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Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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#### TREASURY/IRS AND OMB USE ONLY DRAFT

## Form **1120-ND** (Rev. December 2025)

# Return for Nuclear Decommissioning Funds and Certain Related Persons

(Rev. December 2025)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0954

		nt of the 11 evenue Ser		Go	to www.irs.gov/F	orm1120ND fo	or instr	ructions and	the latest	info	rmation.			
For calendar year 20				, or fiscal year beginning , 20 , and ending							, 20			
Name of fund				, , , , , , , , , , , , , , , , , , , ,					Α	Employer (see instru	er of fund			
Nam	o of t	rustoo or	disqualif	ind parean (comple	ete if filing to report s	section 4051 tax	00)				(see instru	ictions)		
INGIII	ie oi t	i ustee oi	uisquaiii	ied person (compre	ste il lilling to report s	section 4901 tax	.03)							
Address of filer. Number and street. If a P.O. box, see instructions.  Room or suite no.  B Identifying number														
											disqualifi	ed perso	<b>on</b> (see instru	ctions)
City or town					State or province	Country		ZIP or foreign	postal code	е				
C F	Retur	n filed fo	or (see S	necific Instruction	nns: check applica	able box).	TFund	. $\Box$	Trustee		Прі	saualifi	ed nerson	
<u> </u>	C Return filed for (see Specific Instructions; check applicable box): Fund Trustee Disqualifie									od porcorr				
D C	Checl	k applica	able box	tes: (1) 🗌 F	inal return	(2) Name	change	e (3)	Address	cha	ange	(4)	Amended	return
ΕT	he b	ooks an	d record	ls are in care of:				Phone	no.					
L	ocat	ted at:												
					Part I—	Computati	ion of	f Fund Inc	ome Ta	X				
<b>—</b>	1	Tax	able int	erest						_			1	
Income	2	Сар	ital gai		attach Schedule								2	
ည	3	Oth	er inco	me (attach sch	edule)								3	
<u>=</u>	4	Gro	ss inco	ome. Add lines	1 through 3 .								4	
	5												5	
ns	6												6	
Deductions	7		Accounting and legal services								7			
<u>3</u>	8				schedule)								8	
)eq	9				nes 5 through 8								9	
	10 11				efore net operat								10	
	12				tion (see instruction (see instruction 1.1								11	
	13		_	•									13a	
			<b>Total tax.</b> Multiply line 12 by 20% (0.20)								13b			
	14	Payments:												
		-			ear allowed as	a credit .	14a							
S					x payments		14b							
) h	(		-		rm 4466		14c	(	)					
Payments	(	<b>d</b> Sub	tract lir	ne 14c from the	e total of lines 1	4a and 14b	٠		. 14	1d				
		e Tax	deposi	ted with Form	7004				. 14	1e				
<u> </u>	1				net tax liability. I		t from	Form 1062	, line					
and									. 14	4f				
Тах				lines 14d, 14e,									14z	
	15	Estimated tax penalty. Check if Form 2220 is attached								15				
	16		<b>Tax due.</b> If line 14z is smaller than the total of lines 13a, 13b, and 15, enter amount owed								16			
	17		Overpayment. If line 14z is larger than the total of lines 13a, 13b, and 15, enter amount overpaid  Enter amount of line 17 you want: a Credited to next year's estimated tax  b Refunded							17				
	18			number	ini: a Credited to n	iext year's esti	mateu	<b>d</b> Тур	20:	— ecki		Savings	18b	
			_	t number				u iyk		ecki	iig 🗀 s	aviriys		
		Under p	enalties of	f perjury, I declare th	at I have examined th								my knowledge	and belief, it is true,
Si	gn	correct,	and comp	olete. Declaration of	preparer (other than ta	expayer) is based	on all inf	tormation of whic	ch preparer h	nas ai	ny knowledge	e. <b>I</b>	May the IRS d	iscuss this return with
He	ere												the preparer	shown below? See
		Signatu	ire of offic			Date		Title				·	instructions.	☐ Yes ☐ No
Pa	id		Prepare	r's name		Preparer's sign	nature			Da	ate	Che	eck if	PTIN
	ера	rer										self	-employed	
	-	nly	Firm's n										n's EIN	
		-	Phone								no no			

## TREASURY/IRS AND OMB USE ONLY DRAFT

Form 1120-ND (Rev. 12-2025)

Sch	edule L Balance Sh	(a) Beginning of year	ır (b) End	of year	ar						
		Assets	 S					_			
1	Cash		1								
2	Certificates of deposit .		2								
3	U.S. government obligat	tions	3								
4	State and local governm	State and local government obligations									
5		Other assets (attach schedule)									
6	Total assets. Add lines 1	I through 5 .	6								
	Lia										
7	Liabilities				7						
8	Fund balance										
9	Total liabilities and fund		nes 7 and 8		9			Yes	No		
1a	Enter name of the electing										
b	Enter the employer identification number of the electing taxpayer  Enter the amount of contributions the fund received during the year under section 468A(a) \$										
2a			_	-							
b	Enter the ruling amount of	-									
C	Enter the amount of distribu Enter the amount of tax-										
d		•		•		· -	otion 46912				
3 4	During the year, were any contributions received other than cash payments deductible by the electing taxpayer under section 468A?  During the year, were fund assets used for any purpose other than paying the fund's administrative or incidental										
7	expenses (including taxe										
	a nuclear power plant ov										
5	Self-dealing (see instruct			,							
а	Has the fund engaged i	,	lowing acts during	the year, either dir	ectly	or indirectly, with or	ne or more				
	disqualified persons?			,,	,						
	(i) Sale, exchange, or	leasing of prop	ertv								
			-								
	(iii) Furnishing of good	-									
	(iv) Payment of compe	ensation (or payr	nent or reimbursem	ent of expenses)							
	(v) Transfer to, or use	by or for the be	nefit of, a disqualific	ed person of any pa	rt of t	he fund's income or	assets .				
b	If any of lines 5a(i) through										
С	If the answer to line 5b i						dress, and				
	identifying number of ea										
d	Has any self-dealer or		any action to "corr	ect" any act of se	lf-dea	iling? See instruction	ons for the				
	definition of "correct".				٠.						
	If "Yes," attach complete		corrective action. Ai								
			—Acts of Self-D								
(a) Ac	t number (b) Date		-Acts of Self-D			tion of act					
1	t number (b) bate	or act		(0)	Descrip	tion of act					
2											
	(d) Names of disqual	alified persons liable for tax			(e) N						
					.,						
(f	) Amount involved in act	(g) Initial tax on self	-dealing disqualified person (10% of column (f)) (h)			Tax on trustee (if applica	ble) (2 <sup>1</sup> / <sub>2</sub> % of co	olumn (f)	))		
Total											
Section B—Summary of Initial Taxes											
1	Enter section 4951 tax on disqualified person (Section A, column (g))										
2	Enter section 4951 tax on trustee (Section A, column (h))										
3	Total section 4951 taxes (add lines 1 and 2)										
4	Tax paid with Form 7004										
5	with return. (Make check or money order payable to "United States Treasury.")										
6											
	Overpayment. Enter the excess, if any, of line 4 over line 3										