

Form **1120** U.S. Corporation Income Tax Return OMB No. 1545-0123
 Department of the Treasury For calendar year 2004 or tax year beginning _____, 2004, ending _____, 20____
 Internal Revenue Service ▶ See separate instructions. **2004**

A Check if:

1 Consolidated return (attach Form 851)	<input type="checkbox"/>	Use IRS label. Otherwise, print or type.	Name A U.S., Inc.	B Employer identification number 12-3456789
2 Personal holding co. (attach Sch. PH)	<input type="checkbox"/>		Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 1234 Park Avenue, 200th FL	C Date incorporated 1/1/20V5
3 Personal service corp. (see instructions)	<input type="checkbox"/>		City or town, state, and ZIP code New York, NY 12345	D Total assets (see page 8 of instructions) \$ 74,528,465
4 Schedule M-3 required (attach Sch. M-3)	<input checked="" type="checkbox"/>			

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

Income	1a	Gross receipts or sales	76,630,000	b	Less returns and allowances	157,000	c	Bal ▶	1c	76,473,000
	2	Cost of goods sold (Schedule A, line 8)		2					2	54,654,300
	3	Gross profit. Subtract line 2 from line 1c		3					3	21,818,700
	4	Dividends (Schedule C, line 19)		4					4	0
	5	Interest		5					5	22,000
	6	Gross rents		6					6	100,000
	7	Gross royalties		7					7	0
	8	Capital gain net income (attach Schedule D (Form 1120))		8					8	0
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9					9	-710,206
	10	Other income (see page 11 of instructions—attach schedule)		10					10	1,349,000
	11	Total income. Add lines 3 through 10		11					11	22,579,494

Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)		12	800,000
	13	Salaries and wages (less employment credits)		13	5,250,000
	14	Repairs and maintenance		14	723,000
	15	Bad debts		15	0
	16	Rents		16	749,000
	17	Taxes and licenses		17	4,828,500
	18	Interest		18	152,900
	19	Charitable contributions (see page 14 of instructions for 10% limitation)		19	12,000
	20	Depreciation (attach Form 4562)	377,709	20	
	21	Less depreciation claimed on Schedule A and elsewhere on return	100,000	21a	277,709
	22	Depletion		22	0
	23	Advertising		23	126,000
	24	Pension, profit-sharing, etc., plans		24	340,000
	25	Employee benefit programs		25	245,000
	26	Other deductions (attach schedule)		26	2,237,167
	27	Total deductions. Add lines 12 through 26		27	15,741,276
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	6,717,218
29	Less: a Net operating loss deduction (see page 16 of instructions)	29a		29c	
	b Special deductions (Schedule C, line 20)	29b			

Tax and Payments	30	Taxable income. Subtract line 29c from line 28 (see instructions if Schedule C, line 12, was completed)		30	6,838,218
	31	Total tax (Schedule J, line 11)		31	
	32	Payments: a 2003 overpayment credited to 2004	32a		
	b	2004 estimated tax payments	32b		
	c	Less 2004 refund applied for on Form 4466	32c		
	d	Bal ▶	32d		
	e	Tax deposited with Form 7004	32e		
	f	Credit for tax paid on undistributed capital gains (attach Form 2439)	32f		
	g	Credit for Federal tax on fuels (attach Form 4136). See instructions.	32g		32h
	33	Estimated tax penalty (see page 17 of instructions). Check if Form 2220 is attached		<input type="checkbox"/>	33
34	Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34	
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35	
36	Enter amount of line 35 you want: Credited to 2005 estimated tax ▶ Refunded ▶			36	

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.

Signature of officer _____ Date _____ Title _____

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

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____

Phone no. () _____