

**U.S. Income Tax Return
for Homeowners Associations**

2017

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1120H for instructions and the latest information.

For calendar year 2017 or tax year beginning _____, 2017, and ending _____, 20

TYPE OR PRINT	Name LAKEVIEW ESTATES	Employer identification number 61-1729264
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 486	Date association formed 03/01/2012
	City or town, state or province, country, and ZIP or foreign postal code SPRING HILL TN 37174	

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** 11,204

C Total expenditures made for purposes described in 90% expenditure test. See instructions **C** 5,999

D Association's total expenditures for the tax year. See instructions **D** 6,244

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	
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	

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

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-100
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) 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	
23 a 2016 overpayment credited to 2017 23a		
b 2017 estimated tax payments 23b	c Total	23c
d Tax deposited with Form 7004		23d
e Credit for tax paid on undistributed capital gains (attach Form 2439)		23e
f Credit for federal tax paid on fuels (attach Form 4136)		23f
g Add lines 23c through 23f		23g
24 Amount owed. Subtract line 23g from line 22. See instructions	24	
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2018 estimated tax Refunded	26	

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 _____ **PRESIDENT** 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 DAVID A. REED	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00071899
Firm's name BUCHANAN & ASSOCIATES, CPAS	Firm's EIN 62-1519702		Phone no. (615) 874-8821	
Firm's address 211 DONELSON PIKE, STE 204 NASHVILLE TN 37214				