

Form **1120**

**U.S. Corporation Income Tax Return**

OMB No. 1545-0123

For calendar year 2019 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**2019**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

<b>A Check if:</b> 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name <b>BENEVOLENCE RUM CORPORATION</b>	B Employer identification number <b>81-4400007</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>9350 SW 79TH AVENUE</b>	C Date incorporated <b>01/23/2017</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>MIAMI, FL 33156</b>	D Total assets (see instructions) <b>\$ 74,751.</b>
		E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change	

Income	1a Gross receipts or sales	1a	33,626.
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	33,626.
	2 Cost of goods sold (attach Form 1125-A)	2	69,129.
	3 Gross profit. Subtract line 2 from line 1c	3	-35,503.
	4 Dividends and inclusions (Schedule C, line 23)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10 Other income (attach statement)	10		
11 Total income. Add lines 3 through 10	11	-35,503.	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	
	14 Repairs and maintenance	14	246.
	15 Bad debts	15	
	16 Rents	16	
	17 Taxes and licenses	17	2,056.
	18 Interest (see instructions)	18	
	19 Charitable contributions	19	5,803.
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	2,176.
	21 Depletion	21	
	22 Advertising	22	12,837.
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	
	25 Reserved for future use	25	
	26 Other deductions (attach statement)	26	127,199.
	27 Total deductions. Add lines 12 through 26	27	150,317.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	-185,820.
29a Net operating loss deduction (see instructions)	29a	0.	
b Special deductions (Schedule C, line 24)	29b		
c Add lines 29a and 29b	29c		
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	-185,820.
	31 Total tax (Schedule J, Part I, line 11)	31	0.
	32 2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32	
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34	
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35	0.
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36	
	37 Enter amount from line 36 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	37	

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.

**TAXPAYER COPY**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

Print/Type preparer's name: **ANDREA B. THURN** Preparer's signature: *Andrea Thurn CPA* Date: **10/11/2020** Check if self-employed  PTIN: **P01326005**

Firm's name: **MORGAN, JACOBY, THURN, BOYLE & ASSOC PA** Firm's EIN: **65-0761640**

Firm's address: **700 20TH ST VERO BEACH, FL 32960** Phone no.: **(772) 562-4158**