

U.S. Corporation Income Tax Return

For calendar year 2011 or tax year beginning

, 2011, ending

, 20

2011

▶ See separate instructions.

A Check if:

- 1a Consolidated return (attach Form 851) ☐
- b Life/nonlife consolidated return ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (see instructions) ☐
- 4 Schedule M-3 attached ☐

TYPE
OR
PRINT

Name

TOP FLOOR DESIGNS CORPORATION

Number, street, and room or suite no. If a P.O. box, see instructions.

Nancy Alves
225 CLEVELAND AVE

City or town, state, and ZIP code

Long Branch NJ 07740

B Employer identification number

45-0612334

C Date incorporated

03-15-2011

D Total assets (see instructions)

\$

E Check if: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income

| | | | |
|----|--|----|--------|
| 1a | Merchant card and third-party payments. For 2011, enter -0- | 1a | 0 |
| b | Gross receipts or sales not reported on line 1a (see instructions) | 1b | 77,405 |
| c | Total. Add lines 1a and 1b | 1c | 77,405 |
| d | Returns and allowances plus any other adjustments (see instructions) | 1d | |
| e | Subtract line 1d from line 1c | 1e | 77,405 |
| 2 | Cost of goods sold from Form 1125-A, line 8 (attach Form 1125-A) | 2 | |
| 3 | Gross profit. Subtract line 2 from line 1e | 3 | 77,405 |
| 4 | Dividends (Schedule C, line 19) | 4 | |
| 5 | Interest | 5 | |
| 6 | Gross rents | 6 | |
| 7 | Gross royalties | 7 | |
| 8 | Capital gain net income (attach Schedule D (Form 1120)) | 8 | |
| 9 | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | 9 | |
| 10 | Other income (see instructions - attach schedule) | 10 | |
| 11 | Total income. Add lines 3 through 10 | 11 | 77,405 |

Deductions
(See instructions for limitations on deductions.)

| | | | |
|-----|--|-----|--------|
| 12 | Compensation of officers from Form 1125-E, line 4 (attach Form 1125-E) | 12 | 7,936 |
| 13 | Salaries and wages (less employment credits) | 13 | |
| 14 | Repairs and maintenance | 14 | |
| 15 | Bad debts | 15 | |
| 16 | Rents | 16 | |
| 17 | Taxes and licenses | 17 | |
| 18 | Interest | 18 | |
| 19 | Charitable contributions | 19 | |
| 20 | Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | 20 | |
| 21 | Depletion | 21 | |
| 22 | Advertising | 22 | |
| 23 | Pension, profit-sharing, etc., plans | 23 | |
| 24 | Employee benefit programs | 24 | |
| 25 | Domestic production activities deduction (attach Form 8903) | 25 | |
| 26 | Other deductions (attach schedule) STM. 05. | 26 | 65,105 |
| 27 | Total deductions. Add lines 12 through 26 | 27 | 73,041 |
| 28 | Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 | 28 | 4,364 |
| 29a | Net operating loss deduction (see instructions) | 29a | |
| b | Special deductions (Schedule C, line 20) | 29b | |
| c | Add lines 29a and 29b | 29c | |

Tax, Refundable Credits and Payments

| | | | |
|----|---|----|-------|
| 30 | Taxable income. Subtract line 29c from line 28 (see instructions) | 30 | 4,364 |
| 31 | Total tax (Schedule J, Part I, line 11) | 31 | 655 |
| 32 | Total payments and refundable credits (Schedule J, Part II, line 21) | 32 | |
| 33 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 33 | |
| 34 | Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed | 34 | 655 |
| 35 | Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid | 35 | |
| 36 | Enter amount from line 35 you want: Credited to 2012 estimated tax ▶ Refunded ▶ | 36 | |

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.

Sign Here

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.