

**2018 TAX RETURN**

**CLIENT COPY**

**Client:** 2030A

**Prepared for:** CANYON ESTATES PROPERTY OWNERS ASSO  
CEPOA  
P O BOX 177  
FISH HAVEN, ID 83287  
(801) 546-1682

**Prepared by:** STEVEN L. CARVER, CPA  
CARVER FLOREK & JAMES CPAS  
2246 N. UNIVERSITY PARK BLVD  
LAYTON, UT 84041  
801-926-1177

**Date:** APRIL 6, 2019

**Comments:**

**Route to:** \_\_\_\_\_

**2018 Corporate Return**  
prepared for:

**CANYON ESTATES PROPERTY OWNERS ASSO**  
**CEPOA**  
P O BOX 177  
Fish Haven, ID 83287

**CARVER FLOREK & JAMES CPAS**  
2246 N. UNIVERSITY PARK BLVD  
LAYTON, UT 84041

**CARVER FLOREK & JAMES CPAS  
2246 N. UNIVERSITY PARK BLVD  
LAYTON, UT 84041  
801-926-1177**

April 2, 2019

CANYON ESTATES PROPERTY OWNERS ASSO  
CEPOA  
P O BOX 177  
Fish Haven, ID 83287

Dear Client:

Enclosed is your 2018 Federal Income Tax Return for Homeowners Associations. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the Federal return on or before April 15, 2019 to:

**DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0012**

Enclosed is your 2018 Idaho Corporation Income Tax Return. The original should be signed at the bottom of the form. There is a balance of \$30 payable by April 15, 2019. Mail the Idaho return on or before April 15, 2019 and make check payable to:

**IDAHO TAX COMMISSION  
P.O. BOX 56  
BOISE, ID 83756-0056**

Please be sure to call if you have any questions.

Sincerely,

Steven L. Carver, CPA

**CARVER FLOREK & JAMES CPAS**  
2246 N. UNIVERSITY PARK BLVD  
LAYTON, UT 84041  
801-926-1177

Client 2030A  
April 2, 2019

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**CANYON ESTATES PROPERTY OWNERS ASSO**  
**CEPOA**  
**P O BOX 177**  
**Fish Haven, ID 83287**  
**(801) 546-1682**

**FEDERAL FORMS**

**Form 1120-H**      **2018 U.S. Income Tax Return for HOA's**

**IDAHO FORMS**

**Form 41**  
**efile 40-V**      **2018 Idaho Corporation Income Tax Return**  
**Efile Tax Payment Voucher**

**FEE SUMMARY**

<b>Preparation Fee</b>	<b>\$</b>	<b>260.00</b>
<b>Amount Due</b>	<b>\$</b>	<b>260.00</b>

U.S. Income Tax Return  
for Homeowners Associations► Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

2018

For calendar year 2018 or tax year beginning

, 2018, and ending

TYPE OR PRINT	CANYON ESTATES PROPERTY OWNERS ASSO CEPOA P O BOX 177 FISH HAVEN, ID 83287	Employer identification number 02-0598160
		Date association formed 1/01/2007

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

A Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B Total exempt function income. Must meet 60% gross income test. See instructions .....	B 23,000.
C Total expenditures made for purposes described in 90% expenditure test. See instructions .....	C
D Association's total expenditures for the tax year. See instructions .....	D 22,641.
E Tax-exempt interest received or accrued during the tax year .....	E

## Gross Income (excluding exempt function income)

1 Dividends .....	1
2 Taxable interest .....	2
3 Gross rents .....	3
4 Gross royalties .....	4
5 Capital gain net income (attach Schedule D (Form 1120)) .....	5
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) .....	6
7 Other income (excluding exempt function income) (attach statement) .....	7
<b>8 Gross income</b> (excluding exempt function income). Add lines 1 through 7. ....	8 0.

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

9 Salaries and wages .....	9
10 Repairs and maintenance .....	10
11 Rents .....	11
12 Taxes and licenses .....	12
13 Interest .....	13
14 Depreciation (attach Form 4562) .....	14
15 Other deductions (attach statement) .....	15
<b>16 Total deductions.</b> Add lines 9 through 15. ....	16 0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8 .....	17 0.
<b>18 Specific deduction of \$100. ....</b>	18 \$100.

## Tax and Payments

19 <b>Taxable income.</b> Subtract line 18 from line 17 .....	19 -100.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.) .....	20 0.
21 Tax credits (see instructions) .....	21
<b>22 Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits .....	22 0.
23 a 2017 overpayment credited to 2018... <b>23a</b> <b>23b</b> <b>c Total</b> ► <b>23c</b> 0.	23d
b 2018 estimated tax payments .....	23e
d Tax deposited with Form 7004 .....	23f
e Credit for tax paid on undistributed capital gains (attach Form 2439) .....	
f Credit for federal tax paid on fuels (attach Form 4136) .....	
g Add lines 23c through 23f. ....	23g 0.
<b>24 Amount owed.</b> Subtract line 23g from line 22. See instructions. ....	24 0.
<b>25 Overpayment.</b> Subtract line 22 from line 23g. ....	25
<b>26 Enter amount of line 25 you want: Credited to 2019 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.			May the IRS discuss this return with the preparer shown below? See Instrs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	► Signature of officer	Date	► MEMBER Title	
Paid Preparer Use Only	Print/Type preparer's name STEVEN L. CARVER, CPA	Preparer's signature STEVEN L. CARVER, CPA	Date 4/02/19	Check <input type="checkbox"/> if self-employed PTIN P00413607
	Firm's name ► CARVER FLOREK & JAMES CPAS			Firm's EIN ► 52-2408237
	Firm's address ► 2246 N. UNIVERSITY PARK BLVD LAYTON, UT 84041			Phone no. 801-926-1177

**2018****FEDERAL INCOME TAX SUMMARY****PAGE 1**

CANYON ESTATES PROPERTY OWNERS ASSO

02-0598160

**EXEMPT FUNCTION INCOME AND EXPENDITURES**

TOTAL EXEMPT FUNCTION INCOME .....	23,000
TOTAL EXPENDITURES FOR THE TAX YEAR.....	22,641

**GROSS INCOME (NON-EXEMPT FUNCTION INCOME)**

GROSS INCOME.....	0
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**DEDUCTIONS**

TOTAL DEDUCTIONS.....	0
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**TAXABLE INCOME**

SPECIFIC DEDUCTION OF \$100.....	100
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TAXABLE INCOME.....	-100
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**TAX COMPUTATION**

TAX (30% OF TAXABLE INCOME).....	0
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NET TAX.....	0
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**PAYMENTS AND CREDITS**

TOTAL PAYMENTS AND CREDITS.....	0
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**REFUND OR AMOUNT DUE**

OVERPAYMENT.....	0
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TAX DUE.....	0
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**TAX RATES**

MARGINAL TAX RATE.....	30.0%
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## CANYON ESTATES PROPERTY OWNERS ASSO

**INCOME**

FEDERAL TAXABLE INCOME..... 0

**TAXABLE INCOME**

TOTAL ADDITIONS.....	0
TOTAL SUBTRACTIONS.....	0
NET BUSINESS INCOME.....	0
IDAHO APPORTIONMENT FACTOR.....	100.0000%
TAXABLE INCOME.....	0

**TAX COMPUTATION & CREDITS**

TAX.....	20
INCOME TAX AFTER CREDITS.....	20
PERMANENT BUILDING FUND TAX.....	10
TOTAL TAX.....	30
TAX PLUS UNDERPAYMENT INTEREST.....	30

**PAYMENTS AND CREDITS**

TOTAL PAYMENTS AND OTHER CREDITS..... 0

**REFUND OR PAYMENT DUE**

TAX DUE.....	30
TOTAL DUE.....	30

**TAX RATES**

MARGINAL TAX RATE..... 0.0%

2018

**GENERAL INFORMATION**

**PAGE 1**

CANYON ESTATES PROPERTY OWNERS ASSO

02-0598160

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 1120-H  
IDAHO: 41

**TAX RATES**

	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	30%	0%
IDAHO	0%	0%

**CARRYOVERS TO 2019**

NONE

DON'T **F** **41**  
STAPLE **R** EFO00025  
**M** 05-22-2018

## IDAHO CORPORATION INCOME TAX RETURN

2018

AMENDED RETURN? Check the box.  
See page 6 of instructions for reasons  
to amend and enter the number that applies.

For calendar year  
2018 or fiscal  
year beginning

Mo Day Year

Mo Day Year

State use only

18 ending

1218

Business name

CANYON ESTATES PROPERTY OWNERS ASSO

State use only

CANY

Federal Employer Identification Number (EIN)

020598160

Current business mailing address

P O BOX 177

City, state, and ZIP Code

FISH HAVEN, ID 83287

NAICS Code

531390

1 If a federal audit was finalized this year, enter the latest year audited.  Yes  No

2 Is this an inactive corporation or nameholder corporation?  Yes  No

3a Were federal estimated tax payments required?  Yes  No

b Were estimated tax payments based on annualized amounts?  Yes  No

4 Is this a final return?  Yes  No  
If yes, check the proper box below and enter the date the event occurred  
 Withdrawn from Idaho  Dissolved  Merged or reorganized  Enter new EIN

5 Is this an electrical or telephone utility?  Yes  No

6 EIN of parent from consolidated Form 1120, Schedule K as filed with the IRS

7 Did you use the combined reporting method?  Yes  No  
a Does this corporation own more than 50% of another corporation?  Yes  No  
b Does another corporation own more than 50% of this corporation?  Yes  No  
c Does one interest own more than 50% of this corporation and another corporation?  Yes  No  
d Are two or more corporations in this report operating in Idaho or authorized to do business in Idaho?  Yes  No

8 If you're a multinational unitary group, answer questions a, b, and c. Complete Form 42.  
a Check the box for your filing method:  worldwide return  water's-edge return  See Form 14.  
b If you're filing a water's-edge return, do you elect not to file the water's-edge spreadsheets?  Yes  No  
c If you're filing a worldwide return, did you compute foreign income by making book-to-tax adjustments?  Yes  No

9 Did you claim the property tax exemption for investment tax credit property acquired this tax year?  Yes  No

10 Are one or more corporations in this report paying the Idaho premium tax?  Yes  No

## ADDITIONS

11 Federal taxable income. See instructions.  11  0.

12 Interest and dividends not taxable under Internal Revenue Code.  12

13 State, municipal, and local taxes measured by net income.  13

14 Net operating loss deducted on federal return.  14

15 Dividends received deduction on federal return.  15

16 Bonus depreciation. Include a schedule.  16

17 Other additions, including additions from Form 42, Part II.  17

18 Add lines 11 through 17.  18  0.

DON'T STAPLE

## SUBTRACTIONS

19 Foreign dividend gross-up (Sec. 78, Internal Revenue Code).  19

20 Interest from Idaho municipal securities.  20

21 Interest on U.S. government obligations. Include a schedule.  21

22 Interest and other expenses related to lines 20 and 21.  22

23 Add lines 20 and 21 then subtract line 22.  23

24 Technological equipment donation.  24

25 Allocated income. Include a schedule.  25

26 Interest and other expenses related to line 25. Include a schedule.  26

27 Subtract line 26 from line 25.  27

28 Bonus depreciation. Include a schedule.  28

29 Other subtractions, including subtractions from Form 42, Part II.  29

30 Total subtractions. Add lines 19, 23, 24, 27, 28, and 29.  30

31 Net business income subject to apportionment. Subtract line 30 from line 18.  31  0.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056

IDCA0112L 10/29/18

INCLUDE A COMPLETE COPY OF YOUR FEDERAL FORM 1120



01820037

## CANYON ESTATES PROPERTY OWNERS ASSO

02-0598160

32	Net business income subject to apportionment. Enter the amount from line 31.....	32	0.
33	Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and include Form 42; enter the apportionment factor from Form 42, Part I, line 21.....	33	100.0000 %
34	Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33.....	34	0.
35	Income allocated to Idaho. See instructions.....	35	
36	Idaho net operating loss carryover ■ carryback ■ Enter total.....	36	
37	Idaho taxable income. Add lines 34 and 35, then subtract line 36.....	37	0.
38	Idaho income tax. Multiply line 37 by 6.925%. Minimum \$20 for each corporation (see instructions).....	38	20.

## CREDITS

39	Credit for contributions to Idaho educational entities.....	39	
40	Credit for contributions to Idaho youth and rehabilitation facilities.....	40	
41	Total business income tax credits from Form 44, Part I, line 9. Include Form 44.....	41	
42	Total credits. Add lines 39 through 41.....	42	
43	Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero.....	43	20.

## OTHER TAXES

44	Permanent building fund tax. Enter \$10. Combined reports include \$10 for each corporation operating or authorized to do business in Idaho.....	44	10.
45	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44.....	45	
46	Fuels tax due. Include Form 75.....	46	
47	<b>Sales/use tax due on untaxed purchases (online, mail order, and other)</b> .....	47	
48	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER.....	48	
49	Total tax. Add lines 43 through 48.....	49	30.
50	Underpayment interest. Include Form 41ESR.....	50	
51	Donation to Opportunity Scholarship Program.....	51	
52	Add lines 49 through 51.....	52	30.

## PAYMENTS AND OTHER CREDITS

53	Estimated tax payments. If made under other EIN(s), provide EIN(s), amount(s), and rollforward(s).....	53	
54	Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75	54	
55	Tax Reimbursement Incentive credit. Include certificate.....	55	
56	Total payments and other credits. Add lines 53 through 55.....	56	

If line 52 is more than line 56, GO TO LINE 57. If line 52 is less than line 56, GO TO LINE 60.

## REFUND OR PAYMENT DUE

57	Tax due. Subtract line 56 from line 52.....	57	30.
58	Penalty ■ Interest from due date ■ Enter total.....	58	
59	TOTAL DUE. Add lines 57 and 58.....		30.
60	Overpayment. Subtract line 52 from line 56.....	60	
61	REFUND. Amount of line 60 you want refunded to you.....		
62	ESTIMATED TAX. Amount you want credited to your 2019 estimated tax. Subtract line 61 from line 60.....	62	

## AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.

63	Total due (line 59) or overpayment (line 60) on this return.....	63	
64	Refund from original return plus additional refunds.....	64	
65	Tax paid with original return plus additional tax paid.....	65	
66	Amended tax due or refund. Add lines 63 and 64, then subtract line 65.....	66	

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below.  
Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete.

<b>SIGN HERE</b>	Signature of officer	Date
	Title <b>MEMBER</b>	Phone number <b>801-546-1682</b>
Paid preparer's signature <b>STEVEN L. CARVER, CPA</b>		Preparer's EIN, SSN or PTIN <b>P00413607</b>
Address CARVER FLOREK & JAMES CPAS 2246 N. UNIVERSITY PARK BLVD LAYTON, UT 84041		Phone number <b>801-926-1177</b>

IDCA0112L 10/29/18



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