

For calendar year 2023 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

|                      |  |  |
|----------------------|--|--|
| <b>TYPE OR PRINT</b> | Name <b>BUFFALO SAGE TOWNHOMES OWNERS ASSOCIATION</b>  | Employer identification number<br><b>** - *** 9019</b> |
|                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 3393</b>         | Date association formed<br><b>12/22/2021</b>           |
|                      | City or town, state or province, country, and ZIP or foreign postal code<br><b>JACKSON, WY 83001</b> |  |

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

|          |  |          |                |
|----------|--|----------|----------------|
| <b>A</b> | 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>B</b> | Total exempt function income. Must meet 60% gross income test <b>SEE STATEMENT 1</b>   | <b>B</b> | <b>37,284.</b> |
| <b>C</b> | Total expenditures made for purposes described in 90% expenditure test <b>SEE STATEMENT 2</b>  | <b>C</b> | <b>11,400.</b> |
| <b>D</b> | Association's total expenditures for the tax year  | <b>D</b> | <b>11,400.</b> |
| <b>E</b> | Tax-exempt interest received or accrued during the tax year  | <b>E</b> | <b>0.</b>      |

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

|          |   |          |           |
|----------|---|----------|-----------|
| <b>1</b> | Dividends   | <b>1</b> |           |
| <b>2</b> | Taxable interest  | <b>2</b> |           |
| <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> | <b>0.</b> |

**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> |              |
| <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> |              |
| <b>16</b> | <b>Total deductions.</b> Add lines 9 through 15                                 | <b>16</b> | <b>0.</b>    |
| <b>17</b> | Taxable income before specific deduction of \$100. Subtract line 16 from line 8 | <b>17</b> | <b>0.</b>    |
| <b>18</b> | Specific deduction of \$100   | <b>18</b> | <b>\$100</b> |

**Tax and Payments**

|           |   |            |              |
|-----------|---|------------|--------------|
| <b>19</b> | Taxable income. Subtract line 18 from line 17   | <b>19</b>  | <b>-100.</b> |
| <b>20</b> | Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)                                       | <b>20</b>  | <b>0.</b>    |
| <b>21</b> | Tax credits   | <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>  | <b>0.</b>    |
| <b>23</b> | <b>a</b> Preceding year's overpayment credited to the current year  | <b>23a</b> |              |
|           | <b>b</b> Current year's estimated tax payments  | <b>23b</b> |              |
|           | <b>c</b> Tax deposited with Form 7004   | <b>23c</b> |              |
|           | <b>d</b> Credit for tax paid on undistributed capital gains (attach Form 2439)  | <b>23d</b> |              |
|           | <b>e</b> Credit for federal tax paid on fuels (attach Form 4136)  | <b>23e</b> |              |
|           | <b>f</b> Elective payment election amount from Form 3800  | <b>23f</b> |              |
|           | <b>g Total payments and credits.</b> Combine lines 23a through 23f  | <b>23g</b> | <b>0.</b>    |
| <b>24</b> | <b>Amount owed.</b> Subtract line 23g from line 22. See instructions  | <b>24</b>  |              |
| <b>25</b> | <b>Overpayment.</b> Subtract line 22 from line 23g  | <b>25</b>  |              |
| <b>26</b> | Enter amount of line 25 you want: <b>Credited to 2024 estimated tax</b> <span style="float:right;"><b>Refunded</b></span> | <b>26</b>  |              |

|                  |  |  |  |
|------------------|--|--|--|
| <b>Sign Here</b> | 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. |  | May the IRS discuss this return with the preparer shown below? See instr.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                  | <b>TAXPAYER COPY</b><br>Signature of officer _____ Date _____  | <b>PRESIDENT</b><br>Title _____ Date _____ |  |

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

| FORM 1120-H                  | EXEMPT FUNCTION INCOME | STATEMENT | 1       |
|------------------------------|------------------------|-----------|---------|
| DESCRIPTION                  |                        | AMOUNT    |         |
| HOA MEMBERSHIP DUES          |                        |           | 37,281. |
| HOA LATE PAYMENT FEES        |                        |           | 3.      |
| TOTAL TO FORM 1120-H, ITEM B |                        |           | 37,284. |

| FORM 1120-H                  | EXPENDITURES DESCRIBED IN 90% TEST | STATEMENT | 2       |
|------------------------------|------------------------------------|-----------|---------|
| DESCRIPTION                  |                                    | AMOUNT    |         |
| DUES                         |                                    |           | 200.    |
| FEES                         |                                    |           | 116.    |
| INSURANCE                    |                                    |           | 2,210.  |
| LANDSCAPE MAINTENANCE        |                                    |           | 1,255.  |
| LEGAL & PROFESSIONAL         |                                    |           | 120.    |
| MANAGEMENT FEES              |                                    |           | 7,200.  |
| POSTAGE                      |                                    |           | 2.      |
| TAXES                        |                                    |           | 22.     |
| WATER & SEWER                |                                    |           | 275.    |
| TOTAL TO FORM 1120-H, ITEM C |                                    |           | 11,400. |