

Colorado C Corporation Income Tax Form 112

(0023)

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

2013

-or-



Fiscal Year Beginning (MM/DD)	2013	Year Ending (MM/DD/YYYY)
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Name of Corporation HOMESTEAD AT RIFLE HOMEOWNERS	Colorado Account Number •
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Address PO BOX 252	FEIN • 68-0514901
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City RIFLE	State CO	Zip 81650
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Final Return <input type="checkbox"/>	If you are submitting a statement disclosing a listed or reported transaction, mark this box <input type="checkbox"/>
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• **A. Apportionment of Income.** This return is being filed for:

<input type="checkbox"/> (42) A corporation not apportioning income;	<input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales;
<input type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using single-factor apportionment (Schedule SF required);	<input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272;
<input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income using special regulation (Schedule SF required);	<input checked="" type="checkbox"/> (47) Other appointment method, must be pre-approved by the department (fill in below)

1120-H

• **B. Separate/Consolidate/Combined Filing.** This return is being filed for:

<input checked="" type="checkbox"/> A single corporation filing a separate return;	<input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required.);
<input type="checkbox"/> An affiliated group of corporations electing to file a consolidated return. 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);	<input type="checkbox"/> 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 -98 00
2. Federal taxable income of companies not included in this return	• 2 00
3. Net federal taxable income, line 1 minus line 2	3 -98 00
Additions	
4. Federal net operating loss deduction	• 4 00
5. Colorado income tax deduction	• 5 00
6. Other additions, include explanation	• 6 00
7. Total of lines 3 through 6	7 -98 00



Subtractions		
8. Exempt federal interest	• 8	00
9. Excludable foreign source income	• 9	00
10. Colorado source capital gain (assets acquired on or after 5/9/94, held five years)	• 10	00
11. Other subtractions, include explanation	• 11	00
12. Total of lines 8 through 11	12	00
Taxable Income		
13. Modified federal taxable income, line 7 minus line 12	13	-98 00
14. Colorado taxable income before net operating loss deduction	• 14	-98 00
15. Colorado net operating loss deduction (May not exceed \$250,000)	• 15	00
16. Colorado taxable income, line 14 minus line 15	16	-98 00
17. Tax, 4.63% of the amount on line 16	• 17	0 00
Credits		
18. Total nonrefundable credits from line 25, Form 112CR (may not exceed tax on line 17)	• 18	00
19. Total Enterprise Zone credits used – as calculated, or from DR 1366 line 70	• 19	00
20. Net tax, line 17 minus lines 18 and 19	20	0 00
21. Recapture of prior year credits	• 21	00
22. Total of lines 20 and 21	22	00
23. Estimated tax and extension payments and credits	• 23	00
24. W-2G Withholding from lottery winnings	• 24	00
25. Innovative Motor Vehicle Credit from line 36 form DR 0617	• 25	00
26. Authorized Instream Flow Incentive Credit	• 26	00
27. Total of lines 23 through 26	27	00
28. Net tax due. Subtract line 27 from line 22	28	00
29. Penalty	• 29	00
30. Interest	• 30	00
31. Estimated tax penalty due	• 31	00
32. Total due. Enter the sum of lines 28 through 31	• 32	0 00

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Form 112



33. Overpayment, line 27 minus line 22	33	00
34. Amount from line 33 to carry forward for future year estimated tax	• 34	00
35. Amount from line 33 to be refunded	• 35	00

Direct Deposit

Routing Number Type: Checking Savings
 Account Number

Pay electronically at www.Colorado.gov/RevenueOnline or
Mail and Make Checks Payable to: Colorado Department of Revenue
 Denver, CO 80261-0006

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

C. The corporation's books are in care of:

Last Name	First Name	Middle Initial	Phone Number
			970-625-3569
Address	City	State	Zip
PO BOX 252	RIFLE	CO	81650

D. Business code number per federal return (NAICS) • 531390	E. Year corporation began doing business in Colorado • 05/02/2000
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F. May the Colorado Department of Revenue discuss this return with the paid preparer shown below (see instructions)	• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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G. Kind of business in detail

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
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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
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Last Name of person or firm preparing return • KENNEDY	First Name • DOUGLAS	Middle Initial • E
Address of person or firm preparing return • 2001 RAILROAD AVE		Phone Number • 970-625-3569
City • RIFLE	State • CO	Zip • 81650

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)
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CO Net Operating Loss Carryover Worksheet

Form **112**

2013

For the tax year beginning **01/01/13**, ending **12/31/13**

Name HOMESTEAD AT RIFLE HOMEOWNERS	Employer Identification Number 68-0514901	Colorado Account Number
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Preceding Taxable Year	Adjustment to NOL/ Income (Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		Utilized (Offset)	Carryovers	Carryover Utilized (Offset)	Adjustment/ Income (Loss)
18th					
17th					
16th					
15th					
12/31/98					
14th					
12/31/99					
13th					
12/31/00					
12th					
12/31/01					
11th					
12/31/02					
10th					
12/31/03					
9th					
12/31/04					
8th					
12/31/05					
7th					
12/31/06					
6th					
12/31/07	-100		100		100
5th					
12/31/08	-100		100		100
4th					
12/31/09	-100		100		100
3rd					
12/31/10	-98		98		98
2nd					
12/31/11	-98		98		98
1st					
12/31/12	-98		98		98
NOL Carryover Available To Current Year			594		
Current Year	-98				98
NOL Carryover Available To Next Year					692