

FOR TAX YEAR 2023

HYG HOMES LLC

CORREA CRAWFORD & ASSOCIATES, LLC

84 NE LOOP 410 STE 252

SAN ANTONIO, TX 78216

(210) 618-5921

**2023 Filing Instructions
HYG HOMES LLC
Tax year ending 12-31-2023**

Form filed:

Form 1120 and supplemental forms and schedules

Filing method:

The corporation's return will be e-filed once the signed Form 8879-CORP has been received by this office. Do not mail this return to the IRS.

Due date:

04-15-2024

The return reflects neither a refund nor a balance due.

7004 Filing Instructions
HYG HOMES LLC
Tax year ending 12-31-2023

Form filed:

Form 7004

Filing method:

The extension has been e-filed, do not mail.

Due date:

04-15-2024

CORREA CRAWFORD & ASSOCIATES, LLC

84 NE LOOP 410 STE 252
SAN ANTONIO, TX 78216
correacrawford@gmail.com
Phone: (210)618-5921 | Fax: (888)811-4355

February 23, 2024

HYG HOMES LLC
84 NE LOOP 410, STE 242
SAN ANTONIO, TX 78216

Subject: Preparation of 2023 Tax Returns

HYG HOMES LLC:

Thank you for choosing CORREA CRAWFORD & ASSOCIATES, LLC to assist with the 2023 taxes for HYG HOMES LLC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for HYG HOMES LLC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of HYG HOMES LLC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(210)618-5921.

Sincerely,

SARA CRAWFORD
CORREA CRAWFORD & ASSOCIATES, LLC

Accepted By:

Carlos Garza

Officer
23/02/24

Date

CORREA CRAWFORD & ASSOCIATES, LLC

84 NE LOOP 410 STE 252
SAN ANTONIO, TX 78216
correacrawford@gmail.com
Phone: (210)618-5921 | Fax: (888)811-4355

February 23, 2024

HYG HOMES LLC
84 NE LOOP 410, STE 242
SAN ANTONIO, TX 78216

HYG HOMES LLC:

Enclosed is the 2023 Form 1120, U.S. Corporation Income Tax Return, prepared for HYG HOMES LLC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-CORP, E-file Authorization for Corporations.

The corporation's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the corporation's tax return needs, contact this office at (210)618-5921.

Sincerely,

SARA CRAWFORD
CORREA CRAWFORD & ASSOCIATES, LLC

CORREA CRAWFORD & ASSOCIATES, LLC

84 NE LOOP 410 STE 252
SAN ANTONIO, TX 78216
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February 23, 2024

HYG HOMES LLC
84 NE LOOP 410, STE 242
SAN ANTONIO, TX 78216

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (210)618-5921.

Sincerely,

SARA CRAWFORD
CORREA CRAWFORD & ASSOCIATES, LLC

1120

Corporation
Diagnostic Summary

2023

Name
HYG HOMES LLC

Employer Identification #
30-1268670

Demographics

Mailing Address: 84 NE LOOP 410
SAN ANTONIO, TX 78216

Phone:
Email:

Resident State: TX

Signor of Return

Officer: CARLOS E GARZA HERRERA

Title: MANAGER

Diagnostics

Preparer: SARA CRAWFORD

Invoice:

Date: 02-23-2024

Return Information

Item on Return	2023 Federal	2022 Federal (If available)
Total Assets	3,005,279	3,258,926
Gross Receipts/Sales		
Total Income	24,392	3,039
Total Deductions	404,551	340,016
Taxable Income	(380,159)	(336,977)
Tax		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due		
2220 Penalty		
Total Equity	(757,618)	(376,046)

State/City Information

State/City

Gross
Income

Taxable
Income

Income Tax

Other Tax

Refund/
(Balance Due)

**1120 TAX RETURN COMPARISON
2021 / 2022 / 2023**

2023

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return
HYG HOMES LLC

Identifying number
30-1268670

	2021 FEDERAL	2022 FEDERAL	2023 FEDERAL	DIFFERENCE BETWEEN 2022 & 2023
Net receipts				
Cost of goods sold				
Gross profit				
Dividends				
Interest		3,039		(3,039)
Gross rents				
Gross royalties				
Capital gain net income				
Net gain/loss from 4797				
Other income			24,392	24,392
Total income		3,039	24,392	21,353
<hr/>				
Compensation of officers				
Salaries and wages		29,766	88,912	59,146
Repairs and maintenance	245			
Bad debts				
Rents				
Taxes and licenses	3,615	20,386	35,770	15,384
Interest		38,054	65,831	27,777
Charitable contributions				
Depreciation				
Depletion				
Advertising		3,178	242	(2,936)
Pension, profit-sharing				
Employee benefits				
Domestic production activities ded				
Other deductions	33,609	248,632	213,796	(34,836)
Total deductions	37,469	340,016	404,551	64,535
NOL deduction				
Special deductions				
<hr/>				
Taxable income	(37,469)	(336,977)	(380,159)	(43,182)
Total tax				
<hr/>				
Estimated taxes paid				
Total payments line 33				
<hr/>				
Amount owed				
Overpayment				
Applied to estimate				
Refund				
<hr/>				
RESIDENT STATE				
Taxable				
Tax				
Overpayment				
Balance Due				
	2021	2022	2023	DIFFERENCE

1120EF

EF Transmission Status

2023

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

EIN number

HYG HOMES LLC

30-1268670

The following will be transmitted to the IRS.

1120 7004 Amended/ Superseded FinCEN 114

The following state returns will be transmitted:

The following returns have been suppressed or are not eligible and will NOT be transmitted.

EF Notes

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2023

Name(s) as shown on return

HYG HOMES LLC

Tax ID Number

****-***8670**

Entity address

84 NE LOOP 410

SAN ANTONIO, TX 78216

Thank you for participating in IRS e-file.

1. 2023 **7004** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **CORREA CRAWFORD & ASSOCIATES, LLC**.
2. **7004** income tax return was accepted on **02-01-2024** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **7067612024032ft20f5y**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

- A Check if:**
1a Consolidated return (attach Form 851)
b Life/nonlife consolidated return
2 Personal holding co. (attach Sch. PH)
3 Personal service corp. (see instructions)
4 Schedule M-3 attached

TYPE OR PRINT	Name HYG HOMES LLC
	Number, street, and room or suite no. If a P.O. box, see instructions STE 242
	84 NE LOOP 410
	City or town, state or province, country and ZIP or foreign postal code SAN ANTONIO TX 78216

B Employer identification number
30-1268670

C Date incorporated
03-29-2021

D Total assets (see instructions)
\$ 3,005,279

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

Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a		1c	
	2 Cost of goods sold (attach Form 1125-A)		2	
	3 Gross profit. Subtract line 2 from line 1c		3	
	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 (see instructions - attach statement)	Statement #1-	10	24,392	
11 Total income. Add lines 3 through 10		11	24,392	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)		12	
	13 Salaries and wages (less employment credits)		13	88,912
	14 Repairs and maintenance		14	
	15 Bad debts		15	
	16 Rents		16	
	17 Taxes and licenses	Wks Tax/Lic	17	35,770
	18 Interest (see instructions)		18	65,831
	19 Charitable contributions		19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20	
	21 Depletion		21	
	22 Advertising		22	242
	23 Pension, profit-sharing, etc., plans		23	
	24 Employee benefit programs		24	
	25 Energy efficient commercial buildings deduction (attach Form 7205)		25	
	26 Other deductions (attach statement)	Statement #5-	26	213,796
	27 Total deductions. Add lines 12 through 26		27	404,551
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	(380,159)
	29a	Net operating loss deduction (see instructions)	29a	
b		Special deductions (Schedule C, line 24)	29b	
		c Add lines 29a and 29b	29c	
Tax, Refundable Credits, & Payments	30 Taxable income. Subtract line 29c from line 28. See instructions		30	(380,159)
	31 Total tax (Schedule J, Part I, line 11)		31	0
	32 Reserved for future use		32	
	33 Total payments and credits (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 and 34, enter amount owed		35	
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid		36	
37 Enter amount from line 36 you want: Credited to 2024 estimated tax Refunded		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.

Sign Here
 Signature of officer: Carlos E Garza Date: 23/02/24
 Signature of officer: CARLOS E GARZA HERRERA 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: SARA CRAWFORD Preparer's signature: SARA CRAWFORD Date: 02-23-2024 Check if self-employed PTIN: P00249911
 Firm's name: CORREA CRAWFORD & ASSOCIATES, LLC Firm's EIN: _____
 Firm's address: 84 NE LOOP 410 STE 252 Phone no.: _____
SAN ANTONIO TX 78216 (210) 618-5921

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Income tax. See instructions		1	0
2	Base erosion minimum tax amount (attach Form 8991)		2	
3	Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626)		3	
4	Add lines 1, 2, and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a		0
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (see instructions - attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	0
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under section 453A(c)	9f		
g	Interest/tax due under section 453(l)	9g		
z	Other (see instructions - attach statement)	9z		
10	Total. Add lines 9a through 9z		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31.		11	0

Part II - Payments and Refundable Credits

12	Reserved for future use		12	
13	Preceding year's overpayment credited to the current year		13	
14	Current year's estimated tax payments		14	
15	Current year's refund applied for on Form 4466		15	()
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
z	Other (attach statement - see instructions)	20z		
21	Total credits. Add lines 20a through 20z		21	
22	Elective payment election amount from Form 3800		22	
23	Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33		23	

Schedule K Other Information (see instructions)

1 Check accounting method: a [x] Cash b [] Accrual c [] Other (specify)
2 See the instructions and enter the:
a Business activity code no. 531390
b Business activity REAL ESTATE DEVELOPER
c Product or service REAL ESTATE
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X
4 At the end of the tax year:
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G). X
5 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions X
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. X
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 X
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? X
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount []
9 Enter the amount of tax-exempt interest received or accrued during the tax year \$
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) 1
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions). []
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) \$ 374,446

Schedule K Other Information (continued from page 4)

Table with 2 columns: Question, Yes, No. Contains 31 numbered questions regarding corporate receipts, distributions, and tax compliance.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		277,441		23,794
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)	Statement #8	1,481,485		1,481,485
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)	Statement #10	1,500,000		1,500,000
15	Total assets		3,258,926		3,005,279
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)	Statement #11			6,019
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		3,634,972		3,756,878
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated		(376,046)		(757,618)
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock	()		()	
28	Total liabilities and shareholders' equity		3,258,926		3,005,279

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	(380,993)	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books				
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): _____				
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ 34		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
	Statement #16	800			
6	Add lines 1 through 5	(380,159)	9	Add lines 7 and 8	
			10	Income (page 1, line 28)-line 6 less line 9	(380,159)

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	(376,046)	5	Distributions: a Cash	
2	Net income (loss) per books	(380,993)		b Stock	
3	Other increases (itemize): _____			c Property	
			6	Other decreases (itemize) Statement #20	579
			7	Add lines 5 and 6	579
4	Add lines 1, 2, and 3	(757,039)	8	Balance at end of year (line 4 less line 7)	(757,618)

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name HYG HOMES LLC	Identifying number STE 242	30-1268670
Number, street, and room or suite no. (If P.O. box, see instructions.) 84 NE LOOP 410		
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) SAN ANTONIO TX 78216		

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **1 2**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ►
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ►
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . . ►
- 5a** The application is for calendar year 20 23 , or tax year beginning _____, 20____, and ending _____, 20____.
- b Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions-attach explanation.)

6 Tentative total tax	6	0
7 Total payments and credits. See instructions	7	0
8 Balance due. Subtract line 7 from line 6. See instructions	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

E-file Authorization for Corporations

For calendar year 2023, or tax year beginning _____, 2023, ending _____, 20_____

Use for efile authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879CORP for the latest information.

Department of the Treasury
Internal Revenue Service

Name of corporation

Employer identification number

HYG HOMES LLC

30-1268670

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	24,392
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return. 12345 *Carlos Garza* 23/02/24

Officer's signature _____ Date 02-23-2024 Title MANAGER

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 706761 42668
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature SARA CRAWFORD Date 02-23-2024

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

HYG HOMES LLC

30-1268670

Schedule L - Line 20

STMT

<u>Description</u>	<u>Beg Of Year</u>	<u>End Of Year</u>
FALCON LAND 1112 PLA	231,774	215,196
FALCON LAND 1014 SHE	162,266	150,659
FALCON LAND 1221 TER	77,782	73,166
FALCON LAND 2816 MAR	195,450	182,857
LOAN HYG REAL ESTATE	<u>2,967,700</u>	<u>3,135,000</u>
Total	<u>3,634,972</u>	<u>3,756,878</u>

Form 1120 - Line 10 - Other Income

PG01
Statement #1

<u>Description</u>	<u>Amount</u>
Interest Income on Receivables	23,329
OTHER INCOME MISCELLANEOUS	<u>1,063</u>
Total	<u>24,392</u>

Form 1120 - Line 26 - Other Deductions

PG01
Statement #5

<u>Description</u>	<u>Amount</u>
Bank charges	650
Insurance	4,903
Legal and professional	206,791
Meals 50% limit	35
Office expense	14
Payroll processing expenses	<u>1,403</u>
Total	<u>213,796</u>

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

HYG HOMES LLC

30-1268670

Schedule L - Line 6

Statement #8

<u>Description</u>	<u>Beg Of Year</u>	<u>End Of Year</u>
LAND	1,470,000	1,470,000
HYG DEVELOPER EXP	11,485	11,485
Total	1,481,485	1,481,485

Schedule L - Line 14

PG01

Statement #10

<u>Description</u>	<u>Beg Of Year</u>	<u>End Of Year</u>
CD Invest	1,500,000	1,500,000
Total	1,500,000	1,500,000

Schedule L - Line 18

PG01

Statement #11

<u>Description</u>	<u>Beg Of Year</u>	<u>End Of Year</u>
Bexar County Propert		6,019
Total		6,019

Schedule M-1 Line 5C
Expenses recorded on Books

PG01

Statement #16

<u>DESCRIPTION</u>	<u>AMOUNT</u>
NON DEDUCTIBLE	800
Total	800

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

HYG HOMES LLC

30-1268670

Schedule M-2 - LINE 6 - Other decreases

Statement #20

Description

ADJ

Amount

579

Total

579

1120

Overflow Statement

2023

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

HYG HOMES LLC

FEIN

30-1268670

Other Deductions - Legal and Professional

Description	Amount
ADMINISTRATIVE DOCUMENTS	\$ 2,960
ADMINISTRATION EXPENSES - HYG DEVELOPER FEE	123,500
PROFESSIONAL SERVICES	80,331
Total:	\$ 206,791

Estimated Tax Worksheet for Corporations

For calendar year 2024, or tax year beginning _____, 2024, and ending _____, 20_____

2024

(This page is not filed with the return. It is for your records only)

Estimated Tax Computation		HYG HOMES LLC	30-1268670			
1	Taxable income expected for the tax year	1	(380,159)			
2	Multiply line 1 by the applicable percentage				2	(79,833)
3	Tax credits. See instructions				3	
4	Subtract line 3 from line 2				4	(79,833)
5	Other taxes. See instructions				5	
6	Total tax. Add lines 4 and 5				6	(79,833)
7	Credit for federal tax paid on fuels and other refundable credits. See instructions				7	
8	Subtract line 7 from line 6. Note: If the result is less than \$500, the corporation is not required to make estimated tax payments				8	(79,833)
9a	Enter the tax shown on the corporation's 2023 tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 8 on line 9b				9a	
9b	Enter the smaller of line 8 or line 9a. If the corporation is required to skip line 9a, enter the amount from line 8				9b	
			(a)	(b)	(c)	(d)
10	Installment due dates. See 1120 instructions	10				
11	Required installments. Enter 25% of line 9b in columns (a) through (d).	11				

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2023

CORPORATION NAME	EIN
HYG HOMES LLC	30-1268670

Taxes and Licenses	Form 1120, line 17
	Form 1120-C, line 15
	Form 1120-H, line 12

1 State income taxes	1	
2 State franchise taxes	2	
3 City income taxes	3	
4 City franchise taxes	4	
5 Real estate taxes	5	
6 Local property taxes	6	28,113
7 Intangible property taxes	7	
8 Payroll taxes	8	7,657
9 Less: credit from Form 8846	9	
10 Foreign taxes paid	10	
11 Occupancy taxes	11	
12 Other miscellaneous taxes	12	
13 Licenses	13	
14 Total to Form 1120, Page 1, Line 17	14	35,770

**Form 1120, Line 29a, NOL Deduction
Form 1120-C, Schedule G, Line 9a, Column (a),
Patronage NOL Deduction**

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

HYG HOMES LLC

30-1268670

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2023	Unused Loss	Unused Sec 170(d)(2)(B)
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021	37,469			37,469	
2022	336,977			336,977	
	Current year NOL		Applied to Prior Years	Remaining 2023 NOL carryover	
2023	380,159			380,159	
	Future years NOL		Applied to 2023		
Future Years					
TOTALS	754,605		0	754,605	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

Carryover/Carryforward Worksheet

Form 1120

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

HYG HOMES LLC

30-1268670

	To Next Year
Form 1120	
Contributions carryover	_____
Net Operating Loss Carryover	_____
	754,605
Schedule D (Form 1120)	
Unused capital loss carryover	_____
Reserved for future use	_____
Carryover expiring this year	_____
Capital loss carryover to next year	_____
Form 2220	
Tax	_____
Form 3800	
General business credit carryforward	_____
Form 4562	
Section 179 Carryover	_____
Form 4797	
Nonrecaptured net section 1231 losses from WK_1231C	_____
Reserved for future use	_____
Reserved	
Reserved for future use	_____
Form 8827	
Minimum tax credit carryforward	_____

Power of Attorney and Declaration of Representative

For IRS Use Only

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Received by:

Name _____

Telephone _____

Function _____

Date / /

Part I **Power of Attorney**

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

HYG HOMES LLC

84 NE LOOP 410 STE 242

SAN ANTONIO TX 78216

Taxpayer identification number(s)

30-1268670

Daytime telephone number

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

SARA CRAWFORD

84 NE LOOP 410 STE 252

SAN ANTONIO TX 78216

Check if to be sent copies of notices and communications

CAF No. _____

PTIN **P00249911**

Telephone No. **(210) 618-5921**

Fax No. **(888) 811-4355**

Check if new: Address Telephone No. Fax No.

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address Telephone No. Fax No.

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

(Note: IRS sends notices and communications to only two representatives.)

Check if new: Address Telephone No. Fax No.

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

(Note: IRS sends notices and communications to only two representatives.)

Check if new: Address Telephone No. Fax No.

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INCOME TAX	1120	2023

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions ▶

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return; _____

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.
▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Carlos Garza

23/02/24

Signature
cg

Date

Title (if applicable)

HYG HOMES LLC

Print Name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address HYG HOMES LLC 84 NE LOOP 410 STE 242 SAN ANTONIO TX 78216	Taxpayer identification number(s) 30-1268670 Daytime telephone number _____ Plan number (if applicable) _____
---	--

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address SARA CRAWFORD 84 NE LOOP 410 STE 252 SAN ANTONIO TX 78216 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN P00249911 Telephone No. (210) 618-5921 Fax No. (888) 811-4355 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INCOME TAX	1120	2023	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ▶

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ▶
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Carlos Garza _____ **23/02/24**
 Signature Date
CG
 Print Name Title (if applicable)

eSignature - Certificate of Completion

Document id: **F45YF1NL**
Signatures: **5**
Initials: **2**
Signature originator: **Dulce Valadez (dulce@correacrawford.com)**
Originator IP address: **136.50.19.165**
Time zone: **UTC**
Document pages: **31**

Signers

Signer:	Carlos Garza carlosegarza@gmail.com	Signature Carlos Garza <i>Carlos Garza</i>
IP address:	200.68.167.29	
User id:	FWST1MB8V	Initials CG
Timestamp:	Sent - 23/02/2024 05:38 PM Opened - None Signed - 24/02/2024 12:58 AM	<i>CG</i>