

▶ **ERO must obtain and retain completed Form 8879-S.**
▶ **Go to www.irs.gov/Form8879S for the latest information.**

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year beginning _____, 2021, and ending _____, 20____.

Name of corporation

BANANALEAF LLC

Employer identification number

90-1502754

Part I Tax Return Information (whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	168,006.
2	Gross profit (Form 1120-S, line 3)	2	109,525.
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	-33,937.
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	-33,937.

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

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2021 electronic income tax return 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 corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
on the corporation's 2021 electronically filed income tax return.
ERO firm name Don't enter all zeros

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ MEMBER

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 8 7 2 7 8 6 1 9 8 9

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 03/13/2022

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

Department of the Treasury
Internal Revenue Service

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

2021

For calendar year 2021 or tax year beginning , 2021, ending , 20

A S election effective date 01/01/2019	TYPE OR PRINT	Name BANANALEAF LLC	D Employer identification number 90-1502754
B Business activity code number (see instructions) 722300		Number, street, and room or suite no. If a P.O. box, see instructions. 425 W CAPITOL	E Date incorporated 01/01/2019
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code LITTLE ROCK AR 72201	F Total assets (see instructions) \$ 35,785.

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 2

J Check if corporation: (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 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	168,006.	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c 168,006.
	2 Cost of goods sold (attach Form 1125-A)			2 58,481.
	3 Gross profit. Subtract line 2 from line 1c			3 109,525.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
5 Other income (loss) (see instructions—attach statement)			5	
6 Total income (loss). Add lines 3 through 5 ▶			6 109,525.	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)	7		7
	8 Salaries and wages (less employment credits)	8	86,467.	8
	9 Repairs and maintenance	9		9
	10 Bad debts	10		10
	11 Rents	11	13,864.	11
	12 Taxes and licenses	12	1,206.	12
	13 Interest (see instructions)	13		13
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	4,224.	14
	15 Depletion (Do not deduct oil and gas depletion.)	15		15
	16 Advertising	16		16
	17 Pension, profit-sharing, etc., plans	17		17
	18 Employee benefit programs	18		18
	19 Other deductions (attach statement) See Statement	19	37,701.	19
	20 Total deductions. Add lines 7 through 19 ▶	20	143,462.	20
	21 Ordinary business income (loss). Subtract line 20 from line 6	21	-33,937.	21
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120-S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			22c
	23a 2021 estimated tax payments and 2020 overpayment credited to 2021	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c			23d
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>	24		24
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		25
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		26
27 Enter amount from line 26: Credited to 2022 estimated tax ▶ Refunded ▶	27		27	

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	MEMBER Title	May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 03/13/2022	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 B Other Information (see instructions)

- 1** Check accounting method: **a** Cash **b** Accrual
c Other (specify) ▶ _____
- 2** See the instructions and enter the:
a Business activity ▶ MOBILE FOOD TRUCK **b** Product or service ▶ MEALS
- 3** At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation
- 4** 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 stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

Yes	No
	X
	X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

- 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

Yes	No
	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

- 5a** At the end of the tax year, did the corporation have any outstanding shares of restricted stock?
- If "Yes," complete lines (i) and (ii) below.

Yes	No
	X

- (i)** Total shares of restricted stock ▶ _____
- (ii)** Total shares of non-restricted stock ▶ _____

- b** At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?
- If "Yes," complete lines (i) and (ii) below.

Yes	No
	X

- (i)** Total shares of stock outstanding at the end of the tax year ▶ _____
- (ii)** Total shares of stock outstanding if all instruments were executed ▶ _____

- 6** Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide information on any reportable transaction?

Yes	No
	X

- 7** Check this box if the corporation issued publicly offered debt instruments with original issue discount
- If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

- 8** If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions ▶ \$ _____

- 9** 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

Yes	No
	X

- 10** Does the corporation satisfy one or more of the following? See instructions

Yes	No
	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.

- 11** Does the corporation satisfy **both** of the following conditions?

Yes	No
X	

- a** The corporation's total receipts (see instructions) for the tax year were less than \$250,000.
- b** The corporation's total assets at the end of the tax year were less than \$250,000.
- If "Yes," the corporation is not required to complete Schedules L and M-1.

Schedule B Other Information (see instructions) <i>(continued)</i>		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction ▶ \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2021 that would require it to file Form(s) 1099?		X
b	If "Yes," did the corporation file or will it file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 ▶ \$		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-33,937.
	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 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a			
b Collectibles (28%) gain (loss) 8b			
c Unrecaptured section 1250 gain (attach statement) 8c			
9 Net section 1231 gain (loss) (attach Form 4797) 9			
10 Other income (loss) (see instructions) Type ▶ 10			
Deductions	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures Type ▶ 12c		
d Other deductions (see instructions) Type ▶ 12d			
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type ▶ 13d		
	e Other rental credits (see instructions) Type ▶ 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
g Other credits (see instructions) Type ▶ 13g			
International Transactions	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ▶ <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment 15a		297.
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties—gross income 15d		
	e Oil, gas, and geothermal properties—deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses 16c		
	d Distributions (attach statement if required) (see instructions) 16d		
	e Repayment of loans from shareholders 16e		
	f Foreign taxes paid or accrued 16f		

Schedule K Shareholders' Pro Rata Share Items <i>(continued)</i>		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f .	18	- 33,937.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		26,309.		35,785.
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		26,309.		35,785.
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		73,475.		115,682.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings		-47,166.		-79,897.
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		26,309.		35,785.

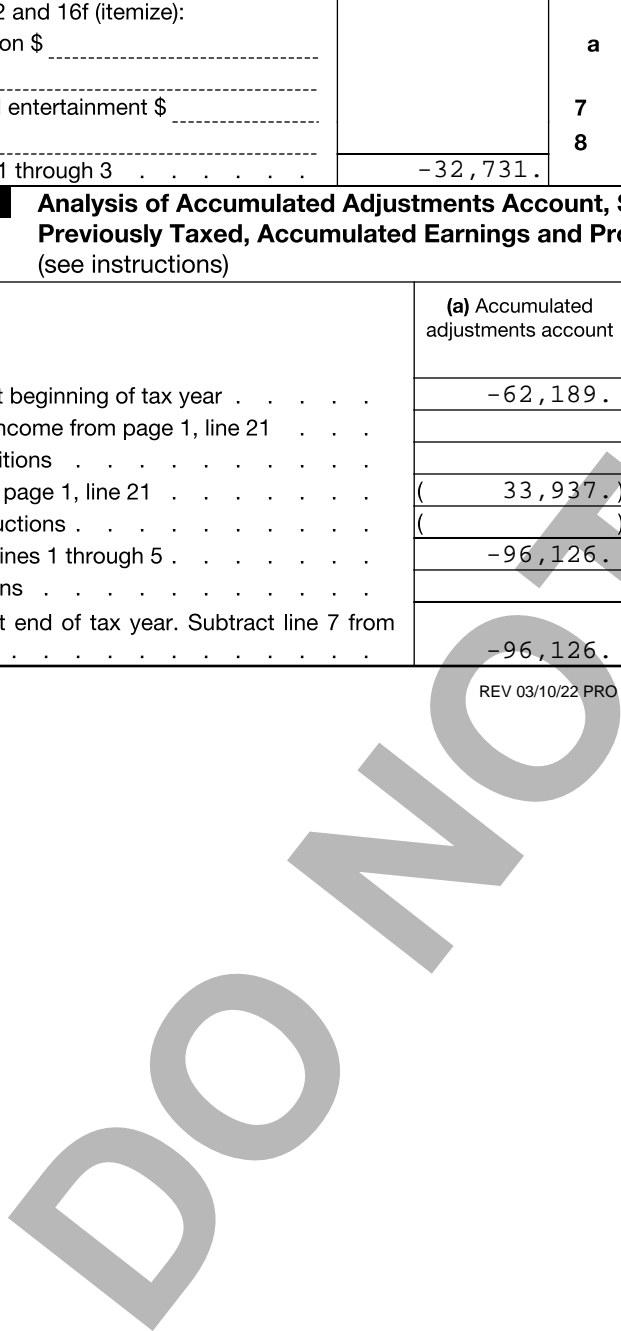
Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

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

1	Net income (loss) per books	-32,731.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		a	Tax-exempt interest \$ _____	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation \$ _____	
b	Travel and entertainment \$ _____		7	Add lines 5 and 6	
4	Add lines 1 through 3	-32,731.	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	-32,731.

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	-62,189.			
2 Ordinary income from page 1, line 21				
3 Other additions				
4 Loss from page 1, line 21	(33,937.)			
5 Other reductions	()			()
6 Combine lines 1 through 5	-96,126.			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	-96,126.			



▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name BANANALEAF LLC		Employer identification number 90-1502754
1	Inventory at beginning of year	1
2	Purchases	2 57,811
3	Cost of labor	3 670
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6 58,481
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8 58,481
9a	Check all methods used for valuing closing inventory: (i) <input type="checkbox"/> Cost (ii) <input type="checkbox"/> Lower of cost or market (iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶	
b	Check if there was a writedown of subnormal goods	▶ <input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	▶ <input type="checkbox"/>
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Small business taxpayers. For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non-incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

Schedule K-1 (Form 1120-S)

2021

Department of the Treasury Internal Revenue Service

For calendar year 2021, or tax year

beginning [] / [] / 2021 ending [] / [] / []

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number 90-1502754
B Corporation's name, address, city, state, and ZIP code BANANALEAF LLC 425 W CAPITOL LITTLE ROCK AR 72201
C IRS Center where corporation filed return Ogden, UT 84201-0013
D Corporation's total number of shares Beginning of tax year End of tax year

Part II Information About the Shareholder

E Shareholder's identifying number 157-06-9832
F Shareholder's name, address, city, state, and ZIP code SHANMUGAM PETHAPERUMAL 8822 OLD SPANISH TRAIL LITTLE ROCK AR 72227-3240
G Current year allocation percentage 20.00000 %
H Shareholder's number of shares Beginning of tax year End of tax year
I Loans from shareholder Beginning of tax year \$ 14,695. End of tax year \$ 23,136.

For IRS Use Only

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

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss) -6,787., Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, 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, and Other information.

18 More than one activity for at-risk purposes*
19 More than one activity for passive activity purposes*
* See attached statement for additional information.

**Schedule K-1
(Form 1120-S)**

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year

beginning / / 2021 ending / /

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

▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
90-1502754

B Corporation's name, address, city, state, and ZIP code
BANANALEAF LLC

425 W CAPITOL
LITTLE ROCK AR 72201

C IRS Center where corporation filed return
Ogden, UT 84201-0013

D Corporation's total number of shares
Beginning of tax year _____
End of tax year _____

Part II Information About the Shareholder

E Shareholder's identifying number
678-10-3902

F Shareholder's name, address, city, state, and ZIP code
POORNIMADEVI MUTHAIAN

8220 OLD SPANISH TRAIL
LITTLE ROCK AR 72227-3240

G Current year allocation percentage 80.00000 %

H Shareholder's number of shares
Beginning of tax year _____
End of tax year _____

I Loans from shareholder
Beginning of tax year \$ 58,780.
End of tax year \$ 92,546.

For IRS Use Only

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

1	Ordinary business income (loss) -27,150.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items A 238.
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)		
		17	Other information
11	Section 179 deduction		
12	Other deductions		
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

* See attached statement for additional information.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return BANANALEAF LLC

Business or activity to which this form relates Form 1120S MOBILE FOOD TRUCK

Identifying number 90-1502754

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Row 1: Maximum amount (1,050,000). Row 2: Total cost of section 179 property placed in service. Row 3: Threshold cost of section 179 property before reduction in limitation (2,620,000). Row 4: Reduction in limitation. Row 5: Dollar limitation for tax year. Row 6-13: Detailed table for listed property with columns for description, cost, and elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Row 14: Special depreciation allowance for qualified property. Row 15: Property subject to section 168(f)(1) election. Row 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Row 17: MACRS deductions for assets placed in service in tax years beginning before 2021. Row 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 21: Listed property. Row 22: Total. Row 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .						25			
26 Property used more than 50% in a qualified business use:									
FOOD TRUCK	01/01/2019	100.00%	22,000.	22,000.	5.00	200 DB-HY	4,224.		
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						28	4,224.		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles) .												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

199A Worksheet by Activity

2021

▶ Keep for your records

Corporation's name <u>BANANALEAF LLC</u>	Corporation's EIN <u>90-1502754</u>
---	--

QuickZoom to 199A Summary ▶ _____

Aggregation Code: _____	Trade or Business: <u>1120S, Line 21</u> EIN: <u>90-1502754</u>
Is this activity a qualified trade/business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specified Service Trade or Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 a	Ordinary business income (loss)	1 a		
b	Adjustments	b		
c	Adjusted ordinary business income (loss)		1 c	
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	Other deductions		7	
8 a	W-2 wages	8 a		
b	Adjustments	b		
c	Adjusted W-2 Wages		8 c	
9 a	UBIA of qualified property	9 a		
b	Adjustments	b		
c	Adjusted UBIA of qualified property		9 c	

DO

Section 179 Carryover Detail for this Activity

Tentative Section 179 deduction from current year assets

Part I: Prior Year Carryovers

by Year and Category

- A Before 2018
- B 2018
- C 2019
- D 2020
- Total prior year carryovers to this year**

Section 179 Regular Tax	Section 179 QBI
	0.

Part II: 179 Deduction Allowed

by Year and Category

Total 179 deduction allowed for this activity in current year

- A Amount allowed from 2021
- B Amount allowed from before 2018
- C Amount allowed from 2018
- D Amount allowed from 2019
- E Amount allowed from 2020

Section 179 Regular Tax	Section 179 QBI

Part III: Total Carryforward to 2022

by Year and Category

- A Carryforward from 2021
- B Carryforward from before 2018
- C Carryforward from 2018
- D Carryforward from 2019
- E Carryforward from 2020
- Total carryforward to next year**

Section 179 Regular Tax	Section 179 QBI

Additional information from your 2021 US Form 1120S: Income Tax Return for S Corp

Form 1120S: S-Corporation Tax Return

Gross Sales

Itemization Statement

Description	Amount
FIRST DATA REPORTING SERVICES LLC	148,607.
CHOWNOW INC	8,874.
CASH	10,525.
Total	168,006.

Form 1120S: S-Corporation Tax Return

Line 12

Itemization Statement

Description	Amount
TRUCK TAX	80.
BUSINESS PROPERTY TAX	120.
A&P TAX	
SALES TAX	
CLOVER LICENSE	1,006.
Total	1,206.

Form 1120S: S-Corporation Tax Return

Other Deductions

Continuation Statement

Description	Amount
ACCOUNTING	3,100.
BANK CHARGES	127.
CLEANING	3,200.
INSURANCE	1,060.
MISCELLANEOUS	1,206.
OFFICE EXPENSE	430.
PARKING FEES AND TOLLS	2,460.
PERMITS AND FEES	2,920.
SUPPLIES	9,800.
ELECTRICAL	590.
CREDIT CARD PROCESSING FEES	6,680.
POS MACHINE LEASE FEE	1,008.
INTERNET	1,200.
WASTAGE EXPENSES	2,200.
SELF ORDER KIOSK LEASE	1,440.
CLOVER SERVICES	60.
ADVERTISING	220.
Total	37,701.

Form 1125-A: Cost of Goods Sold

Line 2

Itemization Statement

Description	Amount
GROCERY PURCHASE	57,811
Total	57,811

Form 1125-A: Cost of Goods Sold

Line 3

Itemization Statement

Description	Amount
CONTRACT LABOR	670
Total	670

DO NOT FILE

2021 AR1100S
 ARKANSAS S CORPORATION
 INCOME TAX RETURN



Software ID

PROSERIES

Tax Year beginning 01/01/2021 and ending 12/31/2021 Check If Using Three Factor Apportionment Alternative
 INITIAL Return AMENDED Return FINAL Arkansas Return (Going Out of Business) Check if Cooperative Association

FEIN ● 90-1502754	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed (See Instructions) <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed			Type of Corporation Check only one box below
NAICS Code ● 722300	Name <input type="checkbox"/> Check this box if name has changed from prior year ● BANANALEAF LLC			● 5 <input checked="" type="checkbox"/> Domestic (in state)
Date of Incorporation ● 01/01/2019	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 425 W CAPITOL			● 6 <input type="checkbox"/> Foreign (out of state)
Date Began Business in AR ● 01/01/2019	City ● LITTLE ROCK	State or Province ● AR	Zip ● 72201	<input type="checkbox"/> Check if address is outside U.S. Foreign Country

FILING STATUS: ● 1 S Corporation operating only in Arkansas ● 3 Multistate S Corporation - Direct Accounting (Prior written approval required for Direct Accounting)
 (CHECK ONLY ONE BOX) ● 2 Multistate S Corporation - Apportionment ● 4 S Corporation with QSSS Entities (Attach schedule of QSSS entities)

Note: Attach completed copy of Federal Return and Sign Arkansas Return		TOTAL	ARKANSAS
7. Gross Sales: (Less returns and allowances)	7.	168,006 ⁰⁰	168,006 ⁰⁰
8. Cost of goods sold and/or operations: (Attach schedule)	8.	58,481 ⁰⁰	58,481 ⁰⁰
9. Gross profit: (Subtract Line 8 from Line 7)	9.	109,525 ⁰⁰	109,525 ⁰⁰
10. Net gain (or loss) from Federal Form 4797:	10.		
11. Other income: (Attach schedule)	11.		
12. TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here)	12.	109,525 ⁰⁰	109,525 ⁰⁰
13. Compensation of officers:	13.		
14. Salaries and wages: (See Instructions)	14.	86,467 ⁰⁰	86,467 ⁰⁰
15. Repairs:	15.		
16. Bad Debts: (Attach schedule)	16.		
17. Rent:	17.	13,864 ⁰⁰	13,864 ⁰⁰
18. Taxes: (See Instructions)	18.		
19. Deductible interest expense not claimed or reported elsewhere:	19.		
20. Depreciation: (Attach Federal Form 4562)	20.	4,224 ⁰⁰	4,224 ⁰⁰
21. Depletion: (Do not deduct oil and gas depletion)	21.		
22. Advertising:	22.		
23. Pension, profit-sharing, plans, etc	23.		
24. Employee benefit programs:	24.		
25. Other deductions: (Attach schedule) See Statement	25.	37,701 ⁰⁰	37,701 ⁰⁰
26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here)	26.	142,256 ⁰⁰	142,256 ⁰⁰
27. NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate) ...	27.	-32,731 ⁰⁰	-32,731 ⁰⁰

ATTACH ALL AR K-1 FORMS

28. Excess net passive income tax: (See Instructions)	28.		00
29. Income tax on Capital gains/Built in gains: (from Schedule D, page 2, A7+B6)	29.		00
30. Total Tax: (Add Lines 28 and 29) (If Amended Return Checked, Enter Amended Total Tax)	30.		00
31. Payments: (2021 estimated tax payments and amount applied from 2020 return)	31.		00
32. Withholding Payment: (Attach AR1100-WH)	32.		00
33. Amended Return Only: (Enter Net Tax paid (or refunded) on previous returns for this tax year)	33.		00
34. Tax Due: (If Line 31 plus Line 32 is less than Line 30, enter the amount due)	34.		00
35. Overpayment: (If Line 31 plus Line 32 is greater than Line 30, enter the difference)	35.		00
36. Amount of refund to be credited to 2022 estimated tax:	36.		00
37. Refund: (Line 35 less Line 36)	37.		00

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer's Signature ●	Date	Title MEMBER	Telephone Number (501) 213-5590
Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date	Preparer's FEIN/PTIN ● P02082703	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041		May the Arkansas Revenue Agency discuss this return with the preparer shown at left? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Area Code and Telephone Number of Preparer (678) 965-9522		For Department Use Only A ● B ● C	

MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919

SCHEDULE A
Apportionment Of Income
For Multistate Corporation



FEIN: 90-1502754

Table A: INCOME TO APPORTION. Lines 1-12. Includes categories like Income, Interest Income, Dividend Income, Net Income, Total Income, Charitable Contributions, Section 179 expense deduction, and Total Deductions.

Table B: APPORTIONMENT FACTOR. Lines 1-5. Includes Property used in the Production of Business Income (Tangible Assets, Rented Property) and Salaries, Wages, Commissions and Other Compensation Related to the Production of Income.

Table B (continued): Lines 6-8. Includes Sales / Receipts (Destination Shipped From Within/Without Arkansas, Origin Shipped From Within Arkansas to U.S. Govt, Other Business Gross Receipts) and Sum of the Percentages.

*5. Percentage Attributable to Arkansas: Line 4 [] % Divided by [] = 5.
*For Part B, Line 5, divide Line 4 by the number of entries other than zero which you make on Part B, Column B, Lines (1c), (2a), and (3f).
Note: An entry other than zero in Part B, Column B, Line 3f, counts as two (2) entries. Property and payroll factors are only applicable under special industry regulations, all other filers must use the single sales factor only. Refer to the instructions for industry specific details.

Table C: ARKANSAS TAXABLE INCOME. Lines 1-3. Includes Income Apportioned to Arkansas, Add: Direct Income Allocated to Arkansas, and TOTAL INCOME TAXABLE TO ARKANSAS.

SCHEDULE D - Capital Gains Tax

Table A: TAX IMPOSED ON CERTAIN CAPITAL GAINS. Lines 1-7. Includes Taxable Income, Enter tax on Line 1 amount, Net long-term capital gain reduced by net short-term capital loss, Statutory minimum, Subtract Line 4 from Line 3, Tax, and Compare Line 2 and Line 6.

Table B: TAX IMPOSED ON CERTAIN BUILT-IN GAINS. Lines 1-6. Includes Taxable Income, Recognized built-in gain, Enter smaller of Line 1 or 2, Section 1374(b)(2) deduction, Subtract Line 4 from Line 3, and Enter 6.2% of Line 5.



**ARKANSAS INCOME TAX
OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC.**

Software ID

Tax year beginning 01/01, 2021 and ending 12/31, 2021

PROSERIES

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<small>Distributive share allocated and apportioned to Arkansas</small>	<small>Distributive share to be reported by Arkansas Residents</small>																
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) <p align="center">-6,787.</p>	1b Ordinary income (loss) <p align="center">-6,787.</p>																
A Identification Number 90-1502754	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)																
B Name, Address, City, State, Zip Code BANANALEAF LLC 425 W CAPITOL LITTLE ROCK AR 72201	3a Other net rental income (loss)	3b Other net rental income (loss)																
	4a Interest income	4b Interest income																
	5a Dividends	5b Dividends																
	6a Royalties	6b Royalties																
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
Part II Information About the Shareholder or Partner	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
C Identification Number 157-06-9832	11a Other income (loss)*	11b Other income (loss)*																
D Name, Address, City, State, Zip Code SHANMUGAM PETHAPERUMAL 8822 OLD SPANISH TRAIL LITTLE ROCK AR 722273240	12a Guaranteed payments	12b Guaranteed payments																
	13a Section 179 deduction <p align="center">0.</p>	13b Section 179 deduction <p align="center">0.</p>																
	14a Other deductions*	14b Other deductions*																
	15a Credits	15b Credits																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If a nonresident, provide state of legal residence: _____	16a Items affecting shareholder basis	16b Items affecting shareholder basis																
F Shareholder's Percentage of Stock Ownership for Tax Year <u>20.0000</u> %	17a Other information*	17b Other information*																
G Partner's Share of Profit, Loss, and Capital: <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td></td> <td align="center">Beginning</td> <td></td> <td align="center">Ending</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Profit</td> <td align="center">%</td> <td style="border-bottom: 1px solid black;">%</td> <td align="center">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Loss</td> <td align="center">%</td> <td style="border-bottom: 1px solid black;">%</td> <td align="center">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Capital</td> <td align="center">%</td> <td style="border-bottom: 1px solid black;">%</td> <td align="center">%</td> </tr> </table>		Beginning		Ending	Profit	%	%	%	Loss	%	%	%	Capital	%	%	%	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
		Beginning		Ending														
	Profit	%	%	%														
Loss	%	%	%															
Capital	%	%	%															
H Arkansas Apportionment Percentage: _____ %	19a Distributions	19b Distributions																
* Attach statement with additional information	20a Arkansas withholding or other payments																	



**ARKANSAS INCOME TAX
OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC.**

Software ID

Tax year beginning 01/01, 2021 and ending 12/31, 2021

PROSERIES

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents																
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) <p align="center">-27,150.</p>	1b Ordinary income (loss) <p align="center">-27,150.</p>																
A Identification Number 90-1502754	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)																
B Name, Address, City, State, Zip Code BANANALEAF LLC 425 W CAPITOL LITTLE ROCK AR 72201	3a Other net rental income (loss)	3b Other net rental income (loss)																
	4a Interest income	4b Interest income																
	5a Dividends	5b Dividends																
	6a Royalties	6b Royalties																
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
	Part II Information About the Shareholder or Partner	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)															
	C Identification Number 678-10-3902	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain															
D Name, Address, City, State, Zip Code POORNIMADEVI MUTHAIAN 8220 OLD SPANISH TRAIL LITTLE ROCK AR 722273240	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
	11a Other income (loss)*	11b Other income (loss)*																
	12a Guaranteed payments	12b Guaranteed payments																
	13a Section 179 deduction <p align="center">0.</p>	13b Section 179 deduction <p align="center">0.</p>																
	14a Other deductions*	14b Other deductions*																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If a nonresident, provide state of legal residence: _____	15a Credits	15b Credits																
F Shareholder's Percentage of Stock Ownership for Tax Year <u>80.0000</u> %	16a Items affecting shareholder basis	16b Items affecting shareholder basis																
G Partner's Share of Profit, Loss, and Capital: <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td align="center">Beginning</td> <td></td> <td align="center">Ending</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Profit</td> <td align="center">%</td> <td style="border-bottom: 1px solid black;">%</td> <td align="center">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Loss</td> <td align="center">%</td> <td style="border-bottom: 1px solid black;">%</td> <td align="center">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Capital</td> <td align="center">%</td> <td style="border-bottom: 1px solid black;">%</td> <td align="center">%</td> </tr> </table>		Beginning		Ending	Profit	%	%	%	Loss	%	%	%	Capital	%	%	%	17a Other information*	17b Other information*
		Beginning		Ending														
	Profit	%	%	%														
Loss	%	%	%															
Capital	%	%	%															
H Arkansas Apportionment Percentage: _____ %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses																
* Attach statement with additional information	19a Distributions	19b Distributions																
	20a Arkansas withholding or other payments																	



ARKANSAS S-CORPORATION INCOME TAX
DECLARATION FOR ELECTRONIC FILING

For calendar year 2021, or tax year beginning _____, 20____, ending _____, 20____

REV 02/15/22 PRO

Name BANANALEAF LLC			Federal Employer Identification Number 90-1502754		
Mailing Address (Number and Street, P.O. Box or Rural Route) 425 W CAPITOL			Telephone (501) 213-5590		
City LITTLE ROCK	State or Province AR	ZIP 72201	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1100S, Arkansas Column, Line 12).....	1	109,525.	00
2. Total Tax (Form AR1100S, Line 30).....	2		00
3. Estimate Tax Payments (Form AR1100S, Line 31).....	3		00
4. Overpayment (Form AR1100S, Line 35).....	4		00
5. Tax Due (Form AR1100S, Line 34).....	5		00

PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)

- 6a. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6b. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If the corporation is filing a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. If the federal corporation return is rejected, I understand the state corporation return may also be rejected.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2021 Arkansas income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the corporation's return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here _____ Date _____ MEMBER Title _____

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above S-Corporation return and that the entries on Form AR8453-S are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the corporation's return; I declare that Form AR8453-S accurately reflects the data on the return. I have obtained the officer's signature on Form AR8453-S before submitting this return to the State of Arkansas, and have provided the officer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only	ERO's signature	Date	Check if also <input type="checkbox"/> paid preparer	Check if <input type="checkbox"/> self-employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed)	03/13/2022			
	address and ZIP code	GLOBAL TAXES LLC	2530 Pebble Creek Ln, Cumming, GA 30041	EIN 30-1017196	Phone No. (678) 965-9522

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if <input type="checkbox"/> self-employed	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed)	03/13/2022		
	address and ZIP code	SYAM PRIYA RAM SAGAR GUPTA TALLAM	2530 Pebble Creek Ln, Cumming, GA 30041	EIN 30-1017196 Phone No. (678) 965-9522

Arkansas Additional Information Schedule

1.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Cost of Goods Sold	
Description: COGS	
Tax Year: 2021	
1. Amount	58,481.00

2.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: ACCOUNTING	
Tax Year: 2021	
2. Amount	3,100.00

3.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: BANK CHARGES	
Tax Year: 2021	
3. Amount	127.00

4.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: CLEANING	
Tax Year: 2021	
4. Amount	3,200.00

5.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: INSURANCE	
Tax Year: 2021	
5. Amount	1,060.00

6.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: MISCELLANEOUS	
Tax Year: 2021	
6. Amount	1,206.00

7.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: OFFICE EXPENSE	
Tax Year: 2021	
7. Amount	430.00

Additional Information Schedule

1.	
Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: PARKING FEES AND TOLLS	
Tax Year: 2021	
1. Amount	2,460.00
2.	
Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: PERMITS AND FEES	
Tax Year: 2021	
2. Amount	2,920.00
3.	
Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: SUPPLIES	
Tax Year: 2021	
3. Amount	9,800.00
4.	
Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: ELECTRICAL	
Tax Year: 2021	
4. Amount	590.00
5.	
Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: CREDIT CARD PROCESSING FEES	
Tax Year: 2021	
5. Amount	6,680.00
6.	
Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: POS MACHINE LEASE FEE	
Tax Year: 2021	
6. Amount	1,008.00
7.	
Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: INTERNET	
Tax Year: 2021	
7. Amount	1,200.00

Additional Information Schedule

1.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: WASTAGE EXPENSES	
Tax Year: 2021	
1. Amount	2,200.00

2.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: SELF ORDER KIOSK LEASE	
Tax Year: 2021	
2. Amount	1,440.00

3.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: CLOVER SERVICES	
Tax Year: 2021	
3. Amount	60.00

4.

Name: BANANALEAF LLC	
SSN/FEIN: 90-1502754	
Arkansas Form or Schedule: AR1100S	
Ownership Type: Other Deductions	
Description: ADVERTISING	
Tax Year: 2021	
4. Amount	220.00

5.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
5. Amount	00

6.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
6. Amount	00

7.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
7. Amount	00

Additional information from your 2021 Arkansas S Corporation Income Tax Return

Income Tax Return for an S Corporation

Other Deductions

Continuation Statement

Description	Arkansas
ACCOUNTING	3,100
BANK CHARGES	127
CLEANING	3,200
INSURANCE	1,060
MISCELLANEOUS	1,206
OFFICE EXPENSE	430
PARKING FEES AND TOLLS	2,460
PERMITS AND FEES	2,920
SUPPLIES	9,800
ELECTRICAL	590
CREDIT CARD PROCESSING FEES	6,680
POS MACHINE LEASE FEE	1,008
INTERNET	1,200
WASTAGE EXPENSES	2,200
SELF ORDER KIOSK LEASE	1,440
CLOVER SERVICES	60
ADVERTISING	220
Total	37,701

SMART WORKSHEET FOR: Income Tax Return for an S Corporation

Total Purchases

Itemization Statement

Description	Amount
GROCERY PURCHASE	57,811.
Total	57,811.

SMART WORKSHEET FOR: Income Tax Return for an S Corporation

Total Cost of Labor

Itemization Statement

Description	Amount
CONTRACT LABOR	670.
Total	670.