

U.S. Return of Partnership Income

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year beginning _____, 2019, ending _____, 20_____.

2019

► Go to www.irs.gov/Form1065 for instructions and the latest information.

A Principal business activity SOFTWARE SERVICES	Type or Print	Name of partnership TECH INNOVATION SOLUTIONS LLC	D Employer identification number 83-3178753
B Principal product or service SOFTWARE		Number, street, and room or suite no. If a P.O. box, see instructions. 2312MONARCHDR, APT-607FORTWORTH	E Date business started 01/16/2019
C Business code number 518210		City or town, state or province, country, and ZIP or foreign postal code FORT WORTH TX 76119	F Total assets (see instructions) \$ 162.

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ► _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 2
- J** Check if Schedules C and M-3 are attached ►
- K** Check if partnership: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	1,500.	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c 1,500.
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3 1,500.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
7 Other income (loss) (attach statement)		INTEREST INCOME FROM CHASE BANK	7 300.	
8 Total income (loss). Combine lines 3 through 7			8 1,800.	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9 2,571.
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest (see instructions)			15
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
19 Employee benefit programs			19	
20 Other deductions (attach statement) See Stmt			20 1,486.	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 4,057.	
22 Ordinary business income (loss). Subtract line 21 from line 8			22 -2,257.	
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)			23
	24 Interest due under the look-back method—income forecast method (attach Form 8866)			24
	25 BBA AAR imputed underpayment (see instructions)			25
	26 Other taxes (see instructions)			26
	27 Total balance due. Add lines 23 through 26			27
	28 Payment (see instructions)			28
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed			29
	30 Overpayment. If line 28 is larger than line 27, enter overpayment			30 0.

Sign Here

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 partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____ Date _____

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Date 08/26/2020	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ► GLOBAL TAXES LLC	Firm's EIN ► 30-1017196		Phone no. (646) 727-7157	
Firm's address ► 2530 Pebble Creek Ln Cumming, GA 30041				

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:					Yes	No
a <input type="checkbox"/> Domestic general partnership		b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company		d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership		f <input type="checkbox"/> Other ▶				
2 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, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership						X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership						X
3 At the end of the tax year, did the partnership:						
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? 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 the profit, loss, or capital 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 (v) below						X
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
4 Does the partnership satisfy all four of the following conditions?					Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.						
b The partnership's total assets at the end of the tax year were less than \$1 million.						
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.						
d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.					X	
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?						X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?						X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?						X
8 At any time during calendar year 2019, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶						X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions						X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.						X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions						X

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)		<input type="checkbox"/>
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16a Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
17 Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return		
18 Enter the number of partners that are foreign governments under section 892		
19 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1T(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions		X
23 Did the partnership 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 partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership'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 partnership has business interest. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ► BHAGIRATH ANDAPALI

U.S. address of PR ► 11386 NW ODEON LANE Portland OR 97229 U.S. phone number of PR ► (480) 236-9639

If the PR is an entity, name of the designated individual for the PR ►

U.S. address of designated individual ► U.S. phone number of designated individual ►

26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 14		X
27 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership		
28 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 -2,257.
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments: a Services 4a b Capital 4b	4c
	c Total. Add lines 4a and 4b	4c
	5 Interest income	5
	6 Dividends and dividend equivalents: a Ordinary dividends	6a
	b Qualified dividends 6b c Dividend equivalents 6c	6c
	7 Royalties	7
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
b Collectibles (28%) gain (loss)	9b	
c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10	
11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12
	13a Contributions	13a
	b Investment interest expense	13b
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
d Other deductions (see instructions) Type ▶	13d	
Self-Employment	14a Net earnings (loss) from self-employment	14a -1,128.
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c 1,800.
Credits	15a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d Other rental real estate credits (see instructions) Type ▶	15d
	e Other rental credits (see instructions) Type ▶	15e
	f Other credits (see instructions) Type ▶	15f
Foreign Transactions	16a Name of country or U.S. possession ▶	16b
	b Gross income from all sources	16b
	c Gross income sourced at partner level Foreign gross income sourced at partnership level	16c
	d Reserved for future use ▶ e Foreign branch category ▶	16e
	f Passive category ▶ g General category ▶ h Other (attach statement) ▶	16h
	Deductions allocated and apportioned at partner level	
	i Interest expense ▶ j Other ▶	16j
	Deductions allocated and apportioned at partnership level to foreign source income	
	k Reserved for future use ▶ l Foreign branch category ▶	16l
	m Passive category ▶ n General category ▶ o Other (attach statement) ▶	16o
	p Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p
	q Reduction in taxes available for credit (attach statement)	16q
r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) items	17a Post-1986 depreciation adjustment	17a
	b Adjusted gain or loss	17b
	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties—gross income	17d
	e Oil, gas, and geothermal properties—deductions	17e
	f Other AMT items (attach statement)	17f
Other Information	18a Tax-exempt interest income	18a
	b Other tax-exempt income	18b
	c Nondeductible expenses	18c
	19a Distributions of cash and marketable securities	19a
	b Distributions of other property	19b
	20a Investment income	20a
b Investment expenses	20b	
c Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p						1	-2,257.
2	Analysis by partner type:							
	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization		(vi) Nominee/Other	
a	General partners							
b	Limited partners							-2,257.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				162.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets				162.
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				2,419.
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts		0.		-2,257.
22	Total liabilities and capital		0.		162.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return
Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-2,257.	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-2,257.
5	Add lines 1 through 4	-2,257.			

Schedule M-2 Analysis of Partners' Capital Accounts				
1	Balance at beginning of year	0.	6	Distributions: a Cash
2	Capital contributed: a Cash	0.	b Property	
	b Property	0.	7	Other decreases (itemize):
3	Net income (loss) per books	-2,257.	8	Add lines 6 and 7
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5
5	Add lines 1 through 4	-2,257.		-2,257.

Final K-1 Amended K-1

Schedule K-1 (Form 1065)

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019, or tax year

beginning / / 2019 ending / /

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 83-3178753
B Partnership's name, address, city, state, and ZIP code TECH INNOVATION SOLUTIONS LLC 2312 MONARCH DR, APT-607 FORT WORTH, TX 76119
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN 274-93-5436
F Name, address, city, state, and ZIP code for partner entered in E. DENJOM RAI 2312 MONARCH DR APT 607 FORT WORTH TX 76119
G General partner or LLC member-manager
H1 Domestic partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.00000% 50.00000%
Loss 50.00000% 50.00000%
Capital 50.00000% 50.00000%
Check if decrease is due to sale or exchange of partnership interest
K Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ 1,209.
Qualified nonrecourse financing \$
Recourse \$
Check this box if Item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis
Beginning capital account \$ 0.
Capital contributed during the year \$ 0.
Current year net income (loss) \$ -1,128.
Other increase (decrease) (attach explanation) \$
Withdrawals & distributions \$
Ending capital account \$ -1,128.

M Did the partner contribute property with a built-in gain or loss?
Yes No
If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 3 columns: Line number, Description, and Amount. Includes rows for Ordinary business income (loss) -1,128, Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss) -1,128, and other items.

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21 More than one activity for at-risk purposes*
22 More than one activity for passive activity purposes*

*See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.

Table with 2 columns: Code, Report on. Rows include Passive loss, Passive income, Nonpassive loss, Nonpassive income.

2. Net rental real estate income (loss)
3. Other net rental income (loss)

Table with 2 columns: Code, Report on. Rows include Net income, Net loss.

4a. Guaranteed payment Services

4b. Guaranteed payment Capital

4c. Guaranteed payment Total

5. Interest income

6a. Ordinary dividends

6b. Qualified dividends

6c. Dividend equivalents

7. Royalties

8. Net short-term capital gain (loss)

9a. Net long-term capital gain (loss)

9b. Collectibles (28%) gain (loss)

9c. Unrecaptured section 1250 gain

10. Net section 1231 gain (loss)

11. Other income (loss)

Table with 2 columns: Code, Report on. Rows include Other portfolio income, Involuntary conversions, Sec. 1256 contracts & straddles, Mining exploration costs recapture, Cancellation of debt, Section 743(b) positive adjustments, Section 965(a) inclusion, Income under subpart F, Other income (loss).

12. Section 179 deduction

13. Other deductions

Table with 2 columns: Code, Report on. Rows include Cash contributions (60%), Cash contributions (30%), Noncash contributions (50%), Noncash contributions (30%), Capital gain property to a 50% organization (30%), Capital gain property (20%), Contributions (100%), Investment interest expense, Deductions—royalty income, Section 59(e)(2) expenditures, Excess business interest expense, Deductions—portfolio (other), Amounts paid for medical insurance.

Table with 2 columns: Code, Report on. Rows include Educational assistance benefits, Dependent care benefits, Preproductive period expenses, Commercial revitalization deduction from rental real estate activities, Pensions and IRAs, Reforestation expense deduction, T through U, Section 743(b) negative adjustments, Other deductions, Section 965(c) deduction.

14. Self-employment earnings (loss)

Note: If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

Table with 2 columns: Code, Report on. Rows include Net earnings (loss) from self-employment, Gross farming or fishing income, Gross non-farm income.

15. Credits

Table with 2 columns: Code, Report on. Rows include Low-income housing credit (section 42(j)(5)) from pre-2008 buildings, Low-income housing credit (other) from pre-2008 buildings, Low-income housing credit (section 42(j)(5)) from post-2007 buildings, Low-income housing credit (other) from post-2007 buildings, Qualified rehabilitation expenditures (rental real estate), Other rental real estate credits, Other rental credits.

Table with 2 columns: Code, Report on. Rows include Undistributed capital gains credit, Biofuel producer credit, Work opportunity credit, Disabled access credit, Empowerment zone employment credit, Credit for increasing research activities, Credit for employer social security and Medicare taxes, Backup withholding, Other credits.

16. Foreign transactions

Table with 2 columns: Code, Report on. Rows include Name of country or U.S. possession, Gross income from all sources, Gross income sourced at partner level, Foreign gross income sourced at partnership level, Reserved for future use, Foreign branch category, Passive category, General category, Other.

Deductions allocated and apportioned at partner level

Table with 2 columns: Code, Report on. Rows include Interest expense, Other.

Deductions allocated and apportioned at partnership level to foreign source income

Table with 2 columns: Code, Report on. Rows include Reserved for future use, Foreign branch category, Passive category, General category, Other.

Other information

Table with 2 columns: Code, Report on. Rows include Total foreign taxes paid, Total foreign taxes accrued, Reduction in taxes available for credit, Foreign trading gross receipts, Extraterritorial income exclusion through V, Section 965 information, Other foreign transactions.

17. Alternative minimum tax (AMT) items

Table with 2 columns: Code, Report on. Rows include Post-1986 depreciation adjustment, Adjusted gain or loss, Depletion (other than oil & gas), Oil, gas, & geothermal—gross income, Oil, gas, & geothermal—deductions, Other AMT items.

18. Tax-exempt income and nondeductible expenses

Table with 2 columns: Code, Report on. Rows include Tax-exempt interest income, Other tax-exempt income, Nondeductible expenses.

19. Distributions

Table with 2 columns: Code, Report on. Rows include Cash and marketable securities, Distribution subject to section 737, Other property.

20. Other information

Table with 2 columns: Code, Report on. Rows include Investment income, Investment expenses, Fuel tax credit information, Qualified rehabilitation expenditures (other than rental real estate), Basis of energy property through G, Recapture of investment credit, Recapture of other credits, Look-back interest—completed long-term contracts, Look-back interest—income forecast method, Dispositions of property with section 179 deductions, Recapture of section 179 deduction, Interest expense for corporate partners, Section 199A information, Section 704(c) information, Section 751 gain (loss), Section 1(h)(5) gain (loss), Deemed section 1250 unrecaptured gain, Excess taxable income, Excess business interest income, Gross receipts for section 59A(e), Other information.

Additional information from your Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (DENJOM RAI)**Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (DENJOM RAI)****Supplemental Information****Continuation Statement**

Description	Amount
Item L. Partner's Capital Account Analysis:	
Generally Accepted Accounting Principles (GAAP)	

DO NOT MAIL

Statement A—QBI Pass-through Entity Reporting

Partnership's name: TECH INNOVATION SOLUTIONS LLC		Partnership's EIN: 83-3178753	
Partner's name: DENJOM RAI		Partner's identifying no: 274-93-5436	
Partner's share of:		1065, Line 22	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)	-1,128.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Charitable contributions		
	Other deductions		
	W-2 wages	1,285.	
	UBIA of qualified property		
	Section 199A dividends		

Statement A—QBI Pass-through Entity Reporting

Partnership's name:		Partnership's EIN:	
Partner's name:		Partner's identifying no:	
Partner's share of:		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Charitable contributions		
	Other deductions		
	W-2 wages		
	UBIA of qualified property		
	Section 199A dividends		

Final K-1 Amended K-1

Schedule K-1 (Form 1065)

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019, or tax year

beginning / / 2019 ending / /

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 83-3178753
B Partnership's name, address, city, state, and ZIP code TECH INNOVATION SOLUTIONS LLC 2312MONARCHDR, APT-607FORTWORTH FORT WORTH, TX 76119
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.) 896-51-4127
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. BHAGIRATH ANDAPALI 15143 EDNA LN FRISCO TX 75035
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.00000 % 50.00000 %
Loss 50.00000 % 50.00000 %
Capital 50.00000 % 50.00000 %
Check if decrease is due to sale or exchange of partnership interest
K Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ 1,210.
Qualified nonrecourse financing \$
Recourse \$
Check this box if Item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis
Beginning capital account \$
Capital contributed during the year \$
Current year net income (loss) \$ -1,129.
Other increase (decrease) (attach explanation) \$
Withdrawals & distributions \$ ()
Ending capital account \$ -1,129.

M Did the partner contribute property with a built-in gain or loss?
Yes No
If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 3 columns: Line number, Description, and Amount. Includes rows for Ordinary business income (loss) -1,129, Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss), More than one activity for at-risk purposes, More than one activity for passive activity purposes.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

		Code	Report on	
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.		H Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line 13, box a	
	<i>Report on</i>	I Biofuel producer credit	See the Partner's Instructions	
Passive loss	See the Partner's Instructions	J Work opportunity credit	See the Partner's Instructions	
Passive income	Schedule E, line 28, column (h)	K Disabled access credit		
Nonpassive loss	See the Partner's Instructions	L Empowerment zone employment credit		
Nonpassive income	Schedule E, line 28, column (k)	M Credit for increasing research activities		
	See the Partner's Instructions	N Credit for employer social security and Medicare taxes		
2. Net rental real estate income (loss)		O Backup withholding	See the Partner's Instructions	
3. Other net rental income (loss)		P Other credits		
Net income	Schedule E, line 28, column (h)	16. Foreign transactions		
Net loss	See the Partner's Instructions	A Name of country or U.S. possession	Form 1116, Part I	
4a. Guaranteed payment Services	See the Partner's Instructions	B Gross income from all sources		
4b. Guaranteed payment Capital	See the Partner's Instructions	C Gross income sourced at partner level		
4c. Guaranteed payment Total	See the Partner's Instructions	<i>Foreign gross income sourced at partnership level</i>		
5. Interest income	Form 1040 or 1040-SR, line 2b	D Reserved for future use	Form 1116, Part I	
6a. Ordinary dividends	Form 1040 or 1040-SR, line 3b	E Foreign branch category		
6b. Qualified dividends	Form 1040 or 1040-SR, line 3a	F Passive category		
6c. Dividend equivalents	See the Partner's Instructions	G General category		
7. Royalties	Schedule E, line 4	H Other		
8. Net short-term capital gain (loss)	Schedule D, line 5	<i>Deductions allocated and apportioned at partner level</i>		
9a. Net long-term capital gain (loss)	Schedule D, line 12	I Interest expense	Form 1116, Part I	
9b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	J Other	Form 1116, Part I	
9c. Unrecaptured section 1250 gain	See the Partner's Instructions	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>		
10. Net section 1231 gain (loss)	See the Partner's Instructions	K Reserved for future use	Form 1116, Part I	
11. Other income (loss)		L Foreign branch category		
<i>Code</i>		M Passive category		
A Other portfolio income (loss)	See the Partner's Instructions	N General category		
B Involuntary conversions	See the Partner's Instructions	O Other		
C Sec. 1256 contracts & straddles	Form 6781, line 1	<i>Other information</i>		
D Mining exploration costs recapture	See Pub. 535	P Total foreign taxes paid	Form 1116, Part II	
E Cancellation of debt		Q Total foreign taxes accrued	Form 1116, Part II	
F Section 743(b) positive adjustments	See the Partner's Instructions	R Reduction in taxes available for credit	Form 1116, line 12	
G Section 965(a) inclusion			S Foreign trading gross receipts	Form 8873
H Income under subpart F (other than inclusions under sections 951A and 965)			T Extraterritorial income exclusion	Form 8873
I Other income (loss)			U through V	Reserved for future use
			W Section 965 information	See the Partner's Instructions
12. Section 179 deduction	See the Partner's Instructions	X Other foreign transactions		
13. Other deductions		17. Alternative minimum tax (AMT) items		
A Cash contributions (60%)	See the Partner's Instructions	A Post-1986 depreciation adjustment	See the Partner's Instructions and the Instructions for Form 6251	
B Cash contributions (30%)				
C Noncash contributions (50%)				
D Noncash contributions (30%)				
E Capital gain property to a 50% organization (30%)				
F Capital gain property (20%)				
G Contributions (100%)				
H Investment interest expense		Form 4952, line 1		
I Deductions—royalty income		Schedule E, line 19		
J Section 59(e)(2) expenditures		See the Partner's Instructions		
K Excess business interest expense		See the Partner's Instructions		
L Deductions—portfolio (other)		Schedule A, line 16		
M Amounts paid for medical insurance		Schedule A, line 1, or Schedule 1 (Form 1040 or 1040-SR), line 16		
N Educational assistance benefits	See the Partner's Instructions	18. Tax-exempt income and nondeductible expenses		
O Dependent care benefits	Form 2441, line 12	A Tax-exempt interest income	Form 1040 or 1040-SR, line 2a	
P Preproductive period expenses	See the Partner's Instructions	B Other tax-exempt income	See the Partner's Instructions	
Q Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions	C Nondeductible expenses	See the Partner's Instructions	
R Pensions and IRAs	See the Partner's Instructions	19. Distributions		
S Reforestation expense deduction	See the Partner's Instructions	A Cash and marketable securities	See the Partner's Instructions	
T through U	Reserved for future use	B Distribution subject to section 737		
V Section 743(b) negative adjustments		C Other property		
W Other deductions	See the Partner's Instructions	20. Other information		
X Section 965(c) deduction			A Investment income	Form 4952, line 4a
			B Investment expenses	Form 4952, line 5
14. Self-employment earnings (loss)		C Fuel tax credit information	Form 4136	
Note: If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.		D Qualified rehabilitation expenditures (other than rental real estate)	See the Partner's Instructions	
A Net earnings (loss) from self-employment	Schedule SE, Section A or B	E Basis of energy property		
B Gross farming or fishing income	See the Partner's Instructions	F through G		
C Gross non-farm income	See the Partner's Instructions	H Recapture of investment credit		See Form 4255
		I Recapture of other credits		See the Partner's Instructions
15. Credits		J Look-back interest—completed long-term contracts	See Form 8697	
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Partner's Instructions	K Look-back interest—income forecast method	See Form 8866	
B Low-income housing credit (other) from pre-2008 buildings				
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings				
D Low-income housing credit (other) from post-2007 buildings				
E Qualified rehabilitation expenditures (rental real estate)				
F Other rental real estate credits				
G Other rental credits				
			L Dispositions of property with section 179 deductions	See the Partner's Instructions
			M Recapture of section 179 deduction	
		N Interest expense for corporate partners		
		O through Y		
		Z Section 199A information		
		AA Section 704(c) information		
		AB Section 751 gain (loss)		
		AC Section 1(h)(5) gain (loss)		
		AD Deemed section 1250 unrecaptured gain		
		AE Excess taxable income		
		AF Excess business interest income		
		AG Gross receipts for section 59A(e)		
		AH Other information		

Additional information from your Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (BHAGIRATH ANDAPALI)

Schedule K-1: Partner's Share of Income, Deductions, Credits, etc. (BHAGIRATH ANDAPALI)

Supplemental Information

Continuation Statement

Description	Amount
Item L. Partner's Capital Account Analysis:	
Generally Accepted Accounting Principles (GAAP)	

DO NOT MAIL

Statement A—QBI Pass-through Entity Reporting

Partnership's name: TECH INNOVATION SOLUTIONS LLC		Partnership's EIN: 83-3178753	
Partner's name: BHAGIRATH ANDAPALI		Partner's identifying no: 896-51-4127	
Partner's share of:		1065, Line 22	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)	-1,129.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Charitable contributions		
	Other deductions		
	W-2 wages	1,286.	
	UBIA of qualified property		
	Section 199A dividends		

Statement A—QBI Pass-through Entity Reporting

Partnership's name:		Partnership's EIN:	
Partner's name:		Partner's identifying no:	
Partner's share of:		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Charitable contributions		
	Other deductions		
	W-2 wages		
	UBIA of qualified property		
	Section 199A dividends		

▶ **ERO must obtain and retain completed Form 8879-PE.**
▶ **Go to www.irs.gov/Form8879PE for the latest information.**

Department of the Treasury
Internal Revenue Service For calendar year 2019, or tax year beginning , 2019, and ending , 20 .

Name of partnership **TECH INNOVATION SOLUTIONS LLC** Employer identification number **83-3178753**

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	1,500.
2	Gross profit (Form 1065, line 3)		1,500.
3	Ordinary business income (loss) (Form 1065, line 22)	3	-2,257.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined a copy of the partnership's 2019 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

Partner or Member's PIN: check one box only

- I authorize _____ to enter my PIN as my signature
ERO firm name Don't enter all zeros
on the partnership's 2019 electronically filed return of partnership income.
- As a partner or member of the partnership, I will enter my PIN as my signature on the partnership's 2019 electronically filed return of partnership income.

Partner or member's signature ▶ _____
Title ▶ PARTNER Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return of partnership income for the partnership 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 ▶ _____ Date ▶ 08/26/2020

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Partnership's Name: <u>TECH INNOVATION SOLUTIONS LLC</u> Partnership's EIN: <u>83-3178753</u>			
	1065, Line 22		
<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
Partner's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss) . . .	-2,257.	_____	_____
Rental income (loss)	_____	_____	_____
Royalty income (loss)	_____	_____	_____
Section 1231 gain (loss)	_____	_____	_____
Other income (loss)	_____	_____	_____
Section 179 deduction	_____	_____	_____
Charitable contributions	_____	_____	_____
Other deductions	_____	_____	_____
W-2 wages	2,571.	_____	_____
UBIA of qualified property	_____	_____	_____
Section 199A dividends _____			

Partnership's Name: _____ Partnership's EIN: _____			
<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
Partner's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss) . . .	_____	_____	_____
Rental income (loss)	_____	_____	_____
Royalty income (loss)	_____	_____	_____
Section 1231 gain (loss)	_____	_____	_____
Other income (loss)	_____	_____	_____
Section 179 deduction	_____	_____	_____
Charitable contributions	_____	_____	_____
Other deductions	_____	_____	_____
W-2 wages	_____	_____	_____
UBIA of qualified property	_____	_____	_____
Section 199A dividends _____			

199A Worksheet by Activity

2019

► Keep for your records

Partnership's name <u>TECH INNOVATION SOLUTIONS LLC</u>	Partnership's EIN <u>83-3178753</u>
------------------------------------------------------------	----------------------------------------

Aggregation Code: _____	Trade or Business: <u>1065, Line 22</u>
	EIN: <u>83-3178753</u>
Check if activity is NOT a qualified trade/business <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Specified Service Trade or Business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

QBI or qualified PTP items subject to partner-specific determinations:

1 a Ordinary business income (loss)	1 a	<u>-2,257.</u>		
b Adjustments	b			
c Adjusted ordinary business income (loss)			1 c	<u>-2,257.</u>
2 a Rental income (loss)	2 a			
b Adjustments	b			
c Adjusted rental income (loss)			2 c	
3 a Royalty income (loss)	3 a			
b Adjustments	b			
c Adjusted royalty income (loss)			3 c	
4 a Section 1231 gain (loss)	4 a			
b Adjustments	b			
c Adjusted section 1231 gain (loss)			4 c	
5 Other income (loss)			5	
6 a Section 179 deduction	6 a			
b Adjustments	b			
c Adjusted section 179 deduction			6 c	
7 Charitable contributions			7	
8 Other deductions			8	
9 a W-2 wages	9 a	<u>2,571.</u>		
b Adjustments	b			
c Adjusted W-2 Wages			9 c	<u>2,571.</u>
10 a UBIA of qualified property	10 a			
b Adjustments	b			
c Adjusted UBIA of qualified property			10 c	

Partnership Information Worksheet

2019

Keep for your records

Part I - Identifying Information

Employer Identification Number 83-3178753
Name TECH INNOVATION SOLUTIONS LLC
Name (continuation)
Doing Business As TECH INNOVATION SOLUTIONS LLC
Address 2312MONARCHDR, APT-607FORTWORTH
City FORT WORTH State TX ZIP Code 76119
Foreign Province/State Foreign Postal Code
Foreign Code Foreign Country
Is the business primary physical address different from the return address? Yes No
Address 2312MONARCHDR, APT-607FORTWORTH
City FORT WORTH State TX ZIP Code 76119
Foreign Province/State Foreign Postal Code
Foreign Code Foreign Country
Telephone Number (480) 236-9639 Extension
Fax Number E-Mail Address BHAGHIREDDY@GMAIL.COM
Tax Shelter Registration Number Date Business Started 01/16/2019

Part II - Tax Year and Filing Information

[X] Calendar year
Fiscal year - Ending month
Short year - Beginning date Ending date
[X] Enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part III - IRS Center

IRS center where partnership filed return OGDEN, UT

Part IV - Schedule K-1 Information

Percentage Used for Allocation to Schedules K-1

[X] Profit [] Loss [] Ownership

K-1 Rounding Options

[X] Distribute the rounding difference to the partner with the largest percentage.
[] Distribute the rounding difference to partner number
[] Distribute the rounding difference among partners.
[] Do not distribute the rounding difference to any partner.

K-1 Analysis of Partner's Capital Account Options (Schedule K-1, Item L, Row C)

[] Sum the individual line items on each partner's Schedule K-1.
[X] Multiply total partnership amounts by each partner's K-1 allocation percentage.

K-1 Capital Account Accounting Method

[] Tax basis
[X] Generally Accepted Accounting Principles (GAAP)
[] Section 704(b) book
[] Other

K-1 Section 465 and Section 469 multiple activities (Schedule K-1, Lines 21 and 22)

[] More than one activity for at-risk purposes (Section 465)?
[] More than one activity for passive activity purposes (Section 469)?

Partner Printing Options

Yes No
[X] [] Print Schedules K-1?
[X] [] Include page 2 of Schedules K-1 (codes and descriptions) with tax return?
[] [X] Print Partner Number on Schedules K-1?
[] [X] Print detail of Item L, Row C on each partner's Schedule K-1?
[X] [] Calculate and print Schedule K Reconciliation Report?
[] [X] Calculate and print the Partner Basis Statement?
[] [X] Calculate and print the SEP Contribution Worksheet for each partner?
Enter a SEP contribution rate here (maximum 25%)

Virginia
 West Virginia
 Wisconsin

QuickZoom to Electronic Filing Information Worksheet (includes subsequent amended returns) . . . ▶ _____

Part VII – Direct Deposit or Electronic Funds Withdrawal Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use direct deposit of any federal tax refund ?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of federal balance due (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of Form 7004 balance due (EF only)?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of amended return balance due (EF only)?

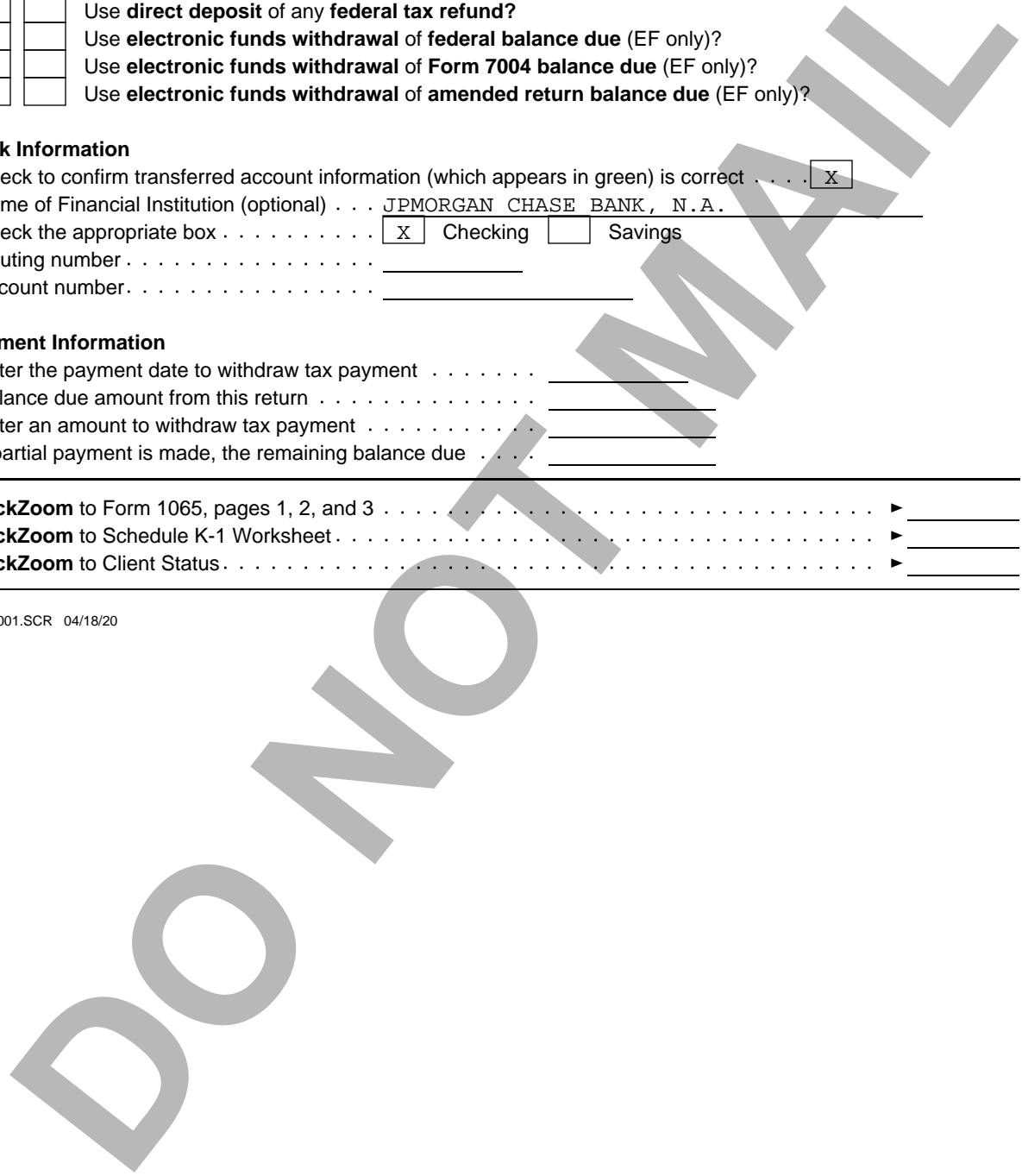
Bank Information

Check to confirm transferred account information (which appears in green) is correct
 Name of Financial Institution (optional) . . . JPMORGAN CHASE BANK, N.A.
 Check the appropriate box Checking Savings
 Routing number _____
 Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____
 Balance due amount from this return _____
 Enter an amount to withdraw tax payment _____
 If partial payment is made, the remaining balance due _____

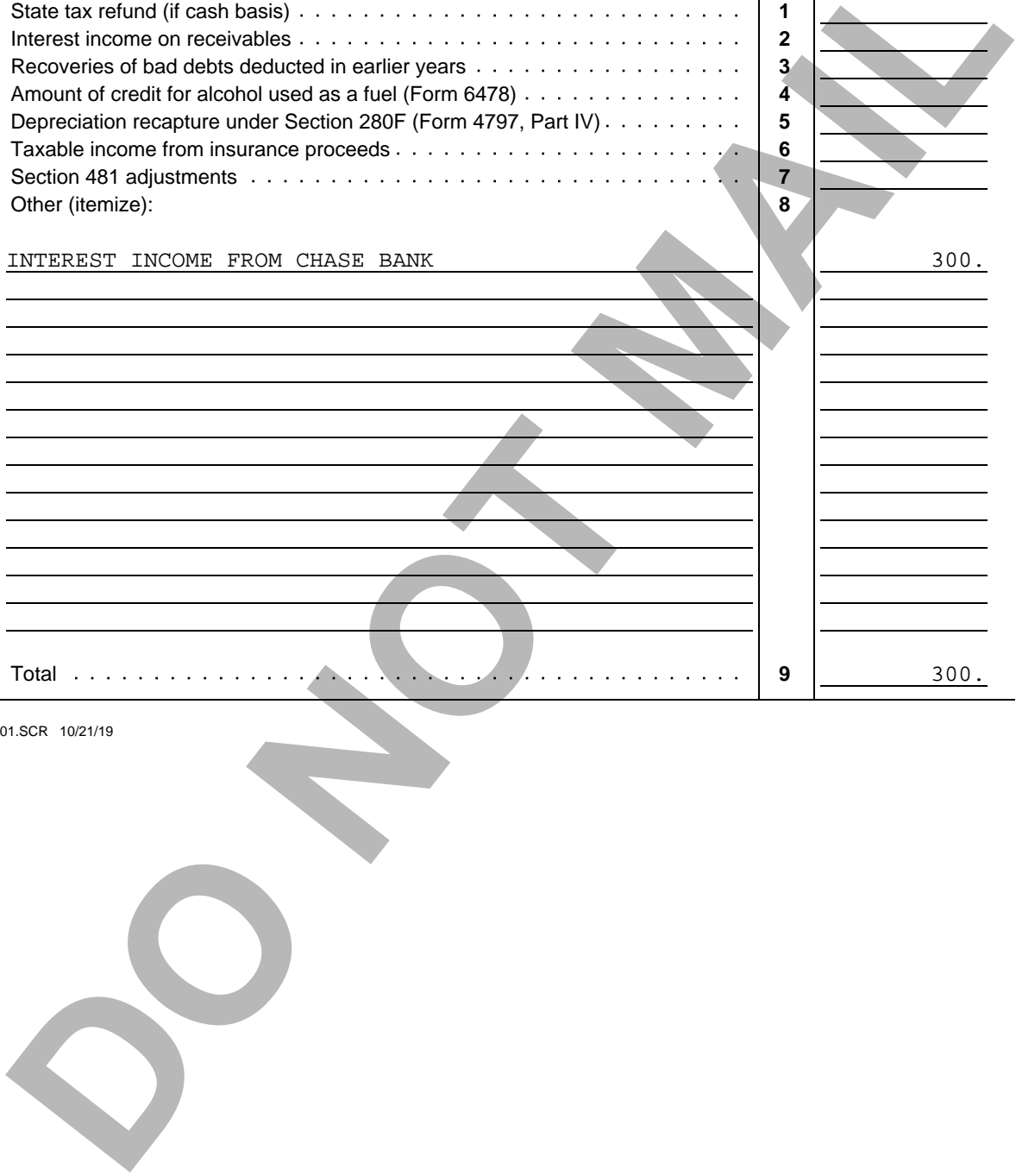
QuickZoom to Form 1065, pages 1, 2, and 3 ▶ _____
QuickZoom to Schedule K-1 Worksheet ▶ _____
QuickZoom to Client Status ▶ _____



Name	Employer Identification No.
TECH INNOVATION SOLUTIONS LLC	83-3178753

Other Income (Loss)

1	State tax refund (if cash basis)	1	
2	Interest income on receivables	2	
3	Recoveries of bad debts deducted in earlier years	3	
4	Amount of credit for alcohol used as a fuel (Form 6478)	4	
5	Depreciation recapture under Section 280F (Form 4797, Part IV)	5	
6	Taxable income from insurance proceeds	6	
7	Section 481 adjustments	7	
8	Other (itemize):	8	
	INTEREST INCOME FROM CHASE BANK		300.
9	Total	9	300.



Name as Shown on Return	Employer Identification No.
TECH INNOVATION SOLUTIONS LLC	83-3178753

1	Accounting	1	
2	Advertising	2	174.
3	Amortization	3	
4	Automobile and truck expense	4	
5	Bank charges	5	150.
6	Cleaning	6	
7	Commissions	7	
8	Computer services and supplies	8	
9	Credit and collection costs	9	
10	Delivery and freight	10	
11	Discounts	11	
12	Dues and subscriptions	12	
13	Equipment rent	13	
14	Gifts	14	
15	Insurance	15	
16	Janitorial	16	
17	Laundry and cleaning	17	
18	Legal and professional	18	
19 a	Meals subject to 50% limit	19 a	
b	Meals subject to 80% limit	b	
c	Meals allowed at 100%	c	
d	Entertainment (nondeductible)	d	
e	Less disallowed	e	
f	Meals, net	19 f	
20	Miscellaneous	20	
21	Office expense	21	
22	Outside services	22	
23	Parking fees and tolls	23	
24	Permits and fees	24	
25	Postage	25	
26	Printing	26	
27	Security	27	
28	Supplies	28	767.
29	Telephone	29	
30	Tools	30	
31	Training/continuing education	31	
32	Travel	32	
33	Uniforms	33	
34	Utilities	34	
35	Other (itemize): DICE CHARGES	35	395.
35	Total	35	1,486.

**Schedule K
Line 14a**

Net Self-Employment Earnings Worksheet

2019

► Keep for your records

Name as Shown on Return

Employer Identification No.

TECH INNOVATION SOLUTIONS LLC

83-3178753

Description	S A	Column A Partnership Total	Column B Amounts allocated to general partners who are individuals or partnerships	Column C Amounts allocated to limited partners who are individuals or partnerships	Column D Amounts allocated to all other partners
1 a Ordinary income (loss) (Schedule K, line 1)		-2,257.	-1,128.	-1,129.	0.
b Net income (loss) from certain rental real estate activities					
c Net income (loss) from other rental activities (Sch K, line 3c) . .					
d Net loss from Form 4797, Part II, line 17, included on line 1a					
e Combine lines 1a through 1d . . .		-2,257.	-1,128.	-1,129.	0.
2 Net gain from Form 4797, Part II, line 17, included on line 1a					
3 a Subtract line 2 from line 1e		-2,257.	-1,128.	-1,129.	0.
b Part of line 3a allocated to limited partners, estates, trusts, corporations, and exempt organizations and IRA's		-1,129.		-1,129.	0.
c Subtract line 3b from line 3a . . .		-1,128.	-1,128.	0.	0.
4 a Guaranteed payments (GP) and other items used to figure self-employment (SE) earnings: (1) GP for services (2) GP other than for services . . . (3) Other Sched K items used to figure SE earnings Total of lines 4a(1) through (3) . .					
b Part of 4a allocated to individual limited partners for other than GP for services and to estates, trusts, corporations, etc.					
c Subtract line 4b from line 4a . . .					
d Other adjustments to figure self-employment earnings					
e Part of 4d allocated to estates, trusts, corporations, etc.					
f Subtract line 4e from line 4d . . .					
5 Net earnings (loss) from self-employment. Combine lines 3c, 4c and 4f.		-1,128.	-1,128.	0.	0.

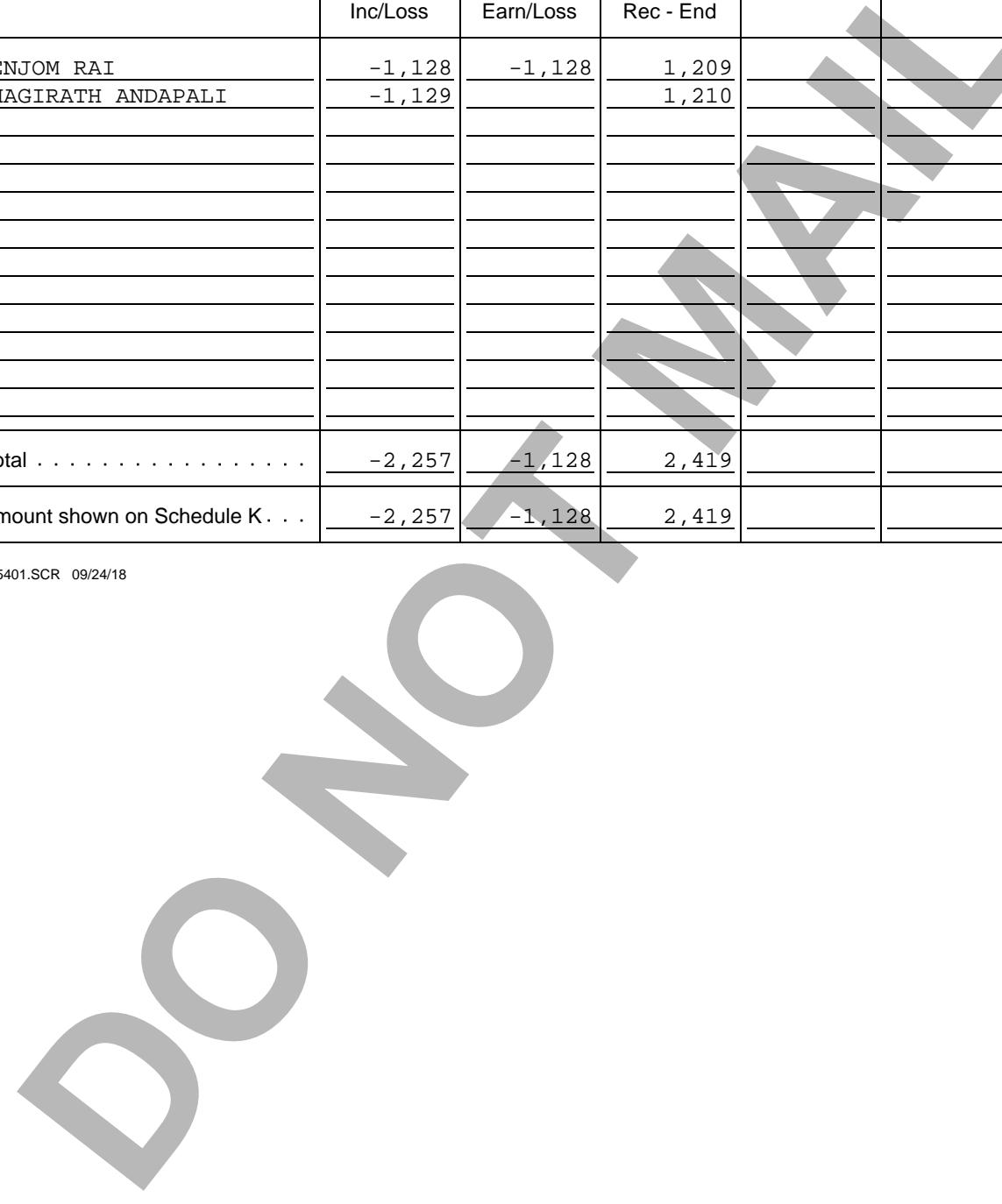
Name as Shown on Return

Employer Identification No.

TECH INNOVATION SOLUTIONS LLC

83-3178753

Partner	-1- Ordinary Inc/Loss	-14a- Net SE Earn/Loss	K-1 K(1) Liab Non- Rec - End		
DENJOM RAI	-1,128	-1,128	1,209		
BHAGIRATH ANDAPALI	-1,129		1,210		
Total	-2,257	-1,128	2,419		
Amount shown on Schedule K. . .	-2,257	-1,128	2,419		



Electronic Filing Information Worksheet

Keep for your records

2019

Name(s) shown on return
TECH INNOVATION SOLUTIONS LLC

Identifying number
83-3178753

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return 587278

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

ERO Name: GLOBAL TAXES LLC, ERO Electronic Filers Identification Number (EFIN): 587278, ERO Address: 2530 Pebble Creek Ln, City: Cumming, State: GA, ZIP Code: 30041, ERO Employer Identification Number: 30-1017196, ERO Social Security Number or PTIN:

Part III - Paid Preparer Information

Firm Name: GLOBAL TAXES LLC, Preparer Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR, Address: 2530 Pebble Creek Ln, City: Cumming, State: GA, ZIP Code: 30041, Preparer Social Security Number or PTIN: P02090332, Employer Identification Number: 30-1017196, Phone Number: (212) 920-4151, Preparer E-mail Address: tsyamgupta@gmail.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for checkboxes and State/City names: California State LLC, California State Partnership, Georgia State Partnership, Iowa State Partnership, Kansas State Partnership, Kentucky State Partnership, Louisiana Composite, Louisiana State Partnership, Maryland State Partnership, Massachusetts State Partnership, Michigan Business Tax, New Jersey State Partnership, New Mexico State Partnership, See Amended Returns

Part V - Name Control

Name Control, enter here to override default TECH

IRS e-file Authentication Statement

2019

Keep for your records

Name(s) Shown on Return
TECH INNOVATION SOLUTIONS LLC

Employer ID No.
83-3178753

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Partner entered PIN [X]
ERO entered Partner's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the partnership. If the partnership furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the partnership. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 61989

C - Signature of Partner

Perjury Statement:

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2019 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, and (b) the reason for any delay in processing the return.

I certify that I have the authority to execute this consent on behalf of the partnership as general partner or limited liability company member manager of the partnership. I am signing this Disclosure Consent by entering my self-selected PIN below.

General Partner or Limited Liability Company Member Manager 's PIN 61989
Date 08/19/2020

Information for Client Letter

2019

► Keep for your records

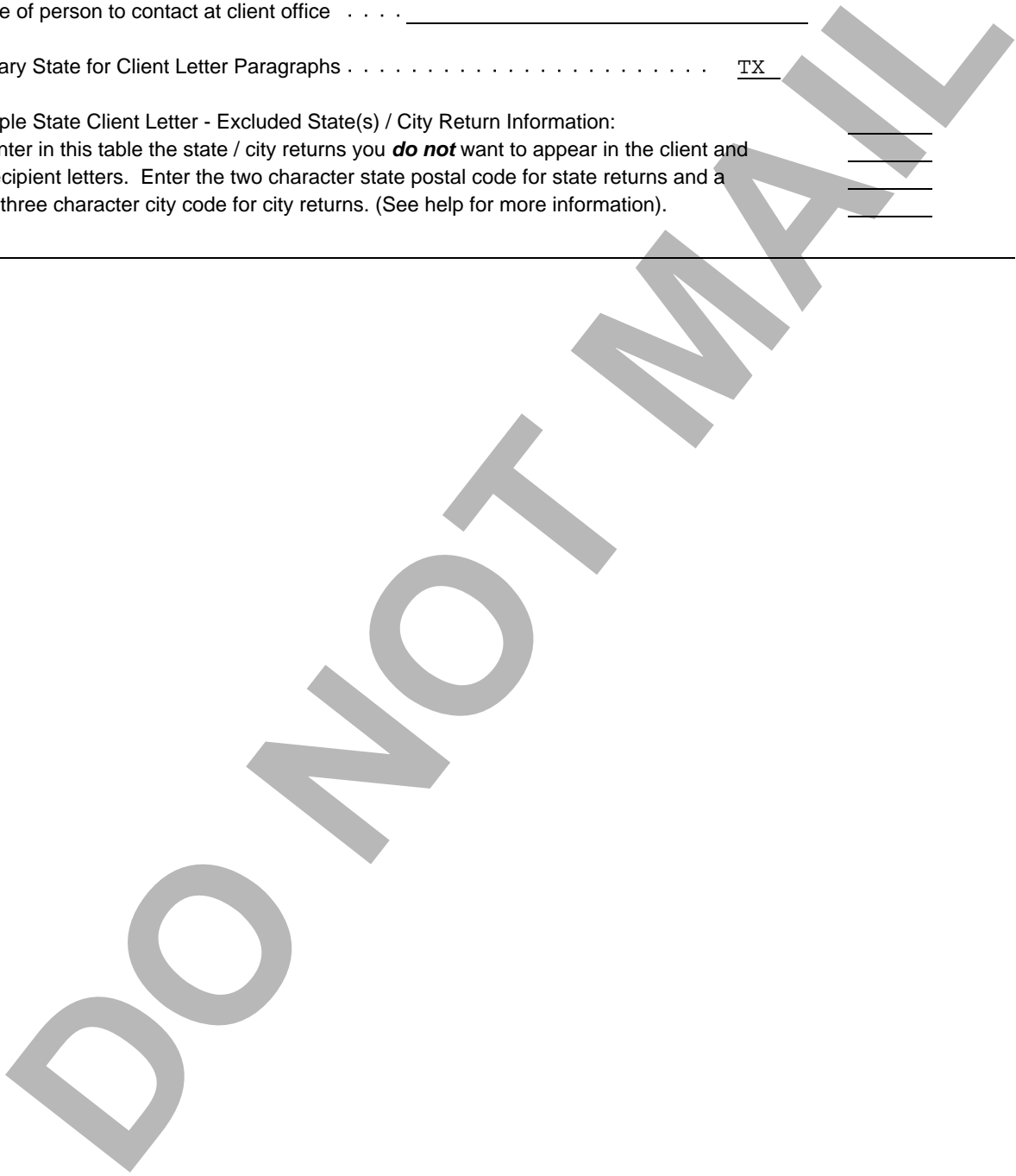
Name	Employer Identification No.
TECH INNOVATION SOLUTIONS LLC	83-3178753

Client's salutation Client

Name of person to contact at client office _____

Primary State for Client Letter Paragraphs TX

Multiple State Client Letter - Excluded State(s) / City Return Information:
Enter in this table the state / city returns you **do not** want to appear in the client and recipient letters. Enter the two character state postal code for state returns and a three character city code for city returns. (See help for more information).



Preparer Electronic Filing Instructions
Partnership

TECH INNOVATION SOLUTIONS LLC
2312MONARCHDR,APT-607FORTWORTH
FORT WORTH, TX 76119
Accepted Date

83-3178753
Client Phone
(480)236-9639

This return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return

Form 1065

The taxpayer should review Form 1065 along with any accompanying schedules and statements.

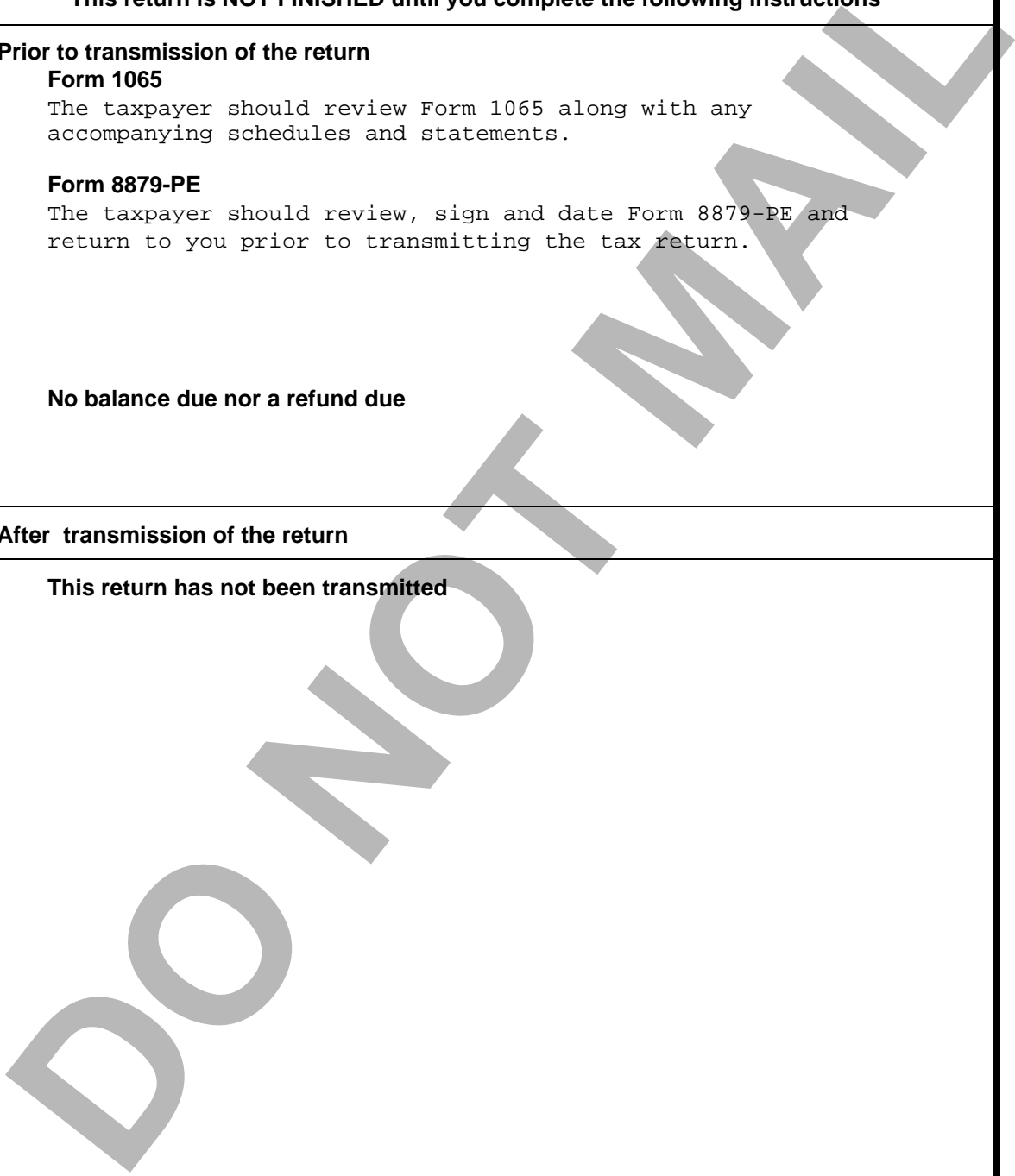
Form 8879-PE

The taxpayer should review, sign and date Form 8879-PE and return to you prior to transmitting the tax return.

No balance due nor a refund due

After transmission of the return

This return has not been transmitted



Additional information from your 2019 Federal Partnership Tax Return

Form 1065: Partnership Tax Return
Line 20, Other Deductions

Continuation Statement

Description	Amount
ADVERTISING	174.
BANK CHARGES	150.
SUPPLIES	767.
DICE CHARGES	395.
Total	1,486.

Other Deductions Worksheet
Advertising

Itemization Statement

Description	Amount
FACE BOOK ADS	174.
Total	174.

DO NOT MAIL

Electronic Filing Information Worksheet
Amended Returns

Continuation Statement

<input type="checkbox"/>	New York State Partnership
<input type="checkbox"/>	New York City Partnership
<input type="checkbox"/>	North Carolina State Partnership
<input type="checkbox"/>	Oklahoma State Partnership
<input type="checkbox"/>	Pennsylvania State Partnership
<input type="checkbox"/>	South Carolina State Partnership
<input type="checkbox"/>	Tennessee State Corporation
<input type="checkbox"/>	Utah State Partnership
<input type="checkbox"/>	Vermont State Partnership
<input type="checkbox"/>	Virginia State Partnership
<input type="checkbox"/>	West Virginia State Partnership
<input type="checkbox"/>	Wisconsin State Partnership

DO NOT MAIL

August 26, 2020

DENJOM RAI
2312 MONARCH DR APT 607
FORT WORTH, TX 76119

Dear DENJOM RAI,

Enclosed is your 2019 Schedule K-1 (Form 1065), Partner's Share of Income, Credits, Deductions, etc., which has been filed with the 2019 Form 1065 U.S. Return of Partnership Income of TECH INNOVATION SOLUTIONS LLC.

The amounts reported to you on lines 1-20 of the Schedule K-1 (Form 1065), Partner's Share of Income, Credits, Deductions, etc., represent your share of income, credits, deductions, and other information to be reported on the appropriate lines of your tax return. The IRS has substantially changed the Schedule K-1 by utilizing codes on some lines to identify the item and provide reporting information. These codes are identified on page 2 of the K-1.

Should you have any questions regarding this information, please do not hesitate to call.

Sincerely,

TECH INNOVATION SOLUTIONS LLC
2312MONARCHDR,APT-607FORTWORTH
FORT WORTH, TX 76119
(480) 236-9639

August 26, 2020

BHAGIRATH ANDAPALI
15143 EDNA LN
FRISCO, TX 75035

Dear BHAGIRATH ANDAPALI,

Enclosed is your 2019 Schedule K-1 (Form 1065), Partner's Share of Income, Credits, Deductions, etc., which has been filed with the 2019 Form 1065 U.S. Return of Partnership Income of TECH INNOVATION SOLUTIONS LLC.

The amounts reported to you on lines 1-20 of the Schedule K-1 (Form 1065), Partner's Share of Income, Credits, Deductions, etc., represent your share of income, credits, deductions, and other information to be reported on the appropriate lines of your tax return. The IRS has substantially changed the Schedule K-1 by utilizing codes on some lines to identify the item and provide reporting information. These codes are identified on page 2 of the K-1.

Should you have any questions regarding this information, please do not hesitate to call.

Sincerely,

TECH INNOVATION SOLUTIONS LLC
2312MONARCHDR,APT-607FORTWORTH
FORT WORTH, TX 76119
(480) 236-9639

Texas Franchise Tax No Tax Due Report

Ver. 11.0

Tcode 13275 Final

The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.

Taxpayer number										Report year				Due date	
8	3	3	1	7	8	7	5	3		2	0	1	9	03/02/2020	


Taxpayer name TECH INNOVATION SOLUTIONS LLC				Secretary of State file number or Comptroller file number 0803212002			
Mailing address 2312MONARCHDR, APT-607FORTWORTH							
City FORT WORTH		State TX		Country		ZIP code plus 4 76119	
Blacken circle if this is a combined report <input type="checkbox"/>							Blacken circle if the address has changed <input type="checkbox"/>
							NAICS code 5 1 8 2 1 0
Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form.) <input type="checkbox"/>				Blacken circle to request a Certificate of Account Status <input type="checkbox"/>			

If any of the statements below are true, you qualify to file this No Tax Due Report (Blacken all circles that apply.):

- 1. This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003. (See instructions.) (Passive income does NOT include rent.)
- 2. This entity's annualized total revenue is below the no tax due threshold. (See instructions.)
- 3. This entity has zero Texas Gross Receipts.
- 4. This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4).
- 5. This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005. (See instructions.) (Must have formed after Jan. 1, 2016 and must be pre-qualified.)

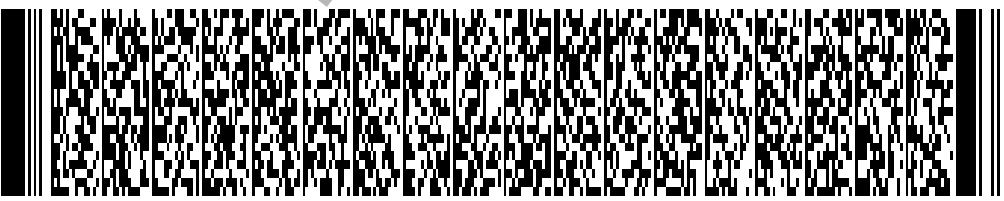
6a. Accounting year begin date	6a. <table border="1"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td>0</td><td>1</td><td>0</td><td>1</td><td>1</td><td>9</td></tr></table>	m	m	d	d	y	y	0	1	0	1	1	9	6b. Accounting year end date	6b. <table border="1"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr><tr><td>1</td><td>2</td><td>3</td><td>1</td><td>1</td><td>9</td></tr></table>	m	m	d	d	y	y	1	2	3	1	1	9
m	m	d	d	y	y																						
0	1	0	1	1	9																						
m	m	d	d	y	y																						
1	2	3	1	1	9																						

7. TOTAL REVENUE (Whole dollars only)	7. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>8</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>											1	8	0	0	0	0
										1	8	0	0	0	0		

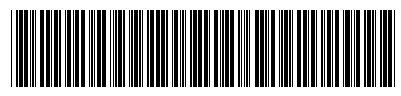
Print or type name BHAGIRATH ANDAPALI		Area code and phone number (480) 236-9639	
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	
	Date		

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>						
PM Date	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						



Texas Franchise Tax Information Worksheet

Report Year 2020

Keep for your records

Important Notes:

- 1) Use this formset to report your 2019 calendar year or 2018 fiscal year information.
2) Texas requires certain information be provided before we allow a form to print. Generally all errors must be corrected before a form will activate.

Part I - Identifying Information

Name TECH INNOVATION SOLUTIONS LLC
Address 2312MONARCHDR, APT-607FORTWORTH
City FORT WORTH State TX Zip Plus 4 . . 76119
Foreign Province Foreign Postal Code
Foreign Country

Business primary physical address:

Address 2312MONARCHDR, APT-607FORTWORTH
City FORT WORTH State TX Zip Plus 4 . . 76119
Foreign Province Foreign Postal Code
Foreign Code

Telephone (480)236-9639 Extension
Fax Number E-mail Address . BHAGHIREDDY@GMAIL.COM

Check this box if the address listed above is different than shown on last year's report

Part II - Texas Tax Return Information

Federal EIN or Social Security Number (required for efile) 83-3178753
Texas Taxpayer Identification Number (Federal EIN if no assigned TX number) 83-3178753
Valid ID number test - an invalid TIN will not transfer to other forms - see help 833178753

Secretary of State or Comptroller file number - 10 digits 0803212002
SIC code - 4 digits only 1986
NAICS code - 6 digits only 518210
Type of return to be filed Franchise

Signing Officer:

Officer's/Partner's/LLC Member's/Fiduciary's First Name . . . BHAGIRATH
Officer's/Partner's/LLC Member's/Fiduciary's Last Name . . . ANDAPALI
Officer's/Partner's/LLC Member's/Fiduciary's Middle Initial . . .
Officer's Phone (480)236-9639

For returns filing federal Form 1041:

Name of Financial Institution, if not an Individual

For returns filing federal Form 1065:

General Partner Limited Liability Company Member Partnership Representative

Signing Officer's/Partner's/LLC Member's/Fiduciary's Title . . General Partner

Signing Officer's/Partner's/LLC Member's/Fiduciary's SSN

Signature Date

Select applicable boxes:

Is this a corporation, limited liability company (LLC), limited partnership (LP), or professional association?

An entity registered with Texas as a LLC filing federal Form 1065 should answer yes. See help if this is a limited partnership or professional association filing a 2015 or prior report year.

- Yes - Activates Form 05-102
No - Activates Form 05-167
Changing the calculated response may result in a rejected return if the choice does not match the entity type on file with Texas.

Other Information

- Amended Return (changes T-code)
This is a taxable entity that provides only services (no cost of goods sold)
This company is a LLP that has elected to be taxed as a corporation
Using certain private delivery service (changes mail to address)
This company is a wholesaler or retailer qualifying for reduced tax rate.

This box will only be checked if this company has a valid SIC Code and in some cases the following questions are answered as Y,Y,N. Important Note: see help for further instructions and the complete questions.

- Majority of revenue is from approved specific activities or SIC related retail or wholesale trade
Less than 50% of revenue is from goods you produce (except eating and drinking places)
You provide retail or wholesale utilities or telecommunication services

Combined Report (Form 05-166)

- Filing combined report
QuickZoom to Form 05-166, Franchise Tax Affiliate Schedule ▶ _____

Tiered Partnership Election (Form 05-175)

- Tiered partnership election (all lower tiered entities in the tiered partnership must not be part of a combined group and also have revenue and tax above the threshold - see help for thresholds)
 - Tiered partnership entity is eligible to file Form 05-163 (entity is a lower tier partnership that passed 100% of it's gross revenue to upper tier entities)
 - Reporting entity is part of a Tiered Partnership and is qualified to file Form 05-163
 - Reporting entity is part of a Tiered Partnership and not qualified to file Form 05-163
- QuickZoom** to Tiered Partnership Report worksheet. ▶ _____

Part III – Tax Year Information:

- Calendar year
 - Fiscal year - ending month ____

 - Short year (also choose initial or final if appropriate)
 - Initial Return
 - Final Return
 - Request a Certificate of Account Status (If final return only)
- Enter initial, final or short year 01/16/19 through 12/31/19
- Report year 2019
- Due date 03/02/20
- Accounting period beginning & ending date 01/01/19 through 12/31/19

Explanation of your report year, due date, and accounting periods:

This entity is filing a final report.

Report year is the same year as accounting period end date.

Due date is 60 days after the entity ceased doing business in Texas.

Report gross receipts and margin for the period 01/01/2019 to 12/31/2019.

Select Main Form to Complete

1. Complete The Revenue and Gross Receipts Worksheet **before choosing a form.**
QuickZoom to Revenue and Gross Receipts Worksheet ▶ _____
2. If you are a qualified passive entity or real estate investment trust select the applicable box under Form 05-163 below and skip the Margin and Tax Worksheet.
2. Complete the Margin and Tax Worksheet, unless you are eligible to file Form 05-163, No Tax Due Report, to determine if Form 05-158 or Form 05-169 should be used - see form description below.
QuickZoom to Margin and Tax Revenue Worksheet ▶ _____

The program will select which form to complete based on the entries made on the Revenue and Gross Receipts Worksheet and the Margin and Tax Revenue Worksheet.

Changing the calculated form to use risks submitting the incorrect form to Texas and may result in the return being rejected by Texas.

Yes No

- Is this a **taxable entity**? (nontaxable entities include, for example, certain general partnerships)
- Form 05-163:** No Tax Due Report for companies meeting one of the following exceptions:
 - This a passive entity as defined in Texas Tax Code 171.0003 (rent is not passive income)
 - Passive entity is not filing Form 05-102 or Form 05-167
 - Annualized total annual revenue is below the no tax due threshold
 - Texas gross receipts are zero.
 - This is a Real Estate Investment Trust (REIT) as specified in section 171.0002(c)(4)
 - This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005
- Form 05-169:** Optional E-Z Computation for companies with **annualized** revenue below \$20 million (\$10 million for report years 2008-2015).
- Form 05-158:** Franchise Tax Report for companies **NOT** filing a no tax due report and **NOT** using the E-Z Computation.

Part IV – Electronic Funds Transfer Information

Yes No
Are you enrolled in the electronic funds transfer (EFT) program?

Part V - Electronic Filing Information

Electronic Filing

X The state return will be filed electronically

Enter the date return was EFiled
Enter the date return was accepted by the state
Enter the date Form 05-170 was given to client
Webfile number (8 characters) XT321200
Prior year revenue

Part VI - Electronic Funds Withdrawal Information

Do you want to use electronic funds withdrawal of state balance due (EF Only)?
Extension - Do you want electronic funds withdrawal of balance due (EF Only)?

Bank Information:

Name of Financial Institution (optional) JPMORGAN CHASE BANK, N.A.
Check the appropriate box:
Checking X Routing number
Savings Account number

Payment Information (Electronic Filing Only)

Electronic funds withdrawal amount due with return information:
Check a box to indicate ownership of bank account Business Account Personal Account
Enter the payment date to withdraw from the account above
State balance-due amount from this return

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Enter settlement date to withdraw the extension amount from the account above
State balance-due amount paid with this extension Form 05-164

International ACH Transactions

Will the funds for this payment come from an account outside the U.S.?

Part VII – Extension Status

Form 05-164:

Has the tax return due date been extended?
Extended due date
Additional (second) extension for electronic funds transfer (EFT) program.
First extension will be filed electronically (Electronic Filing Only)

Filing and acceptance information (Electronic Filing Only)

Extension accepted
Extension filing date
Extension acceptance date

Texas Revenue And Gross Receipts Worksheet

Report Year
2019

▶ Keep for your records

Taxpayer Name
TECH INNOVATION SOLUTIONS LLC

Taxpayer No.
833178753

Texas Gross Receipts Box to populate gross receipts in Texas with the same amounts as gross receipts everywhere. Texas receipts can be changed as needed.

Important Note: Any net distributive income from a taxable passthrough entity included in items 1 through 7 should also be included on line 11.

Description	Gross Receipts for the period	
	01/01/19 (a) Texas	to 12/31/19 (b) Everywhere
Revenue		
1 Gross receipts or sales	1,500.	1,500.
2 Dividends		
3 Interest		
4 Rents		
5 Royalties		
6 Gains/Losses (corporations gains only)		
7 Other income	300.	300.
8 Total gross revenue (add items 1 thru 7)	1,800.	1,800.
Exclusion From Gross Revenue		
9 Bad debts expense		
10 Foreign dividends and foreign royalties		
11 Taxable passthrough entity net distributive income (NDI)		
Gross receipts or sales		
Dividends		
Interest		
Rents		
Royalties		
Gains/Losses		
Other income		
Taxable passthrough entity NDI included in line 8		
12 Schedule C dividends received		
13 Revenue from disregarded entities		
14 Flow-through funds		
15 Dividends and interest from Federal obligations		
16 Other adjustments for revenue:		
.		
.		
Total other adjustments for revenue		
17 Total exclusion from gross revenue (add items 9 thru 16)		
18 Total Revenue (item 8 less item 17)	1,800.	1,800.

Gross Receipts And Apportionment Calculation for Forms 05-169 and 05-158A

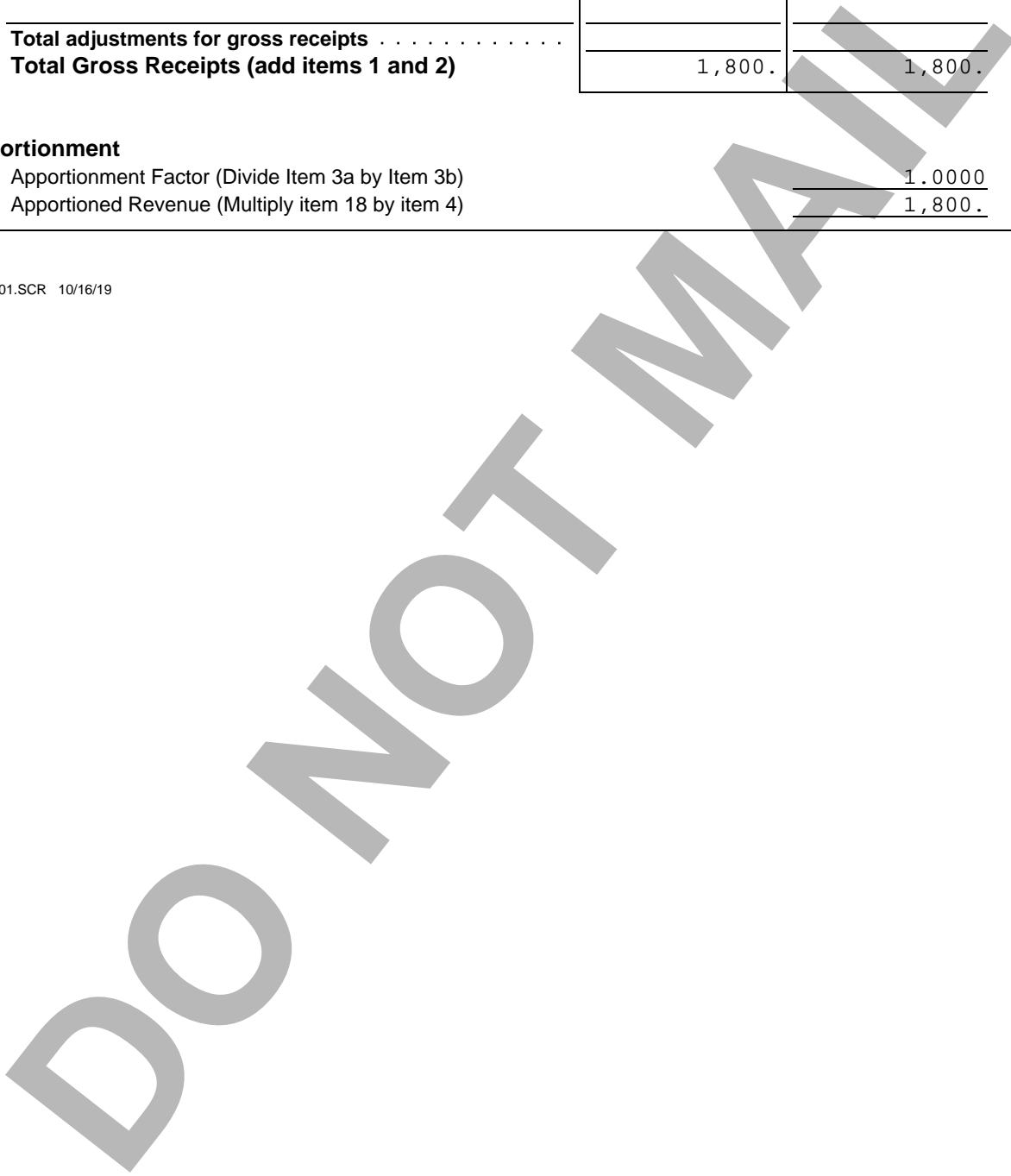
Important Notes: Adjust revenue on line 16 above.
 Gross receipts for most entities will be same as total revenue.

1 Total revenue (item 18)	1,800.	1,800.
2 Adjustments for gross receipts:		

Total adjustments for gross receipts		
3 Total Gross Receipts (add items 1 and 2)	1,800.	1,800.

Apportionment

4 Apportionment Factor (Divide Item 3a by Item 3b)	1.0000
5 Apportioned Revenue (Multiply item 18 by item 4)	1,800.



Texas Margin And Tax Worksheet
 For the accounting period 01/01/2019 to 12/31/2019
 ► Keep for your records

2020

Taxpayer Name
 TECH INNOVATION SOLUTIONS LLC

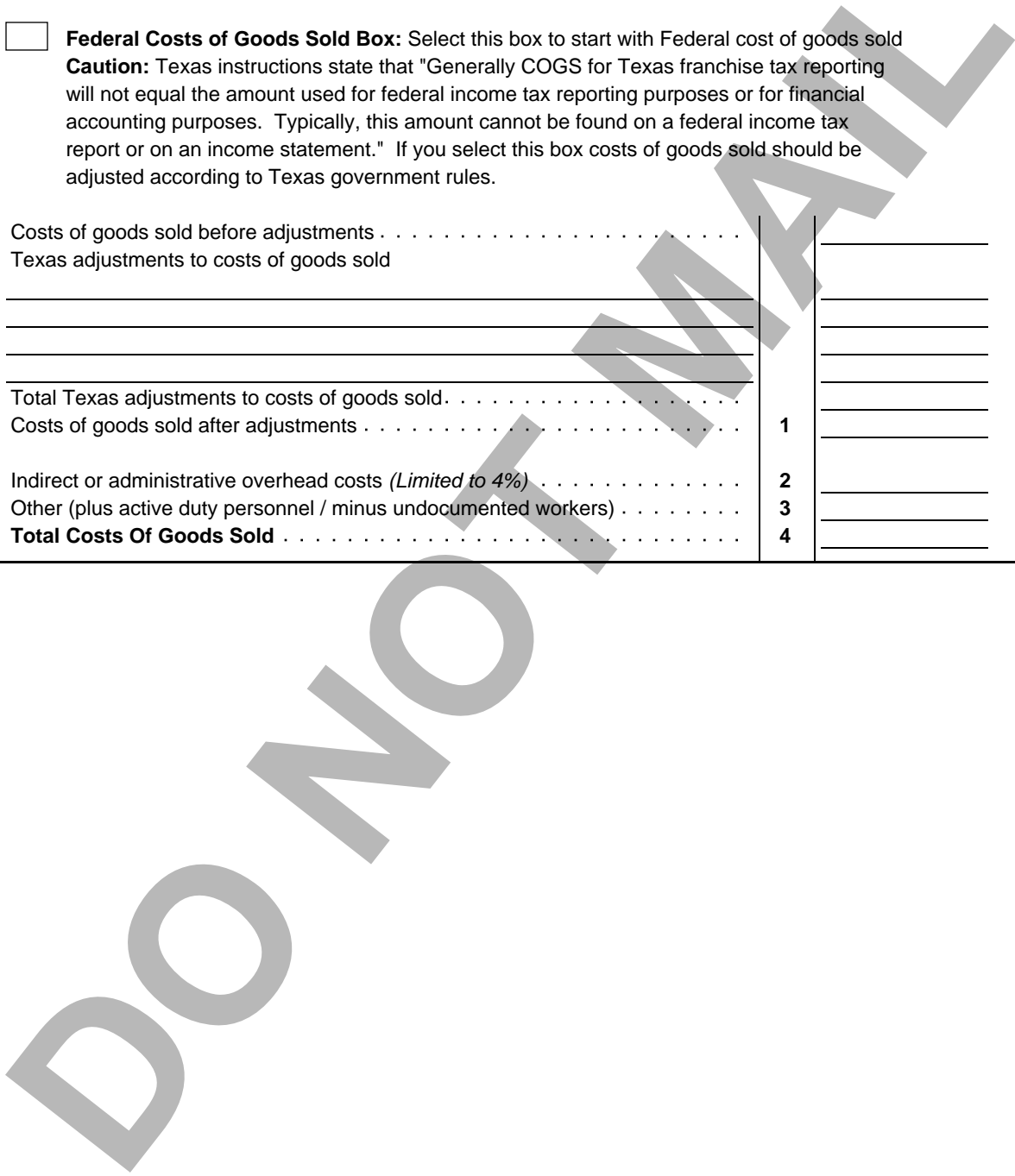
Taxpayer No.
 833178753

Part I Costs of Goods Sold Margin

Federal Costs of Goods Sold Box: Select this box to start with Federal cost of goods sold
Caution: Texas instructions state that "Generally COGS for Texas franchise tax reporting will not equal the amount used for federal income tax reporting purposes or for financial accounting purposes. Typically, this amount cannot be found on a federal income tax report or on an income statement." If you select this box costs of goods sold should be adjusted according to Texas government rules.

1	Costs of goods sold before adjustments		
	Texas adjustments to costs of goods sold		

	Total Texas adjustments to costs of goods sold		
	Costs of goods sold after adjustments	1	
2	Indirect or administrative overhead costs (<i>Limited to 4%</i>)	2	
3	Other (plus active duty personnel / minus undocumented workers)	3	
4	Total Costs Of Goods Sold	4	



Part II Compensation Margin

Wages and Cash Compensation

1	Officer compensation (corporations) before employment credits (non COGS) . . .	1	_____
2	Salaries and wages before employment credits	2	_____
3	Cost of goods salaries and wages	3	_____
4	Less employer payroll taxes included above (enter as a negative number)	4	_____
5	Add net distributive income to partnerships, LLC and S corporations	5	_____
6	Add stock awards and stock options deducted on Federal return	6	_____
7	Add wages paid to staff leasing companies not included above	7	_____
8	Less compensation in excess of limitation (enter as a negative number)	8	_____
9	Other Texas adjustments - increase/(decrease)		_____
	_____		_____
	_____		_____
	Other Texas adjustments - increase/(decrease)	9	_____
10	Wages and cash compensation (Add Items 1 thru 9)	10	_____

Employee Benefits

11	Employee benefits from Federal return	11	_____
12	Other Texas benefit adjustments - increase/(decrease)		_____
	_____		_____
	_____		_____
	Other Texas adjustments - increase/(decrease)	12	_____
13	Employee benefits (Add Items 11 and 12)	13	_____

Other

14	Other (plus active duty personnel / minus undocumented workers)	14	_____
15	Total Compensation (Add items 10, 13 and 14)	15	_____

Part III Allowable Deductions and Credits

1	Allowable deductions , 10% of the amortized cost of		
	a Qualified solar energy devices	1a	_____
	b Qualified clean coal project equipment	1b	_____
	Total allowable deductions		_____
2	Tax credits (Item 23 from Form 05-160)	2	_____

Part IV Tax

1	Tax using Form 05-158, Franchise Tax Report	1	_____ 0.
2	Tax using Form 05-169, E-Z Calculation	2	_____ 0.

This program will select the form to use based on the information on the Texas Revenue And Gross Receipts Worksheet and the Margin And Tax Worksheet.

- QuickZoom** to Texas Information Worksheet To Select Form to use ► _____
- QuickZoom** to Form 05-158-A, Texas Franchise Tax Report - Page 1 ► _____
- QuickZoom** to Form 05-169, E-Z Calculation ► _____

TECH INNOVATION SOLUTIONS LLC
2312 MONARCH DR, APT-607 FORT WORTH
FORT WORTH, TX 76119
Accepted Date

83-3178753
Client Phone
(480)236-9639

Return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return

Form 05-163

The officer should review Form 05-163 along with any accompanying schedules and statements.

No officer signature document is needed

No balance due nor a refund due

After transmission of the return

Return has not been transmitted

