

| | | | |
|---|----------------------|---|---|
| A Check if: 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 BESTO INC Number, street, and room or suite no. If a P.O. box, see instructions. 4591 SANDY COVE TER City or town, state or province, country, and ZIP or foreign postal code LAKE WORTH FL 33467 | B Employer identification number 85-3557611 C Date incorporated 10/21/2020 D Total assets (see instructions) \$ 500 |
| 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 | 0 |
| | b | Returns and allowances | 1b | |
| | c | Balance. Subtract line 1b from line 1a | 1c | 0 |
| | 2 | Cost of goods sold (attach Form 1125-A) | 2 | |
| | 3 | Gross profit. Subtract line 2 from line 1c | 3 | 0 |
| | 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) | 10 | | |
| 11 | Total income. Add lines 3 through 10 | 11 | 0 | |
| 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 | |
| | 14 | Repairs and maintenance | 14 | |
| | 15 | Bad debts | 15 | |
| | 16 | Rents | 16 | 3,225 |
| | 17 | Taxes and licenses | 17 | |
| | 18 | Interest (see instructions) | 18 | |
| | 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 | |
| | 23 | Pension, profit-sharing, etc., plans | 23 | |
| | 24 | Employee benefit programs | 24 | |
| | 25 | Reserved for future use | 25 | |
| | 26 | Other deductions (attach statement) Other Deductions Statement | 26 | 3,225 |
| | 27 | Total deductions. Add lines 12 through 26 | 27 | 6,450 |
| | 28 | Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11. | 28 | -6,450 |
| 29a | a | 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, and Payments | 30 | Taxable income. Subtract line 29c from line 28. See instructions | 30 | -6,450 |
| | 31 | Total tax (Schedule J, Part I, line 11) | 31 | 0 |
| | 32 | 2020 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 | |
| | 36 | Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid | 36 | 0 |
| 37 | Enter amount from line 36 you want: Credited to 2021 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 _____ | Date | _____ | DIRECTOR Title | May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------|----------------------------|------|-------|-------------------|---|

| | | | | | |
|-------------------------------|---|---|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03/07/2021 | Check <input type="checkbox"/> if self-employed | PTIN P02082703 |
| | Firm's name ▶ GLOBAL TAXES LLC | | | Firm's EIN ▶ 30-1017196 | |
| | Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678)965-9522 | |

| Schedule C Dividends, Inclusions, and Special Deductions (see instructions) | | (a) Dividends and inclusions | (b) % | (c) Special deductions (a) × (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 | Section 965(a) inclusion | | See instructions | |
| 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 15, 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 | Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ▶ <input type="checkbox"/> | | |
| 2 | Income tax. See instructions | 2 | 0 |
| 3 | Base erosion minimum tax amount (attach Form 8991) | 3 | |
| 4 | Add lines 2 and 3 | 4 | 0 |
| 5a | Foreign tax credit (attach Form 1118) | 5a | |
| b | Credit from Form 8834 (see instructions) | 5b | |
| c | General business credit (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 | |
| 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) and/or Section 453(l) | 9f | |
| g | Other (see instructions—attach statement) | 9g | |
| 10 | Total. Add lines 9a through 9g | 10 | |
| 11 | Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31 | 11 | 0 |

Part II—Section 965 Payments (see instructions)

| | | | |
|-----------|---|-----------|--|
| 12 | 2020 net 965 tax liability paid from Form 965-B, Part II, column (k), line 4. Enter here and on page 1, line 32 | 12 | |
|-----------|---|-----------|--|

Part III—Payments, Refundable Credits, and Section 965 Net Tax Liability

| | | | |
|-----------|--|------------|-----|
| 13 | 2019 overpayment credited to 2020 | 13 | |
| 14 | 2020 estimated tax payments | 14 | |
| 15 | 2020 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 | |
| d | Other (attach statement—see instructions) | 20d | |
| 21 | Total credits. Add lines 20a through 20d | 21 | |
| 22 | 2020 net 965 tax liability from Form 965-B, Part I, column (d), line 4. See instructions | 22 | |
| 23 | Total payments, credits, and section 965 net tax liability. 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 <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____ | | Yes | No |
| 2 See the instructions and enter the: a Business activity code no. ▶ <u>519100</u> b Business activity ▶ <u>SOFTWARE SERVICES</u> c Product or service ▶ <u>SERVICE</u> | | | |
| 3 Is the corporation a subsidiary in an affiliated group or a parent–subsidiary controlled group? If “Yes,” enter name and EIN of the parent corporation ▶ _____ | | | 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) 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. If “Yes,” complete (i) through (iv) below. | | | X |
| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
| | | | |
| | | | |
| | | | |
| 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. If “Yes,” complete (i) through (iv) below. | | | X |
| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
| | | | |
| | | | |
| | | | |
| 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 If “Yes,” file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. | | | 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? For rules of attribution, see section 318. If “Yes,” enter: (a) Percentage owned ▶ _____ and (b) Owner’s country ▶ _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____ | | | X |
| 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments. | | | |
| 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) ▶ _____ | | | |
| 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ▶ <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. | | | |
| 12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ▶ \$ _____ | | | |

Schedule K Other Information (continued from page 4)

| | | Yes | No |
|------------|--|-----|----|
| 13 | Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? | X | |
| | If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ _____ | | |
| 14 | Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions | | X |
| | If "Yes," complete and attach Schedule UTP. | | |
| 15a | Did the corporation make any payments in 2020 that would require it to file Form(s) 1099? | | X |
| b | If "Yes," did or will the corporation file required Form(s) 1099? | | |
| 16 | During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock? | | X |
| 17 | During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? | | X |
| 18 | Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? | | X |
| 19 | During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? | | X |
| 20 | Is the corporation operating on a cooperative basis? | | X |
| 21 | During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions | | X |
| | If "Yes," enter the total amount of the disallowed deductions ► \$ _____ | | |
| 22 | Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) | | X |
| | If "Yes," complete and attach Form 8991. | | |
| 23 | Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions | | X |
| 24 | Does the corporation satisfy one or more of the following? See instructions | | X |
| a | The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b | The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense. | | |
| c | The corporation is a tax shelter and the corporation has business interest expense. | | |
| | If "Yes," complete and attach Form 8990. | | |
| 25 | Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | X |
| | If "Yes," enter amount from Form 8996, line 15 ► \$ _____ | | |
| 26 | Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions | | X |
| | Percentage: By Vote | | |
| | By Value | | |

| Schedule L Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|--|-----------------------|-----|-----------------|---------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | | | 500. |
| 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) | | | | |
| 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) | | | | |
| 15 | Total assets | | | | 500. |
| Liabilities and Shareholders' Equity | | | | | |
| 16 | Accounts payable | | | | |
| 17 | Mortgages, notes, bonds payable in less than 1 year | | | | |
| 18 | Other current liabilities (attach statement) | | | | |
| 19 | Loans from shareholders | | | | |
| 20 | Mortgages, notes, bonds payable in 1 year or more | | | | |
| 21 | Other liabilities (attach statement) | | | | |
| 22 | Capital stock: a Preferred stock | | | | |
| | b Common stock | | | 9,350. | 9,350. |
| 23 | Additional paid-in capital | | | | |
| 24 | Retained earnings—Appropriated (attach statement) | | | | |
| 25 | Retained earnings—Unappropriated | | | | -8,850. |
| 26 | Adjustments to shareholders' equity (attach statement) | | | | |
| 27 | Less cost of treasury stock | () | | () | |
| 28 | Total liabilities and shareholders' equity | | | | 500. |

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 | -8,850. | 7 | Income recorded on books this year not included on this return (itemize): | |
| 2 | Federal income tax per books | | | Tax-exempt interest \$ _____ | |
| 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): | | 8 | Deductions on this return not charged against book income this year (itemize): | |
| a | Depreciation \$ _____ | | a | Depreciation \$ _____ | |
| b | Charitable contributions . . \$ _____ | | b | Charitable contributions \$ _____ | |
| c | Travel and entertainment . . \$ 2,400. | | | _____ | |
| | | 2,400. | 9 | Add lines 7 and 8 | |
| 6 | Add lines 1 through 5 | -6,450. | 10 | Income (page 1, line 28)—line 6 less line 9 | -6,450. |

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

| | | | | | |
|---|--|---------|---|---|---------|
| 1 | Balance at beginning of year | | 5 | Distributions: a Cash | |
| 2 | Net income (loss) per books | -8,850. | | b Stock | |
| 3 | Other increases (itemize): _____ | | | c Property | |
| | _____ | | 6 | Other decreases (itemize): _____ | |
| | _____ | | 7 | Add lines 5 and 6 | |
| 4 | Add lines 1, 2, and 3 | -8,850. | 8 | Balance at end of year (line 4 less line 7) | -8,850. |

| | |
|-------------------|--|
| Name BESTQ INC | Employer Identification Number 85-3557611 |
|-------------------|--|

**Important Information
Tax Cuts and Jobs Act (TCJA)**

For taxable years ending after December 31, 2017, Net Operating Loss (NOL) rules for carrybacks and carryforwards have changed under the Tax Cuts and Jobs Act (TCJA). Except for certain farming and insurance company (other than life insurance) losses, NOLs can no longer be carried back. NOLs can now be carried forward indefinitely.

**Important Information
Coronavirus Aid, Relief, and Economic Security (CARES) Act**

For taxable years ending after December 31, 2017, Net Operating Loss (NOL) rules for carrybacks have changed under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. NOLs can now be carried back 5 years.

NOL's under Coronavirus Aid, Relief, and Economic Security Act of 2020 Smart Worksheet

A Is the business electing out of the five year carryback for a current year NOL? . . . ▶ Yes No
QuickZoom to Election Statement ▶ _____
QuickZoom to Form 1139 ▶ _____

NOL's under Tax Cuts and Jobs Act of 2017 : Carryover indefinitely
NOL's under Coronavirus Aid, Relief, and Economic Security Act of 2020 : Carryover indefinitely

| NOL Carryover Year | A Carryover | B Less Carrybacks | C Adjusted Carryover |
|--------------------------|----------------|-------------------------|----------------------------|
| 2019 | _____ | _____ | _____ |
| 2018 | _____ | _____ | _____ |
| Totals | _____ | _____ | _____ |

NOL's under Taxpayer Relief Act of 1997 : Two year carryback, twenty year carryover

| NOL Carryover Year | A Carryover | B Less Carrybacks/ Carryovers | C Adjusted Carryover |
|--------------------|-------------|-------------------------------|----------------------|
| 2017 | | | |
| 2016 | | | |
| 2015 | | | |
| 2014 | | | |
| 2013 | | | |
| 2012 | | | |
| 2011 | | | |
| 2010 | | | |
| 2009 | | | |
| 2008 | | | |
| 2007 | | | |
| 2006 | | | |
| 2005 | | | |
| 2004 | | | |
| 2003 | | | |
| 2002 | | | |
| 2001 | | | |
| 2000 | | | |
| Totals | | | |

NOL's prior to Taxpayer Relief Act of 1997: Three year carryback, fifteen year carryover

| NOL Carryover Year | A Carryover | B Less Carrybacks/ Carryovers | C Adjusted Carryover |
|--------------------|-------------|-------------------------------|----------------------|
| 2011 | | | |
| 2010 | | | |
| 2009 | | | |
| 2008 | | | |
| 2007 | | | |
| 2006 | | | |
| 2005 | | | |
| Totals | | | |

BESTQ INC

85-3557611

Net Operating Loss Summary

| NOL C/O Year | A NOL Carryover Available | B Deduction Allowed in Current Year | C Adjustment Under Section 172(b)(2) | D Remaining Carryover 20 Years | E Remaining Carryover Indefinite | F Remaining Carryover 15 Years* |
|------------------|---------------------------|-------------------------------------|--------------------------------------|--------------------------------|----------------------------------|---------------------------------|
| 2019 | | | | | | |
| 2018 | | | | | | |
| 2017 | | | | | | |
| 2016 | | | | | | |
| 2015 | | | | | | |
| 2014 | | | | | | |
| 2013 | | | | | | |
| 2012 | | | | | | |
| 2011 | | | | | | |
| 2010 | | | | | | |
| 2009 | | | | | | |
| 2008 | | | | | | |
| 2007 | | | | | | |
| 2006 | | | | | | |
| 2005 | | | | | | |
| 2004 | | | | | | |
| 2003 | | | | | | |
| 2002 | | | | | | |
| 2001 | | | | | | |
| 2000 | | | | | | |
| Totals | | | | | | |

| | |
|--|---------|
| Less: Carryover expiring due to 20-year limitation | |
| Less: Carryover expiring due to 15-year limitation | |
| Add: Current year net operating loss | 6,450 . |
| Less: Carryback of current year net operating loss | |
| Net operating loss carryover to next year | 6,450 . |

Additional information from your 2020 Federal Corporation Tax Return**Form 1120: US Corporation Income Tax Return****Other Deductions****Continuation Statement**

| Description | Amount |
|------------------------|--------------|
| MEALS (50%) | 2,400 |
| TELEPHONE | 600 |
| INTERNET (3M*\$75 P.M) | 225 |
| Total | 3,225 |



Florida Corporate Income/Franchise Tax Return

FEIN 85-3557611

INTU
F-1120, R. 01/20
Rule 12C-1.051
Florida Administrative Code
Effective 01/21
Page 1 of 6

For calendar year 2020 or tax year beginning
, 2020 ending

8140020201231000200503733853557611000



Name BESTQ INC
Address 4591 SANDY COVE TER
City/State/ZIP LAKE WORTH, FL 33467

Check here if any changes
have been made to name
or address

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Florida exemption, Florida net income, Tax due, Credits, Total corporate income/franchise tax due, Payment credits, Total amount due, Credit, Refund.

REV 01/05/21 PRO

PERF LINE-----

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12/31/20

INTU
F-1120
R. 01/20

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name BESTQ INC
Address 4591 SANDY COVE TER
City/State/ZIP LAKE WORTH, FL 33467

If 6/30 year end, return is due 1st day of the 4th month after the close of the
taxable year, otherwise return is due 1st day of the 5th month after the close
of the taxable year.

Table with 4 columns: ID, Amount 1, Amount 2, Amount 3. Rows include 853557611, 20200101, 20201231, 00000000, 001, 202, -645000, 0.

0 8140 0 20201231 0002005037 3 3853557611 0000 0



FEIN

85-3557611

INTU

F-1120

R. 01/20

Page 2 of 6

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 (must be an original signature) | Date | 03/02/2021 | Title | DIRECTOR |
| | Preparer's signature | | Date | 03/07/2021 | Preparer check if self-employed <input type="checkbox"/> |
| Paid preparers only | SYAM PRIYA RAM SAGAR GUPTA | | | Preparer's PTIN | P 0 2 0 8 2 7 0 3 |
| | Firm's name (or yours if self-employed) and address | GLOBAL TAXES LLC | FEIN | | 3 0 1 0 1 7 1 9 6 |
| | 2530 Pebble Creek Ln Cumming, GA | ZIP | | | 30041 |

All Taxpayers Must Answer Questions A Through M Below — See Instructions

- A. State of incorporation: FL
- B. Florida Secretary of State document number: _____
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Principal Business Activity Code (as pertains to Florida)
- | | | | | | |
|---|---|---|---|---|---|
| 5 | 1 | 9 | 1 | 0 | 0 |
|---|---|---|---|---|---|
- F. A Florida extension of time was timely filed? YES NO
- G-1. Corporation is a member of a controlled group? YES NO If yes, attach list.
- G-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- G-3. The federal common parent has sales, property, or payroll in Florida? YES NO
- H. Location of corporate books: 1004 GREEN PINE BLVD
City: WEST PALM BEA State: FL ZIP: 33409
- I. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- J. Enter date of latest IRS audit: _____
a) List years examined: _____
- K. Contact person concerning this return: SHRUTHI KOORA
a) Contact person telephone number: (512) 203-9505
b) Contact person e-mail address: SUMANSHIVA.S@GMAIL.COM
- L. Type of federal return filed 1120 1120S or _____

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



FEIN

85-3557611

DATA Page 1 of 2

| | | | |
|-----------|---|---|---|
| 853557611 | 0 | 0 | 0 |
| -645000 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
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| 0 | 0 | 0 | 0 |



NAME BESTQ INC

FEIN 85-3557611

TAXABLE YEAR ENDING 12/31/20

Schedule I – Additions and/or Adjustments to Federal Taxable Income

| | | |
|---|-----|---|
| 1. Interest excluded from federal taxable income (see instructions) | 1. | 0 |
| 2. Undistributed net long-term capital gains (see instructions) | 2. | 0 |
| 3. Net operating loss deduction (attach schedule) | 3. | 0 |
| 4. Net capital loss carryover (attach schedule) | 4. | 0 |
| 5. Excess charitable contribution carryover (attach schedule) | 5. | 0 |
| 6. Employee benefit plan contribution carryover (attach schedule) | 6. | 0 |
| 7. Enterprise zone jobs credit (Florida Form F-1156Z) | 7. | 0 |
| 8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z) | 8. | 0 |
| 9. Guaranty association assessment(s) credit | 9. | 0 |
| 10. Rural and/or urban high crime area job tax credits | 10. | 0 |
| 11. State housing tax credit | 11. | 0 |
| 12. Florida Tax Credit Scholarship Program Credits | 12. | 0 |
| 13. Florida Renewable energy production tax credit | 13. | 0 |
| 14. New markets tax credit | 14. | 0 |
| 15. Entertainment industry tax credit | 15. | 0 |
| 16. Research and Development tax credit | 16. | 0 |
| 17. Energy Economic Zone tax credit | 17. | 0 |
| 18. s. 168(k) IRC special bonus depreciation | 18. | 0 |
| 19. Other additions (attach schedule) | 19. | 0 |
| 20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3. | 20. | 0 |

Schedule II – Subtractions from Federal Taxable Income

| | | |
|---|-----|---|
| 1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ <u>0</u> (b) plus s. 862, IRC dividends \$ <u>0</u> (c) plus s. 951A, IRC, income \$ <u>0</u> (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ <u>0</u> Total ▶ | 1. | 0 |
| 2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ <u>0</u> (b) less direct and indirect expenses \$ <u>0</u> Total ▶ | 2. | 0 |
| Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV. | 3. | 0 |
| 3. Florida net operating loss carryover deduction (see instructions) | 4. | 0 |
| 4. Florida net capital loss carryover deduction (see instructions) | 5. | 0 |
| 5. Florida excess charitable contribution carryover (see instructions) | 6. | 0 |
| 6. Florida employee benefit plan contribution carryover (see instructions) | 7. | 0 |
| 7. Nonbusiness income (from Schedule R, Line 3) | 8. | 0 |
| 8. Eligible net income of an international banking facility (see instructions) | 9. | 0 |
| 9. s.179, IRC expense (see instructions) | 10. | 0 |
| 10. s. 168(k), IRC special bonus depreciation (see instructions) | 11. | 0 |
| 11. Other subtractions (attach statement) | 12. | 0 |
| 12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5. | | |



NAME BESTQ INC

FEIN 85-3557611

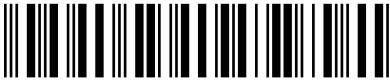
TAXABLE YEAR ENDING 12/31/20

Schedule III – Apportionment of Adjusted Federal Income

| III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services. | | | | | |
|--|--------------------------------------|--|--|--|---|
| | (a) WITHIN FLORIDA (Numerator) | (b) TOTAL EVERYWHERE (Denominator) | (c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places | (d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions. | (e) Weighted Factors Rounded to Six Decimal Places |
| 1. Property (Schedule III-B below) | 0 | 0 | | X 25% or _____ | |
| 2. Payroll | 0 | 0 | | X 25% or _____ | |
| 3. Sales (Schedule III-C below) | 0 | 0 | | X 50% or _____ | |
| 4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2. | | | | | |
| III-B For use in computing average value of property (use original cost). | WITHIN FLORIDA | | TOTAL EVERYWHERE | | |
| | a. Beginning of year | b. End of year | c. Beginning of year | d. End of year | |
| 1. Inventories of raw material, work in process, finished goods | 0 | 0 | 0 | 0 | |
| 2. Buildings and other depreciable assets | 0 | 0 | 0 | 0 | |
| 3. Land owned | 0 | 0 | 0 | 0 | |
| 4. Other tangible and intangible (financial org. only) assets (attach schedule) | 0 | 0 | 0 | 0 | |
| 5. Total (Lines 1 through 4) | 0 | 0 | 0 | 0 | |
| 6. Average value of property | | | | | |
| a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)..... 6a. _____ 0 | | | | | |
| b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)..... 6b. _____ 0 | | | | | |
| 7. Rented property (8 times net annual rent) | | | | | |
| a. Rented property in Florida..... 7a. _____ 0 | | | | | |
| b. Rented property Everywhere 7b. _____ 0 | | | | | |
| 8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b). | | | | | |
| a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida..... 8a. _____ 0 | | | | | |
| b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere..... 8b. _____ 0 | | | | | |
| III-C Sales Factor | | | (a) TOTAL WITHIN FLORIDA (Numerator) | (b) TOTAL EVERYWHERE (Denominator) | |
| 1. Sales (gross receipts) | | | N/A | 0 | |
| 2. Sales delivered or shipped to Florida purchasers | | | 0 | N/A | |
| 3. Other gross receipts (rents, royalties, interest, etc. when applicable) | | | 0 | 0 | |
| 4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b]) | | | 0 | 0 | |
| III-D Special Apportionment Fractions (see instructions) | | (a) WITHIN FLORIDA | (b) TOTAL EVERYWHERE | (c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places | |
| 1. Insurance companies (attach copy of Schedule T—Annual Report) | | 0 | 0 | | |
| 2. Transportation services | | 0 | 0 | | |

Schedule IV – Computation of Florida Portion of Adjusted Federal Income

| | | |
|--|----|---|
| 1. Apportionable adjusted federal income from Page 1, Line 6 | 1. | 0 |
| 2. Florida apportionment fraction (Schedule III-A, Line 4) | 2. | |
| 3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2) | 3. | 0 |
| 4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions) | 4. | 0 |
| 5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions) | 5. | 0 |
| 6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions) | 6. | 0 |
| 7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions) | 7. | 0 |
| 8. Total carryovers apportioned to Florida (add Lines 4 through 7) | 8. | 0 |
| 9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions) | 9. | 0 |



NAME BESTQ INC

FEIN 85-3557611

TAXABLE YEAR ENDING 12/31/20

Schedule V — Credits Against the Corporate Income/Franchise Tax

| | | | |
|-----|--|-----|---|
| 1. | Florida health maintenance organization credit (attach assessment notice) | 1. | 0 |
| 2. | Capital investment tax credit (attach certification letter) | 2. | 0 |
| 3. | Enterprise zone jobs credit (from Florida Form F-1156Z attached) | 3. | 0 |
| 4. | Community contribution tax credit (attach certification letter) | 4. | 0 |
| 5. | Enterprise zone property tax credit (from Florida Form F-1158Z attached) | 5. | 0 |
| 6. | Rural job tax credit (attach certification letter) | 6. | 0 |
| 7. | Urban high crime area job tax credit (attach certification letter) | 7. | 0 |
| 8. | Hazardous waste facility tax credit | 8. | 0 |
| 9. | Florida alternative minimum tax (AMT) credit | 9. | 0 |
| 10. | Contaminated site rehabilitation tax credit (attach tax credit certificate) | 10. | 0 |
| 11. | State housing tax credit (attach certification letter) | 11. | 0 |
| 12. | Florida Tax Credit: Scholarship Program Credits. (attach certificate) | 12. | 0 |
| 13. | Florida renewable energy production tax credit | 13. | 0 |
| 14. | New markets tax credit | 14. | 0 |
| 15. | Entertainment industry tax credit | 15. | 0 |
| 16. | Research and Development tax credit | 16. | 0 |
| 17. | Energy Economic Zone tax credit | 17. | 0 |
| 18. | Other credits (attach schedule) | 18. | 0 |
| 19. | Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12 | 19. | 0 |

Schedule R — Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

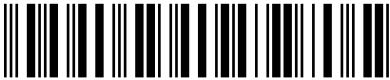
| <u>Type</u> | <u>Amount</u> |
|------------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total allocated to Florida | 1. _____ 0 |
| (Enter here and on Page 1, Line 8) | |

Line 2. Nonbusiness income (loss) allocated elsewhere

| <u>Type</u> | <u>State/country allocated to</u> | <u>Amount</u> |
|---------------------------------|-----------------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Total allocated elsewhere | | 2. _____ 0 |

Line 3. Total nonbusiness income

| | |
|---|------------|
| Grand total. Total of Lines 1 and 2 | 3. _____ 0 |
| (Enter here and on Schedule II, Line 7) | |



NAME BESTQ INC

FEIN 85-3557611

TAXABLE YEAR ENDING 12/31/20

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1,

| | | | |
|--|----|----|---|
| 1. Florida income expected in taxable year | 1. | \$ | 0 |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) | 2. | \$ | 0 |
| 3. Estimated Florida net income (Line 1 less Line 2) | 3. | \$ | 0 |
| 4. Total Estimated Florida tax (4.458% of Line 3) | | \$ | 0 |
| Less: Credits against the tax | 4. | \$ | 0 |

5. Computation of installments:

| | | | |
|--|---|-----|---|
| Payment due dates and payment amounts: | If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4 | 5a. | 0 |
| | Last day of 6 th month - Enter 0.25 of Line 4 | 5b. | 0 |
| | Last day of 9 th month - Enter 0.25 of Line 4 | 5c. | 0 |
| | Last day of fiscal year - Enter 0.25 of Line 4 | 5d. | 0 |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

| | | | |
|--|-----|----|---|
| 1. Amended estimated tax | 1. | \$ | 0 |
| 2. Less: | | | |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date | 2a. | \$ | 0 |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) | 2b. | \$ | 0 |
| (c) Total of Lines 2(a) and 2(b) | 2c. | \$ | 0 |
| 3. Unpaid balance (Line 1 less Line 2(c)) | 3. | \$ | 0 |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) | 4. | \$ | 0 |

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

| | | |
|---------------|--|------------------------|
| Form F-2220 | Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax | Rule 12C-1.051, F.A.C. |
| Form F-7004 | Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return | Rule 12C-1.051, F.A.C. |
| Form F-1156Z | Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax | Rule 12C-1.051, F.A.C. |
| Form F-1158Z | Enterprise Zone Property Tax Credit | Rule 12C-1.051, F.A.C. |
| Form F-1120N | Instructions for Corporate Income/Franchise Tax Return | Rule 12C-1.051, F.A.C. |
| Form F-1120ES | Declaration/Installment of Florida Estimated Income/Franchise Tax | Rule 12C-1.051, F.A.C. |