

TY2021 1120-POL MeF ATS Scenario 1

TaxPeriodEndDt -- 12/31/2021

PreparerFirmGrp

PreparerFirmEIN -- 00-9000025

PreparerFirmName -- ELECTRONIC TAX FILERS, INC.

PreparerFirmUSAddress -- 100 TECHO DRIVE
RAINTOWN, WA 98530

MultSoftwarePackagesUsedInd -- no

OriginatorGrp

EFIN -- as assigned

OriginatorTypeCd -- ERO

PractitionerPINGrp

EFIN -- as assigned

PIN -- as assigned

PinEnteredByCd -- n/a

SignatureOptionCd -- Binary Attachment 8453 Signature Document

ReturnTypeCd -- 1120-POL

TaxPeriodBeginDt -- 1/1/2021

Filer

EIN -- 00-9000015

BusinessName -- Kolkwizia Political Action Committee

BusinessNameControlTxt -- KOLK

USAddress -- 3504 West Oak Blvd, Tampa, FL 33607

BusinessOfficerGrp

PersonNm -- Test K. Insightful

PersonTitleTxt -- Chairman

PhoneNum -- 813-555-1212

EmailAddressTxt --

SignatureDt -- self-select

TaxpayerPIN -- self-select

DiscussWithPaidPreparerInd -- Y

PreparerPersonDetail

PreparerPersonNm -- John Doe

PTIN -- P99999997

PhoneNum -- 206-555-1212

EmailAddressTxt --

PreparationDt -- self select

SelfEmployedInd -- N

TY2021 1120-POL MeF ATS Scenario 1 cont.

SigningOfficerGrp

PersonFirstNm - Test

PersonLastNm - Insightful

SSN – 999-00-9999

binaryAttachmentCnt – 1

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

OMB No. 1545-0123

2021▶ Go to www.irs.gov/Form1120POL for the latest information.For calendar year 2021 or other tax year beginning _____, 2021, and ending _____, 20_____
Check the box if this is a section 501(c) organization ☐

Check if:	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 2021 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 <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	