

Form 1120-H

Department of the Treasury
Internal Revenue ServiceU.S. Income Tax Return
for Homeowners Associations

OMB No. 1545-0123

2017

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

For calendar year 2017 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name CANYON ESTATES PROPERTY OWNERS ASSO CEPOA			Employer identification number 02-0598160
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 177			Date association formed
	City or town, state or province, country, and ZIP or foreign postal code FISH HAVEN ID 83287			01/01/2007

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	Timeshare association	
B Total exempt function income. Must meet 60% gross income test. See instructions				B 20,000
C Total expenditures made for purposes described in 90% expenditure test. See instructions				C 15,359
D Association's total expenditures for the tax year. See instructions				D
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
8 Gross Income (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
16 Total deductions. Add lines 9 through 15	16 0
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17 0
18 Specific deduction of \$100	18 100

Tax and Payments	
19 Taxable Income. 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
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22 0
23 a 2016 overpayment credited to 2017	23a
b 2017 estimated tax payments	23b
c Total ►	23c
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
24 Amount owed. Subtract line 23g from line 22. See instructions	24 0
25 Overpayment. Subtract line 22 from line 23g	25
26 Enter amount of line 25 you want: Credited to 2018 estimated tax ►	26
Refunded ►	

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 instr.	
Signature of officer <i>Teresa Crockett</i>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Date <i>14/11/18</i>		Title <i>MEMBER / Treasurer</i>	

Paid	Preparer's name STEVEN L CARVER, CPA	Preparer's signature STEVEN L CARVER, CPA	Date 04/11/18	Check <input type="checkbox"/> if self-employed	PTIN P00413607
Preparer	Firm's name ► CARVER FLOREK & JAMES CPAS			Firm's EIN ► 52-2408237	
Use Only	Firm's address ► 2246 UNIVERSITY PARK BLVD LAYTON, UT 84041-1266			Phone no. 801-926-1177	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120-H (2017)

DON'T
STAPLE
F O 41
R EFC00025
M 08-05-2017

IDAHO CORPORATION INCOME TAX RETURN

1022
2017

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

For calendar year
2017 or fiscal
year beginning

Mo Day Year

Mo Day Year

State use only

1217

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

531390

NAICS Code

1. If a federal audit was finalized this year, enter the latest year audited

Yes . No
 Yes . No
 Yes . No
 Yes . No

2. Is this an inactive corporation or nameholder corporation?

3. a. Were federal estimated tax payments required?

Yes . No
 Yes . No
 Yes . No
 Yes . No

b. Were estimated tax payments based on annualized amounts?

4. Is this a final return?

Yes . No
 Yes . No
 Yes . No
 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

Yes . No
 Yes . No
 Yes . No
 Yes . No

5. Is this an electrical or telephone utility?

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
 Yes . No
 Yes . No
 Yes . No

a. Does this corporation own more than 50% of another corporation?

Yes . No
 Yes . No
 Yes . No
 Yes . No

b. Does another corporation own more than 50% of this corporation?

Yes . No
 Yes . No
 Yes . No
 Yes . No

c. Are more than 50% of this corporation and another corporation owned by the same interest?

Yes . No
 Yes . No
 Yes . No
 Yes . No

d. Are two or more corporations in this report operating in Idaho or authorized to do business in Idaho?

8. If you're a multinational unitary group, answer questions a, b, and c. Complete Form 42.

Yes . No
 Yes . No
 Yes . No
 Yes . No

a. Check the box for your filing method: worldwide return water's-edge return See Form 14.

Yes . No
 Yes . No
 Yes . No
 Yes . No

b. If a water's-edge return is filed, do you elect not to file water's-edge spreadsheets?

Yes . No
 Yes . No
 Yes . No
 Yes . No

c. If a worldwide return is filed, is foreign income computed by making book to tax adjustments?

9. Did you claim the property tax exemption for investment tax credit property acquired this tax year?

Yes . No
 Yes . No
 Yes . No
 Yes . No

10. Are one or more corporations in this report paying the Idaho premium tax?

Yes . No
 Yes . No
 Yes . No
 Yes . No

ADDITIONS

11. Federal taxable income. See instructions

12. Interest and dividends not taxable under Internal Revenue Code

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

14. Net operating loss deducted on federal return

15. Dividends received deduction on federal return

16. Bonus depreciation. Include a schedule

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

18. Add lines 11 through 17

SUBTRACTIONS

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

20. Interest from Idaho municipal securities

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

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

23. Add lines 20 and 21 then subtract line 22

24. Technological equipment donation

25. Allocated income. Include a schedule

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

27. Subtract line 26 from line 25

28. Bonus depreciation. Include a schedule

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

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

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

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

INCLUDE A COMPLETE COPY OF YOUR FEDERAL FORM 1120 OR 1120A.



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32. Net business income subject to apportionment. Enter the amount from line 31	32	-100
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	-100
35. Income allocated to Idaho. See instructions	35	
36. Idaho net operating loss carryover . 400 carryback . Enter total	36	400
37. Idaho taxable income. Add lines 34 and 35 then subtract line 36	37	-500
38. Idaho income tax. Multiply line 37 by 7.4%. Minimum \$20 for each corporation (see instr.)	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
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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. Sales/use tax due on internet, mail order, and other nontaxed purchases	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)	SEE STMT 1	53	30
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	30

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	0
58. Penalty . Interest from due date . Enter total	58	
59. TOTAL DUE. Add line 57 and line 58		
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 2018 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.

SIGN HERE	Signature of officer <i>Teresa Crockett</i>	Date 4/11/18
	Title MEMBER / Treasurer	Phone number 843-2494 801-546-1682
Paid preparer's signature STEVEN L CARVER, CPA	Preparer's EIN, SSN or PTIN 52-2408237	
Address 2246 UNIVERSITY PARK BLVD LAYTON	Phone number 801-926-1177	



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