

Form 1120 Department of the Treasury Internal Revenue Service	U.S. Corporation Income Tax Return For calendar year 2017 or tax year beginning _____, 2017, ending _____, 20_____ ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.	OMB No. 1545-0123 2017	
A Check if:			
1a Consolidated return (attach Form 851) <input checked="" type="checkbox"/>	TYPE OR PRINT	Name A U.S., Inc. & Subsidiaries	B Employer identification number 12-3456789
b Life/nonlife consolidated return <input type="checkbox"/>		Number, street, and room or suite no. If a P.O. box, see instructions. 1234 Park Avenue, 200th Floor	C Date incorporated 1/1/20V5
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>		City or town, state, or province, country, and ZIP or foreign postal code New York, NY 12345	D Total assets (see instructions) \$ 90,237,583
3 Personal service corp. (see instructions) <input type="checkbox"/>		E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change	
4 Schedule M-3 attached <input checked="" type="checkbox"/>			
Income	1a Gross receipts or sales 1a 127,930,000 b Returns and allowances 1b 157,000 c Balance. Subtract line 1b from line 1a 2 Cost of goods sold (attach Form 1125-A) 1c 127,773,000 3 Gross profit. Subtract line 2 from line 1c 2 91,154,300 4 Dividends (Schedule C, line 19) 3 36,618,700 5 Interest 4 0 6 Gross rents 5 82,000 7 Gross royalties 6 100,000 8 Capital gain net income (attach Schedule D (Form 1120)) 7 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 8 10 Other income (see instructions—attach statement) See Statement 2. 9 (710,206) 11 Total income. Add lines 3 through 10 10 2,049,000 11 38,139,494		
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E) 12 1,475,000 13 Salaries and wages (less employment credits) 13 9,300,000 14 Repairs and maintenance 14 1,428,000 15 Bad debts 15 16 Rents 16 1,699,000 17 Taxes and licenses See Statement 2. 17 7,222,500 18 Interest 18 212,900 19 Charitable contributions See Statement 3. 19 12,000 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 20 277,710 21 Depletion 21 22 Advertising 22 236,000 23 Pension, profit-sharing, etc., plans 23 590,000 24 Employee benefit programs 24 435,000 25 Domestic production activities deduction (attach Form 8903) 25 26 Other deductions (attach statement) See Statement 2. 26 4,227,167 27 Total deductions. Add lines 12 through 26 27 27,115,277 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11. 28 11,024,217		
Tax, Refundable Credits, and Payments	29a Net operating loss deduction (see instructions) 29a b Special deductions (Schedule C, line 20) 29b 0 c Add lines 29a and 29b 29c 0 30 Taxable income. Subtract line 29c from line 28. See instructions See Statement 1 30 11,024,217 31 Total tax (Schedule J, Part I, line 11) 31 3,758,476 32 Total payments and refundable credits (Schedule J, Part II, line 21) 32 4,345,000 33 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/> 33 34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed 34 0 35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid 35 586,524 36 Enter amount from line 35 you want: Credited to 2018 estimated tax ▶ 586,524 Refunded ▶ 36 0		
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 instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer _____	Date _____	President _____ Title
Paid Preparer Use Only	Print/Type preparer's name _____	Preparer's signature _____	Date _____
	Firm's name ▶ _____	Check <input type="checkbox"/> if self-employed PTIN _____	
	Firm's address ▶ _____	Firm's EIN ▶ _____	
		Phone no. _____	