U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

For cale	endar ye	ear 2011 or tax year beginni	ng		, 2011	, and end	-			, 20		
THE REAL PROPERTY.	Name					Em	ployer identification	n numb	er			
	Oa	Oak Hollow Homeowners Association Inc.										
TYPE	Numb	umber, street, and room or suite no. If a P.O. box, see instructions. Date association formed										
OR		P. O. Box 620921										
PRINT	1	y or town, state, and ZIP code 08/01/1995										
	Oviedo, FL 32762											
					(0)			11) Y A	mended re	-4	
Official III (1)												
	Check type of homeowners association: Condominium management association Residential real estate association									eshare asso	clation	
		empt function income. Mus							В	5490	00_	
C	Total ex	penditures made for purpos	ses descri	ibed in 90% exp	enditure test	(see insti	ructions)		C	5810	00	
D	Association's total expenditures for the tax year (see instructions)								D	777		
E	Tax-exempt interest received or accrued during the tax year											
Gross Income (excluding exempt function income)												
1	Dividends											
-									2		1	
	Taxable interest								3		+	
	Gross rents								4		-	
	Gross royalties								5		-	
5	Capital gain net income (attach Schedule D (Form 1120))										-	
	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)											
7	Other in	ncome (excluding exempt fu	inction inc	come) (attach scl	nedule) .				7			
8	Gross income (excluding exempt function income). Add lines 1 through 7											
	Deductions (directly connected to the production of gross income, excluding exempt function income)											
9	Salaries and wages											
		and maintenance							10			
									11			
	Rents										_	
									12		1	
											-	
	Depreciation (attach Form 4562)										+	
	Other deductions (attach schedule)										-	
	Total deductions. Add lines 9 through 15										-	
	Taxable income before specific deduction of \$100. Subtract line 16 from line 8								17	010	2 00	
18	Specific deduction of \$100									\$100	00	
				Tax and P							1	
19		e income. Subtract line 18							19			
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			
23	a 201	0 overpayment credited to 20	11 23a									
		1 estimated tax payments			c Total I	▶ 23c						
		deposited with Form 7004				. 23d						
			d capital ga	ins (attach Form 2	2439)	. 23e						
	e Credit for tax paid on undistributed capital gains (attach Form 2439) 23e f Credit for federal tax paid on fuels (attach Form 4136)											
	g Add lines 23c through 23f								23g			
24									24		+	
24	Overpayment. Subtract line 23 from line 23 g								25		+	
25							Definde	-			+	
26		mount of line 25 you want: C				lulan and at-	Refunded		26	dae and halist	it ie true	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								STATE OF THE PARTY.			
	May the IHS								RS discuss the preparer show			
Here		Signature of officer Date Treasurer								ictions)? TYe		
	F Sign	ature of officer/		Date					UNIQUE STATE OF THE PARTY OF TH		-	
Paid		Print/Type preparer's name		Preparer's signatur	e		Date	Chec	ck 🗆 i	f PTIN		
Prepa	arer							self-	employe	1		
Use (Firm's name							Firm's EIN ▶			
056 (Jilly	Firm's address ▶							Phone no.			
									-	1120	L (0044)	