

**U.S. Income Tax Return
for Homeowners Associations**

2015

Department of the Treasury
Internal Revenue Service

▶ Information about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.

For calendar year 2015 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name	THE COVE HOMEOWNERS ASSOCIATION OF SEMINOLE COUNTY, INC.			Employer identification number	59-3613770
	Number, street, and room or suite no. If a P.O. box, see instructions.	1942 W. COUNTY ROAD 419, SUITE 1030			Date association formed	
	City or town	State	ZIP code			
	OVIEDO	FL	32766			
	Foreign country name	Foreign province/state/county	Foreign postal code			

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A Check type of homeowners association: Condominium management association Residential real estate association Timeshare association

B Total exempt function income. Must meet 60% gross income test (see instructions)	B	89,250
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	107,460
D Association's total expenditures for the tax year (see instructions)	D	108,560
E Tax-exempt interest received or accrued during the tax year	E	

Gross Income (excluding exempt function income)

1	Dividends		
2	Taxable interest		1,200
3	Gross rents		
4	Gross royalties		
5	Capital gain net income (attach Schedule D (Form 1120))		
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
7	Other income (excluding exempt function income) (attach statement)		
8	Gross income (excluding exempt function income). Add lines 1 through 7	8	1,200

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Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages		
10	Repairs and maintenance		
11	Rents		
12	Taxes and licenses		
13	Interest		
14	Depreciation (attach Form 4562)		
15	Other deductions (attach statement)		1,100
16	Total deductions. Add lines 9 through 15	16	1,100
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	100
18	Specific deduction of \$100	18	\$100 00

Tax and Payments

19	Taxable income. Subtract line 18 from line 17		0																																																	
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)		0																																																	
21	Tax credits (see instructions)																																																			
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0																																																	
23	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">a 2014 overpayment credited to 2015</td> <td style="width:10%;">23a</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b 2015 estimated tax payments</td> <td>23b</td> <td></td> <td>c Total</td> <td>23c</td> <td></td> <td style="text-align:right;">0</td> <td></td> </tr> <tr> <td>d Tax deposited with Form 7004</td> <td></td> <td></td> <td></td> <td>23d</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e Credit for tax paid on undistributed capital gains (attach Form 2439)</td> <td></td> <td></td> <td></td> <td>23e</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f Credit for federal tax paid on fuels (attach Form 4136)</td> <td></td> <td></td> <td></td> <td>23f</td> <td></td> <td></td> <td></td> </tr> <tr> <td>g Add lines 23c through 23f</td> <td></td> <td></td> <td></td> <td style="text-align:center;">23g</td> <td></td> <td style="text-align:right;">0</td> <td></td> </tr> </table>	a 2014 overpayment credited to 2015	23a							b 2015 estimated tax payments	23b		c Total	23c		0		d Tax deposited with Form 7004				23d				e Credit for tax paid on undistributed capital gains (attach Form 2439)				23e				f Credit for federal tax paid on fuels (attach Form 4136)				23f				g Add lines 23c through 23f				23g		0				
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24	Amount owed. Subtract line 23g from line 22 (see instructions)		0																																																	
25	Overpayment. Subtract line 22 from line 23g		0																																																	
26	Enter amount of line 25 you want: Credited to 2016 estimated tax ▶ Refunded ▶		0																																																	

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.

Sign Here

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
JOSEPH R MICHALAK, CPA	<i>Michalak LLC</i>	3/24/2016	<input type="checkbox"/>	P00807235
Firm's name ▶	JOSEPH R. MICHALAK, LLC	Firm's EIN ▶	84-1663897	
Firm's address ▶	807 N. LAKE SYBELIA DR. MAITLAND, FL 32751			
			Phone no.	

Line 15 (1120-H) - Other Deductions

1	MANAGEMENT, ACCOUNTING, BANK CHARGES, INSURANCE	1	1,100
2	Total other deductions	2	1,100