FOR TAX YEAR 2021

CONYERS CALLAWAY CROSSING HOMEOWNER

Tax Facts Inc

114 N McDonough Street

Jonesboro, GA 30236

(770)471-3003

Tax Facts Inc

Conyers Callaway Crossing Homeowner
303 Corporate Center Dr Suite 300a
Stockbridge, GA 30281

Invoice Date: 03/31/2022
Phone : 770-389-6528

Your 2021 tax return was prepared by Penny Tokash, EA.

Description		Fee
Federal and Supplemental Forms		
Form 1120-H	- U.S. Return for Homeowner's Associations	
Wks Tax/Lic	- Taxes and Licenses Worksheet	
Statement 1120	- Form 1120 - Other Deductions	
Overflow	- Itemized Listing Attachment	
Comparison	- Tax Year Comparison Sheet	
Georgia Forms		
GA 600	- Corporation Tax Return	
GA 600.PG3	- Corporation Tax Return Pg 3	
GA 8453C	- Declaration for Electronic Filing	
Total Forms : 8	**Forms Subtotal**	**$ 175.00**
	Total Balance Due	**$ 175.00**

Tax Facts Inc

March 31, 2022

Conyers Callaway Crossing Homeowner
303 Corporate Center Dr Suite 300a
Stockbridge, GA 30281

Conyers Callaway Crossing Homeowner:

Enclosed is the 2021 Form 1120-H, U.S. Income Tax Return for Homeowners Associations prepared for Conyers Callaway Crossing Homeowner from the information provided. The original should be signed and dated by a corporate officer and mailed on or before April 18, 2022, to the following address:

Department of the Treasury
Internal Revenue Service Center
Kansas City, MO 64999-0012

The corporation's federal return reflects neither a refund nor a balance due.

Enclosed is the 2021 Georgia Income Tax return, prepared for Conyers Callaway Crossing Homeowner from the information provided. This return will be e-filed with the Georgia taxing authority.

The corporation's Georgia Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at **(770)471-3003** or by email **info@taxfacts.com**.

Sincerely,
Penny Tokash, EA

Privacy Policy*: It is the policy of this firm to handle the information you provide to us with absolute confidentiality and care. Access to your personal file is restricted to members of our firm who need to know this information in order to complete the work you have hired us to do. We will not disclose your personal and confidential information to anyone outside our firm without your express permission to do so. Please understand our policy is for your protection when we insist on verifying your request before releasing information on your behalf.*

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

2021

For calendar year 2021 or tax year beginning , 2021, and ending , 20

	Name	Employer identification number
TYPE	CONYERS CALLAWAY CROSSING HOMEOWNER	01-0608766
OR PRINT	Number, street, and room or suite no. If a P.O. box, see instructions. 303 CORPORATE CENTER DR SUITE 300A	Date association formed
	City or town, state or province, country, and ZIP or foreign postal code STOCKBRIDGE GA 30281	02-21-2002

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	255,978
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	C	252,619
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
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	3

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	266
13	Interest	13	
14	Depreciation (attach Form 4562)	14	
15	Other deductions (attach statement) Statement #5	15	3,727
16	**Total deductions.** Add lines 9 through 15	16	3,993
17	Taxable income before specific deduction of $100. Subtract line 16 from line 8	17	(3,990)
18	Specific deduction of $100	18	$100

Tax and Payments

19	**Taxable income.** Subtract line 18 from line 17				19	(4,090)
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	
23a	2020 overpayment credited to 2021	23a				
b	2021 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 2022 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 — AGENT 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: Penny Tokash, EA	Preparer's signature	Date: 03-31-2022	Check ☐ if self-employed — PTIN: P00039149
Firm's name ► Tax Facts Inc			Firm's EIN ► 58-1872407
Firm's address ► 114 N McDonough Street Jonesboro GA 30236			Phone no (770)471-3003

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-H** (2021)

EEA

Name(s) as shown on return: CONYERS CALLAWAY CROSSING HOMEOWNER

Tax ID Number: 01-0608766

FORM 1120H - LINE 15 - OTHER DEDUCTIONS Statement #5

DESCRIPTION	AMOUNT
ACCOUNTING COST	175
BANK CHARGES	110
OFFICE EXPENSE	2,072
POSTAGE/SHIPPING	1,370
TOTAL	**3,727**

1120	**Overflow Statement** (This page is not filed with the return. It is for your records only.)	2021 Page 1

Name(s) as shown on return: CONYERS CALLAWAY CROSSING HOMEOWNER

FEIN: 01-0608766

Description	Amount
COLLECTION EXPENSE	$ 7,034
INSURANCE	1,506
LEGAL	6,120
MANAGEMENT FEES	10,959
LANDSCAPING	31,532
REPAIRS AND MAINTENANCE	20,475
UTILITIES	7,323
WATER EXPENSE	167,670
Total: $	**252,619**

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2021

CORPORATION NAME

CONYERS CALLAWAY CROSSING HOMEOWNER

EIN

01-0608766

Taxes and Licenses

Form 1120, line 17
Form 1120-C, line 15
Form 1120-H, line 12

1	State income taxes	**1**	
2	State franchise taxes	**2**	
3	City income taxes	**3**	
4	City franchise taxes	**4**	
5	Real estate taxes	**5**	
6	Local property taxes	**6**	**266**
7	Intangible property taxes	**7**	
8	Payroll taxes	**8**	
9	Less: credit from Form 8846	**9**	
10	Foreign taxes paid	**10**	
11	Occupancy taxes	**11**	
12	Other miscellaneous taxes	**12**	
13	Licenses	**13**	
14	Total to Form 1120, Page 1, Line 17	**14**	**266**

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Georgia Form 600 (Rev. 08/02/21) **Page 1**
Corporation Tax Return (Approved software version)
Georgia Department of Revenue
2021 Income Tax Return

Beginning 01-01-2021

Ending 12-31-2021

X Original Return | Consolidated GA Parent Return *(attach approval)* | Address 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

2022 Net Worth Tax Return

Beginning 01-01-2022

Ending 12-31-2022

A. Federal Employer ID Number: 01-0608766

B. Name (Corporate title) Please give former name if applicable.: CONYERS CALLAWAY CROSSING HOMEOWNER

C. GA Withholding Tax Account Number:

D. Business Address (Number and Street): 303 CORPORATE CENTER DR SUITE 300A

E. GA Sales Tax Registration Number:

F. City or Town: STOCKBRIDGE

G. State: GA

H. Zip Code: 30281

I. Foreign Country Name:

J. NAICS Code:

K. Date of Incorporation: 02-21-2002

L. Incorporated under laws of what state: GA

M. Date admitted into GA:

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

O. Corporation's Telephone Number: 770-389-6528

P. Type of Business:

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.	-4090
2. Additions to Federal Income (from Schedule 4)	2.	
3. Total (add Lines 1 and 2)	3.	-4090
4. Subtractions from Federal Income (from Schedule 5)	4.	
5. Balance (Line 3 less Line 4)	5.	-4090
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.	-4090
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.	

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(Corporation) Name CONYERS CALLAWAY CROSSING HOMEOWNER FEIN 01-0608766

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 2022 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 CONYERS CALLAWAY CROSSING HOMEOWNER FEIN 01-0608766

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.

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:

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

	PENNY TOKASH, EA
SIGNATURE OF OFFICER	SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN
AGENT	TAX FACTS INC
TITLE	FIRM PREPARING THE RETURN
	58-1872407
DATE	IDENTIFICATION OR SOCIAL SECURITY NUMBER