

Department of the Treasury Internal Revenue Service

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

For calendar year 2021 or tax year beginning and ending

Name: COBBLESTONE HOMEOWNERS ASSOCIATION, INC. Employer identification number: 86-0388647. Address: 190 w magee rd, ste 122, TUCSON, AZ 85704. Date association formed: 1/29/1980.

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

A Check type of homeowners association: Residential real estate association. B Total exempt function income: 596,944. C Total expenditures made for purposes described in 90% expenditure test: 944,540. D Association's total expenditures for the tax year: 946,418. E Tax-exempt interest received or accrued during the tax year.

Gross Income (excluding exempt function income)

Table with 8 rows: 1 Dividends, 2 Taxable interest, 3 Gross rents, 4 Gross royalties, 5 Capital gain net income, 6 Net gain or (loss) from Form 4797, Part II, line 17, 7 Other income, 8 Gross income (excluding exempt function income). Total: 61.

Deductions (directly connected to the production of gross income, excluding exempt function income)

Table with 9 rows: 9 Salaries and wages, 10 Repairs and maintenance, 11 Rents, 12 Taxes and licenses, 13 Interest, 14 Depreciation, 15 Other deductions, 16 Total deductions, 17 Taxable income before specific deduction, 18 Specific deduction of \$100. Total: \$100.

Tax and Payments

Table with 12 rows: 19 Taxable income, 20 Enter 30% of line 19, 21 Tax credits, 22 Total tax, 23a-23f Tax payments and credits, 23g Add lines 23c through 23f, 24 Amount owed, 25 Overpayment, 26 Enter amount of line 25 you want.

Sign Here: Signature of officer Kevin Larson, Date 4.8.2022, Title Treasurer. Declaration: 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.

Paid Preparer Use Only: Print/Type preparer's name LARRY J RECKER, Preparer's signature LARRY J RECKER, Date 4/6/2022, Firm's name LARRY J. RECKER, CPA, Firm's address 10990 N. JOY FAITH DRIVE, ORO VALLEY, AZ 85737.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name: **COBBLESTONE HOMEOWNERS ASSOCIATION, INC** Employer identification number: **86-0388647**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				0
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				0
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				0
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	0

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				0
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				0
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				0
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	0

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	0
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	0
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	<b>18</b>	0

Note: If losses exceed gains, see *Capital Losses* in the instructions.

**Line 15 (1120-H) - Other Deductions**

1	ACCOUNTING & TAX SERVICES	1	175
2	MANAGEMENT FEES - PRORATED	2	1,653
3	Total other deductions . . . . .	3	1,828

For the  calendar year 2021 or  fiscal year beginning \_\_\_\_\_ 2021 and ending \_\_\_\_\_ 20

Business Telephone Number (with area code) (520) 838-0276	Name COBBLESTONE HOMEOWNERS ASSOCIATION, INC	Employer Identification Number (EIN) 86-0388647
Business Activity Code (from federal Form 1120) 531390	Address - number and street or PO Box 190 w magee rd, ste 132	
	City, Town or Post Office TUCSON	State AZ
		ZIP Code 85704

**IMPORTANT: Do not use Form 120A to file an Arizona combined or consolidated return. Use Form 120.**

Check box if return is filed under extension:

82  82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM

66 RCVD

68 Check box if:

A  This is a first return B  Name change C  Address change

A Is FEDERAL return filed on a consolidated basis?  Yes  No

If "Yes", list EIN of common parent from consolidated return \_\_\_\_\_

B Is this the corporation's final ARIZONA return under this EIN?  Yes  No

If "Yes", check one:

1  Dissolved 2  Withdrawn 3  Merged/Reorganized

List EIN of the successor corporation, if any \_\_\_\_\_

C **Marijuana Establishments only:**

1  Adult Use only 2  Dual Lic. elected for-profit 3  Dual Lic. did not elect for-profit

**Arizona Taxable Income Computation**

1 Taxable income per included federal return	1	-1,917	00
2 Additions to taxable income from page 2, Schedule A, line A9	2	150	00
3 Total taxable income: Add lines 1 and 2. Enter the total.	3	-1,767	00
4 Subtractions from taxable income from page 2, Schedule B, line B11	4	0	00
5 Adjusted income: Subtract line 4 from line 3. Enter the difference.	5	-1,767	00
6 Arizona basis net operating loss carryover: Include computation schedule	6	0	00
7 Arizona taxable income: Subtract line 6 from line 5. Enter the difference.	7	-1,767	00

**Arizona Tax Liability Computation**

8 Enter tax: Tax is 4.9 percent of line 7 or fifty dollars (\$50), whichever is greater	8	50	00
9 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 25	9	0	00
10 Subtotal: Add lines 8 and 9. Enter the total	10	50	00
11 Nonrefundable tax credits from Arizona Form 300, Part 2, line 46	11	0	00
12 Credit type: Enter form number for each nonrefundable credit used: 121 <input type="checkbox"/> 3   122 <input type="checkbox"/> 3   123 <input type="checkbox"/> 3   124 <input type="checkbox"/> 3			
13 Tax liability: Subtract line 11 from line 10. Enter the difference	13	50	00

**Tax Payments**

14 Refundable tax credits: Check box(es) and enter amount 141 <input type="checkbox"/> 308 142 <input type="checkbox"/> 349	14	0	00
15 Extension payment made with Form 120EXT or online: See instructions	15	0	00
16 Estimated tax payments: 16a <input type="checkbox"/> 0   00 Claim of Right: 16b <input type="checkbox"/> 0   00 Add 16a and 16b...	16c	0	00
17 Total payments: Add lines 14, 15, and 16c. Enter the total	17	0	00

**Computation of Total Due or Overpayment**

18 Balance of tax due: If line 13 is larger than line 17, subtract line 17 from line 13. Enter the difference. Skip line 19	18	50	00
19 Overpayment of tax: If line 17 is larger than line 13, subtract line 13 from line 17. Enter the difference	19	0	00
20 Penalty and interest	20	0	00
21 Estimated tax underpayment penalty: If Form 220 is included, check box 21A <input type="checkbox"/>	21	0	00
22 TOTAL DUE: See instructions	22	50	00
23 OVERPAYMENT: See instructions	23	0	00
24 Amount of line 23 to be applied to 2022 estimated tax	24	0	00
25 Amount to be refunded: Subtract line 24 from line 23. Enter the difference	25	0	00

Continued on page 2 →

**SCHEDULE A Additions to Taxable Income**

A1	Total federal depreciation	0	00
A2	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments.	50	00
A3	Interest on obligations of other states, foreign countries, or political subdivisions		00
A4	Special deductions claimed on federal return	100	00
A5	Federal net operating loss deduction claimed on federal return	0	00
A6	Additions related to Arizona tax credits: See instructions	0	00
A7	Capital loss from exchange of legal tender		00
A8	Other additions to federal taxable income: See instructions	0	00
A9	Total: Add lines A1 through A8. Enter the total here and on page 1, line 2	150	00

**SCHEDULE B Subtractions From Taxable Income**

B1	Recalculated Arizona depreciation: See instructions	0	00
B2	Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions		00
B3	Dividends received from 50% or more controlled domestic corporations		00
B4	Foreign dividend gross-up	0	00
B5	Dividends received from foreign corporations	0	00
B6	Interest on U.S. obligations	0	00
B7	Agricultural crops charitable contribution		00
B8	Expenses related to certain federal tax credits: See instructions	0	00
B9	Capital gain from exchange of legal tender		00
B10	Other subtractions from federal taxable income: See instructions	0	00
B11	Total: Add lines B1 through B10. Enter the total here and on page 1, line 4	0	00

**SCHEDULE C Additional Information**

C1 Date business began in Arizona: 01291980

C2 Address at which tax records are located for audit purposes: Number/Street: 190 w magee rd, ste 132  
 City: TUCSON State: AZ ZIP Code: 85704

C3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions.)  
 Name: LARRY J RECKER Phone Number: (520) 406-3296  
 Title: CPA (Area Code)

C4 List prior taxable years ending in MM/DD/YYYY format for which a federal examination has been finalized:

**NOTE:** A.R.S. § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions.)

C5 Indicate tax accounting method:  Cash  Accrual  Other (Specify method.) \_\_\_\_\_

The following declaration must be signed by one of the following officers: president, treasurer, or any other principal officer.

**Declaration** Under penalties of perjury, I, the undersigned officer authorized to sign this return, declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

**Please Sign Here**

Kevin Larson 4.8.2022 Treasurer  
 OFFICER'S SIGNATURE DATE TITLE

KEVIN LARSON  
 OFFICER'S PRINTED NAME

**Paid Preparer's Use Only**

LARRY J RECKER 4/6/2022 P01249457  
 PAID PREPARER'S SIGNATURE DATE PAID PREPARER'S TIN

LARRY J RECKER  
 PAID PREPARER'S PRINTED NAME

LARRY J. RECKER, CPA  
 FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

10990 N. JOY FAITH DRIVE (520) 406-3296  
 FIRM'S STREET ADDRESS FIRM'S TELEPHONE NUMBER

ORO VALLEY AZ 85737  
 CITY STATE ZIP CODE

This form must be e-filed unless the corporation has a waiver or is exempt from e-filing. See instructions for details.

**SCHEDULE A Additions to Taxable Income Continued**

**A6 Additions related to Arizona tax credits:**

A Environmental Technology Facility Credit:	
1 Excess Federal Depreciation or Amortization .....	00
2 Excess in Federal Adjusted Basis .....	00
B Pollution Control Credit:	
1 Excess Federal Depreciation or Amortization .....	00
2 Excess in Federal Adjusted Basis .....	00
C Credit for Taxes Paid for Coal Consumed in Generating Electrical Power .....	00
D Credit for Employment of TANF Recipients .....	00
E Credit for Donation of School Site .....	00
F Credit for Corporate Contributions to School Tuition Organizations .....	00
G Credit for Corporate Contributions to School Tuition Organizations for Displaced Students or Students with Disabilities .....	00
H Total Additions Related to Arizona Tax Credits. Enter this amount on page 2, Schedule A, line A6 .....	0 00

**A8 Other additions to federal taxable income:**

A Positive Partnership Income Adjustment .....		00
B Federal Exploration Expenses .....		00
C Federal Amortization or Depreciation for Facilities and Equipment Amortized Under Arizona Law:		
1 Pollution Control Devices .....	00	
2 Child Care Facilities .....	00	
D Expenses and Interest Relating to Income Not Taxed by Arizona .....	00	
E Amounts Repaid in Current Taxable Year .....	00	
F Excess Federal Capital Loss Carryover Under a Claim of Right Restoration .....	00	
G Domestic International Sales Corporations .....	00	
H Expenditures for the Americans With Disabilities Act .....	00	
I Total Other Additions to Federal Taxable Income. Enter this amount on page 2, Schedule A, line A8 .....	0 00	

**SCHEDULE B Subtractions from Taxable Income Continued**

**B8 Expenses related to certain federal tax credits:**

A Work Opportunity Credit .....		0 00
B Empowerment Zone Employment Credit .....		0 00
C Credit for Employer-Paid Social Security Taxes on Employee Cash Tips .....		00
D Indian Employment Credit .....		0 00
E Total Expenses Related to Certain Federal Tax Credits. Enter this amount on page 2, Schedule B, line B8 .....	0 00	

**B10 Other subtractions from federal taxable income:**

A Refunds of Taxes Based on Income .....		00
B Negative Partnership Income Adjustment .....		00
C Expense Recapture, Mine Explorations .....		00
D Deferred Exploration Expenses .....		00
E Exploration Expenses: Oil, Gas or Geothermal Resources .....		00
F Arizona Amortization of Facilities and Equipment:		
1 Pollution Control Devices .....	00	
2 Cost of Child Care Facilities .....	00	
G Interest on Federally Taxable Arizona Obligations Evidenced by Bonds .....	00	
H Expenses and Interest Relating to Tax-Exempt Income .....	00	
I Claim of Right Adjustment .....	00	
J Dividends from Domestic International Sales Corporation (DISC) .....	00	
K Expenditures for the Americans with Disabilities Act .....	00	
L Contribution in Aid of Construction (see instructions) .....	00	
M Marijuana Establishments <b>only</b> (see instructions):		
1 Federal Disallowed Expenses, <b>or</b> .....	00	
2 Federal Taxable Income Attributable to NMMD Operations .....	00	
N Total Other Subtractions from Federal Taxable Income. Enter this amount on page 2, Schedule B, line B10 .....	0 00	

Department of the Treasury  
Internal Revenue Service

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For calendar year 2021 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>TYPE OR PRINT</b>	Name <b>COBBLESTONE HOMEOWNERS ASSOCIATION, INC</b>			Employer identification number <b>86-0388647</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>190 w magee rd, ste 132</b>			Date association formed <b>1/29/1980</b>	
	City or town <b>TUCSON</b>	State <b>AZ</b>	ZIP code <b>85704</b>		
	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:  Condominium management association  Residential real estate association  Timeshare association

<b>B</b> Total exempt function income. Must meet 60% gross income test. See instructions . . . . .	<b>B</b>	596,944
<b>C</b> Total expenditures made for purposes described in 90% expenditure test. See instructions . . . . .	<b>C</b>	944,540
<b>D</b> Association's total expenditures for the tax year. See instructions . . . . .	<b>D</b>	946,418
<b>E</b> Tax-exempt interest received or accrued during the tax year . . . . .	<b>E</b>	

**Gross Income** (excluding exempt function income)

<b>1</b> Dividends . . . . .	<b>1</b>	
<b>2</b> Taxable interest . . . . .	<b>2</b>	61
<b>3</b> Gross rents . . . . .	<b>3</b>	
<b>4</b> Gross royalties . . . . .	<b>4</b>	
<b>5</b> Capital gain net income (attach Schedule D (Form 1120)) . . . . .	<b>5</b>	
<b>6</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .	<b>6</b>	
<b>7</b> Other income (excluding exempt function income) (attach statement) . . . . .	<b>7</b>	
<b>8</b> <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7 . . . . .	<b>8</b>	61

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

<b>9</b> Salaries and wages . . . . .	<b>9</b>	
<b>10</b> Repairs and maintenance . . . . .	<b>10</b>	
<b>11</b> Rents . . . . .	<b>11</b>	
<b>12</b> Taxes and licenses . . . . .	<b>12</b>	50
<b>13</b> Interest . . . . .	<b>13</b>	
<b>14</b> Depreciation (attach Form 4562) . . . . .	<b>14</b>	
<b>15</b> Other deductions (attach statement) . . . . .	<b>15</b>	1,828
<b>16</b> <b>Total deductions.</b> Add lines 9 through 15 . . . . .	<b>16</b>	1,878
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8 . . . . .	<b>17</b>	-1,817
<b>18</b> Specific deduction of \$100 . . . . .	<b>18</b>	\$100

**Tax and Payments**

<b>19</b> <b>Taxable income.</b> Subtract line 18 from line 17 . . . . .	<b>19</b>	-1,917
<b>20</b> Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.) . . . . .	<b>20</b>	0
<b>21</b> Tax credits (see instructions) . . . . .	<b>21</b>	
<b>22</b> <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits . . . . .	<b>22</b>	0
<b>23a</b> 2020 overpayment credited to 2021 . . . . .	<b>23a</b>	
<b>b</b> 2021 estimated tax payments . . . . .	<b>23b</b>	
<b>c</b> Total ▶	<b>23c</b>	0
<b>d</b> Tax deposited with Form 7004 . . . . .	<b>23d</b>	
<b>e</b> Credit for tax paid on undistributed capital gains (attach Form 2439) . . . . .	<b>23e</b>	
<b>f</b> Credit for federal tax paid on fuels (attach Form 4136) . . . . .	<b>23f</b>	
<b>g</b> Add lines 23c through 23f . . . . .	<b>23g</b>	0
<b>24</b> <b>Amount owed.</b> Subtract line 23g from line 22. See instructions . . . . .	<b>24</b>	0
<b>25</b> <b>Overpayment.</b> Subtract line 22 from line 23g . . . . .	<b>25</b>	0
<b>26</b> Enter amount of line 25 you want: <b>Credited to 2022 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>26</b>	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**

Signature of officer: *Kevin Larson* Date: 4/8/2022 Title: Treasurer

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>LARRY J RECKER</b>	Preparer's signature <b>LARRY J RECKER</b>	Date <b>4/6/2022</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01249457</b>
Firm's name ▶ <b>LARRY J. RECKER, CPA</b>			Firm's EIN ▶	
Firm's address ▶ <b>10990 N. JOY FAITH DRIVE, ORO VALLEY, AZ 85737</b>			Phone no. <b>(520) 406-3296</b>	

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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OMB No. 1545-0123

**2021**

Name **COBBLESTONE HOMEOWNERS ASSOCIATION, INC** Employer identification number **86-0388647**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

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<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				0
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				0
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				0
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	0

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				0
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				0
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	0

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	0
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	0
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	<b>18</b>	0

Note: If losses exceed gains, see *Capital Losses* in the instructions.