Form **1120-H**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

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

OMB No. 1545-0123

2020

For calendar year 2020 or tax year beginning , 2020, and ending , 20

	Name	Employer identification number
TYPE OR PRINT	Windsong Homeowners Association of Effingham Inc	26-1135722
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 1655	Date association formed
	City or town, state or province, country, and ZIP or foreign postal code Rincon GA 31326	09-25-2007

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	Total exempt function income. Must meet 60% gross income test. See instructions	B	8,281
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	C	8,065
D	Association's total expenditures for the tax year. See instructions	D	
E	Tax-exempt interest received or accrued during the tax year	E	

Gross Income (excluding exempt function income)

1	Dividends	1	
2	Taxable interest	2	
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	

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	
17	Taxable income before specific deduction of $100. Subtract line 16 from line 8	17	
18	Specific deduction of $100	18	$100

Tax and Payments

19	**Taxable income.** Subtract line 18 from line 17			19	(100)
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)			20	
21	Tax credits (see instructions)			21	
22	**Total tax.** Subtract line 21 from line 20. See instructions for recapture of certain credits			22	
23	a 2019 overpayment credited to 2020	23a			
	b 2020 estimated tax payments	23b			
	c Total ▶		23c		
	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** ▶		**Refunded** ▶	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.

Signature of officer | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JERRY L MCNAIR CPA		02-16-2021		P00481011

Firm's name ▶ JERRY L MCNAIR CPA — Firm's EIN ▶ 55-0911434

Firm's address ▶ 100 BLUE FIN CIRCLE SUITE 6
SAVANNAH GA 31410 — Phone no. (912)897-6123

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-H** (2020)

EEA

1120	Corporation Diagnostic Summary	2020

Name
Windsong Homeowners Association of

Employer Identification #
26-1135722

Demographics

Mailing Address:

PO Box 1655
Rincon, GA 31326

Phone: (912) 920-8560

Resident State: GA

Diagnostics

Preparer: JERRY L MCNAIR CP **Invoice:** **Date:** 02-16-2021

Return Information

Item on Return	2020 Federal	2019 Federal (If available)
Total Assets		
Gross Receipts/Sales		
Total Income		
Total Deductions		
Taxable Income	(100)	
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity		

State/City Information

State/City	Gross Income	Taxable Income	Income Tax	Other Tax	Refund/ (Balance Due)
GA600	(100)	(100)			

1120-H TAX RETURN COMPARISON
2018 / 2019 / 2020

2020

Name(s) as shown on return
Windsong Homeowners Association of

Identifying number
26-1135722

	2018 FEDERAL	2019 FEDERAL	2020 FEDERAL	DIFFERENCE BETWEEN 2019 & 2020
Total exempt function income	11,495	13,789	8,281	(5,508)
Total expenditures made for purposes described in 90% test	15,564	7,509	8,065	556
Association's total expenditures				
Tax exempt interest received/accrued				
Gross Income				
Dividends				
Taxable interest				
Gross rents				
Gross royalties				
Capital gain net income				
Net gain/loss from 4797				
Other income				
Gross income				
Deductions				
Salaries and wages				
Repairs and maintenance				
Rents				
Taxes and licenses				
Interest				
Depreciation from Form 4562				
Other deductions				
Total deductions				
Taxable income before specific deduction of $100				
Specific deduction of $100	100	100	100	
Tax and Payments				
Taxable income	(100)	(100)	(100)	
30% of taxable income				
Tax credits				
Total tax				
Estimated taxes paid				
Total payments line 23g				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

	2018	2019	2020	DIFFERENCE
RESIDENT STATE	GA	GA	GA	
Taxable	(100)	(100)	(100)	
Tax				
Overpayment				
Balance Due				

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Corporation Tax Return (Approved software version)
Georgia Department of Revenue
2020 Income Tax Return

Beginning 01-01-2020

Ending 12-31-2020

2021 Net Worth Tax Return

Beginning 01-01-2021

Ending 12-31-2021

[X] Original Return	[ ] Consolidated GA Parent Return *(attach approval)*	[ ] Address Change	[ ] Name Change	[ ] UET Annualization Exception attached
[ ] Initial Net Worth		[ ] Name Change		
[ ] Amended Return	[ ] GA Consolidated Subsidiary	[ ] Final *(attach explanation)*		[ ] IT-552 attached
[ ] Amended due to IRS Audit	Consolidated Parent FEIN	[ ] PL 86-272		[ ] Extension attached

A. Federal Employer ID Number: 26-1135722

B. Name (Corporate title) Please give former name if applicable.: WINDSONG HOMEOWNERS ASSOCIATION OF

C. GA Withholding Tax Account Number:

D. Business Address (Number and Street): PO BOX 1655

E. GA Sales Tax Registration Number:

F. City or Town: RINCON

G. State: GA

H. Zip Code: 31326

I. Foreign Country Name:

J. NAICS Code: 531390

K. Date of Incorporation: 09-25-2007

L. Incorporated under laws of what state: GA

M. Date admitted into GA: 09-25-2007

N. Location of Records for Audit (City) & (State): RINCON, GA

O. Corporation's Telephone Number: 912-920-8560

P. Type of Business: HOMEOWNERS ASSO

Q. Indicate latest taxable year adjusted by IRS _____

R. And when reported to Georgia _____

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 1

1. Federal Taxable Income (Copy of Federal return and supporting schedules must be attached)	1.	-100
2. Additions to Federal Income (from Schedule 4)	2.	
3. Total (add Lines 1 and 2)	3.	-100
4. Subtractions from Federal Income (from Schedule 5)	4.	
5. Balance (Line 3 less Line 4)	5.	-100
6. Georgia Net Operating loss deduction (from Schedule 9; See IT-611 instructions for 80% limitation)	6.	
7. Georgia Taxable Income (Line 5 less Line 6 or Schedule 7, Line 9)	7.	-100
8. Income Tax (5.75% x Line 7)	8.	

COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 2

1. Total Capital stock issued	1.	
2. Paid in or Capital surplus	2.	
3. Total Retained earnings	3.	
4. Net Worth (Total of Lines 1, 2, and 3)	4.	
5. Ratio (GA. and Dom. For. Corp.-100%) (Foreign Corp. - Line 4, Sch. 8)	5.	1.000000
6. Net Worth Taxable by Georgia (Line 4 x Line 5)	6.	
7. Net Worth Tax (from table in instructions)	7.	

Georgia Form **600/2020**

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(Corporation) Name WINDSONG HOMEOWNERS ASSOCIATION OF FEIN 26-1135722

COMPUTATION OF TAX DUE OR OVERPAYMENT (ROUND TO NEAREST DOLLAR) **SCHEDULE 3**

	A. Income Tax	B. Net Worth Tax	C. Total	
1. Total Tax (Schedule 1, Line 8, and Schedule 2, Line 7)				1.
2. Credits and payments of estimated tax				2.
3. Schedule 10* Credits must be filed electronically				3.
4. Withholding Credits (G2-A, G2-LP, and/or G2-RP)				4.
5. Schedule 10B Refundable tax credits must be filed electronically				5.
6. Balance of tax due (Line 1, less Lines 2, 3, 4, and 5)				6.
7. Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)				7.
8. Interest due (See Instructions)				8.
9. Form 600 UET (Estimated tax penalty)				9.
10. Other penalty due (See Instructions)				10.
11. Balance of tax, interest and penalty due with return				11.
12. Amount to be credited to 2021 estimated tax (Line 7 less Lines 8-10)			Refunded	12.

***NOTE:** Any tax credits from Schedule 10 may be applied against income tax liability only, **not** net worth tax liability.

SEE PAGE 3 SIGNATURE SECTION FOR DIRECT DEPOSIT OPTIONS

ADDITIONS TO FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 4**

1.	State and municipal bond interest (other than Georgia or political subdivision thereof)	1.
2.	Net income or net profits taxes imposed by taxing jurisdictions other than Georgia	2.
3.	Expense attributable to tax exempt income	3.
4.	Net operating loss deducted on Federal return	4.
5.	Reserved	5.
6.	Intangible expenses and related interest cost	6.
7.	Captive REIT expenses and costs	7.
8.	Other Additions (Attach Schedule)	8.
9.	TOTAL - Enter also on Line 2, Schedule 1	9.

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 5**

1.	Interest on obligations of United States (must be reduced by direct and indirect interest expense)	1
2.	Exception to intangible expenses and related interest cost (Attach IT-Addback)	2.
3.	Exception to captive REIT expenses and costs (Attach IT-REIT)	3.
4.	Other Subtractions (Must Attach Schedule)	4.
5.	TOTAL - Enter also on Line 4, Schedule 1	5.

APPORTIONMENT OF INCOME **SCHEDULE 6**

		A. WITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A) / COL (B) COMPUTE TO SIX DECIMALS
1.	Gross receipts from business	1.		
2	Georgia Ratio (Divide Column A by Column B)	2.		

COMPUTATION OF GEORGIA NET INCOME (ROUND TO NEAREST DOLLAR) **SCHEDULE 7**

1.	Net business income (Schedule 1, Line 5)	1.
2.	Income allocated everywhere (Must Attach Schedule)	2.
3.	Business income subject to apportionment (Line 1 less Line 2)	3.
4.	Georgia Ratio (Schedule 6, Column C)	4.
5.	Net business income apportioned to Georgia (Line 3 x Line 4)	5.
6.	Net income allocated to Georgia (Attach Schedule)	6.
7.	Total of Lines 5 and 6	7.
8.	Less: Net operating loss apportioned to GA (from Schedule 9, see IT-611 80% instructions)	8.
9.	Georgia taxable income (Enter also on Schedule 1, Line 7)	9.

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(Corporation) Name WINDSONG HOMEOWNERS ASSOCIATION OF FEIN 26-1135722

COMPUTATION OF GEORGIA NET WORTH RATIO (TO BE USED BY FOREIGN CORPS ONLY) **SCHEDULE 8**

	A. WITHIN GEORGIA	B. TOTAL EVERYWHERE	C. GA Ratio (A/B) DO NOT ROUND COMPUTE TO SIX DECIMALS
1. Total value of property owned (Total assets from Federal balance sheet) . . . 1.			
2. Gross receipts from business . . . . . 2.			
3. **Totals** (Line 1 plus Line 2) . . . . . 3.			
4. Georgia Ratio (Divide Line 3A by 3B) . . . . . 4.			

A copy of the Federal Return and supporting Schedules must be attached if filing by paper. No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue
Mail to: Georgia Department of Revenue, Processing Center, PO Box 740397, Atlanta, Georgia 30374-0397

DIRECT DEPOSIT OPTIONS

A. Direct Deposit **(For U.S. Accounts Only)** See booklet for further instructions. **If Direct Deposit is not selected, a paper check will be issued.**

Type: Checking ☐ **Savings** ☐

Routing Number

Account Number

Declaration: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).
Taxpayer's E-mail Address:

☒ **Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.**

SIGNATURE OF OFFICER

TITLE

DATE

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

JERRY L MCNAIR CPA
FIRM PREPARING THE RETURN

55-0911434
IDENTIFICATION OR SOCIAL SECURITY NUMBER

ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.

IRS DCN OR SUBMISSION ID

0	0	5	8	9	5	5	7	0	0	0	0	0	1						

GA-8453C
2020

GEORGIA CORPORATE INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

☐ GA Consolidated Subsidiary
Consolidated Parent FEIN _____

☐ Address Change
☐ Name Change

☐ Final Return
☐ Amended Due to IRS Audit

2020 Income Tax Return	**2021** Net Worth Return
Beginning 01-01-2020	Beginning 01-01-2021
Ending 12-31-2020	Ending 12-31-2021

☐ Consolidated GA Parent
☒ Original Return
☐ Amended Return

☐ IT-552 Attached
☐ Initial Net Worth
☐ Extension

☐ PL 86-272
☐ UET Annualization Exception

Federal Employer ID Number	Name (Corporate title)	Date admitted into GA
26-1135722	WINDSONG HOMEOWNERS ASSOCIATION	09-25-2007
Location of Records (City & State)	**Business Address**	**Incorporated under laws of what state**
RINCON, GA	PO BOX 1655	GA
Corporation's Telephone Number	**City or Town / State / Zip Code**	**NAICS Code**
912-920-8560	RINCON GA 31326	531390

PART I TAX RETURN INFORMATION

1.	Federal taxable income (Form 600, Sch 1, Line 1)	1.	-100
2.	Georgia taxable income (Form 600, Sch 1, Line 7)	2.	-100
3.	Net Worth (Form 600, Sch 2, Line 4)	3.	0
4.	Net Worth Taxable by Georgia (Form 600, Sch 2, Line 6)	4.	0
5.	Tax Amounts (Form 600, Sch 3, Line 1) Income: 0 Net Worth		0
6.	Balance of Tax due with return (Form 600, Sch 3, Line 11)	6.	
7.	Refund (Form 600, Sch 3, Line 12) Credited to 2021: _____ Refunded		

PART II DECLARATION OF CORPORATE OFFICER

Under penalties of perjury, I declare that the information I have provided to the corporation's Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of the corporation's 2020 Georgia Corporate Income Tax Return. I declare that I have examined the corporation's tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent that the electronic portion of the corporation's return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN HERE _____ (SIGNATURE OF OFFICER) 02-16-2021 (DATE) _____ (TITLE)

_____ (PRINT NAME) _____ (EMAIL)

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE CORPORATION'S RETURN AND THAT THE ENTRIES ON THE GA-8453C ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only

ERO's Signature _____ Date 02-16-2021
Firm's Name JERRY L MCNAIR CPA Check also if paid preparer ☒
Address 100 BLUE FIN CIRCLE SUITE 6
City, State & Zip Code SAVANNAH GA 31410

IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL THE INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only

Paid Preparer's Signature _____ Date _____
Firm's Name _____ FEIN/PTIN _____
Address _____ SSN/TIN _____
City, State & Zip Code _____

GA-8453C (REV. 10/22/20)

KEEP A COPY WITH YOUR RECORDS