

SAPS ACCOUNTING & CONSULTING LLC
4 SPARROW DRIVE
PRINCETON JUNCTION, NJ 08850
Phone: (609) 918-9743
Fax: (609) 632-0453
SALIYA@SAPSFS.COM

September 21, 2017

McSEN, INC.
24 OXFORD ROAD
EAST BRUNSWICK, NJ 08816

Dear Sir,

Enclosed please find two copies of the 2017 Texas 05-158 for McSEN, INC.. Review the return, then file one copy with the state and retain the second copy for McSEN, INC.'s records. An authorized officer of the corporation must sign and date the filing copy on page 2 before mailing.

McSEN, INC.'s 2017 Texas taxes have been paid in full. Do not include a payment when you mail the return.

I recommend that you mail the Texas 05-158 return on or before November 15, 2017, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Texas Comptroller of Public Accounts
P.O. Box 149348
Austin, TX 78714-9348

If you have any questions about the return(s) or about McSEN, INC.'s tax situation during the year, please do not hesitate to call me at (609) 918-9743. I appreciate this opportunity to serve you.

Sincerely,

SALIYA KALANSURIYA
SAPS ACCOUNTING & CONSULTING LLC

SAPS ACCOUNTING & CONSULTING LLC
4 SPARROW DRIVE
PRINCETON JUNCTION, NJ 08850
Phone: (609) 918-9743
Fax: (609) 632-0453
SALIYA@SAPSFS.COM

September 21, 2017

McSEN, INC.
24 OXFORD ROAD
EAST BRUNSWICK, NJ 08816

Dear Sir,

Enclosed please find two copies of the 2016 Form 1120S for McSEN, INC.. I have prepared the return based on the information you provided. Please review and then file one copy with the agency listed below and retain the second copy for McSEN, INC.'s records. An authorized officer must sign and date the filing copy before mailing.

McSEN, INC.'s 2016 federal taxes have been paid in full. Do not include a payment when mailing the return.

I recommend that you mail the federal return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Department of the Treasury
Internal Revenue Service Center
Cincinnati, OH 45999-0013

If you have any questions about the return(s) or about McSEN, INC.'s tax situation during the year, please do not hesitate to call me at (609) 918-9743. I appreciate this opportunity to serve you.

Sincerely,

SALIYA KALANSURIYA
SAPS ACCOUNTING & CONSULTING LLC

SAPS ACCOUNTING & CONSULTING LLC
4 SPARROW DRIVE
PRINCETON JUNCTION, NJ 08850
Phone: (609) 918-9743
Fax: (609) 632-0453
SALIYA@SAPSFS.COM

September 21, 2017

McSEN, INC.
24 OXFORD ROAD
EAST BRUNSWICK, NJ 08816

Dear Sir,

Enclosed please find two copies of the 2017 Texas 05-102 for McSEN, INC.. Review the return, then file one copy with the state and retain the second copy for McSEN, INC.'s records. An authorized officer of the corporation must sign and date the filing copy on page 1 before mailing.

There are no taxes or fees due with the return.

I recommend that you mail the Texas 05-102 return on or before November 15, 2017, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Texas Comptroller of Public Accounts
P.O. Box 149348
Austin, TX 78714-9348

If you have any questions about the return(s) or about McSEN, INC.'s tax situation during the year, please do not hesitate to call me at (609) 918-9743. I appreciate this opportunity to serve you.

Sincerely,

SALIYA KALANSURIYA
SAPS ACCOUNTING & CONSULTING LLC

SAPS ACCOUNTING & CONSULTING LLC
4 SPARROW DRIVE
PRINCETON JUNCTION, NJ 08850
Phone: (609) 918-9743
Fax: (609) 632-0453
SALIYA@SAPSFS.COM

September 21, 2017

McSEN, INC.
24 OXFORD ROAD
EAST BRUNSWICK, NJ 08816

Dear Sir,

Enclosed please find two copies of the 2017 Texas 05-163 for McSEN, INC.. Review the return, then file one copy with the state and retain the second copy for McSEN, INC.'s records. An authorized officer of the corporation must sign and date the filing copy on page 1 before mailing.

There are no taxes or fees due with the return.

I recommend that you mail the Texas 05-163 return on or before November 15, 2017, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Texas Comptroller of Public Accounts
P.O. Box 149348
Austin, TX 78714-9348

If you have any questions about the return(s) or about McSEN, INC.'s tax situation during the year, please do not hesitate to call me at (609) 918-9743. I appreciate this opportunity to serve you.

Sincerely,

SALIYA KALANSURIYA
SAPS ACCOUNTING & CONSULTING LLC

Form **8879-S**

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-0123

▶ Don't send to the IRS. Keep for your records.

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or tax year beginning _____, 2016, and ending _____, 20____

Name of corporation

McSEN, INC.

Employer identification number

27-2517247

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	0
2	Gross profit (Form 1120S, line 3)	2	0
3	Ordinary business income (loss) (Form 1120S, line 21)	3	-18,845
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	0
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	-18,845

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 2016 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 **1-888-353-4537** 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 SAPS ACCOUNTING & CONSULTING LLC to enter my PIN 10045 as my signature
ERO firm name don't enter all zeros
 on the corporation's 2016 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 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. 20216010045
don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 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 ▶ 9/21/2017

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.

2016

Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2016 or tax year beginning , ending

Header section containing: A S election effective date (1/1/2011), B Business activity code number (518210), C Check if Sch. M-3 attached, D Employer identification number (27-2517247), E Date incorporated (5/4/2010), F Total assets (\$9,256), and Name (McSEN, INC.) with address (24 OXFORD ROAD, EAST BRUNSWICK, NJ 08816).

G Is the corporation electing to be an S corporation beginning with this tax year? (Yes/No)
H Check if: (1) Final return, (2) Name change, (3) Address change, (4) Amended return, (5) S election termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year (2)

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for Income, Deductions, and Tax and Payments. Rows include: 1a Gross receipts or sales, 1b Returns and allowances, 1c Balance, 2 Cost of goods sold, 3 Gross profit, 4 Net gain (loss), 5 Other income, 6 Total income (loss), 7-21 Deductions, 22a-22c Excess net passive income or LIFO recapture tax, 23a-23c 2016 estimated tax payments, 24 Estimated tax penalty, 25 Amount owed, 26 Overpayment, 27 Enter amount from line 26.

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

Sign Here section with fields for Signature of officer, Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' (Checked Yes).

Paid Preparer Use Only section with fields for Print/Type preparer's name (SALIYA KALANSURIYA), Preparer's signature, Date (9/21/2017), Firm's name (SAPS ACCOUNTING & CONSULTING LLC), Firm's EIN (26-3849604), Firm's address (4 SPARROW DRIVE, PRINCETON JUNCTION, NJ 08850), and Phone no. ((609) 918-9743).

Schedule B Other Information (see instructions)

<p>1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____</p> <p>2 See the instructions and enter the: a Business activity ▶ SOFTWARE b Product or service ▶ COMP/SOFTWARE</p> <p>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</p> <p>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</p>	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 any) 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

(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

5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? X
 If "Yes," complete lines (i) and (ii) below.
 (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? X
 If "Yes," complete lines (i) and (ii) below.
 (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
 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 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____

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

11 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 \$ _____

12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions

13 a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099?

b If "Yes," did the corporation file or will it file required Forms 1099?

Schedule K		Shareholders' Pro Rata Share Items	Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)	1	-18,845
	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	0
	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 1120S))	7	
Deductions	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	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	
	11	Section 179 deduction (attach Form 4562)	11	
	12a	Charitable contributions	12a	
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	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	
Foreign Transactions	14a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
	g	Interest expense	14g	
	h	Other	14h	
		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category	14i	
	j	General category	14j	
	k	Other (attach statement)	14k	
	Other information			
l	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m	Reduction in taxes available for credit (attach statement)	14m		
n	Other foreign tax information (attach statement)			
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	433
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	

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 14l	18	-18,845

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)		
Assets							
1	Cash		5,184		736		
2a	Trade notes and accounts receivable	21,050		8,520			
b	Less allowance for bad debts		21,050		8,520		
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		0		0		
11a	Depletable assets						
b	Less accumulated depletion		0		0		
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization		0		0		
14	Other assets (attach statement)						
15	Total assets		26,234		9,256		
Liabilities and Shareholders' Equity							
16	Accounts payable		2,189		4,489		
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						
19	Loans from shareholders		6,000		6,000		
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock		3,500		3,500		
23	Additional paid-in capital						
24	Retained earnings		14,545		(4,733)		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock						
27	Total liabilities and shareholders' equity		26,234		9,256		

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	-19,278	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 \$	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14I (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14I, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	0
b	Travel and entertainment \$ 433		7	Add lines 5 and 6	0
		433	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	-18,845
4	Add lines 1 through 3	-18,845			

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

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	47,052		-32,507
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	-18,845		
5 Other reductions	433		
6 Combine lines 1 through 5	27,774	0	-32,507
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	27,774	0	-32,507

Schedule K-1 (Form 1120S)

Department of the Treasury Internal Revenue Service

2016

For calendar year 2016, or tax year beginning _____, 2016 ending _____, 20_____

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

See back of form and separate instructions.

Table with 4 columns: Line number, Description, Column number, and Amount/Label. Includes rows for Ordinary business income (loss), Net rental real estate income (loss), Interest income, Dividends, Capital gains, and Deductions.

Part I Information About the Corporation

Form fields for Part I: A Corporation's employer identification number (27-2517247), B Corporation's name, address, city, state, and ZIP code (McSEN, INC., 24 OXFORD ROAD, EAST BRUNSWICK, NJ 08816), C IRS Center where corporation filed return (e-file).

Part II Information About the Shareholder

Form fields for Part II: D Shareholder's identifying number (153-04-4731), E Shareholder's name, address, city, state, and ZIP code (CHAKRADHAR ADARI, SHANKAR NAGAR MADHAVA DHARA, APT 39 20-64, VISAKHAPATNAM, India), F Shareholder's percentage of stock ownership for tax year (49.000000%).

For IRS Use Only

K-1 Statement (Sch K-1, Form 1120S)

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses C 212

Final K-1

Amended K-1

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

Department of the Treasury
Internal Revenue Service

2016

For calendar year 2016, or tax
year beginning _____, 2016
ending _____, 20_____

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

▶ See back of form and separate instructions.

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
	-9,611		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
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)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C	221
12	Other deductions		
		17	Other information
* See attached statement for additional information.			

Part I Information About the Corporation	
A Corporation's employer identification number 27-2517247	
B Corporation's name, address, city, state, and ZIP code McSEN, INC. 24 OXFORD ROAD EAST BRUNSWICK, NJ 08816	
C IRS Center where corporation filed return e-file	

Part II Information About the Shareholder	
D Shareholder's identifying number 117-92-4369	Shareholder: 2
E Shareholder's name, address, city, state, and ZIP code ESWARI ADARI 24 OXFORD ROAD EAST BRUNSWICK, NJ 08816	
F Shareholder's percentage of stock ownership for tax year 51.000000%	

For IRS Use Only

K-1 Statement (Sch K-1, Form 1120S)

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses C 221

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.**
▶ **Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.**

Name McSEN, INC.	Employer identification number 27-2517247
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1 Inventory at beginning of year	1		
2 Purchases	2		
3 Cost of labor	3		
4 Additional section 263A costs (attach schedule)	4		
5 Other costs (attach schedule)	5		
6 Total. Add lines 1 through 5	6	0	
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	0	

- 9 a** Check all methods used for valuing closing inventory:
- (i) Cost
 - (ii) Lower of cost or market
 - (iii) Other (Specify method used and attach explanation.) ▶ _____
- b** Check if there was a writedown of subnormal goods ▶
- c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶
- 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 . . . Yes No
- f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Line 19 (1120S) - Other Deductions

1	Travel, Meals and Entertainment		
a	Travel	1a	<u>8,728</u>
b	Meals and entertainment, subject to 50% limit	1b	<u>865</u>
c	Meals and entertainment, subject to 80% limit (DOT)	1c	<u> </u>
d	Less disallowed	1d	<u>433</u>
e	Subtract line d from lines b and c	1e	<u>432</u>
2	Automobile and truck expenses	2	<u>1,092</u>
3	Dues and subscriptions	3	<u>243</u>
4	Office expenses	4	<u>2,725</u>
5	Postage	5	<u>86</u>
6	Sales and promotion expenses	6	<u>1,296</u>
7	Supplies	7	<u>72</u>
8	Telephone	8	<u>1,109</u>
9	Total other deductions	9	<u>15,783</u>

Texas Franchise Tax Public Information Report

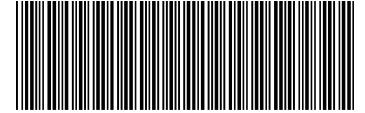
To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ **Tcode** 13196

■ Taxpayer number 272517247		■ Report year 2017		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 McSEN, INC.				<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 24 OXFORD ROAD			Secretary of State (SOS) file number or Comptroller file number		
City EAST BRUNSWICK	State NJ	ZIP code plus 4 08816			

Check box 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 McSEN, INC., 24 OXFORD ROAD, EAST BRUNSWICK, NJ, United States, 08816
Principal place of business McSEN, INC, 24 OXFORD ROAD, EAST BRUNSWICK, NJ, 08816



0272517247017

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 CHAKRADHAR ADARI	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration 123120 <small>m m d d y y</small>
Mailing address 24 OXFORD ROAD	City EAST BRUNSWICK	State NJ	ZIP Code 08816
Name ESWARI ADARI	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration 123120 <small>m m d d y y</small>
Mailing address 24 OXFORD ROAD	City EAST BRUNSWICK	State NJ	ZIP Code 08816
Name	Title	Director <input type="checkbox"/> YES	Term expiration <small>m m d d y y</small>
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
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Registered agent and registered office currently on file (<i>see instructions if you need to make changes</i>)				<small>You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.</small>					
Agent:				City		State		ZIP Code	
Office:				City		State		ZIP Code	

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	Title PRESIDENT	Date 09/21/2017	Area code and phone number () -
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VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>	
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Texas Franchise Tax Report - Page 1

■ Tcode 13250 Annual

■ Taxpayer number	■ Report year	Due date
32041788921	2017	05/15/2017

Taxpayer name McSEN, INC.				Secretary of State file number or Comptroller file number	
Mailing address 24 OXFORD ROAD					
City EAST BRUNSWICK	State NJ	Country United States	ZIP code plus 4 08816	Check box if the address has changed <input type="checkbox"/>	
Check box if this is a combined report <input type="checkbox"/>		Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input type="checkbox"/>			
Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

** If not twelve months, see instructions for annualized revenue

Accounting year begin date**	<i>m m d d y y</i> 010116	Accounting year end date	<i>m m d d y y</i> 123116	SIC code 7374	NAICS code 518210
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REVENUE (Whole dollars only)

1. Gross receipts or sales	1. ■	0 . 0 0
2. Dividends	2. ■	0 . 0 0
3. Interest	3. ■	0 . 0 0
4. Rents (can be negative amount)	4. ■	0 . 0 0
5. Royalties	5. ■	0 . 0 0
6. Gains/losses (can be negative amount)	6. ■	0 . 0 0
7. Other income (can be negative amount)	7. ■	0 . 0 0
8. Total gross revenue (Add items 1 thru 7)	8. ■	0 . 0 0
9. Exclusions from gross revenue (see instructions)	9. ■	0 . 0 0
10. TOTAL REVENUE (item 8 minus item 9 if less than zero, enter 0)	10. ■	0 . 0 0

COST OF GOODS SOLD (Whole dollars only)

11. Cost of goods sold	11. ■	0 . 0 0
12. Indirect or administrative overhead costs (Limited to 4%)	12. ■	0 . 0 0
13. Other (see instructions)	13. ■	0 . 0 0
14. TOTAL COST OF GOODS SOLD (Add items 11 thru 13)	14. ■	0 . 0 0

COMPENSATION (Whole dollars only)

15. Wages and cash compensation	15. ■	0 . 0 0
16. Employee benefits	16. ■	0 . 0 0
17. Other (see instructions)	17. ■	0 . 0 0
18. TOTAL COMPENSATION (Add items 15 thru 17)	18. ■	0 . 0 0

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VE/DE	<input type="checkbox"/>
PM Date	




Tcode 13251 Annual

■ Taxpayer number	■ Report year	Due date	Taxpayer name
32041788921	2017	05/15/2017	McSEN, INC.

MARGIN (Whole dollars only)		
19. 70% revenue (item 10 x .70)	19. ■	0.000
20. Revenue less COGS (item 10 - item 14)	20. ■	0.000
21. Revenue less compensation (item 10 - item 18)	21. ■	0.000
22. Revenue less \$1 million (item 10 - \$1,000,000)	22. ■	0.000
23. MARGIN (see instructions)	23. ■	0.000
APPORTIONMENT FACTOR		
24. Gross receipts in Texas (Whole dollars only)	24. ■	0.000
25. Gross receipts everywhere (Whole dollars only)	25. ■	0.000
26. APPORTIONMENT FACTOR (Divide item 24 by item 25, round to 4 decimal places)	26. ■	0.0000
TAXABLE MARGIN (Whole dollars only)		
27. Apportioned margin (Multiply item 23 by item 26)	27. ■	0.000
28. Allowable deductions (see instructions)	28. ■	0.000
29. TAXABLE MARGIN (item 27 minus item 28)	29. ■	0.000
TAX DUE		
30. Tax rate (see instructions for determining the appropriate tax rate)	X X X 30. ■	0.007500
31. Tax due (Multiply item 29 by the tax rate in item 30) (Dollars and cents)	31. ■	0.00
TAX ADJUSTMENTS (Dollars and cents) (Do not include prior payments)		
32. Tax credits (item 23 from Form 05-160)	32. ■	0.00
33. Tax due before discount (item 31 minus item 32)	33. ■	0.00
34. Discount (see instructions, applicable to report years 2008 and 2009)	34. ■	0.00
TOTAL TAX DUE (Dollars and cents)		
35. TOTAL TAX DUE (item 33 minus item 34)	35. ■	0.00

Do not include payment if item 35 is less than \$1,000 or if annualized total revenue is less than the no tax due threshold (see instructions). If the entity makes a tiered partnership election, ANY amount in item 35 is due. Complete Form 05-170 if making a payment.

Print or type name CHAKRA ADARI	Area code and phone number (732) 203-7140
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	





Tax Clearance Letter Request for Reinstatement

In order to reinstate an entity, the Texas Secretary of State requires evidence that the entity has met certain franchise tax requirements. To provide this evidence, the Comptroller's office issues a Tax Clearance Letter, Form 05-377. This letter must be included as part of the reinstatement filing with the Secretary of State.

Information about other filing requirements with the Secretary of State is online at www.sos.state.tx.us.

Obtaining a Tax Clearance Letter

All franchise tax reports and signed Information Reports through the reinstatement date must be filed. All franchise tax, penalty and interest must be paid.

- If all required reports and payments are already on file, complete and return this request.

OR

- If all required reports and payments are not on file, send any missing reports and payments along with this request.

Taxpayer name McSEN, INC.	11-digit Texas taxpayer number
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Select how the Tax Clearance Letter should be sent. Please note that requests are processed in the order received, regardless of the format you select.

Please select only one:	
<input type="checkbox"/> Mail	Recipient: _____ Street: _____ City, state and ZIP code: _____
<input type="checkbox"/> PDF	Email address: _____
<input type="checkbox"/> FAX	FAX number (Area code and number): _____

Mail this request and all missing reports and/or payments to:

Comptroller of Public Accounts
P.O. Box 149348
Austin, TX 78714-9348

Requestor name (Type or print.)	Telephone number and extension
sign here ▶	Date

FOR ASSISTANCE: Franchise tax information is available online at www.comptroller.texas.gov/taxes/franchise/. For additional assistance, call 1-800-252-1381.

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.