

**Tax Year 2025
1120-H MeF
ATS**

Lurker Oaks HOA 00-1234000

FORMS REQUIRED: 1120-H

ATTACHMENTS:

None

Additional information:

- ☐ The Employer Identification Number (EIN) is **00-1234000** for this scenario.
 - You must select "Yes" in the Return Header for the *IRSResponsiblePrtyInfoCurrInd*

BINARY ATTACHMENT: None

HEADER INFO: TotalPriorYearIncomeAmt
\$1,000,000

Originator: EFIN: Self-select

Type: ERO

Practioner PIN:

EFIN: Self-select

PIN: Self-select

PIN Entered by – ERO

Signature Option: PIN

Officer: Name: Talbert Oaks

Title: President

Officer TIN: 000-00-3456

Taxpayer PIN: Self-Select

Phone: 301-555-1212

Email Address: talbertoaks@treefixr.com

DateSigned: 09/01/2025

Preparer: Name: Johnny Appleseed

Date Prepared: 09/01/2025

Form 1120-H		U.S. Income Tax Return for Homeowners Associations				OMB No. 1545-0123															
Department of the Treasury Internal Revenue Service		For calendar year 2025 or tax year beginning <u>01/01</u> , 2025, ending <u>12/31</u> , 20 <u>25</u> Go to www.irs.gov/Form1120H for instructions and the latest information.				2025															
Check if: (1) ☒ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="4">Name <u>Lurker Oaks HOA</u></td></tr><tr><td colspan="2">Number and street. If a P.O. box, see instructions. <u>2 Porter Street</u></td><td colspan="2">Room or suite number</td></tr><tr><td>City or town <u>Denver</u></td><td>State or province <u>CO</u></td><td>Country <u>US</u></td><td>ZIP or foreign postal code <u>80202</u></td></tr></table>				Name <u>Lurker Oaks HOA</u>				Number and street. If a P.O. box, see instructions. <u>2 Porter Street</u>		Room or suite number		City or town <u>Denver</u>	State or province <u>CO</u>	Country <u>US</u>	ZIP or foreign postal code <u>80202</u>	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td>Employer identification number <u>00-1234000</u></td></tr><tr><td>Date association formed <u>8/14/2000</u></td></tr></table>		Employer identification number <u>00-1234000</u>	Date association formed <u>8/14/2000</u>
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Date association formed <u>8/14/2000</u>																					
A Check type of homeowners association: ☐ Condominium management association ☒ Residential real estate association ☐ Timeshare association																					
B Total exempt function income. Must meet 60% gross income test. See instructions						B															
C Total expenditures made for purposes described in 90% expenditure test. See instructions						C															
D Association's total expenditures for the tax year. See instructions						D															
E Tax-exempt interest received or accrued during the tax year						E															
Gross Income (excluding exempt function income)	1 Dividends					1	1,000,100														
	2 Taxable interest					2															
	3 Gross rents					3	9,000,000														
	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															
	8 Gross income (excluding exempt function income). Add lines 1 through 7					8	10,000,100														
Deductions (directly connected to the production of gross income, excluding exempt function income)	9 Salaries and wages					9	1,000,000														
	10 Repairs and maintenance					10	1,000,000														
	11 Rents					11	1,000,000														
	12 Taxes and licenses					12															
	13 Interest					13															
	14 Depreciation (attach Form 4562)					14															
	15 Other deductions (attach statement)					15															
	16 Total deductions. Add lines 9 through 15					16	3,000,000														
	17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8					17	7,000,100														
	18 Specific deduction of \$100					18	\$ 100														
Tax and Payments	19 Taxable income. Subtract line 18 from line 17					19	7,000,000														
	20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)					20	2,100,000														
	21 Tax credits (see instructions)					21															
	22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits					22	2,100,000														
	23a Preceding year's overpayment credited to the current year	23a																			
	b Current year's estimated tax payments	23b																			
	c Tax deposited with Form 7004	23c																			
	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	0														
	24 Amount owed. Subtract line 23g from line 22. See instructions					24	2,100,000														
	25 Overpayment. Subtract line 22 from line 23g					25															
	26 Enter portion of line 8a you want: a Credited to 2026 estimated tax b Refunded					26b															
c Routing number		d Type: ☐ Checking ☐ Savings																			
e Account number																					
Sign Here		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2">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.</td></tr><tr><td style="width: 50%;">Signature of officer <u>President</u></td><td>Date <u></u></td></tr></table>						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 <u>President</u>	Date <u></u>										
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Signature of officer <u>President</u>	Date <u></u>																				
Paid Preparer Use Only	Preparer's name		Preparer's signature		Date	Check ☐ if self-employed	PTIN														
	Firm's name <u>Electronic Tax Filers, INC</u>					Firm's EIN	<u>00-0000011</u>														
	Firm's address <u>100 Efile Drive Anytown, TX 78621</u>					Phone no.	<u>512-555-1212</u>														