U.S. Income Tax Return for Homeowners Associations

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

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

For C	alendar year 20	023 or tax year beginnir	ng		, 2	023, and en	dina				, 20
1	Name							nployer i	dentifi	ication nu	
l	_ JACKSON (JACKSON OAKS NEIGHBORHOOD COMMON AND OPEN SPACE MAINTENANC			TNIANICE ACC						
TYP	Number, street, and room or suite no. If a P.O. box, see instructions.							27-0131915 Date association formed			
OR								.te associ	alioni	OITHEU	
1	City or town, state or province, country, and ZIP or foreign postal code										
	ASHLAND, OR 97520										
Chec										10/25/20	
A					(3)	Address	s change	Э	(4) 🗌 Am	nended return
B	Total axempt	nomeowners association:	Cond	ominium manager	nent association	Residenti	al real est	ate asso	ciatior	ı 🔲 Tim	neshare association
C	Total exempt	function income. Must	t meet 6	0% gross inco	me test. See	instructions				В	64,83
	Accesieties	itures made for purpos	es desc	ribed in 90% e	xpenditure te	st. See instr	ructions			С	77,072
D	Association's	total expenditures for	the tax	year. See instri	uctions					D	77,072
E_	Tax-exempt interest received or accrued during the tax year										
Gross Income (excluding exempt function income)											
1	Dividends .									1	
2	raxable intere	est								2	
3	Gross rents									3	
4	Gross royalties									4	
5	Capital gain net income (attach Schedule D (Form 1120))									5	
6	inet 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 incom	i e (excluding exempt fu	inction i	ncome). Add li	nes 1 through	7				Q	
	Gross income (excluding exempt function income). Add lines 1 through 7										
9	Salaries and v	wages			g mie	701110, 07010	ading c	Kempt	Turic	9	come)
10									(10)	-	
11	Repairs and maintenance Rents								()	10	
12	Taxes and licenses									11	
13	Interest								٠	12	
14										13	
15	Depreciation (attach Form 4562) Other deductions (attach statement)									14	
16	Other deductions (attach statement) .									15	
17	Total deductions. Add lines 9 through 15									16	
18	Taxable income before specific deduction of \$100. Subtract line 16 from line 8								17	2	
	Specific deduction of \$100									18	\$100
19	Tavable inco	ma Cubtract line 10 fe	- II I	lax and	Payments					T	
20	Enter 2004 (0	me. Subtract line 18 fro	om line	17						19	(98)
21	Toy oradita (a.	30) of line 19. (Timesha	are asso	ciations, enter	32% (0.32) of	f line 19.) .				20	-
22	Tax credits (see instructions) Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits									21	
	Total tax. Sur	otract line 21 from line	20. See	instructions fo	r recapture of	certain cred	dits .			22	0
23a	Preceding year	Preceding year's overpayment credited to the current year									
b	Current year's estimated tax payments										
C	lax deposited	ax deposited with Form 7004									
d	Credit for tax j	Credit for tax paid on undistributed capital gains (attach Form 2439)									
e	Credit for fede	eral tax paid on fuels (a	ttach Fo	orm 4136)		23	е				
f	Elective paym	ent election amount fro	om Form	1 3800		23	f				
g	Total payments and credits. Combine lines 23a through 23f										
24	Amount owed	d. Subtract line 23g fro	m line 2:	2. See instruct	ons					24	0
25	Overpayment	. Subtract line 22 from	line 23g	g						25	
26	Enter amount	of line 25 you want: Cr	edited t	to 2024 estima	ited tax			Refund	led	26	
0:-	Under penalties of	f periury. I declare that I have a	examined t	his return including	accomposition of	chedules and sta		11. 0		f my knov	vledge and helief it is
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has							/ knowled	ge.		
Here	1) Thely 3/14/24 Treasurer										S discuss this return eparer shown below?
	Signature of office	er /		Date	Title	JUICK					tions. Yes No
Paid	/ Print/Ty	pe preparer's name		Preparer's signati	ıre		Date,				PTIN
	DOROT	HY WALSH EA0010009	7		ووه		プル	2274		k if employed	
							1,0	1-1			F 00322347
Firm's address 241 MADI F ST STE 100 ASHI AND OD 37520									93-1139027		
For Par	erwork Reduct	ion Act Notice, see sens	rate inci	tructions	7320	0.11			Phone	no.	(541) 482-4748