

For calendar year 2023 or tax year beginning **July 1, 2023**, and ending **June 30, 2024**

TYPE OR PRINT	Name Scorton Shores Association Inc	Employer identification number 04-2703685
	Number, street, and room or suite no. If a P.O. box, see instructions. 3 Capt. Paine Rd (P.O. Box 516)	Date association formed 10/10/1979
	City or town, state or province, country, and ZIP or foreign postal code East Sandwich, MA 02537	

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 Statement 1	B 28,155.
C Total expenditures made for purposes described in 90% expenditure test See Statement 2	C 28,133.
D Association's total expenditures for the tax year	D 28,133.
E Tax-exempt interest received or accrued during the tax year	E 0.

Gross Income (excluding exempt function income)

1 Dividends	
2 Taxable interest See Statement 3	2 62.
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 62.

Deductions (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages	
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 0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17 62.
18 Specific deduction of \$100	18 \$100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19 -38.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20 0.
21 Tax credits	21
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22 0.
23 a Preceding year's overpayment credited to the current year	23a
b Current year's estimated tax payments	23b
c Tax deposited with Form 7004	23c
d Credit for tax paid on undistributed capital gains (attach Form 2439)	23d
e Credit for federal tax paid on fuels (attach Form 4136)	23e
f Elective payment election amount from Form 3800	23f
g Total payments and credits. Combine lines 23a through 23f	23g 0.
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 2024 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: **President**

May the IRS discuss this return with the preparer shown below? See instr. Yes No

Paid Preparer Use Only	Print/Type preparer's name KYLE J PETERS, CPA	Preparer's signature KYLE J PETERS, CPA	Date 09/17/24	Check if self-employed <input type="checkbox"/>	PTIN P02084325
	Firm's name Kyle J. Peters Bookkeeping, Inc.	Firm's EIN 92-0399141			
	Firm's address 800 BEARSES WAY HYANNIS, MA 026012262	Phone no. (774) 368-2220			

Form 1120-H	Exempt Function Income	Statement 1
Description		Amount
HOA Membership Dues		28,155.
Total to Form 1120-H, Item B		28,155.

Form 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	Statement 2
Description		Amount
Legal Fees		33.
Liability Insurance		4,039.
Membership		300.
President		414.
Pride Day - Mulch		593.
Repairs & Maintenance		14,580.
Secretary		734.
Security		5,043.
Technology Committee		497.
Treasurer		1,567.
Workmans Comp		333.
Total to Form 1120-H, Item C		28,133.

Form 1120-H	Interest Income	Statement 3
Description	US	Other
		62.
Total to Form 1120-H, Line 2		62.