

2:57 PM
07/21/20
Accrual Basis

Madison Village
Profit & Loss
January through June 2020

	<u>Jan - Jun 20</u>
Ordinary Income/Expense	
Income	
Homeowners Dues	1,149.00
Total Income	<u>1,149.00</u>
Expense	
Insurance Expense	333.60
Licensing	25.00
Property Management Fees	150.00
Taxes	25.00
Total Expense	<u>533.60</u>
Net Ordinary Income	<u>615.40</u>
Net Income	<u><u>615.40</u></u>

Madison Village
Balance Sheet
As of June 30, 2020

Jun 30, 20

ASSETS

Current Assets

Checking/Savings

Homestreet - Checking 6,078.96

Total Checking/Savings 6,078.96

Accounts Receivable

Accounts Receivable 490.02

Total Accounts Receivable 490.02

Total Current Assets 6,568.98

6,568.98

Equity

TOTAL / Prior Years 5,953.58

LIABILIT Net Income 615.40

Total Equity 6,568.98

6,568.98

TOTAL LIABILITIES & EQUITY

MADISON VILLAGE CONDOMINIUM
OWNERS ASSOCIATION
P O BOX 3408
EVERETT, WA 98213

1036
19-8442/3250

5/8/2020 Date

Pay to the Order of KSB CONSULTING \$ 50.00
fifty dollars & $\frac{00}{100}$ Dollars

 Security Features Details on Back.

 **HomeStreet Bank**
Mountlake Terrace Branch 1-800-719-8080

For _____ MP
⑆325084426⑆ 5372117993⑈ 1036

GREEN SHEPHERD™

Harland Clarke

**U.S. Income Tax Return
for Homeowners Associations**

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

2019

For calendar year 2019 or tax year beginning Jan , 2019, and ending Dec , 20 19

TYPE OR PRINT	Name Madison Village Condominium	Employer identification number 27-1911755
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O AK Elite Management PO Box 128	Date association formed 2/13/2009
	City or town, state or province, country, and ZIP or foreign postal code Rochester WI 53167	

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** 2349.60

C Total expenditures made for purposes described in 90% expenditure test. See instructions **C** 572.00

D Association's total expenditures for the tax year. See instructions **D** 1777.60

E Tax-exempt interest received or accrued during the tax year **E**

1	Dividends		
2	Taxable interest		0.00
3	Gross rents		
4	Gross royalties		
5	Capital gain net income (attach Form 4797)		
6	Net gain or (loss) from Form 4797		
7	Other income (excluding exempt interest)		
8	Gross income (excluding exempt interest)		0.00

Deductions (directly connected with producing exempt function income)			
9	Salaries and wages		
10	Repairs and maintenance		
11	Rents		
12	Taxes and licenses		
13	Interest		
14	Depreciation (attach Form 4562)		0.00
15	Other deductions (attach statement)		
16	Total deductions. Add lines 9 through 15		0.00
17	Taxable income before specific deductions		
18	Specific deduction of \$100		\$100

19	Taxable income. Subtract line 18 from line 17		0.00
20	Enter 30% (0.30) of line 19. (Timeshare associations only)		0.00
21	Tax credits (see instructions)		
22	Total tax. Subtract line 21 from line 20		0.00

23a	2018 overpayment credited to 2019		
b	2019 estimated tax payments		
d	Tax deposited with Form 7004		
e	Credit for tax paid on undistributed capital gains		
f	Credit for federal tax paid on fuels (attach Form 425)		
g	Add lines 23c through 23f		
24	Amount owed. Subtract line 23g from line 22		0.00
25	Overpayment. Subtract line 22 from line 24		
26	Enter amount of line 25 you want: Credit		

MADISON VILLAGE CONDOMINIUM OWNERS ASSOCIATION
 P.O. BOX 3408
 EVERETT, WA 98213
 19-8442/2500
 1034

Pay to the Order of
 TWENTY FIVE DOLLARS
 \$ 25.00
 Date 5/7/2020

HomeStreet Bank
 Mountlake Terrace Branch
 1-800-719-8080

For TAXES
 3250844261
 5372117993
 1034

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 the taxpayer) is based on information furnished by the taxpayer. **Signature of officer** _____ **Date** _____ **Title** _____ **Manager**

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

Paid Preparer Use Only	Print/Type preparer's name Kim Stratton (Bergesen)	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name AK Elite Management				Firm's EIN 26-0609394
	Firm's address PO Box 128 Rochester WI 53167				Phone no. 425-344-5998

MADISON VILLAGE CONDOMINIUM
OWNERS ASSOCIATION
P O BOX 3408
EVERETT, WA 98213

1037

6/10/2020

19-8442/3250

Date

Pay to the
Order of

MSB CONSULTING

\$ 50.00

fifty dollars & 00/100

Dollars



Security
Features
Details on
Back.

HomeStreet Bank

Mountlake Terrace Branch 1-800-719-8080

For

NP

⑆325084426⑆ 5372117993⑆ 1037

Herford Clarke

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