payments:
a Overpayment from prior year allowed as a credit
b Current year estimated tax payments
c Refund of overpaid estimated tax applied for on Form 4466

| $16 a$ |  |  |
| :---: | :--- | :--- |
| $16 b$ |  |  |
| $16 c$ |  |  |

d Subtract line 16c from the total of lines 16a and 16b
e Tax deposited with Form 7004
f Total credits and payments (add lines 16d and 16e).
17 Estimated tax penalty. See instructions. Check if Form 2220 is attached
18 Tax due. If the total of lines 15 and 17 is more than line 16 f , enter amount owed

19 Overpayment. If line $16 f$ is more than the total of lines 15 and 17 , enter amount overpaid

20 Enter amount of line 19 you want: Credited to next year's estimated tax Refunded

20

| 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. |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | May the IRS discuss this return with the preparer shown below? See instructions. Yes $\square$ No |  |
| Paid | Print/Type preparer's name | Preparer's signature | Date | Check $\square$ if self-employed | PTIN |
| Use Only | Firm's name |  |  | Firm's EIN - |  |
|  | Firm's address |  |  | Phone no. |  |
| For Paperwor | Reduction Act Notice, s | ructions. |  | Form 1120-S | F (Rev. 11-2018) |



