



KENTUCKY CORPORATION
INCOME TAX AND LLET RETURN

2014

See instructions.

Taxable period beginning _____, 201____, and ending _____, 201____.

B Check applicable box(es): LLET Receipts Method <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Gross Profits <input type="checkbox"/> \$175 minimum Nonfiling Status Code Enter Code _____	D Federal Identification Number _____		Taxable Year Ending ____/____/____ Mo. / Yr.		
	Name of Corporation _____			Kentucky Secretary of State Organization Number _____	
	Number and Street _____			State and Date of Incorporation _____	
	City _____	State _____	ZIP Code _____	Telephone Number _____	
C Income Tax Return <input type="checkbox"/> Separate <input type="checkbox"/> Mandatory NEXUS Nonfiling Status Code Enter Code _____	E Name of Common Parent _____		Kentucky Corporation/LLET Account Number _____		
	F Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (Complete Part IV) <input type="checkbox"/> Short-period return (Complete Part IV) <input type="checkbox"/> Change of name <input type="checkbox"/> Change of address <input type="checkbox"/> Change of accounting period			Principal Business Activity in KY _____ NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov)	
	G Check if applicable: <input type="checkbox"/> Amended return <input type="checkbox"/> Amended return-RAR Provide explanation of changes in Part V—Explanation of Amended Return Changes.				

DRAFT
7/24/14

PART I—LLET COMPUTATION			PART II—INCOME TAX COMPUTATION		
1. Schedule LLET, Section D, line 1.....	1	00	1. Income tax (see instructions).....	1	00
2. Tax credit recapture.....	2	00	2. Tax credit recapture.....	2	00
3. Total (add lines 1 and 2).....	3	00	3. Tax installment on LIFO recapture ...	3	00
4. Nonrefundable LLET credit from Kentucky Schedule(s) K-1.....	4	00	4. Total (add lines 1 through 3).....	4	00
5. Nonrefundable tax credits (attach Schedule TCS).....	5	00	5. Nonrefundable LLET credit from the Corporation LLET Credit Worksheet(s) (see instructions).....	5	00
6. LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum).....	6	00	6. Nonrefundable LLET credit (Part I, line 6 less \$175).....	6	00
7. Withholding tax (Form PTE-WH).....	7	00	7. Nonrefundable tax credits (attach Schedule TCS).....	7	00
8. Estimated tax payments.....	8	00	8. Net income tax liability (line 4 less lines 5 through 7, but not less than zero).....	8	00
9. Certified rehabilitation tax credit.....	9	00	9. Estimated tax payments <input type="checkbox"/> Check if Form 2220-K attached.....	9	00
10. Film industry tax credit.....	10	00	10. Extension payment.....	10	00
11. Extension payment.....	11	00	11. Prior year's tax credit.....	11	00
12. Prior year's tax credit.....	12	00	12. LLET overpayment from Part I, line 18.....	12	00
13. Income tax overpayment from Part II, line 17.....	13	00	13. Corporation income tax paid on original return.....	13	00
14. LLET paid on original return.....	14	00	14. Corporation income tax overpayment on original return.....	14	00
15. LLET overpayment on original return.....	15	00	15. Income tax due (lines 8 and 14 less lines 9 through 13).....	15	00
16. LLET due (lines 6 and 15 less lines 7 through 14).....	16	00	16. Income tax overpayment (lines 9 through 13 less lines 8 and 14).....	16	00
17. LLET overpayment (lines 7 through 14 less lines 6 and 15).....	17	00	17. Credited to 2014 LLET.....	17	00
18. Credited to 2014 income tax.....	18	00	18. Credited to 2014 interest.....	18	00
19. Credited to 2014 interest.....	19	00	19. Credited to 2014 penalty.....	19	00
20. Credited to 2014 penalty.....	20	00	20. Credited to 2015 corporation income tax.....	20	00
21. Credited to 2015 LLET.....	21	00	21. Amount to be refunded.....	21	00
22. Amount to be refunded.....	22	00			

TAX PAYMENT SUMMARY (Round to nearest dollar)				OFFICIAL USE ONLY		Federal Form 1120, all pages and any supporting schedules must be attached. Make check payable to: Kentucky State Treasurer Mail return with payment to: Kentucky Dept. of Revenue Frankfort, Kentucky 40620
LLET 1. LLET due (Part I, Line 16) \$.00 2. Interest \$.00 3. Penalty \$.00 4. Subtotal \$.00	INCOME 1. Income tax due (Part II, Line 15) \$.00 2. Interest \$.00 3. Penalty \$.00 4. Subtotal \$.00	PW 2 0 4	V A L	#	TOTAL PAYMENT (Add Subtotals) > \$.00	



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7/24/14

PART III – TAXABLE INCOME COMPUTATION

1. Federal taxable income (Form 1120, line 28)	1	00	14. Federal work opportunity credit	14	00
ADDITIONS:			15. Depreciation adjustment.....	15	00
2. Interest income (state and local obligations)	2	00	16. Other (attach Schedule O-720).....	16	00
3. State taxes based on net/gross income	3	00	17. Revenue Agent Report (RAR).....	17	00
4. Depreciation adjustment.....	4	00	18. Net income (line 11 less lines 12 through 17).....	18	00
5. Deductions attributable to nontaxable income	5	00	19. Current net operating loss adjustment (mandatory nexus only)..	19	00
6. Related party expenses (attach Schedule RPC).....	6	00	20. Kentucky net income (add lines 18 and 19)	20	00
7. Dividend paid deduction (REIT).....	7	00	21. Taxable net income (attach Schedule A if applicable)	21	00
8. Domestic production activities deduction.....	8	00	22. Net operating loss deduction (NOLD).....	22	00
9. Other (attach Schedule O-720).....	9	00	23. Taxable net income after NOLD (line 21 less line 22)	23	00
10. Revenue Agent Report (RAR).....	10	00	24. Kentucky domestic production activities deduction (KDPAD)	24	00
11. Total (add lines 1 through 10).....	11	00	25. Taxable net income after KDPAD (line 23 less line 24)	25	00
SUBTRACTIONS:					
12. Interest income (U.S. obligations)....	12	00			
13. Dividend income.....	13	00			

PART IV – EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- | | |
|---|--|
| <input type="checkbox"/> Ceased operations in Kentucky | <input type="checkbox"/> Change in filing status |
| <input type="checkbox"/> Change of ownership | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Successor to previous business | <input type="checkbox"/> Other _____ |

PART V – EXPLANATION OF AMENDED RETURN CHANGES

OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty)

Attach a schedule listing the name, home address and Social Security number of the vice president, secretary and treasurer.

Has the attached officer information changed from the last return filed? Yes No

President's Name _____ President's Home Address _____

President's Social Security Number _____

Date Became President ____ / ____ / ____

I, the undersigned, declare under the penalties of perjury, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of principal officer or chief accounting officer

Date

Name of person or firm preparing return

SSN, PTIN or FEIN

May the DOR discuss this return with the preparer?

Yes No

Email Address:

Telephone No.:



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7/21/14

SCHEDULE Q—KENTUCKY CORPORATION/LLET QUESTIONNAIRE

IMPORTANT: Questions 4—15 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Indicate whether: (a) new business; (b) successor to previously existing business which was organized as: (1) corporation; (2) partnership; (3) sole proprietorship; or (4) other _____
If successor to previously existing business, give name, address and federal I.D. number of the previous business organization. _____

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.
Employer Withholding _____
Sales and Use Tax Permit _____
Consumer Use Tax _____
Unemployment Insurance _____
Coal Severance and/or Processing Tax _____

3. If a foreign corporation, enter the date qualified to do business in Kentucky. ___ / ___ / ___

4. The corporation's books are in care of: (name and address)

5. Are disregarded entities included in this return?
 Yes No. If yes, list name, address and federal I.D. number of each entity. _____

6. (a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No. If yes, list name and federal I.D. number of the pass-through entity(ies).

(b) Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

7. Are related party costs as defined in KRS 141.205(1)(l) included in this return? Yes No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Part III, Line 6.

8. Did the corporation at any time during the taxable year do business in Kentucky and own 80 percent or more of the voting stock of another corporation doing business in Kentucky?
 Yes No. If yes, list name, address and federal I.D. number of each entity. _____

9. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in Kentucky at any time of the year? Yes No. If yes, list name, address and federal I.D. number of each entity. _____

10. The federal tax return attached to this Kentucky tax return is:
 a pro forma federal tax return a copy of the federal tax return filed with the Internal Revenue Service

11. Is the entity filing this Kentucky tax return or any entity included in the tax return organized as a limited cooperative association as provided by KRS Chapter 272A? Yes No. If yes, and this is a nexus consolidated return, enter each limited cooperative association's name, address and federal I.D. number included in the return: _____

12. Is the entity filing this Kentucky tax return or any entity included in this tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? Yes No
If yes, is the entity filing this Kentucky tax return or any entity included in this tax return a series within a statutory trust?
 Yes No
If yes, for each series within a statutory trust, enter the name, address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State: _____

13. Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

14. Did the corporation file a Kentucky tangible personal property tax return for January 1, 2015? Yes No
If yes, list name and federal I.D. number of entity(ies) filing return(s): _____

15. Is the corporation currently under audit by the Internal Revenue Service? Yes No
If yes, enter years under audit _____
If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here and file an amended return. See 2014 Kentucky Corporation Income Tax and LLET Return instructions for information regarding amended returns. Attach a copy of the final determination to each amended return.

SCHEDULE LLET

41A720LLET (10-14)

Commonwealth of Kentucky
DEPARTMENT OF REVENUE



DRAFT
6/27/14

Taxable Year Ending

___/___/___
Mo. Yr.

LIMITED LIABILITY ENTITY TAX
KRS 141.0401

Member of a Combined Group

Reason Code

➤ See instructions.

➤ Attach to Form 720, 720S, 725 or 765.

Name of Corporation or Limited Liability Pass-through Entity	Federal Identification Number	Kentucky Corporation/LLET Account Number
_____	_____	_____

Check this box and complete Schedule LLET-C, Limited Liability Entity Tax—Continuation Sheet, if the corporation or limited liability pass-through entity filing this tax return is a partner or member of a limited liability pass-through entity or general partnership (organized or formed as a general partnership after January 1, 2006) doing business in Kentucky. Enter the total amounts from Schedule LLET-C in Section A of this schedule.

Section A—Computation of Gross Receipts and Gross Profits

	Column A Kentucky	Column B Total
1. Gross receipts	00	00
2. Returns and allowances	00	00
3. Gross receipts after returns and allowances (line 1 less line 2 or amount from Schedule LLET-C)	00	00
4. Cost of goods sold (attach Schedule COGS)	00	00
5. Gross profits (line 3 less line 4 or amount from Schedule LLET-C)	00	00

Section B—Computation of Gross Receipts LLET

1. If gross receipts from all sources (Column B, line 3) are \$3,000,000 or less, STOP and enter \$175 on Section D, line 1	1		
2. If gross receipts from all sources (Column B, line 3) are greater than \$3,000,000 but less than \$6,000,000, enter the following: (Column A, line 3 x 0.00095) - $\left[\frac{\$2,850 \times (\$6,000,000 - \text{Column A, line 3})}{\$3,000,000} \right]$ but in no case shall the result be less than zero	2	00	
3. If gross receipts from all sources (Column B, line 3) are \$6,000,000 or greater, enter the following: Column A, line 3 x 0.00095	3	00	
4. Enter the amount from line 2 or line 3	4	00	

Section C—Computation of Gross Profits LLET

1. If gross profits from all sources (Column B, line 5) are \$3,000,000 or less, STOP and enter \$175 on Section D, line 1	1		
2. If gross profits from all sources (Column B, line 5) are greater than \$3,000,000 but less than \$6,000,000, enter the following: (Column A, line 5 x 0.0075) - $\left[\frac{\$22,500 \times (\$6,000,000 - \text{Column A, line 5})}{\$3,000,000} \right]$ but in no case shall the result be less than zero	2	00	
3. If gross profits from all sources (Column B, line 5) are \$6,000,000 or greater, enter the following: Column A, line 5 x 0.0075	3	00	
4. Enter the amount from line 2 or line 3	4	00	

Section D—Computation of LLET

1. Enter the lesser of Section B, line 4 or Section C, line 4, or a minimum of \$175 on this line and on Form 720 or 720S, Part I, line 1; or Form 725 or 765, Part II, line 1	1	00	
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Mark the applicable Receipts Method box on Form 720, 720S, 725 or 765, page 1, Item B.

SCHEDULE NOL

41A720NOL (10-14)

Commonwealth of Kentucky
DEPARTMENT OF REVENUE



Taxable Year Ending

____/____
Mo. Yr.

- See instructions.
- Attach to Form 720.

NET OPERATING LOSS SCHEDULE

KRS 141.011, KRS 141.200(11); Regulation 103 KAR 16:250

Name of Corporation	Federal Identification Number _____ - _____	Kentucky Corporation/LLET Account Number _____
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PART I—MANDATORY NEXUS CONSOLIDATED RETURN

Section A—Current Net Operating Loss Adjustment		A		Includible Corporations			
				B		C	
Name	Kentucky Corporation/LLET Account Number	Prior Year's NOL Carryforward		Kentucky Net Income		Kentucky Net Losses (Enter as a Positive)	
1. Parent		00		00		00	
2. Subsidiaries							
a		00		00		00	
b		00		00		00	
c		00		00		00	
d		00		00		00	
e		00		00		00	
f		00		00		00	
g		00		00		00	
h		00		00		00	
i		00		00		00	
j		00		00		00	
k		00		00		00	
l		00		00		00	
m		00		00		00	
3. Totals (add Columns A, B and C)	3	00		00		00	
4. Limitation—Income (Column B, line 3 multiplied by 50%).....				4		00	
Complete line 5 only if Column C, line 3 is greater than line 4.							
5. Disallowed loss, Column C, line 3, less line 4. Enter here and on Form 720, Part III, line 19 (see instructions)				5		00	
Complete line 6 only if line 4 is greater than Column C, line 3.							
6. Additional NOLD. Enter as a negative amount here and on Form 720, Part III, line 19 (see instructions)				6		00	

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8 / 22 / 14

Section B—Current Year Loss Disallowed and NOL Carryforward

1. Current year loss disallowed from Part I, Section A, line 5.....	1		00
2. Prior year NOL carryforward from Part I, Section A, Column A, line 3.....	2		00
3. Prior year NOL carryforward used this year from Part I, Section A, line 6. Enter as a negative.....	3		00
4. Total NOL carryforward to 2015 (sum of lines 1 through 3)	4		00

PART II—SEPARATE ENTITY RETURN

NOL Carryforward (Enter all amounts as a positive)

1. Carryforward from prior year (2013 Schedule NOL, Part II, line 4).....	1		00
2. Current year NOL from Form 720, Part III, line 21	2		00
3. NOLD from Form 720, Part III, line 22.....	3		00
4. Total NOL carryforward to 2015 (line 1 plus line 2 less line 3)	4		00

SCHEDULE COGS

41A720COGS (10-14)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE



Taxable Year Ending

____ / ____
Mo. Yr.

**LIMITED LIABILITY ENTITY TAX
COST OF GOODS SOLD**

➤ See instructions.

➤ Attach to Form 720, 720S, 725 or 765.

KRS 141.0401(1)

Name of Entity		Federal Identification Number		Kentucky Corporation/LLET Account Number			
		_____		_____			
		Federal Form 1125-A Cost of Goods Sold	Limited Liability Entity Tax				
			Column A Kentucky Cost of Goods Sold	Column B Total Cost of Goods Sold			
1. Inventory at beginning of year	1	00	00	00	00	00	
2. Purchases.....	2	00	00	00	00	00	
3. Cost of labor	3	00	00	00	00	00	
4. Additional section 263A costs.....	4	00	00	00	00	00	
5. Other costs	5	00	00	00	00	00	
6. Total. Add lines 1 through 5	6	00	00	00	00	00	
7. Inventory at end of year	7	00	00	00	00	00	
8. Cost of goods sold. Subtract line 7 from line 6.....	8	00	00	00	00	00	
9. Detail of purchases on line 2:							
(a)	(a)	00	00	00	00	00	
(b)	(b)	00	00	00	00	00	
(c)	(c)	00	00	00	00	00	
(d)	(d)	00	00	00	00	00	
(e)	(e)	00	00	00	00	00	
(f)	(f)	00	00	00	00	00	
(g)	(g)	00	00	00	00	00	
(h)	(h)	00	00	00	00	00	
(i)	(i)	00	00	00	00	00	
(j)	(j)	00	00	00	00	00	
(k)	(k)	00	00	00	00	00	
10. Detail of additional section 263A costs on line 4:							
(a)	(a)	00	00	00	00	00	
(b)	(b)	00	00	00	00	00	
(c)	(c)	00	00	00	00	00	
(d)	(d)	00	00	00	00	00	
(e)	(e)	00	00	00	00	00	
(f)	(f)	00	00	00	00	00	
(g)	(g)	00	00	00	00	00	
(h)	(h)	00	00	00	00	00	
(i)	(i)	00	00	00	00	00	
(j)	(j)	00	00	00	00	00	
(k)	(k)	00	00	00	00	00	
11. Detail of other costs on line 5:							
(a)	(a)	00	00	00	00	00	
(b)	(b)	00	00	00	00	00	
(c)	(c)	00	00	00	00	00	
(d)	(d)	00	00	00	00	00	
(e)	(e)	00	00	00	00	00	
(f)	(f)	00	00	00	00	00	
(g)	(g)	00	00	00	00	00	
(h)	(h)	00	00	00	00	00	
(i)	(i)	00	00	00	00	00	
(j)	(j)	00	00	00	00	00	
(k)	(k)	00	00	00	00	00	

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.**

Attachment
Sequence No. **27**

Name(s) shown on return	Identifying number
-------------------------	--------------------

1 Enter the gross proceeds from sales or exchanges reported to you for 2014 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from Form 4684, line 39 **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

6 Gain, if any, from line 32, from other than casualty or theft. **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7**

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions) **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) **9**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 **11** ()

12 Gain, if any, from line 7 or amount from line 8, if applicable **12**

13 Gain, if any, from line 31 **13**

14 Net gain or (loss) from Form 4684, lines 31 and 38a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. **16**

17 Combine lines 10 through 16 **17**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions **18a**

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b**

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)				1
2	Total cost of section 179 property placed in service (see instructions)				2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)				3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-				4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions				5
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost		
7	Listed property. Enter the amount from line 29	7			
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7				8
9	Tentative deduction. Enter the smaller of line 5 or line 8				9
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562				10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)				11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11				12
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)				14
15	Property subject to section 168(f)(1) election				15
16	Other depreciation (including ACRS)				16

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014				17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>				

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property					
h	Residential rental property					
i	Nonresidential real property					

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a	Class life					
b	12-year					
c	40-year					

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28				21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions				22
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23			

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (do not include commuting miles) .												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 1120

Department of the Treasury Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2014 or tax year beginning 2014, ending 2014

OMB No. 1545-0123

2014

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if: 1a Consolidated return (attach Form 851) 1b Life/nonlife consolidated return 2 Personal holding co. (attach Sch. PH) 3 Personal service corp. (see instructions) 4 Schedule M-3 attached E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income section table with rows 1a-11 and columns for description, amount, and total.

Deductions section table with rows 12-29c and columns for description, amount, and total.

Tax, Refundable Credits, and Payments section table with rows 30-36.

Sign Here section with signature line, date, and title fields.

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

Paid Preparer Use Only section with fields for name, signature, date, firm name, address, EIN, and phone number.