

TY2023 1120-POL MeF ATS Scenario 2

TaxPeriodEndDt -- 12/31/2023

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 -- 1/1/2023

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

TY2023 1120-POL MeF ATS Scenario 2 cont.

SigningOfficerGrp

PersonFirstNm - Test

PersonLastNm - Phrozintows

SSN – 999-00-9999

IRSResponsiblePrtyInfoCurrInd -- Y

binaryAttachmentCnt – 0

Form 1120-POL Department of the Treasury Internal Revenue Service	U.S. Income Tax Return for Certain Political Organizations Go to www.irs.gov/Form1120POL for instructions and the latest information.	OMB No. 1545-0123 <div style="font-size: 2em; font-weight: bold;">2023</div>
For calendar year 2023 or other tax year beginning _____, 2023, and ending _____, 20____		
Check the box if this is a section 501(c) organization <input type="checkbox"/>		
Check if: <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Amended return	Name of organization _____ 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 _____	Employer identification number _____

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	
Tax	17	Taxable income before specific deduction of \$100. See instructions. Section 501(c) organizations show: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> a Amount of net investment income b Aggregate amount expended for an exempt function (attach statement) </div> <div style="width: 35%;"> 17c </div> </div>	17c	
	18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18	
	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 Elective payment election amount from Form 3800 (section 527 organization only) 23d e Total payments. Add lines 23a through 23d 23e		
	24	Tax due. Subtract line 23e from line 22. See instructions for depository method of payment	24	
	25	Overpayment. Subtract line 22 from line 23e	25	
	Additional Information	1	At any time during the 2023 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 _____ The books are located at _____ d Telephone No. _____		

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.			
	Signature of officer _____	Date _____	Title _____	

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. _____

May the IRS discuss this return with the preparer shown below? See instructions ☐ Yes ☐ No