

For calendar year 2020 or tax year beginning , 2020, and ending , 20

TYPE OR PRINT	Name	Employer identification number
	COASTAL ESTATES HOMEOWNERS ASSOCIATION	59-1884444
	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
	11251 BOMBAY LN	06-07-1978
	City or town, state or province, country, and ZIP or foreign postal code	
	FORT MYERS FL 33908	

Check if:	(1) Final return	(2) Name change	(3) Address change	(4) Amended return
A	Check type of homeowners association:	<input type="checkbox"/> Condominium management association	<input checked="" type="checkbox"/> Residential real estate association	<input type="checkbox"/> Timeshare association
B	Total exempt function income. Must meet 60% gross income test. See instructions	B	13,173	
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	C	11,856	
D	Association's total expenditures for the tax year. See instructions	D	13,510	
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	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

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
13	Interest	13
14	Depreciation (attach Form 4562)	14
15	Other deductions (attach statement)	15
16	Total deductions. Add lines 9 through 15	16
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17
18	Specific deduction of \$100	18 \$100

Tax and Payments		
19	Taxable income. Subtract line 18 from line 17	19 -100
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20 0
21	Tax credits (see instructions)	21
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22
23a	2019 overpayment credited to 2020	23a
b	2020 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 2021 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	May the IRS discuss this return with the preparer shown below? See instrs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KAREN GARCIA	<i>Karen Garcia</i>	2/4/2021	P00075080
	Firm's name ▶ BLOCK ADVISORS	Firm's EIN ▶ 431871840		
	Firm's address ▶ 13401 SUMMERLIN RD STE 4	Phone no. 2399859500		