

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

2023

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

For calendar year 2023 or tax year beginning _____, 2023, and ending _____, 20

TYPE OR PRINT	Name EAGLES LANDING CONDOMINIUM ASSOCIATION	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 206	Date association formed 05-13-1983
	City or town, state or province, country, and ZIP or foreign postal code ESTES PARK CO 80517	

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

A Check type of homeowners association: Condominium management association Residential real estate association Timeshare association

B Total exempt function income. Must meet 60% gross income test. See instructions	B	165,895#3
C Total expenditures made for purposes described in 90% expenditure test. See instructions	C	261,656#4
D Association's total expenditures for the tax year. See instructions	D	#5
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	801#1
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	801

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	4#2
13 Interest	13	
14 Depreciation (attach Form 4562)	14	
15 Other deductions (attach statement)	15	
16 Total deductions. Add lines 9 through 15	16	4
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	797
18 Specific deduction of \$100	18	\$100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	697
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	209
21 Tax credits (see instructions)	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	209
23a Preceding year's overpayment credited to the current year	23a	
b Current year's estimated tax payments	23b	
c Tax deposited with Form 7004	23c	
d Credit for tax paid on undistributed capital gains (attach Form 2439)	23d	
e Credit for federal tax paid on fuels (attach Form 4136)	23e	
f Elective payment election amount from Form 3800	23f	
g Total payments and credits. Combine lines 23a through 23f	23g	
24 Amount owed. Subtract line 23g from line 22. See instructions	24	209
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2024 estimated tax Refunded	26	

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 DANA SCHMIDT	Date	Title BOOKEEPER	<input type="checkbox"/> Yes <input type="checkbox"/> No May the IRS discuss this return with the preparer shown below? See Instrs.
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Paid Preparer Use Only	Print/Type preparer's name DANA SCHMIDT	Preparer's signature 	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name H AND R BLOCK	Firm's EIN 	Phone no. 9705866106		
	Firm's address 1140 MANFORD AVE BLDG B				

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-H** (2023)

2023 DETAIL STATEMENTS

EAGLES LANDING CONDOMINIUM ASS

STATEMENT #1 - INTEREST (FM 1120/C/H/POL 5/5/2/2)

BANK INTEREST..... 801

TOTAL CARRIED TO FM 1120/C/H/POL 5/5/2/2..... 801

STATEMENT #2 - TAXES & LICENSES (FM 1120/C/H 17/12/15)

STATE INCOME TAX..... 4

TOTAL CARRIED TO FM 1120/C/H 17/12/15..... 4

STATEMENT #3 - TOTAL EXEMPT FUNCTION INCOME (FORM 1120-H LINE B)

ASSOCIATION DUES & ASSESSMENTS
SPECIAL ASSESSMENT

TOTAL CARRIED TO FORM 1120-H LINE B

STATEMENT #4 - EXPEND PURPOSES IN 90% TEST (FORM 1120-H LINE C)

LICENSES..... 40
INSURANCE..... 17,729
OFFICE SUPPLIES..... 267
UTILITIES EXPENSE..... 53,711
REPAIRS AND MAINTENANCE..... 124,655
BANK FEES..... 70
COMPUTER EXPENSES..... 176
PROFESSIONAL FEES..... 6,066
REPAIRS AND MAINTENANCE..... 37,838
SUPPLIES..... 128
LANDSCAPING AND GROUNDSKEEPING..... 20,881
MISCELLANEOUS..... 95

TOTAL CARRIED TO FORM 1120-H LINE C..... 261,656

STATEMENT #5 - ASSOC TOTAL EXPEND FOR TAX YR (FORM 1120-H LINE D)

TOTAL EXPENDITURES FOR TAX YEAR

TOTAL CARRIED TO FORM 1120-H LINE D



230112 12029

2023 Colorado C Corporation Income Tax Return

Do not submit federal return, forms or schedules when filing this return.

(0023)

Fiscal Year Beginning (MM/DD/23)		Year Ending (MM/DD/YY)	
Name of Corporation		Colorado Account Number	
EAGLES LANDING CONDOMINIUM ASSOCIATION			
Address		Federal Employer ID Number	
PO BOX 206			
City		State	ZIP
ESTES PARK		CO	80517

Mark for Final Return
 If you are submitting a statement disclosing a listed or reported transaction, mark this box

A. Apportionment of Income. This return is being filed for:

(42) A corporation not apportioning income;

(43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required);

(44) A corporation engaged in interstate business apportioning income using special regulation (DR 0112RF required);

(46) A corporation claiming an exemption under P.L. 86-272;

(47) Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below);

B. Separate/Consolidated/Combined Filing. This return is being filed for:

A single corporation filing a separate return;

An affiliated group of corporations required to file a combined return (Schedule C required);

An affiliated group of corporations electing to file a consolidated report. **Warning:** such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);

An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required);

Enter the year of election (YYYY)

Federal Taxable Income		Round to nearest dollar	
1. Federal taxable income from Federal form 1120 or 990-T	1	697	00
2. Federal taxable income of companies not included in this return	2		00
3. Net federal taxable income, subtract line 2 from line 1	3	697	00
Additions			
4. Federal net operating loss deduction	4		00
5. Colorado income tax deduction	5	4	00



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Name	Account Number	
EAGLES LANDING CONDOMINIUM ASSOCIATION		
6. Other additions, submit explanation ● 6		00
7. Sum of lines 3 through 6 ● 7	701	00
Subtractions		
8. Exempt federal interest ● 8		00
9. Excludable foreign source income ● 9		00
10. Colorado Marijuana Business Deduction ● 10		00
11. Other subtractions, explanation required below ● 11		00
Explain:		
12. Sum of lines 8 through 11 ● 12	0	00
Taxable Income		
13. Modified federal taxable income, subtract line 12 from line 7 ● 13	701	00
14. Colorado taxable income before net operating loss deduction ● 14	701	00
15. Colorado net operating loss deduction: (see instructions)		
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018 ● 15(a)		00
(b) Subtract line 15(a) from line 14, if zero skip to 15(d) ● 15(b)	701	00
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018 ● 15(c)		00
(d) Colorado net operating loss deduction, sum of (a) and (c) ● 15(d)		00
16. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions) ● 16		00
17. Colorado taxable income, subtract the sum of lines 15(d) and 16 from line 14 ● 17	701	00
18. Tax, 4.4% of the amount on line 17 ● 18	31	00
Credits		
19. Sum of nonrefundable credits from line 26B, form DR 0112CR (the sum of lines 19, 20, and 21 cannot exceed tax on line 18.) You must submit the DR 0112CR with your return. ● 19		00
20. Non-refundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 85 (the sum of lines 19, 20, and 21 cannot exceed tax on line 18). You must submit the DR 1366 with your return. ● 20		00
21. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 19, 20, and 21 cannot exceed line 18, you must submit the DR 1330 with your return. ● 21		00
22. Net tax, sum of lines 19, 20, and 21. Subtract that sum from line 18. ● 22	31	00
23. Recapture of prior year credits ● 23		00



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Name		Account Number	
EAGLES LANDING CONDOMINIUM ASSOCIATION			
C. The corporation's books are in care of:			
Last Name	First Name	Middle Initial	Phone Number
Address		City	State ZIP
D. Business code number per federal return (NAICS)		E. Year corporation began doing business in Colorado	
●		● 1983	
F. Do you want to allow the paid preparer shown below to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Kind of business in detail CONDOMINIUM ASSOCIATION			
H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?			● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, for which year(s)? (YYYY)			
Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?			● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Last Name of person or firm preparing return		First Name	Middle Initial
SCHMIDT		DANA	
Address of person or firm preparing return		Phone Number	
1140 MANFORD AVE BLDG B		970-586-6106	
City	State	ZIP	
ESTES PARK	CO	80517	
Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Signature or Title of Officer		Date (MM/DD/YY)	
BOOKEEPER			
Do Not Submit Federal Return, Forms or Schedules when Filing this Return			

If you are filing this return with a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006	If you are filing this return without a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005
These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.	