Form **1120**

1	OMB	Nο	1545-0123
	OIVID	INO.	1343-012

U.S. Corporation Income Tax Return

For calendar year 2001 or tax year beginning, 2001, ending

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	artment nal Reve		reasury ervice	. 5. 501				separate.			or Paperv								UI
A Check if a: 1 Consolidated return (attach Form 851)		Use IRS											B Employer identification number						
2 Personal holding co. (attach Sch. PH) 3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T—see instructions)			label. Other- wise, Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.)									C Date incorporated							
			type.	print or City or town, state, and ZIP code									D Total assets (see page 8 of instructions)						
E C	heck a	pplica	able boxes:	(1) L Ir	nitial retu	rn (2)	F	inal return	(3)	Name	change	(4)	Add	lress ch	ange	\$			
	1a	Gro	oss receipts	or sales L				b Less re	eturns and	d allowar	nces				сΒ	Bal ▶	1c		
	2	Co	ost of good	ds sold (S	Schedule	e A, line	8)										2		
Income	3	Gr	ross profit. Subtract line 2 from line 1c												3				
	4	Di	vidends (S	chedule (C, line 1	19)											4		
	5	Int	terest .														5		
	6	Gr	oss rents														6		
	7	Gr	oss royalt	ies													7		
	8	Ca	apital gain	net incon	ne (atta	ch Sche	edule l	D (Form 1	120)) .								8		
	9		et gain or (9		
	10		her incom														10		
	11		Total income. Add lines 3 through 10											11					
s on deductions.)	12		ompensati														12		
	13		laries and														13		
	14		epairs and														14		
	15		ad debts														15 16		
	16																17		
jon	17		ixes and li														18		
iitat	18		terest .														19		
≟	19		naritable c									1	1		٠.,	•			
for	20		epreciation														21b		
ons	21		ess deprec														22		
(See instructions for limitations	23																23		
	24		dvertising ension, pro														24		
	25		nployee be														25		
	26		her deduc														26		
Deductions	27																27		
cţi	28				ions. Add lines 12 through 26												28		
edu	29				operating loss (NOL) deduction (see page 13 of instructions) 29a														
<u> </u>					. •	`		C, line 20)				29b					29c		
	30	Та	xable inc	ome. Sub	otract lir	ne 29c f	rom li	ne 28 .									30		
	31	To	otal tax (S	chedule J	I, line 1	1)							:				31		
,,	32	Pa	yments: a 20	00 overpaym	nent credit	ted to 200°	1 3	2a											
3nts	b	20	001 estima	ted tax pa	ayments	s	-	2b							/////				
and Payments	С	Le	ss 2001 refi	und applied	d for on I	Form 446	66 3	2c ()	d Bal ▶	32d							
	е	Ta	x deposite	ed with Fo	orm 700)4						32e							
pu	f	Cr	edit for ta	x paid on	undistr	ibuted o	capital	l gains (att	tach For	m 2439)	32f							
Тах а	g		edit for Fe			•		,				32g				_	32h		
Ë	33			tax penalty (see page 14 of instructions). Check if Form 2220 is attached									▶		33				
	34		Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid											34					
	35 36		verpayme nter amour			0						ount c	overpa	aid . Refur			35		
_	30	Unde	r penalties of	perjury, I de	eclare that	t I have ex	amined	this return, i	including a	ccompany	ing schedu	les and	stateme	ents, and	to the	best o	36 f my kno	wledge and b	elief, it is true
Sign Here		corre	ct, and comp	lete. Declara	ation of pr	reparer (ot	her thai	n taxpayer) is	s based on	all inform	nation of wh	ich prep	arer has	s any kn	owledo	ge.		IRS discuss	
										L							-	preparer sh	
		Sig	gnature of c	officer				IDa [.]	te	- ▶	Title							ructions)?	
— D-		T	Preparer's	`							Date			Ch I	:c		Prepa	arer's SSN or	PTIN
Pa		-/-	signature	Cited							Check self-em		d 🔲						
Preparer's Use Only			Firm's na	name (or f self-employed),						El	IN								
		address.	eir-employe and ZIP co	ode									P	hone	no.	()		