

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ **File a separate application for each return.**

▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name	PARKLAND HOMES AT ADDISON ESTATES HOMEOWNER'S ASSOCIATION, INC	Identifying number	65-0497655
Number, street, and room or suite no. (If P.O. box, see instructions.)			
7134 W MCNAB ROAD			
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).			
Tamarac, FL 33321			

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **17**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-RIC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

Part II All Filers Must Complete This Part

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

5a The application is for calendar year 20 17, or tax year beginning _____, 20____, and ending _____, 20____

b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (see instructions-attach explanation)

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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

2017

Department of the Treasury
Internal Revenue Service

▶ 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 PARKLAND HOMES AT ADDISON ESTATES HOMEOWNER'S ASSOCIATION,	Employer identification number 65-0497655
	Number, street, and room or suite no. If a P.O. box, see instructions. 7134 W MCNAB ROAD	Date association formed
	City or town State ZIP code Tamarac FL 33321	
	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: <input type="checkbox"/> Condominium management association <input 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	24,113
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	C	21,043
D	Association's total expenditures for the tax year. See instructions	D	21,443
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	600
8	Gross income (excluding exempt function income). Add lines 1 through 7	8	600

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	559
16	Total deductions. Add lines 9 through 15	16	559
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	41
18	Specific deduction of \$100	18	\$100 00

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19	-59
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	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
24	Amount owed. Subtract line 23g from line 22. See instructions	24	0
25	Overpayment. Subtract line 22 from line 23g	25	0
26	Enter amount of line 25 you want: Credited to 2018 estimated tax ▶ Refunded ▶	26	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					May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		

Paid Preparer Use Only	Print/Type preparer's name Helen Waddell	Preparer's signature Helen Waddell	Date 5/24/2018	Check <input type="checkbox"/> if self-employed	PTIN P00976179
	Firm's name ▶ Prestige Accounting & Bookkeeping, Inc	Firm's EIN ▶ 26-1488230			
	Firm's address ▶ 7134 W Mcnab Rd, Tamarac, FL 33321	Phone no. 954-653-8015			

Line 7 (1120-H) - Other Income

1	Application Fees	1	600
2	Total other income	2	600

Line 15 (1120-H) - Other Deductions

1	Insurance	1	170
2	Legal and professional fees	2	90
3	Maintenance	3	164
4	Office expenses	4	128
5	Postage	5	7
6	Total other deductions	6	559