Form 1120-H

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

2023

For cale	endar yea	ar 2023 or tax year beginning			, 20	23,	, and ending	Olivania de la constanta de la			, 20		
	Name							Employer ide	entifica	ation number	er		
	GETZS	WOODS HOMEOWNERS AS	SOCIATION IN	IC									
TYPE	Numbe	umber, street, and room or suite no. If a P.O. box, see instructions.							Date association formed				
OR	PO BO	X 132											
PRINT		y or town, state or province, country, and ZIP or foreign postal code											
		NDISVILLE, PA 17538 3/24/1986											
Check		Final return	(2) Name	change	(3)	П	Address ch	anne	(4)	□ Amen	ded return		
		be of homeowners association:	Condominiu	m managama									
<u>A</u>	Check typ	empt function income. Must	Condomina	III IIIailayeille	a test Coo i	not	rustions	ai estate assoc	adon	В	2800		
										C	8289		
		penditures made for purpos								D			
		tion's total expenditures for									8289		
E	Tax-exe	mpt interest received or acc							•	E			
			ss Income										
1	Dividend	ds								1			
2	Taxable	interest				ų.				2			
3	Gross re	ents								3			
4		oyalties								4			
5	Capital	gain net income (attach Sch	edule D (Forn	n 1120)) .						5			
6	Net gair	n or (loss) from Form 4797, F	Part II, line 17	(attach Fo	rm 4797) .					6			
7	Other in	come (excluding exempt fur	nction income	e) (attach s	tatement) .					7			
8		ncome (excluding exempt for								8	0		
		uctions (directly connect								tion inco	me)		
9		and wages								9			
10		and maintenance								10			
11		· · · · · · · · · · · · · · · · · · ·								11			
12		ind licenses								12			
										13			
13	Interest									14			
14		iation (attach Form 4562) .								15			
15		eductions (attach statement											
16		eductions. Add lines 9 thro								16	0		
17		e income before specific dec								17	0		
18	Specific	deduction of \$100			<u></u>		· · · ·	• • • • •	•	18	\$100		
					Payments								
19		e income. Subtract line 18 f								19	-100		
20		0% (0.30) of line 19. (Timesh								20	0		
21										21			
22	Total ta	ax. Subtract line 21 from line	20. See inst	ructions fo	r recapture o	of c	ertain credit	s		22	0		
23a	Preced	ing year's overpayment cred	dited to the cu	urrent year			. 23a			100			
b	Current	t year's estimated tax payme	ents				. 23b						
C	Tax der	posited with Form 7004 .					. 23c			3.5			
d		for tax paid on undistributed	capital gains	(attach Fo	rm 2439)		. 23d						
е		for federal tax paid on fuels											
f		e payment election amount	•				23f		********				
		payments and credits. Com					[23g			
9 24		nt owed. Subtract line 23g f				•				24	0		
25		ayment. Subtract line 22 fro				•				25			
		mount of line 25 you want:				•		Refur	 ndad	26			
26		enalties of perjury, I declare that I have				sch	edules and state				edge and helief it is		
Sign		rect, and complete. Declaration of pre	pager (other than t	axpayer) is bas	ed on all information	tion	of which prepare	er has any knowle	edge.				
	' /	25/0/	1	-Z/15							discuss this return parer shown below?		
Here	See V / V / IREASURER See							ons. Yes No					
	Signatur	re of officer						D. I.			DTIN		
Paid		Print/Type preparer's name	Pre	Date Title Preparer's signature Date Check if self-employed		PIIN							
Prep	arer								sel	i-employed			
	Only	Finite						Firm	Firm's EIN				
	J.11.y	Firm's address							Pho	ne no.			
	100	- 1 <u>- 1- 1</u>		77-27						_	4400 11		

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	A COMPANY TO A COM
\$	500
\$	6,214
\$	613
\$	300
\$	=
\$	662
\$	8,289
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