



# 1120S with K1- John Dolittle

Analysis of the Self Employed Borrower

Genworth Mortgage Insurance Customer Training

**YOU-CENTRIC SOLUTIONS THAT MATTER**

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Genworth Mortgage Insurance underwriters include: Genworth Mortgage Insurance Corporation and Genworth Mortgage Insurance Corporation of North Carolina

**Genworth**   
Mortgage Insurance

<b>a</b> Employee's SSN <b>XXX-XX-XXXX</b>			<b>b</b> Employer ID No. (EIN) <b>12-1234567</b>			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code <b>FURRY FEET PET CLINIC, INC</b> <b>7500 MISSION BLVD</b> <b>SAN DEIGO CA 92108</b>			<b>1</b> Wgs, tips, other compn <b>127547.00</b>	<b>2</b> Fed inc tax withheld <b>22342.00</b>	<b>3</b> Social security wages <b>127547.00</b>	<b>Form W-2</b> <b>Wage and</b> <b>Tax</b> <b>Statement</b> <b>2019</b>	
			<b>4</b> SS tax withheld <b>7908.00</b>	<b>5</b> Medicare wages & tips <b>127547.00</b>	<b>6</b> Medicare tax withheld <b>1849.00</b>		
			<b>7</b> Social security tips <b></b>	<b>8</b> Allocated tips <b></b>	<b>9</b> <b></b>		
			<b>10</b> Depndt care benefits <b></b>	<b>11</b> Nonqualified plans <b></b>	<b>12a</b> <b></b>		
<b>e</b> Employee's name, address, and ZIP code <b>JOHN W DOLITTLE</b> <b>1514 23RD ST</b> <b>SAN DIEGO CA 92108</b>			<b>13</b> Statutory employee.. <input type="checkbox"/> Retirement plan .. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14</b> Other <b>CASDI 1184.00</b>	<b>12b</b> <b></b>	<b>12c</b> <b></b>	<b>12d</b> <b></b>
<b>15</b> State Employer's state ID number <b>CA 123-1234-4</b>	<b>16</b> State wages, tips, etc <b>127547.00</b>	<b>17</b> State income tax <b>9481.00</b>	<b>18</b> Local wages, tips, etc <b></b>	<b>19</b> Local income tax <b></b>	<b>20</b> Locality name <b></b>		

Department of the Treasury — IRS

**Copy B To Be Filed with Employee's FEDERAL Tax Return**  
 This information is being furnished to the Internal Revenue Service.

<b>a</b> Employee's SSN <b>XXX-XX-XXXX</b>			<b>b</b> Employer ID No. (EIN) <b>12-1234567</b>			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code <b>FURRY FEET PET CLINIC, INC</b> <b>7500 MISSION BLVD</b> <b>SAN DEIGO CA 92108</b>			<b>1</b> Wgs, tips, other compn <b>127547.00</b>	<b>2</b> Fed inc tax withheld <b>22342.00</b>	<b>3</b> Social security wages <b>127547.00</b>	<b>Form W-2</b> <b>Wage and</b> <b>Tax</b> <b>Statement</b> <b>2019</b>	
			<b>4</b> SS tax withheld <b>7908.00</b>	<b>5</b> Medicare wages & tips <b>127547.00</b>	<b>6</b> Medicare tax withheld <b>1849.00</b>		
			<b>7</b> Social security tips <b></b>	<b>8</b> Allocated tips <b></b>	<b>9</b> <b></b>		
			<b>10</b> Depndt care benefits <b></b>	<b>11</b> Nonqualified plans <b></b>	<b>12a</b> <b></b>		
<b>e</b> Employee's name, address, and ZIP code <b>JOHN W DOLITTLE</b> <b>1514 23RD ST</b> <b>SAN DIEGO CA 92108</b>			<b>13</b> Statutory employee.. <input type="checkbox"/> Retirement plan .. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14</b> Other <b>CASDI 1184.00</b>	<b>12b</b> <b></b>	<b>12c</b> <b></b>	<b>12d</b> <b></b>
<b>15</b> State Employer's state ID number <b>CA 123-1234-4</b>	<b>16</b> State wages, tips, etc <b>127547.00</b>	<b>17</b> State income tax <b>9481.00</b>	<b>18</b> Local wages, tips, etc <b></b>	<b>19</b> Local income tax <b></b>	<b>20</b> Locality name <b></b>		

**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.**

<b>a</b> Employee's SSN <b>XXX-XX-XXXX</b>			<b>b</b> Employer ID No. (EIN) <b>12-1234567</b>			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code <b>FURRY FEET PET CLINIC, INC</b> <b>7500 MISSION BLVD</b> <b>SAN DEIGO CA 92108</b>			<b>1</b> Wgs, tips, other compn <b>127547.00</b>	<b>2</b> Fed inc tax withheld <b>22342.00</b>	<b>3</b> Social security wages <b>127547.00</b>	<b>Form W-2</b> <b>Wage and</b> <b>Tax</b> <b>Statement</b> <b>2019</b>	
			<b>4</b> SS tax withheld <b>7908.00</b>	<b>5</b> Medicare wages & tips <b>127547.00</b>	<b>6</b> Medicare tax withheld <b>1849.00</b>		
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<b>e</b> Employee's name, address, and ZIP code <b>JOHN W DOLITTLE</b> <b>1514 23RD ST</b> <b>SAN DIEGO CA 92108</b>			<b>13</b> Statutory employee.. <input type="checkbox"/> Retirement plan .. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14</b> Other <b>CASDI 1184.00</b>	<b>12b</b> <b></b>	<b>12c</b> <b></b>	<b>12d</b> <b></b>
<b>15</b> State Employer's state ID number <b>CA 123-1234-4</b>	<b>16</b> State wages, tips, etc <b>127547.00</b>	<b>17</b> State income tax <b>9481.00</b>	<b>18</b> Local wages, tips, etc <b></b>	<b>19</b> Local income tax <b></b>	<b>20</b> Locality name <b></b>		

**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►

Your first name and middle initial <b>John</b>	Last name <b>Dolittle</b>	<b>Your social security number</b> <b>XXX-XX-XXXX</b>
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>1514 23rd Street</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>San Diego CA 92108</b>		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ► <input type="checkbox"/>		

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>127,547.</b>
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>211.</b>
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>
<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>
<b>c</b>	Pensions and annuities . . . . .	<b>4c</b>	<b>4d</b>
<b>5a</b>	Social security benefits . . . . .	<b>5a</b>	<b>5b</b>
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	<b>b</b>	<b>6</b>
<b>7a</b>	Other income from Schedule 1, line 9 . . . . .	<b>b</b>	<b>7a</b>
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .	<b>b</b>	<b>7b</b>
<b>8a</b>	Adjustments to income from Schedule 1, line 22 . . . . .	<b>b</b>	<b>8a</b>
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .	<b>b</b>	<b>8b</b>
<b>9</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	<b>12,200.</b>
<b>10</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>	<b>0.</b>
<b>11a</b>	Add lines 9 and 10 . . . . .	<b>11a</b>	<b>12,200.</b>
<b>b</b>	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>	<b>115,328.</b>

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under *Standard Deduction*, see instructions.



**SCHEDULE 1**  
(Form 1040 or 1040-SR)Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**► Attach to Form 1040 or 1040-SR.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**Attachment  
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

John Dolittle

Your social security number  
XXX-XX-XXXXAt any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .  Yes  No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1
2a	Alimony received . . . . .	2a
b	Date of original divorce or separation agreement (see instructions) ►	
3	Business income or (loss). Attach Schedule C . . . . .	3
4	Other gains or (losses). Attach Form 4797 . . . . .	4
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	5 -230 .
6	Farm income or (loss). Attach Schedule F . . . . .	6
7	Unemployment compensation . . . . .	7
8	Other income. List type and amount ►	8
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	9 -230 .

**Part II Adjustments to Income**

10	Educator expenses . . . . .	10
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11
12	Health savings account deduction. Attach Form 8889 . . . . .	12
13	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13
14	Deductible part of self-employment tax. Attach Schedule SE . . . . .	14
15	Self-employed SEP, SIMPLE, and qualified plans . . . . .	15
16	Self-employed health insurance deduction . . . . .	16
17	Penalty on early withdrawal of savings . . . . .	17
18a	Alimony paid . . . . .	18a
b	Recipient's SSN . . . . . ►	
c	Date of original divorce or separation agreement (see instructions) ►	
19	IRA deduction . . . . .	19
20	Student loan interest deduction . . . . .	20
21	Tuition and fees. Attach Form 8917 . . . . .	21
22	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	22

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 04/19/20 TTW

Schedule 1 (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on other side.

John Dolittle

Your social security number

XXX-XX-XXXX

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations – Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . . .  **Yes**  **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Furry Feet Pet Clinic, Inc	S	<input type="checkbox"/>	12-1234567	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		230.		
B				
C				
D				
<b>29a</b> Totals				
<b>b</b> Totals		230.		
<b>30</b> Add columns (h) and (k) of line 29a.				<b>30</b>
<b>31</b> Add columns (g), (i), and (j) of line 29b.				<b>31</b> ( 230. )
<b>32 Total partnership and S corporation income or (loss). Combine lines 30 and 31</b>				<b>32</b> -230.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
<b>34a</b> Totals		
<b>b</b> Totals		
<b>35</b> Add columns (d) and (f) of line 34a		<b>35</b>
<b>36</b> Add columns (c) and (e) of line 34b		<b>36</b> ( )
<b>37 Total estate and trust income or (loss). Combine lines 35 and 36</b>		<b>37</b>

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)–Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below			39	

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18 ►	41 -230.
42	Reconciliation of farming and fishing income. Enter your <b>gross</b> farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43

**Schedule K-1  
(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning / / 2019ending / /**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)  <b>-230</b>	<b>13</b>	Credits
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
		A	<b>2,887</b>
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		C	<b>5,498</b>
<b>12</b>	Other deductions		
<b>S</b>	<b>8,688</b>	<b>D</b>	<b>142,015</b>
		<b>17</b>	Other information
		V	Ste.
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

Code	Report on
<b>N</b> Credit for employer social security and Medicare taxes	See the Shareholder's Instructions
<b>O</b> Backup withholding	
<b>P</b> Other credits	
<b>14. Foreign transactions</b>	
<b>A</b> Name of country or U.S. possession	Form 1116, Part I
<b>B</b> Gross income from all sources	
<b>C</b> Gross income sourced at shareholder level	
<b>Foreign gross income sourced at corporate level</b>	
<b>D</b> Reserved for future use	Form 1116, Part I
<b>E</b> Foreign branch category	
<b>F</b> Passive category	
<b>G</b> General category	
<b>H</b> Other	
<b>Deductions allocated and apportioned at shareholder level</b>	
<b>I</b> Interest expense	Form 1116, Part I
<b>J</b> Other	Form 1116, Part I
<b>Deductions allocated and apportioned at corporate level to foreign source income</b>	
<b>K</b> Reserved for future use	Form 1116, Part I
<b>L</b> Foreign branch category	
<b>M</b> Passive category	
<b>N</b> General category	
<b>O</b> Other	
<b>Other information</b>	
<b>P</b> Total foreign taxes paid	Form 1116, Part II
<b>Q</b> Total foreign taxes accrued	Form 1116, Part II
<b>R</b> Reduction in taxes available for credit	Form 1116, line 12
<b>S</b> Foreign trading gross receipts	Form 8873
<b>T</b> Extraterritorial income exclusion	Form 8873
<b>U</b> Section 965 information	See the Shareholder's Instructions
<b>V</b> Other foreign transactions	See the Shareholder's Instructions
<b>15. Alternative minimum tax (AMT) items</b>	
<b>A</b> Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251
<b>B</b> Adjusted gain or loss	
<b>C</b> Depletion (other than oil & gas)	
<b>D</b> Oil, gas, & geothermal—gross income	
<b>E</b> Oil, gas, & geothermal—deductions	
<b>F</b> Other AMT items	
<b>16. Items affecting shareholder basis</b>	
<b>A</b> Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
<b>B</b> Other tax-exempt income	
<b>C</b> Nondeductible expenses	
<b>D</b> Distributions	
<b>E</b> Repayment of loans from shareholders	
<b>17. Other information</b>	
<b>A</b> Investment income	Form 4952, line 4a
<b>B</b> Investment expenses	Form 4952, line 5
<b>C</b> Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
<b>D</b> Basis of energy property	See the Shareholder's Instructions
<b>E</b> Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
<b>F</b> Recapture of low-income housing credit (other)	Form 8611, line 8
<b>G</b> Recapture of investment credit	See Form 4255
<b>H</b> Recapture of other credits	See the Shareholder's Instructions
<b>I</b> Look-back interest—completed long-term contracts	See Form 8697
<b>J</b> Look-back interest—income forecast method	See Form 8866
<b>K</b> Dispositions of property with section 179 deductions	See the Shareholder's Instructions
<b>L</b> Recapture of section 179 deduction	
<b>M</b> through <b>U</b>	
<b>V</b> Section 199A information	
<b>W</b> through <b>Z</b>	
<b>AA</b> Excess taxable income	Reserved for future use
<b>AB</b> Excess business interest income	See the Shareholder's Instructions
<b>AC</b> Other information	

## U.S. Income Tax Return for an S Corporation

2019

For calendar year 2019 or tax year beginning

, 2019, ending

, 20

A S election effective date 02-10-2015	TYPE OR PRINT	Name Furry Feet Pet Clinic, Inc Number, street, and room or suite no. If a P.O. box, see instructions. 7500 Mission Blvd City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 92108	D Employer identification number 12-1234567
B Business activity code number (see instructions) 123456		E Date incorporated 02-10-2015	
C Check if Sch. M-3 attached <input type="checkbox"/>		F Total assets (see instructions) \$ 8,481,065	

- G Is the corporation electing to be an S corporation beginning with this tax year?  Yes  No If "Yes," attach Form 2553 if not already filed
- H Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return (5)  S election termination or revocation
- I Enter the number of shareholders who were shareholders during any part of the tax year . . . . . ►
- J Check if corporation: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales . . . . .	1a 1,602,475	1c 1,602,475
	b Returns and allowances . . . . .	1b	
	c Balance. Subtract line 1b from line 1a . . . . .		
	2 Cost of goods sold (attach Form 1125-A) . . . . .	2	
	3 Gross profit. Subtract line 2 from line 1c . . . . .	3 1,602,475	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797) . . . . .	4	
5 Other income (loss) (see instructions—attach statement) . . . . .	5		
<b>6 Total income (loss).</b> Add lines 3 through 5 . . . . . ►	6 1,602,475		
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E) . . . . .	7 127,547	
	8 Salaries and wages (less employment credits) . . . . .	8 415,849	
	9 Repairs and maintenance . . . . .	9 10,510	
	10 Bad debts . . . . .	10	
	11 Rents . . . . .	11 72,825	
	12 Taxes and licenses . . . . .	12 Ste #1 3,461	
	13 Interest (see instructions) . . . . .	13 22,320	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . . . .	14 148,881	
	15 Depletion (Do not deduct oil and gas depletion.) . . . . .	15	
	16 Advertising . . . . .	16	
	17 Pension, profit-sharing, etc., plans . . . . .	17	
	18 Employee benefit programs . . . . .	18	
	19 Other deductions (attach statement) . . . . .	19 Ste #2 801,312	
	<b>20 Total deductions.</b> Add lines 7 through 19 . . . . . ►	20 1,602,705	
	<b>21 Ordinary business income (loss).</b> Subtract line 20 from line 6 . . . . .	21 -230	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions) . . . . .	22a	22c
	b Tax from Schedule D (Form 1120-S) . . . . .	22b	
	c Add lines 22a and 22b (see instructions for additional taxes) . . . . .		
	23a 2019 estimated tax payments and 2018 overpayment credited to 2019 . . . . .	23a	
	b Tax deposited with Form 7004 . . . . .	23b	
	c Credit for federal tax paid on fuels (attach Form 4136) . . . . .	23c	
	d Reserved for future use . . . . .	23d	
	e Add lines 23a through 23d . . . . .	23e	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . ► <input type="checkbox"/>	24	
	<b>25 Amount owed.</b> If line 23e is smaller than the total of lines 22c and 24, enter amount owed . . . . .	25	
<b>26 Overpayment.</b> If line 23e is larger than the total of lines 22c and 24, enter amount overpaid . . . . .	26		
<b>27 Enter amount from line 26: Credited to 2020 estimated tax ►</b>	<b>Refunded ►</b>	27	

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	May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name Allan Accountant	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Accountants on Call				Firm's EIN ► 11223344
	Firm's address ► 105 33rd Street, San Diego, CA 92108				Phone no.

**Schedule B Other Information** (see instructions)

		<b>Yes</b>	<b>No</b>	
1 Check accounting method:	a <input checked="" type="checkbox"/> Cash    b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ►			
2 See the instructions and enter the:	a Business activity ►	b Product or service ►		
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . .			✓	
4 At the end of the tax year, did the corporation:				
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .			✓	
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .			✓	
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . .			✓	
If "Yes," complete lines (i) and (ii) below.				
(i) Total shares of restricted stock . . . . . ►				
(ii) Total shares of non-restricted stock . . . . . ►				
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . .			✓	
If "Yes," complete lines (i) and (ii) below.				
(i) Total shares of stock outstanding at the end of the tax year . . . . . ►				
(ii) Total shares of stock outstanding if all instruments were exercised ►				
6 Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .			✓	
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . ► <input type="checkbox"/>				
If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.				
8 If the corporation (a) was a C corporation before it elected to be an S corporation <b>or</b> the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation <b>and</b> (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions . . . . . ► \$ . . . . .				
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .			✓	
10 Does the corporation satisfy one or more of the following? See instructions . . . . .			✓	
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.				
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.				
c The corporation is a tax shelter and the corporation has business interest expense.				
If "Yes," complete and attach Form 8990.				
11 Does the corporation satisfy <b>both</b> of the following conditions? . . . . .			✓	
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.				
b The corporation's total assets at the end of the tax year were less than \$250,000.				
If "Yes," the corporation is not required to complete Schedules L and M-1.				

<b>Schedule B Other Information (see instructions) (continued)</b>		<b>Yes</b>	<b>No</b>
<b>12</b>	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		✓
	If "Yes," enter the amount of principal reduction ► \$		
<b>13</b>	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		✓
<b>14a</b>	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	✓	
<b>b</b>	If "Yes," did the corporation file or will it file required Form(s) 1099?	✓	
<b>15</b>	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		✓
	If "Yes," enter the amount from Form 8996, line 14 ► \$		

<b>Schedule K Shareholders' Pro Rata Share Items</b>		<b>Total amount</b>
<b>1</b>	Ordinary business income (loss) (page 1, line 21)	<b>1</b> -230
<b>2</b>	Net rental real estate income (loss) (attach Form 8825)	<b>2</b>
<b>3a</b>	Other gross rental income (loss)	<b>3a</b>
<b>b</b>	Expenses from other rental activities (attach statement)	<b>3b</b>
<b>c</b>	Other net rental income (loss). Subtract line 3b from line 3a	<b>3c</b>
<b>4</b>	Interest income	<b>4</b>
<b>5</b>	Dividends: <b>a</b> Ordinary dividends	<b>5a</b>
	<b>b</b> Qualified dividends	<b>5b</b>
<b>6</b>	Royalties	<b>6</b>
<b>7</b>	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	<b>7</b>
<b>8a</b>	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	<b>8a</b>
<b>b</b>	Collectibles (28%) gain (loss)	<b>8b</b>
<b>c</b>	Unrecaptured section 1250 gain (attach statement)	<b>8c</b>
<b>9</b>	Net section 1231 gain (loss) (attach Form 4797)	<b>9</b>
<b>10</b>	Other income (loss) (see instructions) Type ►	<b>10</b>
<b>Deductions</b>		
<b>11</b>	Section 179 deduction (attach Form 4562)	<b>11</b>
<b>12a</b>	Charitable contributions	<b>12a</b>
<b>b</b>	Investment interest expense	<b>12b</b>
<b>c</b>	Section 59(e)(2) expenditures (1) Type ► (2) Amount ►	<b>12c(2)</b>
<b>d</b>	Other deductions (see instructions) Type ►	<b>12d</b> Ste #3 8,688
<b>Credits</b>		
<b>13a</b>	Low-income housing credit (section 42(j)(5))	<b>13a</b>
<b>b</b>	Low-income housing credit (other)	<b>13b</b>
<b>c</b>	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	<b>13c</b>
<b>d</b>	Other rental real estate credits (see instructions) Type ►	<b>13d</b>
<b>e</b>	Other rental credits (see instructions) Type ►	<b>13e</b>
<b>f</b>	Biofuel producer credit (attach Form 6478)	<b>13f</b>
<b>g</b>	Other credits (see instructions) Type ►	<b>13g</b>
<b>Foreign Transactions</b>		
<b>14a</b>	Name of country or U.S. possession ►	<b>14a</b>
<b>b</b>	Gross income from all sources	<b>14b</b>
<b>c</b>	Gross income sourced at shareholder level	<b>14c</b>
	Foreign gross income sourced at corporate level	
<b>d</b>	Reserved for future use	<b>14d</b>
<b>e</b>	Foreign branch category	<b>14e</b>
<b>f</b>	Passive category	<b>14f</b>
<b>g</b>	General category	<b>14g</b>
<b>h</b>	Other (attach statement)	<b>14h</b>
	Deductions allocated and apportioned at shareholder level	
<b>i</b>	Interest expense	<b>14i</b>
<b>j</b>	Other	<b>14j</b>
	Deductions allocated and apportioned at corporate level to foreign source income	
<b>k</b>	Reserved for future use	<b>14k</b>
<b>l</b>	Foreign branch category	<b>14l</b>
<b>m</b>	Passive category	<b>14m</b>
<b>n</b>	General category	<b>14n</b>
<b>o</b>	Other (attach statement)	<b>14o</b>
	Other information	
<b>p</b>	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ►	<b>14p</b>
<b>q</b>	Reduction in taxes available for credit (attach statement)	<b>14q</b>
<b>r</b>	Other foreign tax information (attach statement)	

<b>Schedule K Shareholders' Pro Rata Share Items (continued)</b>		<b>Total amount</b>
<b>Alternative Minimum Tax (AMT) Items</b>	<b>15a</b> Post-1986 depreciation adjustment . . . . .	<b>15a</b> 2,887
	<b>b</b> Adjusted gain or loss . . . . .	<b>15b</b>
	<b>c</b> Depletion (other than oil and gas) . . . . .	<b>15c</b>
	<b>d</b> Oil, gas, and geothermal properties—gross income . . . . .	<b>15d</b>
	<b>e</b> Oil, gas, and geothermal properties—deductions . . . . .	<b>15e</b>
	<b>f</b> Other AMT items (attach statement) . . . . .	<b>15f</b>
<b>Items Affecting Shareholder Basis</b>	<b>16a</b> Tax-exempt interest income . . . . .	<b>16a</b>
	<b>b</b> Other tax-exempt income . . . . .	<b>16b</b>
	<b>c</b> Nondeductible expenses . . . . .	<b>16c</b> Ste #7 5,498
	<b>d</b> Distributions (attach statement if required) (see instructions) . . . . .	<b>16d</b> 142,015
	<b>e</b> Repayment of loans from shareholders . . . . .	<b>16e</b>
<b>Other Information</b>	<b>17a</b> Investment income . . . . .	<b>17a</b>
	<b>b</b> Investment expenses . . . . .	<b>17b</b>
	<b>c</b> Dividend distributions paid from accumulated earnings and profits . . . . .	<b>17c</b>
	<b>d</b> Other items and amounts (attach statement)	
<b>Reconciliation</b>	<b>18</b> <b>Income (loss) reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p	<b>18</b> -8,918

<b>Schedule L Balance Sheets per Books</b>		<b>Beginning of tax year</b>	<b>End of tax year</b>		
	<b>Assets</b>	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>1</b>	Cash . . . . .		1,056		77,102
<b>2a</b>	Trade notes and accounts receivable . . . . .				
<b>b</b>	Less allowance for bad debts . . . . .	( )	( )		
<b>3</b>	Inventories . . . . .				
<b>4</b>	U.S. government obligations . . . . .				
<b>5</b>	Tax-exempt securities (see instructions) . . . . .				
<b>6</b>	Other current assets (attach statement) . . . . .				
<b>7</b>	Loans to shareholders . . . . .		105,132		
<b>8</b>	Mortgage and real estate loans . . . . .				
<b>9</b>	Other investments (attach statement) . . . . .				
<b>10a</b>	Buildings and other depreciable assets . . . . .	2,282		202,282	
<b>b</b>	Less accumulated depreciation . . . . .	( 1,974)	308	( 150,855)	51,427
<b>11a</b>	Depletable assets . . . . .				
<b>b</b>	Less accumulated depletion . . . . .	( )	( )		
<b>12</b>	Land (net of any amortization) . . . . .				
<b>13a</b>	Intangible assets (amortizable only) . . . . .			8,690,500	
<b>b</b>	Less accumulated amortization . . . . .	( )	( )	( 337,964)	8,352,536
<b>14</b>	Other assets (attach statement) . . . . .				
<b>15</b>	Total assets . . . . .		106,496		8,481,065
<b>Liabilities and Shareholders' Equity</b>					
<b>16</b>	Accounts payable . . . . .				
<b>17</b>	Mortgages, notes, bonds payable in less than 1 year . . . . .				
<b>18</b>	Other current liabilities (attach statement) . . . . .				
<b>19</b>	Loans from shareholders . . . . .				
<b>20</b>	Mortgages, notes, bonds payable in 1 year or more . . . . .				
<b>21</b>	Other liabilities (attach statement) . . . . .				Ste #5 8,531,000
<b>22</b>	Capital stock . . . . .				
<b>23</b>	Additional paid-in capital . . . . .				
<b>24</b>	Retained earnings . . . . .		Ste #6 106,496		Ste #6 -49,935
<b>25</b>	Adjustments to shareholders' equity (attach statement) . . . . .				
<b>26</b>	Less cost of treasury stock . . . . .	( )	( )		
<b>27</b>	Total liabilities and shareholders' equity . . . . .		106,496		8,481,065

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books . . . . .	-14,416	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) . . . . .		a	Tax-exempt interest \$ . . . . .	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a	Depreciation \$ . . . . .		a	Depreciation \$ . . . . .	
b	Travel and entertainment \$ . . . . .	3,255	7	Add lines 5 and 6 . . . . .	
	Ste #8 . . . . .	2,243	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 . . . . .	-8,918
4	Add lines 1 through 3 . . . . .	5,498			
		-8,918			

**Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income****Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account**

(see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year . . . . .	106,496			
2	Ordinary income from page 1, line 21 . . . . .				
3	Other additions . . . . .				
4	Loss from page 1, line 21 . . . . .	( 230 )			
5	Other reductions . . . . .	( Ste #9 14,186 )		( )	
6	Combine lines 1 through 5 . . . . .	92,080			
7	Distributions . . . . .	106,496			
8	Balance at end of tax year. Subtract line 7 from line 6 . . . . .	-14,416			

► Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► **Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).**

Name

## Furry Feet Pet Clinic, Inc

**Employer identification number**

12-1234567

**Note:** Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
AMORTIZATION EXPENSE		337,964.
AUTOMOBILE EXPENSE		8,973.
BANK CHARGES		775.
COMPUTER EXPENSES		63.
DUES AND SUBSCRIPTIONS		356.
INSURANCE		6,259.
INTERNET		3,683.
LABORATORY AND RADIOLOGY FEES		34,617.
MEALS		3,255.
OFFICE EXPENSE		1,342.
OFFICE SUPPLIES		20,528.
OUTSIDE SERVICES		12,911.
PARKING		25.
PAYROLL TAXES, PEO FEE, INSURANCE		123,668.
PHARMACEUTICALS		230,477.
POSTAGE		179.
SECURITY EXPENSE		1,537.
TELEPHONE		2,188.
TRAINING/CONTINUING EDUCATION		319.
TRAVEL		5,089.
UTILITIES		7,104.
TOTAL TO FORM 1120S, PAGE 1, LINE 19		801,312.