

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.

OMB No. 1545-0233

Print or Type	Name VALLEY VISTA ESTATES HOA, INC	Identifying number ** - *** 2341
	Number, street, and room or suite no. (If P.O. box, see instructions.) PO BOX 3393	
	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).) JACKSON, WY 83001	

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 (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	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
Form 1120-ND	19		

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 2020, or tax year beginning _____, and ending _____
- 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form **7004** (Rev. 12-2018)

DEPARTMENT OF THE TREASURY **DO NOT FILE**
 INTERNAL REVENUE SERVICE CENTER
 OGDEN, UT 84201-0045

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

For calendar year 2020 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name VALLEY VISTA ESTATES HOA, INC	Employer identification number ** - *** 2341
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 3393	Date association formed 02/11/2003
	City or town, state or province, country, and ZIP or foreign postal code JACKSON, WY 83001	

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 checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B Total exempt function income. Must meet 60% gross income test SEE STATEMENT 1	B 73,548.
C Total expenditures made for purposes described in 90% expenditure test	C 46,944.
D Association's total expenditures for the tax year	D 46,944.
E Tax-exempt interest received or accrued during the tax year	E 0.

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest SEE STATEMENT 2	2	60.
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	60.

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	
16 Total deductions. Add lines 9 through 15	16	0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	60.
18 Specific deduction of \$100	18	\$100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-40.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	0.
21 Tax credits	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0.
23 a 2019 overpayment credited to 2020 23a	c Total 23c 0.	
b 2020 estimated tax payments 23b		
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		
24 Amount owed. Subtract line 23g from line 22. See instructions	24	
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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.

TAXPAYER COPY

Signature of officer _____ Date _____ Title _____

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

Paid Preparer's Use Only	Print/Type preparer's name LUKE R. FIXTER, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01745790
	Firm's name TWO RIVERS CPA, LLC	Firm's EIN ** - *** 6586			
	Firm's address PO BOX 1369 PINEDALE, WY 82941	Phone no. 307-231-0625			

FORM 1120-H	EXEMPT FUNCTION INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
HOA MEMBERSHIP DUES	43,410.
HOA SPECIAL ASSESSMENT FEES	25,237.
HOA LATE PAYMENT FEES	1,835.
APPLICATION FEE INCOME	2,100.
CONVENIENCE FEE INCOME	200.
LEGAL FEE INCOME	266.
TRANSFER FEE INCOME	500.
TOTAL TO FORM 1120-H, ITEM B	73,548.

FORM 1120-H	INTEREST INCOME	STATEMENT	2
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DESCRIPTION	US	OTHER
INTEREST INCOME		60.
TOTAL TO FORM 1120-H, LINE 2		60.

Amended Return? Check the box. See instr. for reasons to amend and enter the number that applies. For calendar year 2020 or fiscal year beginning Mo Day Year ending Mo Day Year State use only 1220

Business name VALLEY VISTA ESTATES HOA, INC
Current business mailing address PO BOX 3393
City JACKSON State WY ZIP Code 83001
Federal Employer Identification Number (EIN) *****2341
NAICS Code 561790

1. If a federal audit was finalized this year, enter the latest year audited Yes No
2. Is this an inactive corporation or nameholder corporation? Yes No
3. a. Were federal estimated tax payments required? Yes No
b. Were estimated tax payments based on annualized amounts? Yes No
4. Is this a final return? Yes No
If yes, check the proper box below and enter the date the event occurred
 Withdrawn from Idaho Dissolved Merged or reorganized Enter new EIN
5. Is this an electrical or telephone utility? Yes No
6. EIN of parent from consolidated Form 1120, Schedule K as filed with the IRS Yes No
7. Did you use the combined reporting method? Yes No
a. Does this corporation own more than 50% of another corporation? Yes No
b. Does another corporation own more than 50% of this corporation? Yes No
c. Does one interest own more than 50% of this corporation and another corporation? Yes No
d. Are two or more corporations in this report operating in Idaho or authorized to do business in Idaho? Yes No
8. If you're a multinational unitary group, answer questions a, b and c. Complete Form 42.
a. Check the box for your filing method: worldwide return water's-edge return See Form 14.
b. If you're filing a water's-edge return, do you elect not to file the water's-edge spreadsheets? Yes No
c. If you're filing a worldwide return, did you compute foreign income by making book-to-tax adjustments? Yes No
9. Did you claim the property tax exemption for investment tax credit property acquired this tax year? Yes No
10. Are one or more corporations in this report using cost of performance to compute the sales factor? Yes No

Additions

11. Federal taxable income. See instructions	11	-40
12. Interest and dividends not taxable under Internal Revenue Code	12	
13. State, municipal, and local taxes measured by net income	13	
14. Net operating loss deducted on federal return	14	
15. Dividends-received deduction on federal return	15	
16. Bonus depreciation. Include a schedule	16	
17. Other additions, including additions from Form 42, Part II	17	
18. Add lines 11 through 17	18	-40

Subtractions

19. Foreign dividend gross-up (Sec. 78, Internal Revenue Code)	19	
20. Interest from Idaho municipal securities	20	
21. Interest on U.S. government obligations. Include a schedule	21	
22. Interest and other expenses related to lines 20 and 21	22	
23. Add lines 20 and 21, then subtract line 22	23	
24. Technological equipment donation	24	
25. Allocated income. Include a schedule	25	
26. Interest and other expenses related to line 25. Include a schedule	26	
27. Subtract line 26 from line 25	27	
28. Bonus depreciation. Include a schedule	28	
29. Other subtractions, including subtractions from Form 42, Part II	29	
30. Total subtractions. Add lines 19, 23, 24, 27, 28, and 29	30	
31. Net business income subject to apportionment. Subtract line 30 from line 18	31	-40

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056
Include a complete copy of your federal Form 1120.



32. Net business income subject to apportionment. Enter the amount from line 31	32	-40
33. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and include Form 42; enter the apportionment factor from Form 42, Part I, line 21	33	100.0000 %
34. Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33	34	-40
35. Income allocated to Idaho. See instructions	35	
36. Idaho net operating loss carryover carryback Enter total	36	SEE STATEMENT 1
37. Idaho taxable income. Add lines 34 and 35, then subtract line 36	37	-40
38. Idaho income tax. Multiply line 37 by 6.925%. Minimum \$20 for each corporation. (See instructions.)	38	0

Credits

39. Credit for contributions to Idaho educational entities	39	
40. Credit for contributions to Idaho youth and rehabilitation facilities	40	
41. Total business income tax credits from Form 44, Part I, line 10. Include Form 44	41	
42. Total credits. Add lines 39 through 41	42	
43. Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero	43	

Other Taxes

44. Permanent building fund tax. Enter \$10. Combined reports include \$10 for each corporation operating or authorized to do business in Idaho	44	10
45. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	45	
46. Fuels tax due. Include Form 75	46	
47. Sales/use tax due on untaxed purchases (online, mail order and other)	47	
48. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	48	
49. Total tax. Add lines 43 through 48	49	10
50. Underpayment interest. Include Form 41ESR	50	
51. Donation to Opportunity Scholarship Program	51	
52. Add lines 49 through 51	52	10

Payments and Other Credits

53. Estimated tax payments. If made under other EINs, provide EINs, amounts, and rollforwards	53	
54. Special fuels tax refund Gasoline tax refund Include Form 75	54	
55. Tax Reimbursement Incentive credit. Include certificate	55	
56. Total payments and other credits. Add lines 53 through 55	56	

Refund or Payment Due

57. Tax due. If line 52 is more than line 56, subtract line 56 from line 52	57	10
58. Penalty Interest from the due date Enter total	58	
59. Total Due. Add lines 57 and 58	59	10
60. Overpayment. If line 52 is less than line 56, subtract line 52 from line 56	60	
61. Refund. Amount of line 60 you want refunded to you	61	
62. Estimated Tax. Amount you want credited to your 2021 estimated tax. Subtract line 61 from line 60	62	

Amended Return Only. Complete this section to determine your tax due or refund.

63. Total due (line 59) or overpayment (line 60) on this return	63	
64. Refund from original return plus additional refunds	64	
65. Tax paid with original return plus additional tax paid	65	
66. Amended tax due or refund. Add lines 63 and 64, then subtract line 65	66	

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See instructions.

Sign Here	Signature of officer	Date
	TAXPAYER COPY	
	Title	Phone number
		307-733-5881
Paid preparer's signature		Preparer's EIN, SSN or PTIN
•		• **-***6586
Address		Phone number
TWO RIVERS CPA, LLC		307-231-0625
PO BOX 1369		
PINEDALE, WY 82941		



Names as shown on return								Social Security number or EIN		
VALLEY VISTA ESTATES HOA, INC								**-***2341		
1. Loss or absorption year	2013	2014	2015	2016	2017	2018	2019	2020		
2. Individuals, trusts, and estates enter Idaho adjusted income (loss); corporations enter Idaho taxable income (loss) ...	-100.	-100.	-100.	-100.	-100.	-100.	-43.	-40.		
3. Idaho NOL carryforward/ carryback deducted on the return.....										
4. Net capital loss deducted on the federal return										
5. Idaho capital gains deduction claimed on the return										
6. Idaho qualified business income deduction claimed on the return										
Casualty losses on Idaho property included in itemized deductions ...										
7. Idaho net operating loss	-100.	-100.	-100.	-100.	-100.	-100.	-43.	-40.		
Idaho absorption income										
NOL Application										
year to year										
to										
to										
to										
to										
to										
to										
to										
to										
to										
NOL available for future years	-100.	-100.	-100.	-100.	-100.	-100.	-43.	-40.		

ID 41	IDAHO BUSINESS LOSS DEDUCTION	STATEMENT	1
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/13	100.00	0.00	100.00
12/31/14	100.00	0.00	100.00
12/31/15	100.00	0.00	100.00
12/31/16	100.00	0.00	100.00
12/31/17	100.00	0.00	100.00
12/31/18	100.00	0.00	100.00
12/31/19	43.00	0.00	43.00
TOTAL LOSS CARRYOVER AVAILABLE THIS YEAR			643.00