

# Example for S/H Health Insurance

## U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

Form **1120S**

Department of the Treasury  
Internal Revenue Service

▶ **Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.**

▶ **Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.**

2017

For calendar year 2017 or tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

<b>A</b> S election effective date	<b>TYPE OR PRINT</b>	Name	<b>D</b> Employer identification number
<b>B</b> Business activity code number (see instructions)		Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E</b> Date incorporated
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Total assets (see instructions)
		\$	

**G** Is the corporation electing to be an S corporation beginning with this tax year?  Yes  No If "Yes," attach Form 2553 if not already filed

**H** Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return (5)  S election termination or revocation

**I** Enter the number of shareholders who were shareholders during any part of the tax year \_\_\_\_\_ ▶

**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

	Description	1a	1b	1c	
<b>Income</b>	<b>1 a</b> Gross receipts or sales				
	<b>b</b> Returns and allowances				
	<b>c</b> Balance. Subtract line 1b from line 1a				
	<b>2</b> Cost of goods sold (attach Form 1125-A)				
	<b>3</b> Gross profit. Subtract line 2 from line 1c				
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797)				
<b>5</b> Other income (loss) (see instructions—attach statement)					
<b>6</b> <b>Total income (loss).</b> Add lines 3 through 5					
<b>Deductions</b> <small>(see instructions for limitations)</small>	<b>7</b> <b>Compensation of officers</b> (see instructions—attach Form 1125-E)				
	<b>8</b> Salaries and wages (less employment credits)				
	<b>9</b> Repairs and maintenance				
	<b>10</b> Bad debts				
	<b>11</b> Rents				
	<b>12</b> Taxes and licenses				
	<b>13</b> Interest				
	<b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)				
	<b>15</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> )				
	<b>16</b> Advertising				
	<b>17</b> <b>Pension, profit-sharing, etc., plans</b>				
	<b>18</b> Employee benefit programs				
	<b>19</b> Other deductions (attach statement)				
	<b>20</b> <b>Total deductions.</b> Add lines 7 through 19				
<b>21</b> <b>Ordinary business income (loss).</b> Subtract line 20 from line 6					
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions)				
	<b>b</b> Tax from Schedule D (Form 1120S)				
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes)				
	<b>23a</b> 2017 estimated tax payments and 2016 overpayment credited to 2017				
	<b>b</b> Tax deposited with Form 7004				
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136)				
	<b>d</b> Add lines 23a through 23c				
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>				
	<b>25</b> <b>Amount owed.</b> If line 23d is smaller than the total of lines 22c and 24, enter amount owed				
	<b>26</b> <b>Overpayment.</b> If line 23d is larger than the total of lines 22c and 24, enter amount overpaid				
<b>27</b> Enter amount from line 26 <b>Credited to 2018 estimated tax</b> ▶ <b>Refunded</b> ▶					

**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 _____
----------------------------	------------	-------------

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**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.			