

March 12, 2025

Instructions for Filing Your Form 1120-H

Please review the form carefully to make sure there are no errors or missing information. Make a complete copy of the signed return for your records before mailing. We recommend that you mail the return to the Internal Revenue Service certified, return receipt. Keep all records you used to prepare the return for at least seven years.

Signature Required:

The return must be signed and dated by an officer of the Association.

Filing Address:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0012

Date Due:

File your return on or before October 15, 2025.

State Filing Information:

Your Association may be required to file a state tax return. Please contact your state authority to determine the requirements.

Balance Due or Refund:

The Association has a balance due of \$350. DO NOT SEND A CHECK WITH THIS RETURN. To pay your balance due, login to the Electronic Federal Tax Payment System (EFTPS) at www.eftps.gov or call 1-800-555-4477.

Extension:

Attach a copy of your extension before mailing the return.

Thank you for using Dynamite Management to prepare your return. If you have any questions, please don't hesitate to contact us at 360-524-9665 or info@hoafiscal.com

For calendar year 2024 or tax year beginning , 2024, and ending , 20

TYPE OR PRINT	Name	Employer identification number
	Dougs Test Association	52-1234567
	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
	PO Box 8	12/14/2005
	City or town, state or province, country, and ZIP or foreign postal code	
	Vancouver, WA 98666	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return

A	Check type of homeowners association: <input checked="" type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B	Total exempt function income. Must meet 60% gross income test. See instructions	B 760,000
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	C 50,000
D	Association's total expenditures for the tax year. See instructions	D 50,000
E	Tax-exempt interest received or accrued during the tax year	E

Gross Income (excluding exempt function income)

1	Dividends	1 0
2	Taxable interest	2 7,000
3	Gross rents	3 0
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 (excluding exempt function income) (attach statement)	7 0
8	Gross income (excluding exempt function income). Add lines 1 through 7	8 7,000

Deductions (directly connected to the production of gross income, excluding exempt function income)

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)	15 400
16	Total deductions. Add lines 9 through 15	16 400
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17 6,600
18	Specific deduction of \$100	18 \$100

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19 6,500
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20 1,950
21	Tax credits (see instructions)	21
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22 1,950
23a	Preceding year's overpayment credited to the current year	23a
b	Current year's estimated tax payments	23b 100
c	Tax deposited with Form 7004	23c 1,500
d	Credit for tax paid on undistributed capital gains (attach Form 2439)	23d
e	Credit for federal tax paid on fuels (attach Form 4136)	23e
f	Elective payment election amount from Form 3800	23f
g	Total payments and credits. Combine lines 23a through 23f	23g 1,600
24	Amount owed. Subtract line 23g from line 22. See instructions	24 350
25	Overpayment. Subtract line 22 from line 23g	25 0
26	Enter amount of line 25 you want: Credited to 2025 estimated tax Refunded	26 0

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. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	D. Douglas, McLain	D. Doug McLain	03/12/2025		P01502513
	Firm's name Dynamite Management, LLC	Firm's EIN 99-4586842	Firm's address PO Box 8, Vancouver, WA 98666	Phone no. 360-524-9665	

Federal Statements

Association: Dougs Test Association
EIN: 52-1234567
Year Ended: December 31, 2024

Statement - Form 1120-H, Line 15 - OTHER DEDUCTIONS

Description	Amount
Tax Preparation Expenses	\$400
Total Other Deductions	\$400