

Form **1120-H**

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

2012

Department of the Treasury
Internal Revenue Service

Information about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.

For calendar year 2012 or tax year beginning , 2012, and ending , 20

TYPE OR PRINT	Name Fountainview Association, Inc. #4	Employer identification number 59-1159535
	Number, street, and room or suite no. If a P.O. box, see instructions. 1460 NE 169th Street Apt. 205	Date association formed 06/03/1964
	City or town, state, and ZIP code North Miami Beach, FL 33162	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

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	146,302
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	140,768
D Association's total expenditures for the tax year (see instructions)	D	148,694
E Tax-exempt interest received or accrued during the tax year	E	

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable 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 (excluding exempt function income) (attach statement)	7	7,900
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	7,900

Deductions (directly connected to the production of gross income, excluding exempt function income)

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	7,927
16 Total deductions. Add lines 9 through 15	16	7,927
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-27
18 Specific deduction of \$100	18	\$100 00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-127
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	
21 Tax credits (see instructions)	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0
23 a 2011 overpayment credited to 2012 23a	23b	c Total 23c
b 2012 estimated tax payments		23d
d Tax deposited with Form 7004		23e
e Credit for tax paid on undistributed capital gains (attach Form 2439)		23f
f Credit for federal tax paid on fuels (attach Form 4136)		
g Add lines 23c through 23f		23g
24 Amount owed. Subtract line 23g from line 22 (see instructions)	24	0
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2013 estimated tax Refunded	26	

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 **CLIENT COPY**

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 Erina Master, CPA	Preparer's signature <i>Erina Master</i>	Date 09/11/13	Check <input type="checkbox"/> if self-employed	PTIN P01466697
	Firm's name MASTER AND COMPANY, P.A.	Firm's EIN 90-0597925		Phone no. 954-864-1117	
	Firm's address 4038 NW 87TH AVE, COOPER CITY, FL 33024				

Form 1120H, Page 1, Line 7

Other Income Statement

<u>Laundry Income</u>	\$ 4,900
<u>Rental Income</u>	3,000
<u>Total</u>	<u>\$ 7,900</u>

Form 1120H, Page 1, Line 15

Other Deductions Statement

<u>Professional Fees</u>	\$ 95
<u>Insurance</u>	3,235
<u>Office, Telephone and Postage</u>	103
<u>Electricity</u>	1,025
<u>Water</u>	3,469
<u>Total</u>	<u>\$ 7,927</u>

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.

► Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

Name FOUNTAINVIEW ASSOCIATION, INC.#4 <small>Number, street, and room or suite no. (if P.O. box, see instructions.)</small> 1460 NE 169TH STREET APT #205 <small>City, town, state, and ZIP code (if a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).</small> NORTH MIAMI BEACH, FL 33162	Identifying number 59-1159535
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Note. File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
 If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . .

5a The application is for calendar year 20 12 , or tax year beginning _____, 20____, and ending _____, 20____

b Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (see instructions-attach explanation)

6 Tentative total tax	6		
7 Total payments and credits (see instructions)	7		
8 Balance due. Subtract line 7 from line 6 (see instructions)	8		



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**Print
or
Type**

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Number, street, and room or suite no. (If P.O. box, see instructions.)	
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City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
NORTH MIAMI BEACH, FL 33162	

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Mark,

Please sign and return the attached engagement letter and keep form 7004 for your records.

Erina Master, CPA
Managing Partner
MASTER AND COMPANY, P.A.
Phone: 954.864.2917
Fax: 954-437-5461
Web: MasterAndCompanyPA.com
Email: Erina.Master@MasterAndCompanyPA.com

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