

▶ 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 NTUPLETECHNOLOGIES INC | Employer identification number 84-4768599 |
|---|--|

Part I Tax Return Information (whole dollars only)

| | | | |
|----------|--|----------|--|
| 1 | Gross receipts or sales less returns and allowances (Form 1120-S, line 1c) | 1 | |
| 2 | Gross profit (Form 1120-S, line 3) | 2 | |
| 3 | Ordinary business income (loss) (Form 1120-S, line 21) | 3 | |
| 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 | |

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
ERO firm name Don't enter all zeros
on the corporation's 2021 electronically filed income tax return.

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 ▶ PRESIDENT

Part III Certification and Authentication

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

6 1 3 3 9 5 0 8 2 7 1
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 ▶ 03/16/2022

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

U.S. Income Tax Return for an S Corporation

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 02/14/2020 | TYPE OR PRINT | Name NTUPLETECHNOLOGIES INC | D Employer identification number 84-4768599 |
| B Business activity code number (see instructions) 518210 | | Number, street, and room or suite no. If a P.O. box, see instructions. 11529 TERSA LN | E Date incorporated 02/14/2020 |
| C Check if Sch. M-3 attached <input type="checkbox"/> | | City or town, state or province, country, and ZIP or foreign postal code FRISCO TX 75035-5314 | F Total assets (see instructions) \$ 0. |

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 | |
| | b Returns and allowances | 1b | |
| | c Balance. Subtract line 1b from line 1a | | 1c |
| | 2 Cost of goods sold (attach Form 1125-A) | | 2 |
| | 3 Gross profit. Subtract line 2 from line 1c | | 3 |
| | 4 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 | |
| Deductions (see instructions for limitations) | 7 Compensation of officers (see instructions—attach Form 1125-E) | | 7 |
| | 8 Salaries and wages (less employment credits) | | 8 |
| | 9 Repairs and maintenance | | 9 |
| | 10 Bad debts | | 10 |
| | 11 Rents | | 11 |
| | 12 Taxes and licenses | | 12 |
| | 13 Interest (see instructions) | | 13 |
| | 14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | | 14 |
| | 15 Depletion (Do not deduct oil and gas depletion.) | | 15 |
| | 16 Advertising | | 16 |
| | 17 Pension, profit-sharing, etc., plans | | 17 |
| | 18 Employee benefit programs | | 18 |
| | 19 Other deductions (attach statement) | | 19 |
| | 20 Total deductions. Add lines 7 through 19 ▶ | | 20 |
| | 21 Ordinary business income (loss). Subtract line 20 from line 6 | | 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 |
| | 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed | | 25 |
| | 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid | | 26 |
| 27 Enter amount from line 26: Credited to 2022 estimated tax ▶ Refunded ▶ | | 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 _____ | PRESIDENT Title | May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------|---------------|--------------------|--|

| | | | | | |
|-------------------------------|---|---|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03/16/2022 | Check <input type="checkbox"/> if self-employed | PTIN P02082703 |
| | Firm's name ▶ Endow Tax LLC | Firm's EIN ▶ 84-3171965 | | | |
| | Firm's address ▶ 135 Fallen Leaf Ct Alpharetta GA 30005 | Phone no. (678) 965-9522 | | | |

Schedule B Other Information (see instructions)

- | | Yes | No |
|---|-----|----|
| 1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____ | | |
| 2 See the instructions and enter the: a Business activity ▶ <u>IT CONSULTING</u> b Product or service ▶ <u>SERVICE</u> | | |
| 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 . . . | | X |
| 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 | | 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 |
|-------------------------|--|--------------------------------|--------------------------------|---|
| | | | | |
| | | | | |
| | | | | |

- | | Yes | No |
|--|-----|----|
| 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 |
|--------------------|--|----------------------|------------------------------|--|
| | | | | |
| | | | | |
| | | | | |

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|--|--|---|
| 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. | | 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. | | 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? | | X |
|---|--|---|

- | | | |
|---|--|--|
| 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments. | | |
|---|--|--|

- | | | |
|---|--|--|
| 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 | | X |
|--|--|---|

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

- | | | |
|---|--|--|
| a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense. | | |
| c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990. | | |

- | | | |
|---|---|--|
| 11 Does the corporation satisfy both of the following conditions? | 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 | |
| | 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 | |
| | 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 (continued) | 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 | |

| Schedule L | | Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|--|---------------------------------|-----|-----------------------|-----|-----------------|----|
| | | (a) | (b) | (c) | (d) | | |
| Assets | | | | | | | |
| 1 | Cash | | | | | | |
| 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 | | | | | | |
| Liabilities and Shareholders' Equity | | | | | | | |
| 16 | Accounts payable | | | | | | |
| 17 | Mortgages, notes, bonds payable in less than 1 year | | | | | | |
| 18 | Other current liabilities (attach statement) | | | | | | |
| 19 | Loans from shareholders | | | | | | |
| 20 | Mortgages, notes, bonds payable in 1 year or more | | | | | | |
| 21 | Other liabilities (attach statement) | | | | | | |
| 22 | Capital stock | | | | | | |
| 23 | Additional paid-in capital | | | | | | |
| 24 | Retained earnings | | | | | | 0. |
| 25 | Adjustments to shareholders' equity (attach statement) | | | | | | |
| 26 | Less cost of treasury stock | | () | | () | | |
| 27 | Total liabilities and shareholders' equity | | | | | | 0. |

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.

| | | | |
|--|--|---|--|
| <p>1 Net income (loss) per books 0.</p> <p>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) _____</p> <p>_____</p> <p>3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):</p> <p>a Depreciation \$ _____</p> <p>_____</p> <p>b Travel and entertainment \$ _____</p> <p>_____</p> <p>4 Add lines 1 through 3 0.</p> | | <p>5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):</p> <p>a Tax-exempt interest \$ _____</p> <p>_____</p> <p>6 Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):</p> <p>a Depreciation \$ _____</p> <p>_____</p> <p>7 Add lines 5 and 6</p> <p>8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 0.</p> | |
|--|--|---|--|

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 | | | | |
| 2 Ordinary income from page 1, line 21 | | | | |
| 3 Other additions | | | | |
| 4 Loss from page 1, line 21 | () | | | |
| 5 Other reductions | () | | | () |
| 6 Combine lines 1 through 5 | | | | |
| 7 Distributions | | | | |
| 8 Balance at end of tax year. Subtract line 7 from line 6 | | | | |

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 84-4768599
B Corporation's name, address, city, state, and ZIP code NTUPLETECHNOLOGIES INC 11529 TERSA LN FRISCO TX 75035-5314
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 634-19-3340
F Shareholder's name, address, city, state, and ZIP code PRANITHA BOGA 1020 SADDLE TREE TRAIL IRVING TX 75063
G Current year allocation percentage 50.00000 %
H Shareholder's number of shares Beginning of tax year End of tax year
I Loans from shareholder Beginning of tax year End of tax year

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, Column number, and Other information. Rows include Ordinary business income (loss), Net rental real estate 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.

* 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 84-4768599
B Corporation's name, address, city, state, and ZIP code NTUPLETECHNOLOGIES INC 11529 TERSA LN FRISCO TX 75035-5314
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 658-61-2774
F Shareholder's name, address, city, state, and ZIP code USHA SREE TAKKALIPALLI 11529 TERSA LN FRISCO TX 75035-5314
G Current year allocation percentage 50.00000 %
H Shareholder's number of shares Beginning of tax year End of tax year
I Loans from shareholder Beginning of tax year End of tax year

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. Rows include Ordinary business income (loss), Net rental real estate 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.

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Ver. 13.0

■ **Tcode 13196 Franchise**

■ Taxpayer number

■ Report year

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|--|
| 8 | 4 | 4 | 7 | 6 | 8 | 5 | 9 | 9 | | |
|---|---|---|---|---|---|---|---|---|--|--|

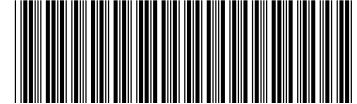
| | | | |
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| 2 | 0 | 2 | 2 |
|---|---|---|---|

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

| | | | | | |
|---|-------------|-------------------------------|---|--|--|
| Taxpayer name NTUPLETECHNOLOGIES INC | | | <input type="checkbox"/> Blacken circle if the mailing address has changed. | | |
| Mailing address 11529 TERSA LN | | | Secretary of State (SOS) file number or Comptroller file number | | |
| City FRISCO | State TX | ZIP code plus 4 75035 5314 | 0803547600 | | |

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

| |
|-----------------------------|
| Principal office |
| Principal place of business |



You must report officer, director, member, general partner and manager information as of the date you complete this report.

0844768599022

Please sign below!

This report must be signed to satisfy franchise tax requirements.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

| | | | |
|-----------------|-------|--|--------------------------------|
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |
| Name | Title | Director <input type="checkbox"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|--|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

| | | | |
|--|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--|--------------------|-------------------------------|-------------------------|

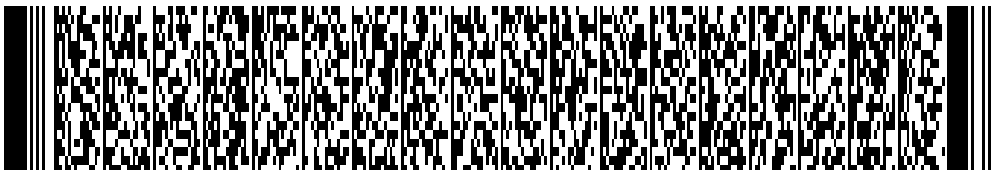
| | | | |
|---|------|--|----------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) | | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. | |
| Agent: | City | State | ZIP Code |
| Office: | | | |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

| | | | |
|-------------------------|--------------------|--------------------|--|
| sign here PRANITHA BOGA | Title PRESIDENT | Date 03/15/2022 | Area code and phone number (774) 288-9212 |
|-------------------------|--------------------|--------------------|--|

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| VE/DE | <input type="checkbox"/> | PIR IND | <input type="checkbox"/> |
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