

For calendar year 2023 or tax year beginning , 2023, ending , 20

A S election effective date	TYPE OR PRINT	Name	D Employer identification number
B Business activity code number (see instructions)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Date incorporated
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code	F Total assets (see instructions) \$

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☐ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year . . . . .

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	1a	Gross receipts or sales	b	Less returns and allowances	c	Balance	1c		
	2	Cost of goods sold (attach Form 1125-A) . . . . .						2	
	3	Gross profit. Subtract line 2 from line 1c . . . . .						3	
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797) . . . . .						4	
	5	Other income (loss) (see instructions—attach statement) . . . . .						5	
	6	Total income (loss). Add lines 3 through 5 . . . . .						6	
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions—attach Form 1125-E) . . . . .						7	
	8	Salaries and wages (less employment credits) . . . . .						8	
	9	Repairs and maintenance . . . . .						9	
	10	Bad debts . . . . .						10	
	11	Rents . . . . .						11	
	12	Taxes and licenses . . . . .						12	
	13	Interest (see instructions) . . . . .						13	
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)						14	
	15	Depletion (Do not deduct oil and gas depletion.) . . . . .						15	
	16	Advertising . . . . .						16	
	17	Pension, profit-sharing, etc., plans . . . . .						17	
	18	Employee benefit programs . . . . .						18	
	19	Energy efficient commercial buildings deduction (attach Form 7205) . . . . .						19	
	20	Other deductions (attach statement) . . . . .						20	
	21	Total deductions. Add lines 7 through 20 . . . . .						21	
	22	Ordinary business income (loss). Subtract line 21 from line 6 . . . . .						22	
Tax and Payments	23a	Excess net passive income or LIFO recapture tax (see instructions) . . . . .			23a		23c		
	b	Tax from Schedule D (Form 1120-S) . . . . .			23b				
	c	Add lines 23a and 23b (see instructions for additional taxes) . . . . .							
	24a	Current year's estimated tax payments and preceding year's overpayment credited to the current year . . . . .			24a		24z		
	b	Tax deposited with Form 7004 . . . . .			24b				
	c	Credit for federal tax paid on fuels (attach Form 4136) . . . . .			24c				
	d	Elective payment election amount from Form 3800 . . . . .			24d				
	z	Add lines 24a through 24d . . . . .							
	25	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> . . . . .						25	
	26	Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed . . . . .						26	
	27	Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid . . . . .						27	
	28	Enter amount from line 27: Credited to 2024 estimated tax Refunded . . . . .						28	

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.

Paid Preparer Use Only	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	
	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.	