

Form **1120** U.S. Corporation Income Tax Return OMB No. 1545-0123
 Department of the Treasury Internal Revenue Service For calendar year 2004 or tax year beginning _____, 2004, ending _____, 20____ **2004**
 ▶ See separate instructions.

A Check if: Consolidated return (attach Form 851) Personal holding co. (attach Sch. PH) Personal service corp. (see instructions) Schedule M-3 required (attach Sch. M-3)

Use IRS label. Otherwise, print or type.
 Name: **A U.S., Inc.**
 Number, street, and room or suite no. If a P.O. box, see page 9 of instructions: **1234 Park Avenue, 200th FL**
 City or town, state, and ZIP code: **New York, NY 12345**

B Employer identification number: **12-3456789**
 C Date incorporated: **1/1/20V5**
 D Total assets (see page 8 of instructions): **\$ 74,528,465**

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a	Gross receipts or sales	76,630,000	b	Less returns and allowances	157,000	c	Bal	1c	76,473,000
	2	Cost of goods sold (Schedule A, line 8)							2	54,654,300
	3	Gross profit. Subtract line 2 from line 1c							3	21,818,700
	4	Dividends (Schedule C, line 19)							4	0
	5	Interest							5	22,000
	6	Gross rents							6	100,000
	7	Gross royalties							7	0
	8	Capital gain net income (attach Schedule D (Form 1120))							8	0
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)							9	-710,206
	10	Other income (see page 11 of instructions—attach schedule)							10	1,349,000
	11	Total income. Add lines 3 through 10							11	22,579,494
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)							12	800,000
	13	Salaries and wages (less employment credits)							13	5,250,000
	14	Repairs and maintenance							14	723,000
	15	Bad debts							15	0
	16	Rents							16	749,000
	17	Taxes and licenses							17	4,828,500
	18	Interest							18	152,900
	19	Charitable contributions (see page 14 of instructions for 10% limitation)							19	12,000
	20	Depreciation (attach Form 4562)			20	377,709				
	21	Less depreciation claimed on Schedule A and elsewhere on return			21a	100,000			21b	277,709
	22	Depletion							22	0
	23	Advertising							23	126,000
	24	Pension, profit-sharing, etc., plans							24	340,000
	25	Employee benefit programs							25	245,000
	26	Other deductions (attach schedule)							26	2,237,167
	27	Total deductions. Add lines 12 through 26							27	15,741,276
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11							28	6,717,218
29	Less: a Net operating loss deduction (see page 16 of instructions)			29a				29c		
	b Special deductions (Schedule C, line 20)			29b						
Tax and Payments	30	Taxable income. Subtract line 29c from line 28 (see instructions if Schedule C, line 12, was completed)							30	6,838,218
	31	Total tax (Schedule J, line 11)							31	
	32	Payments: a 2003 overpayment credited to 2004	32a							
	b	2004 estimated tax payments	32b							
	c	Less 2004 refund applied for on Form 4466	32c							
	d	Bal						32d		
	e	Tax deposited with Form 7004						32e		
	f	Credit for tax paid on undistributed capital gains (attach Form 2439)						32f		
	g	Credit for Federal tax on fuels (attach Form 4136). See instructions.						32g		
	32h								32h	
33	Estimated tax penalty (see page 17 of instructions). Check if Form 2220 is attached							33		
34	Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed							34		
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid							35		
36	Enter amount of line 35 you want: Credited to 2005 estimated tax ▶ Refunded ▶							36		

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: _____

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

Paid Preparer's Use Only Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: _____
 Firm's name (or yours if self-employed), address, and ZIP code: _____ EIN: _____
 Phone no. (): _____