

TY2020 1120-POL MeF ATS Scenario 2

TaxPeriodEndDt -- 12/31/2020

PreparerFirmGrp

PreparerFirmEIN -- n/a

PreparerFirmName -- n/a

PreparerFirmUSAddress -- none

MultSoftwarePackagesUsedInd -- no

OriginatorGrp

EFIN -- as assigned

OriginatorTypeCd -- ERO

PractitionerPINGrp

EFIN -- as assigned

PIN -- as assigned

PinEnteredByCd -- Taxpayer

SignatureOptionCd -- Pin Number

ReturnTypeCd -- 1120-POL

TaxPeriodBeginDt -- 1/1/2020

Filer

EIN -- 00-9000004

BusinessName -- National Hyrax Association

BusinessNameControlTxt -- NATI

USAddress -- 1234 Weeping Willow Lane, Anaheim, CA 92812

BusinessOfficerGrp

PersonNm -- Test U. Phrozintows

PersonTitleTxt -- Treasurer

PhoneNum -- 714-555-1212

EmailAddressTxt --

SignatureDt -- self-select

TaxpayerPIN -- self-select

DiscussWithPaidPreparerInd -- Y

PreparerPersonDetail

PreparerPersonNm -- Test J. Caesar

PTIN -- P99999998

PhoneNum -- 703-555-1212

EmailAddressTxt --

PreparationDt -- self select

SelfEmployedInd -- Y

binaryAttachmentCnt -- 0

Form **1120-POL**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for Certain Political Organizations**

OMB No. 1545-0123

2020▶ Go to www.irs.gov/Form1120POL for the latest information.

For calendar year 2020 or other tax year beginning , 2020, and ending , 20

Check the box if this is a section 501(c) organization ▶ ☐

Check if:

☐ Final return☐ Name change☐ Address change☐ Amended return

Name of organization

Employer identification number

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

City or town, state or province, country, and ZIP or foreign postal code

Income	1	Dividends (attach statement)	1		
	2	Interest	2		
	3	Gross rents	3		
	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 and nonexempt function expenditures (see instructions)	7		
	8	Total income. Add lines 1 through 7	8		
Deductions	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		
	16	Total deductions. Add lines 9 through 15	16		
	17	Taxable income before specific deduction of \$100. See instructions. Section 501(c) organizations show:			
	a	Amount of net investment income ▶			
b	Aggregate amount expended for an exempt function (attach statement) ▶	17c			
18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18			
Tax	19	Taxable income. Subtract line 18 from line 17c. If line 19 is zero or less, see the instructions	19		
	20	Income tax. See instructions	20		
	21	Tax credits. Attach the applicable credit forms. See instructions	21		
	22	Total tax. Subtract line 21 from line 20	22		
	23	Payments: a Tax deposited with Form 7004 23a			
	b Credit for tax paid on undistributed capital gains (attach Form 2439) 23b				
	c Credit for federal tax on fuels (attach Form 4136) 23c				
	d Total payments. Add lines 23a through 23c 23d				
	24	Tax due. Subtract line 23d from line 22. See instructions for depository method of payment	24		
	25	Overpayment. Subtract line 22 from line 23d	25		

Additional Information	1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name of the foreign country ▶
	2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520 <input type="checkbox"/> Yes <input type="checkbox"/> No
	3	Enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ \$
	4	Date organization formed ▶
	5a	The books are in care of ▶ b Enter name of candidate ▶
	c The books are located at ▶ d Telephone No. ▶	

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.

Form 1120-POL, line 17b, Exempt Function Expenditures

<i>Description</i>	<i>Amount</i>
Purchase of political barbecue tickets	250
Campaign contributions	<u>370</u>
Total	620

Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$78
Requested payment date	2021-03-15
Taxpayer Daytime Phone	714-555-1212