P09000037787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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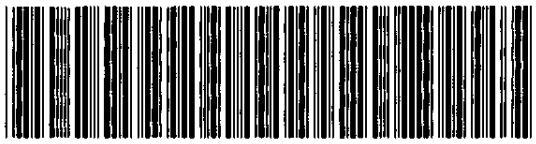

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E. DENNARD

7/28/10

#P09000037787

Form **1120S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

► Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
► See separate instructions.

OMB No. 1545-0130

2009

For calendar year 2009 or tax year beginning , 2009, ending

A S election effective date 01/01/04	Name: TERRY MCRAY CARPENTRY SERVICES, INC.	D Employer identification number 55 0850158
B Business activity code number (see instrs) 238300	Number, street, and room or suite no. If a P.O. box, see instructions: 16271 FLAVIAN RD.	E Date incorporated 01/01/04
C Check if Sch M-3 attached ☐	City or town, state, and ZIP code: BROOKSVILLE FL 34601	F Total assets (see instructions) $

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes [X] No If 'Yes,' attach Form 2553 if not previously filed

H Check if: (1) ☐ Final return (2) [X] Name change (3) [X] 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 ► 1

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

	Line	Description		
INCOME	1a	Gross receipts or sales / b Less returns and allowances / c Bal ►	1c	
	2	Cost of goods sold (Schedule A, line 8)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	
	4	Net gain (loss) from Form 4797, Part II, line 17 *(attach Form 4797)*	4	
	5	Other income (loss) *(attach statement)*	5	
	6	**Total income (loss).** Add lines 3 through 5 ►	6	
DEDUCTIONS (see instrs)	7	Compensation of officers	7	
	8	Salaries and wages (less employment credits)	8	
	9	Repairs and maintenance	9	
	10	Bad debts	10	
	11	Rents	11	
	12	Taxes and licenses	12	
	13	Interest	13	
	14	Depreciation not claimed on Schedule A or elsewhere on return *(attach Form 4562)*	14	
	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)* STMT	19	
	20	**Total deductions.** Add lines 7 through 19 ►	20	
	21	**Ordinary business income (loss).** Subtract line 20 from line 6	21	
TAX AND PAYMENTS	22a	Excess net passive income or LIFO recapture tax *(see instructions)* — 22a		
	b	Tax from Schedule D (Form 1120S) — 22b		
	c	Add lines 22a and 22b *(see instructions for additional taxes)*	22c	
	23a	2009 estimated tax payments and 2008 overpayment credited to 2009 — 23a		
	b	Tax deposited with Form 7004 — 23b		
	c	Credit for federal tax paid on fuels *(attach Form 4136)* — 23c		
	d	Add lines 23a through 23c	23d	
	24	Estimated tax penalty *(see instructions)*. Check if Form 2220 is attached ► ☐	24	
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26	**Overpayment.** If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
	27	Enter amount from line 26 **Credited to 2010 estimated tax** ► Refunded ►	27	

Please add FEIN to Sunbiz System

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 02/08/10 — ► TERRY MCRAY Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ► PAMELA R MCKINNEY CPA	Date 07/28/10	Check if self-employed [X]	Preparer's SSN or PTIN P01061146
Firm's name (or yours if self-employed), address, and ZIP code ► PAMELA R MCKINNEY, CPA, PA			EIN 27-0401714
10259 NOTTINGHAM FOREST DR.			
BROOKSVILLE FL 34601			Phone no. (352) 232-2946

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