U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
 ▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

artm	ent of th	ne Treasury	▶(Go to www.irs.gov/Fo	orm1120S for instructions a	and the latest	iniormation.		. 20		
rnal	Revenue	Service r year 2017 o			, 201	7, ending			dentification num	ber .	
ca	lendar	setive date	tux you.	Name				D Employer	identification frame		
		fective date		Bedford Waste	Services Corp.			E Date incom	porated		
1/01/1998 TYPE			TYPE	Number, street, and ro	om or suite no. If a P.O. box, see	instructions.					
Business activity code number (see instructions)			OR	2 2400			04/01/1995 F Total assets (see instructions)				
number (see instructions)			DRINT	City or town state or D	province, country, and ZIP or fore	eign postal code		F Total asset	T .		
21300				I .				\$	165,325.		
Check if Sch. M-3 attached Is the corporation electing to be a				Biddeford ME	04003	es X No	If "Yes." attac	ch Form 255	3 if not already 1	filed	
Is	the cor	poration electing	ng to be ar	S corporation beginning	ing with this tax year? (4) 3) Address change	C Amended	eturn (5)	S election te	rmination or revoca	ation	
Ch	neck if	(1) Final re	eturn (2)	Name change	3) Address change	Alliended	Ciuiii (-)		>	1	
C1	ntor the	e number of s	nareholde	ers who were shareho	olders during any part of the	e tax year .	ions for more	information.			
Li	on Incl	lude only trade	or busine	ess income and expens	ses on lines ta unough z it c	700 1110 1110		I II O I I I I I I I I I I I I I I I I			
luu	UII. IIIO	O company	or cales			1a	50,967.				
						1b			50 067		
				1				1c	50,967.		
U			/	Farm 1125-A)				2			
Income				o Comme line 10					50,967.		
2	3	Gross profit. S	Subtract II	ne 2 from line 10 .	ch Form 4797)			4			
=	4	Net gain (loss	from For	m 4/9/, line 1/ (alla	b statement)			5			
	5	Other income	(loss) (se	e instructions—aπac	h statement)		•	- 6	50,967.		
(S)	6	Total income	(loss). A	dd lines 3 through 5		•		7			
	7	Compensatio	n of office	ers (see instructions –	-attach Form 1125-E)			8			
5	8	Salaries and v	vages (les	ss employment credit	ts)			9	6,500.		
Ital	_	Denoire and r	naintenar	ice				10	12,973.		
틸											
ē								12	4,400.		
<u>ا ۾</u>	12								7,757.		
(see instructions for limitations)									11,865.		
	14		- 4 - 1 - 1 - 0	ad on Form 1125-A	or elsewhere on return (atta	ICH FORM 430	-) · · · ·		11,000.		
			4 -11	luck all and are deni	letion.)						
See	15									-	
- 1	16		ca abaulas	ato plane						+	
Deductions	17	Pension, pro	nofit proc	g, otor, president	Statement			18	7 620	+-	
¥	18			ab atatament) DEE	Deacomone			19	7,638.		
3	19	Other deduc	lions (alla	dinas 7 through 19				▶ 20	51,133.	_	
eq	20	Total deduc	tions. Ad	d lines / trirough 19	ct line 20 from line 6			. 21	-166.	-	
Ω	21	Ordinary bu	siness in	come (loss). Subtrat	tow (see instructions)	22a					
Tax and Payments	22 a	Excess net p	assive inco	ome or LIFO recapture	tax (see instructions)	22b		100			
	b	Tax from Sc	hedule D	(Form 1120S)	, , , , , , , , , , , , , , , , , , ,	220		. 22c			
	C	Add lines 22	a and 22h	o (see instructions fol	r additional taxes)	7 7					
	23 a	2017 estima	ted tax pa	yments and 2016 ove	erpayment credited to 2017	23a		1			
	b	Tay deposit	ad with Fo	orm 7004		230					
		Cradit for fa	deral tax	paid on fuels (attach	Form 4136)	23c					
	C	A 1.115 00	a through	230				. 23d		+-	
	d		14.	. / instructions) C	heck if Form 2220 is attach	ned	▶ l	24		+	
	24			and the amount of them	the total of lines ZZC allu 2	4. Cilloi airiot	int owed .	. 25		+	
	25	Estimated tax penalty (see instructions). Order in 1 of the second 24, enter amount owed Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount overpaid. Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid.						. 26		-	
	26										
	27	Enter amou	nt from lir	ne 26 Credited to 20	nd this return, including accompanying taxpayer) is based on all information	ng schedules and	etatements and to	the best of my	knowledge and belief,	it is t	
		Under penalties	of perjury, I	declare that I have examine	nd this return, including accompanyi n taxpayer) is based on all information	n of which prepare	r has any knowledg	May the	RS discuss this return		
		correct, and cor	npiete. Decla	ration of preparer totaler than				with the	oreparer shown below		
Si	gn	President						(see insti	(see instructions)? XYes No		
	ere	Signature	of officer		Date	Title	Dete		PTIN		
П	CIC		preparer's	name	Preparer's signature		Date	Check [] if		
Pa	aid	1.1110.750						self-emp	N - 04-33857	86	
	repar	Firm's name STEPHEN P ST CYR AND ASSOCIATES Firm's address 17 SKY OAKS DR Biddeford ME 04005-9281						Firm's El	Firm's EIN ▶04-3385786 Phone no. (207) 423-021		
		nly Firm's nat	ne ▶31	TT 11111 - 01 01		AF 0201		I Phone no	PRO Form 112 (U 2 1	