#### Form **8879-CORP**

#### E-file Authorization for Corporations

For calendar year 20 2 2, or tax year beginning

Use for efile authorizations for Form 1120, 1120-F or 1120S. Do not send to the IRS. Keep for your records.

OMB No. 1545-0123

(December 2022) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879CORP for the latest information. Name of corporation **Employer identification number** TECHMARK SOLUTIONS INC 86-1219868 **Information** (Whole dollars only) Part I Total income (Form 1120, line 11) . . . . . . . . . . . . 1 Total income (Form 1120-F, Section II, line 11) . . . . . . . Total income (loss) (Form 1120-S, line 6) 303,941 Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return. Part II 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 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are 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 acknowledgment 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 to enter my PIN I authorize as my signature ERO firm name do not enter all zeros on the corporation's electronically filed income tax return. As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return. Officer's signature PRESIDENT Part III **Certification and Authentication** 9 2 4 6 0 8 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 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. 04/13/2023 ERO's signature

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

> > REV 03/08/23 PRO

# Form **1120-S**

Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for an S Corporation

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.

OMB No. 1545-0123

2022

For	caien	dar year 2022 o	r tax yea	r beginning		, 2022	, enair	ng	_		, 20
A S election effective date Name D Employ						nployer i	dentification number				
0	1/01	/2021		TECHMARK S	OLUTIONS INC				86-1219868		
_		activity code	TYPE		nd room or suite no. If a P.C	), box, see instruc	ctions.		-	te incorp	
		see instructions)	OR		AVE, UNIT B5						
_	Tille						01/01/2021  F Total assets (see instructions)				
								,			
		ch. M-3 attached							\$		106,018.
					beginning with this tax						
					e (3) 🗌 Address cha				S ele	ction terr	mination
					reholders during any p						1
_					or section 465 at-risk pur				$\overline{}$	_	sive activity purposes
Cau	ition: Ir	nclude <b>only</b> trade	or busines	ss income and ex	penses on lines 1a thro	ugh 21. See the	instruc	ctions for more i	nform	ation.	
	1a	Gross receipts	or sales				1a	303,9	941.		
	b	Returns and all	owances				1b				
•	С	Balance, Subtra	act line 1k	o from line 1a .						1c	303,941.
Income	2									2	·
ဗ	3									3	303,941.
므	4				attach Form 4797) .				•	4	
	5				tach statement)				•	5	
	6	Total income	(1000) (566	d lines 2 through	iacii stateinent)				•	-	202 0/1
	_				5				•	6	303,941.
S)	7	•		•	s-attach Form 1125-	•				7	
ij	8				edits)					8	0.
∋ita	9									9	
Ξ	10									10	
(see instructions for limitations)	11	Rents								11	
Suc	12	Taxes and licer	nses							12	
icţi	13	Interest (see instructions)							13		
str	14	Depreciation from	om Form	4562 not claimed	d on Form 1125-A or e	sewhere on re	eturn (a	ttach Form 45	62)	14	
Ë.	15				epletion.)					15	
Sec	16									16	
	17									17	
o	18									18	
둉	19	Other deduction	na (attach	uii5							295,399.
Deductions										19	295,399.
Ď	20				9					20	
	21				act line 20 from line 6				•	21	8,542.
	22a	•		•	oture tax (see instruction		22a			-	
	b	Tax from Scheo	`				22b				
nts	С				or additional taxes) .		1 1			22c	
Tax and Payments	23a				overpayment credited	to 2022 .	23a				
ayr	b	Tax deposited	with Form	n 7004			23b				
<u>~</u>	С	Credit for feder	al tax pai	d on fuels (attach	n Form 4136)		23c				
ī	d	Add lines 23a t	hrough 23	3c						23d	
Ϋ́	24	Estimated tax p	penalty (se	ee instructions).	Check if Form 2220 is	attached .				24	
Та	25				the total of lines 22c		amount	owed		25	
	26				ne total of lines 22c an					26	
	27				2023 estimated tax	,		Refunded		27	
	<u> </u>	Under penalties of	periury. I d	eclare that I have ex	amined this return, includir	ng accompanying	schedu	les and statement	s, and	to the bes	st of my knowledge and
Sig	gn 📗	belief, it is true, co	rrect, and c	complete. Declaration	n of preparer (other than ta	xpayer) is based of	on all inf	ormation of which			
He						PRESIDE	ENT			,	RS discuss this return
		Signature of office	r		Date	Title	<u> </u>			ith the pr ee instruc	reparer shown below?
Print/Tune preparer's name						PTIN					
Pa		SVAM DRTVA			1 SYAM PRIYA RAM SAG	יאד מווסדים דאד.			1	mployed	P02082703
Pre	epare	er		AL TAXES L		" COLIA IALI	O	1/13/2023	Firm'		84-3171965
Us	e On	ly Firm's name			E BRUNSWICK NJ	08816					578)965-9522
		Firm's address	443	MOONET CT	DV NT WATCH IN	υσοτο			Phon	епо. С	- 101703-3344

Sche	edule B Other Information	(see instructions)					
1	Check accounting method: a	Cash <b>b</b> 🗵				Yes	No
2	<b>c</b> See the instructions and enter the	Utner (specify)					
2	a Business activity IT SERVICES b Product or service SERVICE						
3							
	nominee or similar person? If "Ye	s," attach Schedule B					×
4	At the end of the tax year, did the	corporation:					
а	Own directly 20% or more, or over foreign or domestic corporation? below	For rules of construc	ctive ownership, see inst	ructions. If "Yes," comp			×
	(i) Name of Corporation	(ii) Employer	(iii) Country of		Percentage in (iv) Is 100	]% En	
	ty Name of Corporation	Identification Number (if any)	Incorporation	Stock Owned Date	(if applicable) a Qualifie S Subsidiary Election W	d Subc	hapter
	Own discally as interest of 000/						
b	Own directly an interest of 20% capital in any foreign or domestic						
	trust? For rules of constructive ov						×
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percen in Profit, Loss, o	_	
F-	At the end of the toy year did the		to the transfer of the	antwinted at also			×
5a	At the end of the tax year, did the If "Yes," complete lines (i) and (ii)		outstanding shares of re	estricted stock?			Ĥ
	(i) Total shares of restricted sta						
	(ii) Total shares of non-restricted	ed stock					
b	At the end of the tax year, did the		outstanding stock optio	ons, warrants, or similar	nstruments? .		×
	If "Yes," complete lines (i) and (ii)						
	<ul><li>(i) Total shares of stock outsta</li><li>(ii) Total shares of stock outsta</li></ul>						
6	Has this corporation filed, or is			dvisor Disclosure State	ment to provide		
•	information on any reportable train						×
7	Check this box if the corporation		d debt instruments with o	original issue discount	🗆		
	If checked, the corporation may Instruments.	have to file Form 828	31, Information Return fo	or Publicly Offered Origin	nal Issue Discount		
8							
9	Did the corporation have an election effect during the tax year? See		B(j) for any real property t		-		×
10	Does the corporation satisfy one		ng? See instructions .				×
а	The corporation owns a pass-thro	ough entity with currer	nt, or prior year carryover	r, excess business intere	est expense.		
b	The corporation's aggregate av preceding the current tax year are						
С	The corporation is a tax shelter ar						
	If "Yes," complete and attach For			nse Under Section 163(j	).		×
11 a	Does the corporation satisfy <b>both</b> The corporation's total receipts (s	_					
a b	The corporation's total assets at t						
~	If "Yes." the corporation is not rec			<b>~</b> .			

Sche	dule B	Other Information (see instructions) (continued)		Yes	No				
		he tax year, did the corporation have any non-shareholder debt that was canceled, was forgive			×				
	terms m	odified so as to reduce the principal amount of the debt?							
		enter the amount of principal reduction			×				
	_	the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .							
		he corporation make any payments in 2022 that would require it to file Form(s) 1099?							
		did or will the corporation file required Form(s) 1099?							
		prporation attaching Form 8996 to certify as a Qualified Opportunity Fund?			×				
		enter the amount from Form 8996, line 15	<b>T.1.1</b>						
scne	dule K	Shareholders' Pro Rata Share Items	Total am		:42				
	1	Ordinary business income (loss) (page 1, line 21)	1 2	0,5	42.				
	2 3a	Net rental real estate income (loss) (attach Form 8825)	2						
	b	Other gross rental income (loss)							
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c						
<b>∞</b>	4	Interest income	4						
.0S	5	Dividends: a Ordinary dividends	5a						
e (L		b Qualified dividends	Juli						
Income (Loss)	6	Royalties	6						
<u>2</u>	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)							
	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						
S	11	Section 179 deduction (attach Form 4562)	11						
<u>io</u>	12a	Charitable contributions	12a						
nct	b	Investment interest expense	12b						
Deductions	С	Section 59(e)(2) expenditures Type:	12c						
	d	Other deductions (see instructions) Type:	12d						
	13a	Low-income housing credit (section 42(j)(5))	13a						
	b	Low-income housing credit (other)	13b						
its	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c						
Credits	d	Other rental real estate credits (see instructions) Type:	13d						
O	е	Other rental credits (see instructions) Type:	13e						
	f	Biofuel producer credit (attach Form 6478)	13f						
	g	Other credits (see instructions) Type:	13g						
Inter- national		All   0   1   1   1   0   F   1   1   1   1   1   1   1   1   1							
ati it	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							
	150	Post-1986 depreciation adjustment	15a						
ax e	15a 2 b	Adjusted gain or loss	15b						
a tiv	C	Depletion (other than oil and gas)	15c						
Alternative Minimum Tax	d	Oil, gas, and geothermal properties—gross income	15d						
A ji ji	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						
tinç Baş	b	Other tax-exempt income	16b						
ffec ler	C	Nondeductible expenses	16c						
s Ai	d	Distributions (attach statement if required) (see instructions)	16d						
Items Affec Shareholder	е	Repayment of loans from shareholders	16e						
<u>ક</u>	f	Foreign taxes paid or accrued	16f						

Sche	dule K	Shareholders' Pro Rata Share Items	s (continued)			•	Total amount
on	17a	Investment income				17a	
Other Information	b	Investment expenses				17b	
골 F	С	Dividend distributions paid from accumula	ated earnings and pro	fits		17c	
Inf	d	Other items and amounts (attach stateme	nt)				
Recon- ciliation							
lecc liat	18	Income (loss) reconciliation. Combine					
		column. From the result, subtract the sum				18	8,542.
Sche	dule L	<b>.</b>	Beginning of			End of ta	
_		Assets	(a)	(b)	(c)		(d)
1				29,587.			70,319.
2a		otes and accounts receivable	,		35,	699.	
b		owance for bad debts	( )			1	35,699.
3	Invento						
4	•	vernment obligations					
5		empt securities (see instructions)				$\mathbf{\underline{\mathbf{M}}}$	
6		urrent assets (attach statement)					
7		o shareholders			\ \ \		
8	•	ge and real estate loans					
9		vestments (attach statement)					
10a	_	gs and other depreciable assets	,				
b		cumulated depreciation	( )			)	
11a		ble assets	,				
b		cumulated depletion	( )		(	)	
12	,	et of any amortization)					
13a	•	ole assets (amortizable only)					
b		cumulated amortization			(	)	
14		ssets (attach statement)					
15		sets		29,587.			106,018.
		Liabilities and Shareholders' Equity					
16		ts payable					40,319.
17		es, notes, bonds payable in less than 1 year					
18		urrent liabilities (attach statement)					
19		rom shareholders					
20		ges, notes, bonds payable in 1 year or more					
21		abilities (attach statement)					27,570.
22		stock					
23		nal paid-in capital					
24		d earnings		29,587.			38,129.
25	•	ents to shareholders' equity (attach statement)		,			
26		st of treasury stock		( )		(	)
_27	Total lia	bilities and shareholders' equity		29,587.			106,018.
			DEV 03/09/33 DDO	•			Form <b>1120-S</b> (2022)

REV 03/08/23 PRO Form **1120-S** (2022)

Sche	edule M-1 Reconciliation of Income (L	oss) ner Books	With	Income (Loss) per	Return		
	Note: The corporation may be re				rictarii		
1 2	Net income (loss) per books	8,542.	5 a	Income recorded or not included on Sc through 10 (itemize): Tax-exempt interest	chedule K, lines	I	
3 a	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):  Depreciation \$  Travel and entertainment \$		6 a	Deductions included lines 1 through 12, ar against book income Depreciation \$	nd 16f, not charg this year (itemize	ed	
4	Add lines 1 through 3	8,542.	8	Income (loss) (Sche Subtract line 7 from 1	edule K, line 1		8,542.
Sche	Analysis of Accumulated Accumu	djustments Acc ated Earnings a	nd Pr	Shareholders' Und ofits, and Other Ad	listributed Tax ljustments Ac	count	come
		( ) 4		# N O			

		(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	29,587.			
2	Ordinary income from page 1, line 21	8,542.			
3	Other additions				
4	Loss from page 1, line 21	(			
5	Other reductions	(			( )
6	Combine lines 1 through 5	38,129.			
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	38,129.			1100 0

REV 03/08/23 PRO

Form 1120-S (2022)

			Final K				OMB No. 1545-0123
	nedule K-1 20 <b>22</b> rm 1120-S)	Pa	rt III	Shareholder Deductions,	r's Share Credits	of C , and	urrent Year Income, Other Items
	artment of the Treasury nal Revenue Service  For calendar year 2022, or tax year	1	Ordinar	y business incom	ne (loss)	13	Credits
	beginning / / 2022 ending / /	2	Net ren	tal real estate inc			
	areholder's Share of Income, Deductions,	3	Other n	et rental income	(loss)		
	edits, etc. See separate instructions.	4	Interest	income			
	Part I Information About the Corporation	L_					
Α	Corporation's employer identification number 86-1219868	5a		y dividends			
В	Corporation's name, address, city, state, and ZIP code TECHMARK SOLUTIONS INC	5b	Qualifie	ed dividends		14	Schedule K-3 is attached if checked
	61 MYRTLE AVE, UNIT B5	6	Royaltie	es		15	Alternative minimum tax (AMT) items
	IRVINGTON NJ 07111	7	Net sho	ort-term capital ga	ain (loss)		
С	IRS Center where corporation filed return Kansas City, MO 64999-0013	8a	Net Ion	g-term capital ga	in (loss)		
D	Corporation's total number of shares  Beginning of tax year	8b	Collecti	ibles (28%) gain (	loss)		
	End of tax year	8c	Unreca	ptured section 12	250 gain		
F	Part II Information About the Shareholder	9	Net sec	ction 1231 gain (lo	oss)	16	Items affecting shareholder basis
E	Shareholder's identifying number 790-26-2705	10	Other in	ncome (loss)			
F	Shareholder's name, address, city, state, and ZIP code MANOJ ENUGALA						
	61 MYRTLE AVE						
	IRVINGTON NJ 07111						
G	Current year allocation percentage 100.00000 %					17	Other information
н	Shareholder's number of shares	11	Section	179 deduction			
	Beginning of tax year	12	Other d	leductions			
	End of tax year						
ı	Loans from shareholder  Beginning of tax year \$						
	End of tax year						
		-					
Only							
Use							
For IRS Use Only							
For		18 19		re than one activi	-		
		19	IVIOI	e man one activi	y ioi passi	ve acill	my purposes
			* Se	e attached sta	atement 1	for ad	ditional information.

Corporation's name  TECHMARK SOLUTIONS INC  Corporation's EIN 86-1219868						
QuickZoom to 199A Summary	<u>&gt;</u>					
Aggregation Code:	Trade or Business: 1120S, Line 21 EIN: 86-1219868					
	Is this activity a qualified trade/business? Yes X No Specified Service Trade or Business? Yes No					
QBI or qualified PTP items subject	et to shareholder-specific determinations:					
b Adjustments	loss)	2 c 3 c 4 c 5 6 c 7				

#### Section 179 Carryover Detail for this Activity Section 179 Section 179 **Regular Tax** QBI Tentative Section 179 deduction from current year assets . . . . . **Part I: Prior Year Carryovers** by Year and Category Ε Section 179 Section 179 Part II: 179 Deduction Allowed by Year and Category **Regular Tax** QBI Total 179 deduction allowed for this activity in current year . . . . Amount allowed from before 2018 . . . . . . . . . . . . . . . Amount allowed from 2019 . . . . . . . . . . . . . . . . D Amount allowed from 2021 . . . . . . . . . . . . . . . . Part III: Total Carryforward to 2023 Section 179 Section 179 by Year and Category **Regular Tax** QBI

TECHMARK SOLUTIONS INC 86-1219868

## Additional Information From 2022 US Form 1120S: Income Tax Return for S Corp

# Form 1120S: S-Corporation Tax Return

#### Gross Sales Itemization Statement

Description	Amount
MARCH	22,221.
APRIL	10,752.
MAY	38,864.
JUNE	30,518.
JULY	33,044.
AUG	43,620.
SEP	31,360.
OCT	22,288.
NOV	22,890.
DEC	48,384.
	Total 303,941.

# Form 1120S: S-Corporation Tax Return Other Deductions

#### **Continuation Statement**

Description	Amount
INSURANCE	1,271.
PERMITS AND FEES	515.
SUPPLIES	3,171.
TRAVEL	8,091.
PAYROLL	203,366.
G SUITE	462.
WEBSITE	220.
BACKEND OFFICE EXPENSES	75,335.
QUICK BOOK EXPENSES	382.
RMG*REGUS	412.
SUNDOC FILING	91.
ADOBE INC	149.
QUICK BOOK EXPENSES	767.
REGUS MANAGEMENT GROUP	1,167.
Total	295,399.

#### CORPORATION BUSINESS TAX PAYMENT WORKSHEET

#### **CBT-100S-V**

# BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY CORPORATION BUSINESS TAX ELECTRONICALLY

### DO NOT CUT THIS PAGE - DO NOT MAIL - FOR REFERENCE ONLY

REV 03/23/23 PRO

Corporation Business Tax Payment Worksheet CBT-100S-V

Beginning 01/01/2022 and ending 12/31/2022

1030 86-1219868

TECH

TECHMARK SOLUTIONS INC 61 MYRTLE AVE, UNIT B5 IRVINGTON NJ 07111

Payments should be made electronically.

Enter amount of payment here:

398.00

#### **CORPORATION BUSINESS TAX** ESTIMATED PAYMENT WORKSHEET

#### **CBT-150S**

#### BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY CORPORATION BUSINESS TAX ELECTRONICALLY

### DO NOT CUT THIS PAGE - DO NOT MAIL - FOR REFERENCE ONLY

REV 03/23/23 PRO

94.00

0.00

Corporation Business Tax Statement of Estimated Tax Worksheet CBT-150S

Due Date: 04/18/23Voucher #: Beginning 01/01/2023 and ending 12/31/2023

1030 86-1219868

TECHMARK SOLUTIONS INC 61 MYRTLE AVE, UNIT B5 1. Amount of this installment 1. IRVINGTON NJ 07111 2. Amount of overpayment credit (See instruction 5)

94.00 3. Amount of this installment payment Payments should be made electronically.

(Line 1 minus Line 2)

# CORPORATION BUSINESS TAX ESTIMATED PAYMENT WORKSHEET

#### **CBT-150S**

# BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY CORPORATION BUSINESS TAX ELECTRONICALLY

### DO NOT CUT THIS PAGE - DO NOT MAIL - FOR REFERENCE ONLY

REV 03/23/23 PRO

1.

94.00

Corporation Business Tax Statement of Estimated Tax Worksheet CBT-150S

Due Date: 06/15/23 Voucher #: 2 Beginning 01/01/2023 and ending 12/31/2023

1030 86-1219868

TECHMARK SOLUTIONS INC
61 MYRTLE AVE, UNIT B5
1. Amount of this installment
1RVINGTON NJ 07111
2. Amount of overpayment credit (See instruction 5)

Payments should be made electronically.

2. Amount of overpayment credit (See instruction 5)

3. Amount of this installment payment

(Line 1 minus Line 2)

2. D

94. D

# CORPORATION BUSINESS TAX ESTIMATED PAYMENT WORKSHEET

#### **CBT-150S**

# BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY CORPORATION BUSINESS TAX ELECTRONICALLY

### DO NOT CUT THIS PAGE - DO NOT MAIL - FOR REFERENCE ONLY

REV 03/23/23 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet CBT-150S

Due Date: 09/15/23 Voucher #: 3 Beginning 01/01/2023 and ending 12/31/2023 1030

86-1219868

TECHMARK SOLUTIONS INC
61 MYRTLE AVE, UNIT B5
1. Amount of this installment
1. 94.00
1. IRVINGTON NJ 07111
2. Amount of overpayment credit (See instruction 5)
3. Amount of this installment payment
3. 94.00

Payments should be made electronically. (Line 1 minus Line 2)

# CORPORATION BUSINESS TAX ESTIMATED PAYMENT WORKSHEET

#### **CBT-150S**

# BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY CORPORATION BUSINESS TAX ELECTRONICALLY

### DO NOT CUT THIS PAGE - DO NOT MAIL - FOR REFERENCE ONLY

REV 03/23/23 PRO

93.00

93.00

0.00

Corporation Business Tax Statement of Estimated Tax Worksheet CBT-150S

Due Date: 12/15/23 Voucher #: 4 Beginning 01/01/2023 and ending 12/31/2023

1030 86-1219868

TECHMARK SOLUTIONS INC
61 MYRTLE AVE, UNIT B5
1. Amount of this installment
1. IRVINGTON NJ 07111
2. Amount of overpayment credit (See instruction 5)
2.

Payments should be made electronically.

3. Amount of this installment payment
(Line 1 minus Line 2)

### 2022 **CBT-100S**

# DO NOT MAIL THIS FORM New Jersey Corporation Business Tax Return

2022 - CBT-100S - Page 1 1030

# For Tax Years Ending On or After July 31, 2022 Through June 30, 2023

Tax year beginning 01/01, 2022, and ending 12/31, 2022The surtax enacted under P.L. 2018, c.48 does not apply to New Jersey S corporations.

			· · · · · · · · · · · · · · · · · · ·			
	L EMPLOYER I.D. NUMBER	N.J. CORPORATION NUM-	Date of NJ S Corporation electi	on 010120	21	
86-121		8612-1986-80	State and date of incorporation	NT T	01012021	
CORPOR	RATION NAME		•		01012021	
	ARK SOLUTIONS INC		Date authorized to do business		01012021	
MAILING	ADDRESS		Federal business activity code	541519		
61 MYF	RTLE AVE, UNIT B5		Corporation books are in the ca	are or	OJ ENUGULA	
CITY	STATE	ZIP CODE	at 61 MYRTLE AVE , IR	VINGTON, N	J 07111	
IRVING	STON	NJ 07111	Phone Number ( <u>516</u> ) <u>7</u>	28-8898		
			Check if applicable (see instruction			
	plicable return type: Initial	Amended	Professional Corporation	Qualifie	d Subchapter S Subsidiary	
Enter Am	ended code: If code 10, e	nter reason:	Claiming P.L. 86-272	Parent	ID#:	
1. Taxa	able net income subject to federal	corporate income taxation from Sc	chedule A, Part II, line 5 (if a			
	•			1.	0.	
	• • • • • • • • • • • • • • • • • • • •	the applicable tax rate (see instruc		2.	0.	
	· ·	l, line 30) (see instructions)ine 2 or enter the minimum tax from		3.		
				4.	375.	
-	,	ne 4 is \$375 or less – see instruction		5.		
6. Prof	essional Corporation Fees (Sched	dule PC, Part II, line 7)		6.		
7. TOT	AL TAX AND PROFESSIONAL C	ORPORATION FEES (add lines 4,	5, and 6)	7.	375.	
		ions)		8a.		
b. P	ayments made by Partnerships or	n behalf of taxpayer (include copies	s of all NJK-1s)	8b.	4	
c. R	efundable Tax Credits (from Sche	dule A-3, Part II, line 6) (see instruc	ctions)	8c.		
		ines 8a, 8b, and 8c		8d.		
	, 3131					
		nonconsenting shareholders (from Part VII, line 6 columns C plus E)		10.		
		f nonconsenting shareholders (see		11a.		
		Income Tax Credit from Form 329		TTU.		
		nt on line 11a)		11b.		
		consenting shareholders – Subtra		11c.	0.0	
		ions)		12.	23.	
		and 12of lines 7, 11c, and		13.	398.	
				14.		
15. Amo	ount of line 14 to be Refunded			15.		
		23 Tax Return		16.		
whic	ount of line 14 to be Credited to a 0 th it is to be applied 2022 of	Combined Group and tax year to or 2023	Unitary ID Number	17.		
CERTIFICATION OF INACTIVITY (See instructions)	If the corporation is inactive, p	age 1, the Annual General Question	onnaire, and Schedules A (parts	· · · · · · · · · · · · · · · · · · ·	-3, A-4, and A-GR must	
OIL	be completed. A corporate officer	r must sign and certify below:		,		
SE E		the left, I certify that the corporation ny assets during the entire period of		did not have a	ny income, receipts, or	
	expenses, and did not own a	my assets during the entire period	covered by the tax return.			
See See	(Date) (Sig	gnature of Corporate Officer)			(Title)	
50		, ,				
		are that I have examined this return				
best of my knowledge and belief, it is true, correct, and complete. I understand that pursuant to N.J.S.A. 54:10A of the federal return(s), forms, and schedules with my New Jersey return. If prepared by a person other than the based on all information of which the preparer has any knowledge.  PRESIDENT  (Date)  (Date)  (Signature of Duly Authorized Officer of Taxpayer) 245  SYAM PRIYA RAM SAGAR GUPTA TALLAME BRUNSWICK NJ 08816  (Date)  (Signature of Individual Preparing Return)  (Address)  (Name of Tax Preparer's Employer)  (Address)						
based on all information of which the preparer has any knowledge.						
PRESIDENT PRESIDENT				ENT		
ATC IFIC		gnature of Duly Authorized Officer of Tax I SAGAR GUPTA TALLAME BR		<u> </u>	(Title) P02082703	
₩ K K K K K K K K K K K K K K K K K K K	(Date)	Signature of Individual Preparing Returr	n) (Address		(Preparer's ID Number)	
   ° ≥	GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK NJ		84-3171965	
	(Name of Tax Preparer's Employer)	REV 03/2	(Address 23/23 PRO	)	(Employer's ID Number)	

	AME AS SHOWN ON RETURN ECHMARK SOLUTIONS INC	FEDERAL ID NUMBER 86-1219868					
	ANNUAL GENERAL QUESTIONNAIRE (See instructions)						
— А	Il taxpayers must answer the following questions. Riders must be	provided where necessary.					
_	Type of business_IT_SERVICES						
1.	Principal products handled COMPUTER SERVICES						
•							
2.	State the location of the actual seat of management or control of the cor 61 MYRTLE AVE, UNIT B5, IRVINGTON, NJ 07111	poration					
3.	Did one or more other corporations own beneficially, or control, a majority beneficially, or control, a majority of the stock of taxpayer corporation an Yes X No	d of one or more other corporations?					
	percentage of stock owned or controlled.	rporation, the name and FEIN of the controlling/parent corporation, and the					
4.	These questions must be answered by corporations with a controlling in a. During the period covered by the return, did the taxpayer acquire or d property?  Yes – Answer question 4b below.  Was the CITT-1, Controlling Interest Transfer Tax, filed with the Division Yes. Provide a rider indicating the information and include a copy	ispose of directly or indirectly a controlling interest in certain commercial on of Taxation?					
		e, the name and FEIN of the transferor, and the assessed value of the					
5.	Does this corporation own any Qualified Subchapter S Subsidiaries (QS Yes X No If yes, provide a rider indicating the name, address, and FEIN of the subs						
	whether the activities of the subsidiary are included in this return.						
6.	distribute dividends or deemed dividends in the current tax year?  Yes X No	ersey combined return from which the taxpayer is excluded, did the taxpayer					
	number of the combined group.	the dividends were paid (deemed), the amount of dividends, and unitary ID					
7.	Is the taxpayer an intangible holding company or is the taxpayer's incompant that are deductible against the income of members of a combined group  Yes  No  If yes, provide a rider indicating the names and ID numbers of the combined group.						
	deductible against their income.	is a group of the rotated members and detail the texperior of meeting that is					
8.	Is income from sources outside the United States included in taxable ne  Yes X No NA  If yes, provide a rider indicating such items of gross income, the source,	t income on Schedule A?  the deductions, and the amount of foreign taxes paid. Enter on Schedule A,					
	Part I, line 37b, the difference between the net of such income and the a	amount of foreign taxes paid not previously deducted (include a rider).					
9.	Does the taxpayer have related parties or affiliates that file combined ret	turns in New Jersey?					
10	. Is the taxpayer part of a group that files a New Jersey combined return b	out is excluded from the combined return?					
	Yes X No If yes, name of the managerial member of the combined group:						
11.	Has the taxpayer or the preparer completing this return on the taxpayer's federal tax return? For more information see Financial Accounting Standformerly FASB Interpretation No. 48 (FIN 48).						
	Yes – Include a rider detailing the information.						
12	Does the taxpayer own or lease real <i>or</i> tangible property in New Jersey?  Yes X No						
13	. Does the taxpayer have payroll in New Jersey?						

REV 03/23/23 PRO

Yes X No

FEDERAL ID NUMBER 86-1219868

#### ALL TAXPAYERS MUST COMPLETE THIS SCHEDULE

#### Schedule A

#### COMPUTATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)

PAR	T I – COMPUTATION OF ENTIRE NET INCOME				
1.	a. Gross receipts or sales			1a.	303,941.
	b. Less: Returns and allowances			1b.	
	c. Total – Subtract line 1b from line 1a			1c.	303,941.
2.	Less: Cost of goods sold (from Schedule A-2, line 8)	2.			
3.	Gross profit – Subtract line 2 from line 1c			3.	303,941.
4.	Net gain (loss) from Form 4797 (include Form 4797) (see instruction	ons)		4.	
5.	Other income (loss) (include schedule)			5.	
6.	Total Income (loss). Add lines 3 through 5			6.	303,941.
7.	Compensation of officers (from Schedule F)			7.	
8.	Salaries and wages (less employment credits)			8.	0.
9.	Repairs			9.	
10.	Bad debts			10.	
11.	Rents			11.	
12.	Taxes			12.	
13.	Interest			13.	
14a.	Depreciation	14a.			
14b.	Depreciation claimed on Schedule A-2 and elsewhere on return	14b.			
14c.	Subtract line 14b from line 14a			14c.	
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 (include schedule)	ee Sta	tement	19.	295,399.
20.	Total deductions (add lines 7 through 19)			20.	295,399.
21.	Ordinary income (loss) from trade or business activities. Subtract li instructions)			21.	8,542.
22.	a. Gross income from all rental activities	22a.			
	b. Expenses related to the above rental activities (include schedule)	22b.			
	c. Net income (loss) from all rental activities. Subtract line 22b from	1 22a		22c.	
23.	Portfolio income (loss):				
	a. Interest income			23a.	
	b. Dividend income			23b.	
	c. Royalty income			23c.	
	d. Capital gain net income (include Schedule D (Form 1120-S))			23d.	
	e. Other portfolio income (loss) (include schedule)			23e.	
24.	Net gain (loss) under section 1231 (include federal Form 4797)			24.	
25.	Other income (loss) (include schedule)			25.	
26.	Section 179 expense deduction (include federal Form 4562) (see in			26.	
27.	Deductions related to portfolio income (loss)			27.	
28.	Other deductions (include schedule)			28.	
29.	Add lines 21 through 28			29.	8,542.
30.	Charitable contributions (limited to 10% of line 29)			30.	
31.	Taxable income before net operating loss and special deductions. Since 29. (see instructions)			31.	8,542.

FEDERAL ID NUMBER 86-1219868

COMPUTATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS) Schedule A 8,542. Taxable income before net operating loss and special deductions from page 3. line 31 ...... 33. Interest on federal, state, municipal, and other obligations not included above (see instructions)..... 33. 34. New Jersey State and other states' income taxes deducted above (see instructions)...... 35. 35. Taxes paid by the corporation on behalf of the shareholder (see instructions) ...... a. Depreciation modification being added to income (from Schedule S)..... 36a. b. Depreciation modification being subtracted from income (from Schedule S)..... 37. a. Deduction for IRC Section 78 Gross-up not deducted at line 43 below ...... 37a. b. Other deductions and additions. Explain on separate rider (see instructions) ..... 37b. c. Related party interest addback (Schedule G. Part I)..... 37c. d. Related party intangibles expenses and costs addback (Schedule G, Part II)..... 37d. e. Add back any other federally exempt income not reported elsewhere on Schedule A 37e. (see instructions) Entire net income before net operating loss deduction and dividend exclusion (net lines 32 8,542. 38 through 37(e)) Allocation factor from Schedule J (if all receipts were derived from only New Jersey 39. sources, enter 1.000000)..... 39. 000000 Allocated Entire Net Income before net operating loss deductions and dividend exclusion -Multiply line 38 by line 39 and enter the result here (if zero or less, enter zero on line 45) ... 40. 8,542. 41. Deduction for Current Converted Net Operation Losses (from Form 500S) (Amount entered cannot be more than amount on line 40.)..... 41. 42. Allocated Entire Net Income before allocated dividend exclusion – Subtract line 41 from line 40 (if zero or less, enter zero here and on line 45) 8,542. 43. Allocated Dividend Exclusion (from Schedule R, line 13)..... 43. 44. Reserved for future use. 44. 45. Allocated Entire Net Income – Subtract line 43 from line 42 8,542. 45. PART II (See instructions) Entire net income that is subject to federal corporate income taxation (see instructions)..... 1. Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000)..... 2. 1.000000 3. Allocated Entire Net Income before net operating loss deductions multiply line 1 by line 2... 3. 4. Deduction for Available Converted Net Operation Losses (from Form 500S) (Amount entered cannot be more than amount on line 3.)..... Taxable Net Income subject to federal corporate income taxation (carry to page 1, line 1, ONLY if amount is more than zero) - Subtract line 4 from line 3 ..... COST OF GOODS SOLD (See instructions) All data must match amounts reported on federal Schedule A-2 Form 1125-A of the federal pro forma or federal return, whichever is applicable. 1. Inventory at beginning of year 2. Purchases...... 2. 3. Cost of labor ...... 3. 4. Additional section 263A costs..... 4. 5. Other costs (include schedule)...... 5. 6. Total – Add lines 1 through 5 6. 7. Inventory at end of year..... 7. 8. Cost of goods sold - Subtract line 7 from line 6. Enter here and on Schedule A, Part I, line 2

FEDERAL ID NUMBER

#### TECHMARK SOLUTIONS INC 86-1219868 Schedule A-3 **SUMMARY OF TAX CREDITS (See instructions)** PART I - Tax Credits Used Against Liability 1. 1. New Jobs Investment Tax Credit from Form 304 ...... 2. Angel Investor Tax Credit from Form 321...... 3. 3. Business Employment Incentive Program Tax Credit from Form 324 ...... 4. Pass-Through Business Alternative Income Tax Credit from Form 329 ...... 4. EITHER: a. Urban Enterprise Zone Employee Tax Credit from Form 300 ...... 5. b. Urban Enterprise Zone Investment Tax Credit from Form 301..... OR 6. Redevelopment Authority Project Tax Credit from Form 302 ..... 6. 7. 7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305 ...... 8. Research and Development Tax Credit from Form 306 ...... 8. 9. Neighborhood Revitalization State Tax Credit from Form 311..... 10. 10. Effluent Equipment Tax Credit from Form 312 ...... 11. 11. Economic Recovery Tax Credit from Form 313..... 12 12. AMA Tax Credit from Form 315 ...... 13 13. Business Retention and Relocation Tax Credit from Form 316...... 14. Sheltered Workshop Tax Credit from Form 317 ..... 14. 15. 15. Film Production Tax Credit from Form 318...... 16. Urban Transit Hub Tax Credit from Form 319..... 16. 17. Grow NJ Tax Credit from Form 320..... 17. 18. Wind Energy Facility Tax Credit from Form 322...... 19. Residential Economic Redevelopment and Growth Tax Credit from Form 323 ...... 19. 20. 20. Public Infrastructure Tax Credit from Form 325...... 21. Reserved for future use 21. 22. Film and Digital Media Tax Credit from Form 327 ..... 22. 23. Tax Credit for Employers of Employees With Impairments from Form 328...... 23 24. 24. Apprenticeship Program Tax Credit from Form 330 ...... 25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331 ..... 25. 26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332...... 26. 27. Innovation Evergreen Fund Tax Credit from Form 334 ...... 27. 28. Unit Concrete Products Tax Credit from Form 335..... 28 29. Other Tax Credit (see instructions)..... 29. 30. Total tax credits - Add lines 1 through 29. Enter here and on page 1, line 3 ...... 30. PART II - Refundable Tax Credits 1. Refundable portion of New Jobs Investment Tax Credit from Form 304 ...... 1. 2. 3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324.... 3. 4. Refundable portion of Pass-Through Business Alternative Income Tax Credit from Form 329 4.

5. Other Tax Credit to be refunded ......6. Total amount of tax credits to be refunded. Enter here and on page 1, line 8c .....

NAME AS SHOWN ON RETURN
TECHMARK SOLUTIONS INC

FEDERAL ID NUMBER 86-1219868

# ALL CORPORATIONS MUST COMPLETE THIS SCHEDULE AND SUBMIT IT WITH THEIR CBT-100S TAX RETURN

Iusion Information       7.       0         R, line 9       8.       0
R line 9
11, 1110 0 1111111111111111111111111111
<b>IR Information</b> A-GR, line 6
oformation e P, Part III, line 1
e P, Part III, line 2
9

#### Schedule A-GR

C MPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See instr.) Complete this schedule only if the amount reported on page 1, line 2 is less than \$1,500. Members of an affiliated or controlled group, see note below.

1.	Enter sales of tangible personal property shipped to points within New Jersey	Ţ-	0.
2.	Enter services if the benefit of the service is received in New Jersey	2.	0.
3.	Enter rentals of property situated in New Jersey	3.	
4.	Enter royalties for the use in New Jersey of patents, copyrights, and trademarks	4.	
5.	Enter all other business receipts earned in New Jersey	5.	
6.	Total New Jersey Gross Receipts	6.	0.
7.	Enter minimum tax per instructions. Enter here and on page 1, line 4	7.	375.

**NOTE:** If a taxpayer is filing a separate return and is a member of an affiliated or controlled group (as per sections 1504 or 1563 of the Internal Revenue Code of 1986) that has a total payroll of \$5 million or more for the tax year, the minimum tax is \$2,000.

REV 03/23/23 PRO

1030 2022 - CBT-100S - Page 7 NAME AS SHOWN ON RETURN FEDERAL ID NUMBER TECHMARK SOLUTIONS INC 86-1219868 CORPORATE OFFICERS - GENERAL INFORMATION AND COMPENSATION (See instr.) Schedule F Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable. (4)**Dates Employed** Percentage of Corpora-(1)(2)(3)in this position tion Stock Owned Name and Current Address of Officer Social Security Number Title Amount of Compensation From Preferred Common a. Total compensation of officers..... b. Less: Compensation of officers claimed elsewhere on the return..... c. Balance of compensation of officers (include here and on Schedule A, Part I, line 7)..... Schedule G PART I - Interest (See Instructions) 1. Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income? Yes. Fill out the following schedule. X No. Name of Related Member Federal ID Number Relationship to Taxpayer **Amounts** a. Total amount of interest deducted ..... b. Subtract: Exceptions (see instructions)..... c. Related party interest expenses disallowed for New Jersey purposes (include here and on Schedule A, Part I, line 37c).....

PART II – Interest Expenses and Costs and Intangible Expenses and Costs (See instr.)

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued, or incurred to related members, deducted from entire net income? Yes. Fill out the following schedule. X No.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Exception Amounts
a. Total amount of intangil				
b. Subtract: Exceptions (s				

NOTE: For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

c. Related party intangible expenses and costs addback (include here and on Schedule A, Part I, line 37d).....

\* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

#### Schedule J

and line 9)

#### **COMPUTATION OF ALLOCATION FACTOR (See instructions)**

All taxpayers, regardless of entire net income reported on Schedule A, Part I, line 38, Form CBT-100S, must complete Schedule J. This schedule can be omitted if the taxpayer does not have receipts outside New Jersey, in which case the allocation factor will be 100% (1.000000).

For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.

١.	Receipts:		AMOUNTS (omit cents)
;	a. From sales of tangible personal property shipped to points within New Jersey	a.	
ı	p. From services if the benefit of the service is received in New Jersey	b.	
	c. From rentals of property situated in New Jersey	C.	
(	d. From royalties for the use in New Jersey of patents, copyrights, and trademarks	d.	
	e. All other business receipts earned in New Jersey	e.	
1	Total New Jersey receipts (Total of lines 1a to 1e, inclusive)	f.	
,	g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere	g.	
- 1	n. Allocation Factor (Percentage in New Jersey (line 1f) divided by line 1g). Carry the fraction 6 decimal		
	places. Do not express as a percent. Include here and on Schedule A, Part I, line 39, and Schedule A,		
	Part II, line 2	h.	

FEDERAL ID NUMBER 86-1219868

#### Schedule K

#### SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

PA	RT I		
1.	Total number of shareholders 1		
2.	Total number of nonresident shareholders 0		
3.	a. Total number of nonconsenting shareholders 0.00000 %		
	b. Percentage of stock owned		
	Amount from Schedule A, Part I, line 21	l 1.	8,542.
	Add the following amounts from federal 1120-S, Schedule K	⊢'-	6,342.
۷.	a. Net income (loss) from rental real estate activities a.		
	b. Net income (loss) from other rental activitiesb.		
	c. Interest income		
	d. Dividend income		
	e. Royalty incomeeef. Net short-term capital gain (loss)ff.		
	g. Net long-term capital gain (loss)g.		
	h. Other portfolio income (loss)h.		
	i. Net gain (loss) under sections 1231 and/or 179i.		
	j. Other incomej.		
	k. Tax-exempt interest incomekl.  I. Other tax-exempt incomel.		
	Total of 2a through 2l.	2.	
3.	Add line 1 plus line 2	3.	8,542.
4.	Additions:		
	Interest income on state and municipal bonds		
	other than New Jerseya. aa. b. New Jersey State and other states' income taxes		
	deducted in arriving at line 3 including taxes paid		
	on behalf of the shareholderb.		
	c. All expenses included in line 3 to generate	ľ	
	tax-exempt income		
	obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1d.		
	e. Other additions e.		
	Total of 4a through 4e	4.	
5.	Add line 3 plus line 4	5.	8,542.
6.	Subtractions:		
	U.S. Treasury and other interest income included in line 3 from investments exempt under		
	N.J.S.A. 54A:6-14 and 6-14.1a.		
	b. Gains included in line 3 from U.S. Treasury and other		
	obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1 b.		
	c. IRC Section 179 expense from federal Schedule K c d. Federal 50% of business meal expenses and		
	100% of entertainment expensesd.		
	e. Charitable contributions from federal Schedule K e.		
	f. Other subtractionsf.		
_\	Total of 6a through 6f	6.	
7.	New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP	7.	
8.	New Jersey S Corporation Income (Loss) – Line 5 minus line 6 plus or minus line 7	8.	8,542.
PA	RT III ALLOCATION OF S CORPORATION INCOME (LOSS)		
1.	New Jersey S Corporation Income (Loss) (Part II, line 8)	1.	8,542.
	a. Current period nonoperational activity (Schedule O, Part I, line 34)	1a.	0.
	b. Nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)	1b.	
2.	Total operational income (loss) (line 1 minus lines 1a and 1b)	2.	8,542.
3.	Allocation factor (Schedule J, line 1h)	3.	1.000000
4.	Allocated operational income (loss) (line 3 x line 2)	4.	8,542.
5.	Nonoperational income (loss) (Schedule O, Part III, line 31)	5.	0.
	a. Nonunitary partnership income (from Schedule P-1, Part II, line 5)	5a.	<u> </u>
6.	Total allocated income (loss) (line 4 plus lines 5 and 5a)	6.	8,542.
7.	New Jersey CBT reported on CBT-100S (Page 1, line 2 minus line 3)	7.	0.
8.	New Jersey allocated income (loss) (line 6 minus line 7)	8.	8,542.
9.	Income (loss) not allocated to New Jersey (line 1 minus line 6)	9.	0.
٥.		<u> </u>	<u> </u>

FEDERAL ID NUMBER 86-1219868

PART IV – A	ANALYSIS OF NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT
1 71/1 14 - 7	ANALIGIO OI NEW CENCEL ACCOMICEATED ADOCCIMENTO ACCOUNT

	(A) New Jersey AAA	(B) Non New Jersey AAA	(C) Total of Columns (A) & (B)
1. Beginning balance	29,587.		29,587.
2. Net pro rata share of S corporation income	8,542.		8,542.
3. Other income/loss			_
4. Other reductions (include schedule)			
5. Total lines 1-4	38,129.		38,129.
6. Distributions			
7. Ending balance (line 5 minus line 6)	38,129.		38,129.

#### PART IV - B NEW JERSEY EARNINGS AND PROFITS

1. Beginning balance	1.		4.						
2. Additions/Adjustments	2.				>	A			
3. Dividends paid	3.			$\vee$					
4. Ending balance (line 1 plus line 2 minus line 3)	4								

#### PART V SUMMARY OF RESIDENT SHAREHOLDERS' PRO RATA SHARES

(A) Name	(B) Social Security Number	(C) Pro Rata Share Income/Loss	(D) Distributions	(E) Share of Pass-Through Business Alternative Income Tax
1. MANOJ ENUGALA	790-26-2705	8,542.	0.	0.
2.				
3.				
4.				
5.				
6. Total		8,542.	0.	0.

#### PART VI SUMMARY OF CONSENTING NONRESIDENT SHAREHOLDERS' PRO RATA SHARES

(B)		Pro Rata Shar	e Income/Loss		(F)		
(A) Name	Social Security Number	(C) Allocated to NJ	(D) Not Allocated to NJ	(E) Distributions	Share of Pass-Through Business Alternative Income Tax		
1.			~				
2.							
3.							
4.							
5.							
6. Total							

#### PART VII SUMMARY OF NONCONSENTING SHAREHOLDERS' PRO RATA SHARES

		Pro Rata Share Income/Loss				(C)
(A) Name	(B) Social Security Number	(C) Allocated to NJ	(D) Not Allocated to NJ	(E) Distributions	(F) Gross Income Tax Paid	(G) Share of Pass-Through Business Alternative Income Tax
1.	<b>V</b>					
2.						
3.						
4.						
5.						
6. Total						

NAME AS SHOWN ON RETURN TECHMARK SOLUTIONS INC

FEDERAL ID NUMBER 86-1219868

### $\textbf{Schedule K Liquidated} \quad \textbf{S CORPORATIONS SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)}$

РΔ	RT	ı

1. Total number of shareholders									
2. Total number of nonresident shareholders									_
3. a. Total number of nonconsenting shareholders									
b. Percentage of stock owned	_	_	_	_	_	_	_	_	<del>_</del>
4. Enter date the assets were fully disposed	┸	丄	/_		L	$\perp_{I}$	Ш		$\perp$
5. Enter date the shareholders' stock was fully disposed			/_				Ш		丄
								_	

PA	RT II NJ S CORPORATION INCOME(LOSS) WORKSHEET UPON	СОМР	LETE LIQUIDATIO	N
			Column A S Corp Income Prior to Disposition of Assets	Column B Income, Gains/Losses from Disposition of Assets in Complete Liquidation
2.	Amount from Schedule A, Part I, line 21Add the following amounts from federal 1120-S, Schedule K  a. Net income (loss) from rental real estate activities	1. 2a.		
	b. Net income (loss) from other rental activities	2b.		
	c. Interest income	2c.		
	d. Dividend income	2d.		
	e. Royalty income	2e.		
	f. Net short-term capital gain (loss)	2f.		
		2g.		
		2h.		
		2i.		
	i. Net gain (loss) under sections 1231 and/or 179			
	j. Other income	2j. 2k.		
	k. Tax-exempt interest income			-
	I. Other tax-exempt income	21.		
	Add line 1 plus lines 2a through 2l	3.		
	<ul> <li>a. Interest income on state and municipal bonds other than New Jersey</li> <li>b. New Jersey State and other states' income taxes deducted in arriving at line 3</li> </ul>	4a. 4b.		
	including taxes paid on behalf of the shareholder	4c.		-
	<ul> <li>All expenses included in line 3 to generate tax-exempt income</li> <li>Losses included in line 3 from U.S. Treasury and other obligations pursuant to</li> <li>N.J.S.A. 54A:6-14 and 6-14.1</li> </ul>	4d.		
	e. Other additions	4e.		
	Add line 3 plus lines 4a through 4e	5.		
6.	Subtractions:  a. U.S. Treasury and other interest income included in line 3 from investments exempt under N.J.S.A. 54A:6-14 and 6-14.1	6a.		
	b. Gains included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1	6b.		
	c. IRC Section 179 expense from federal Schedule K	6c.		
	d. Federal 50% of business meal expenses and 100% of entertainment expenses	6d.		
	e. Charitable contributions from federal Schedule K	6e.		
	f. Other subtractions	6f.		
7.	Total of 6a through 6f	6. 7.		
	Worksheet GIT-DEP	8.		
	Total Income (Loss) – Line 5 minus line 6 plus or minus line 7	] 0.]		
	RT III ALLOCATION OF INCOME (LOSS)	1.		
1.	Income from Line 8, Part II column A and column B	$\vdash$		
	a. Current period nonoperational activity (Schedule O, Part I, line 34)			
_	b. Nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)	$\vdash$		
2.	Total operational income (loss) (line 1 minus lines 1a and 1b)	$\vdash$		
3.	Allocation factor (Schedule J, line 1h)	$\vdash$		
4.	Allocated operational income (loss) (line 3 x line 2)	-		
5.	Nonoperational income (loss) (Schedule O, Part III, line 31)			1
_	a. Nonunitary partnership income (from Schedule P-1, Part II, line 5)			1
6.	Total allocated income (loss) (line 4 plus lines 5 and 5a)			
7.	New Jersey CBT reported on CBT-100S (Page 1, line 2 minus line 3)			
8.	New Jersey allocated income (loss) (line 6 minus line 7)			
9.	Income (loss) not allocated to New Jersey (line 1 minus line 6)	9.		<u> </u>

NAME AS SHOWN ON RETURN

TECHMARK SOLUTIONS INC

Schedule K Liquidated S CORPORATIONS SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

PART IV – A ANALYSIS OF NEW JERSEY A	CCUMULATED ADJUST	MENTS ACCOUNT	
	(A) New Jersey AAA	(B) Non New Jersey AAA	(C) Total of Columns (A) & (B)
1. Reginning halance	New Jersey AAA	Non New Jersey AAA	Total of Columns (A) & (B)
1. Beginning balance			
2. Net pro rata share of S corporation income			
3. Other income/loss			
4. Other reductions (include schedule)			
5. Total lines 1-4			
6. Distributions			
7. Ending balance (line 5 minus line 6)			
PART IV – B NEW JERSEY EARNINGS AND	PROFITS		
1. Beginning balance		1.	
2. Additions/Adjustments		2.	
3. Dividends paid		3.	
4. Ending balance (line 1 plus line 2 minus line 3)		4.	

REV 03/23/23 PRO

FEDERAL ID NUMBER 86-1219868

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		15			_		

#### PER CAPITA LICENSED PROFESSIONAL FEE (See instructions)

Ο,	Silodalo i O								,	,
1.	Is the corporation a Professio of the United States, a state,				_		1 et seq. or a ust be include	-		
2.	How many licensed profession privilege period? 2 or less	nals are owi s, complete								) as of the first day of the eded, include a rider).
PA	RT I – Provide the following	information	n for each of	the licens	sed profess	sionals in th	ne PC. Includ	e a ride	r if addi	tional space is needed.
	Name				Addres	s				FID/SSN
1										
2										
3										
4										
5										
PA	RT II – Complete only if ther	e are more	than 2 licen	sed profe	ssionals li	sted above.				
1	Enter number of resident an New Jersey x									
2	Enter number of nonresiden New Jerseyx									
3	·							3.		
4								1.		
5	. Total Fee Due (line 3 plus lir	ne 4)						5.		
6	Less prior year 50% installm	ent paymer	nt and credit	(if applicab	ole)			6.		
7	Balance of Fee Due (line 5 r here and on page 1, line 6							,		
8	· ·	sional Corpo	oration Fee (it	f line 7 is b	elow zero,	enter the am	ount	3.		4
S	chedule P-1						ee instruct			
	RT I – Partnership Informa					·				
	(1)	(2)	(3)		(4)		(5)		6)	(7)
	ne of Partnership, LLC, or Other Entity and Federal ID Number	Date and State where	Percentage of	Limited	General	Tax Accour	nting Method		Jersey	Tax Payments Made on Behalf of Taxpayer by Partnerships
	entity and redefail is realised	Organized	Ownership	Partner	Partner	Flow Through	Separate Accounting*	Yes		
						Tillough	7.00000111119			
		4								
	$\Delta = 4$									
Ent	er total of column 7 here and o	n nago 1 lie	30 9h							
$\overline{}$	xpayers using a separate acco							······		
_	RT II – Separate Accounti									
-	(1)		(2)				(3)			(4)
	Nonunitary Partnershin's	Dietrib	utive Share o	of Incomo/	Loss	Partnarahin'a	Allocation Fa	otor		payer's Share of Income llocated to New Jersey
	Nonunitary Partnership's Federal ID Number		n Nonunitary				istructions)			iply column 2 by column 3)
1.							•	j		,
2.			<u> </u>							
3.	T. I. I. C. E. I.	1 12	.11.2.16	IZP. T. T		P 41				
4. 5.	Total column 2. Enter amount Total column 4. Enter amount			-						
	dditional space is needed, inclu		onedule K OI	ix iiquiuate	ou, raitiii, i	III I J d				····

NAME AS SHOWN ON RETURN
TECHMARK SOLUTIONS INC

FEDERAL ID NUMBER 86-1219868

#### Schedule P

#### SUBSIDIARY INVESTMENT ANALYSIS (See instructions)

NOTE: Taxpayers must hold 80% of the combined voting power of all classes of stock entitled to vote and at least 80% of the total number of shares of all other classes of stock, except non-voting stock which is limited and preferred as to dividends, for each subsidiary. Do not include advances to subsidiaries in book value. Do not include any previously taxed dividends. Instead, report those amounts on Schedule PT

ART I DOMESTIC SU	JBSIDIARY				
	(1) Name of	Percentaç	(2) ge of Interest	(3) Book Value	(4) Domestic Dividend Income
Federal ID Number	Subsidiary	(a) Voting	(b) Non-Voting		(as reported on Schedule A)
			<del> </del>		
Totals					
ART II FOREIGN SUE	BSIDIARY	<u> </u>			
	(1)	Percentag	(2) ge of Interest	(3)	(4)
Federal ID Number	Name of Subsidiary	(a) Voting	(b) Non-Voting	Book Value	Foreign Dividend Income (as reported on Schedule A)
		(a) voting	(b) Non-voting		(acrepantal of contention)
		1			
otals					
PART III TOTA	L OF 80% OR MORE	OWNED SUE	SSIDIARY DIVID	ENDS	
. Enter total from Part I, co	olumn 4 (include here and on	Schedule A-4)			1.
2. Enter total from Part II, c	olumn 4 (include here and or	Schedule A-4)			2.
3. Total dividends. Add line	s 1 and 2 (include here and c	n Schedule R)			3.
Schedule R	DIVIDEND EX	CLUSION (Se	e instructions)		
Enter the total dividend	s and deemed dividends	reported on Sche	edule A		1.
2. Enter amount from Sch	edule PT, Section D, line	3			2.
3. Dividends eligible for d	ividend exclusion – Subtra	act line 2 from lin	e 1		3.
4. Enter amount from Sch	edule P, Part III, line 3				4.
5. Multiply line 4 by .95					5.
6. Subtract line 4 from line	∋ 3				6.
7. Dividend income from i stock and less than 50%	nvestments where taxpay 6 of all other classes of sto			2)	7. (
8. Subtract line 7 from line	e 6				8.
9. Multiply line 8 by 50%					9.
0. Reserved for future use	e				10.
1. DIVIDEND EXCLUSION	ON: Add lines 5 and 9				11.
2. Allocation factor from c	urrent Schedule J (if all rec	eipts are derived fro	m only NJ sources, ente	er 1.000000)	12. 1.00000
	ND EXCLUSION: Multiply				13.

FEDERAL ID NUMBER 86-1219868

## Schedule S – Depreciation and Safe Harbor Leasing (See Instructions)

Par	t I – From Federal Form 4562	
1.	IRC § 179 Deduction	1.
	Special Depreciation Allowance – for qualified property placed in service during the tax year	2.
3.	MACRS	3.
4.	ACRS	4.
5.	Other Depreciation	5.
	Listed Property	6.
7.	. Total federal depreciation claimed in arriving at Schedule A, Part I, line 28	7.
	Include Federal Form 4562 and Federal Depreciation Worksheet	
	Modification at Schedule A, Part I, line 32 – Depreciation and Certain Safe Harbor Lease	Transactions
8.	Prior year New Jersey depreciation (see instructions)	8.
9.	Current year New Jersey depreciation (see instructions). Enter total from Depreciation Worksheet I	9.
10.	. Total New Jersey Depreciation. Add lines 8 and 9	10.
11.	. IRC § 179 limitation – Enter the lesser of line 1 or \$25,000	11.
12.	Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property. Enter total from Depreciation Worksheet II	12.
13.	Other additions (include an explanation/reconciliation)	13.
	Other deductions (include an explanation/reconciliation)	14.
15.	ADJUSTMENT – Add lines 7 and 13. Subtract lines 10, 11, and 14. If line 12 is positive, add line 12 to the result. If line 12 is negative, subtract line 12 from the result. (If line 15 is positive, enter at Schedule A, Part I, line 36a. If line 15 is negative, enter at Schedule A, Part I, line 36b)	15.
		·
	t II – New Jersey Depreciation for Gas, Electric, and Gas and Electric Public Utilities (See in	structions)
	Total depreciation claimed in arriving at Schedule A, Part I, line 21	1.
	Federal depreciation for assets placed in service after January 1, 1998	2.
3.	Net – Subtract line 2 from line 1	3.
4.	New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998)	
	a. Total adjusted federal depreciable basis as of December 31, 1997	4a.
	b. Excess book depreciable basis over federal tax basis as of December 31, 1997	4b.
	c. Less accumulated federal basis for all Single Asset Account property sold, retired, or disposed of to date.	4c.
	d. Total (line 4a plus line 4b less line 4c)	4d.
5.	New Jersey Depreciation – Divide line 4d by 30	
6.	New Jersey Adjustment	
	a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 – Subtract line 5 from line 3	6a.
	b. Special bonus depreciation adjustment from Schedule S, Part I, line 15 (see instructions)	6b.
7.	Total Adjustment – Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part I, line 36a. If line 7 is negative, enter as a positive number at Schedule A, Part I, line 36b.)	7.

NAME AS SHOWN ON RETURN

TECHMARK SOLUTIONS INC

FEDERAL ID NUMBER

86-1219868

Nev	v Jersey Depreciation W	orksheet I (See	instructions)				
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	Classification of Property	Basis for Depreciation	Bonus Depreciation (30% or 50%)	Convention	Method	Federal Depreciation Deduction	New Jersey Depreciation Deduction (See Instructions)
1.	3-year property						
2.	5-year property						
3.	7-year property						
4.	10-year property						
5.	15-year property						
6.	20-year property						
7.	25-year property						
8.	Residential rental property						
9.	Nonesidential rental property						
10.	Total Column G (Enter amount	on Schedule S, Part I,	line 9)				

#### New Jersey Depreciation Worksheet II - Disposal of Recovery Property (See Instructions)

	(A)	(B)	(C)	(D)	(E)	(F)
	Description of Property	Date Acquired: month, day, year	Date Sold: month, day, year	Federal Depreciation	New Jersey Depreciation	Excess/Deficiency
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.	Total Column F					

REV 03/23/23 PRO

#### CBT-160-A

#### Underpayment of Estimated NJ Corporation Business Tax For Taxpayers With Gross Receipts of Less Than \$50 Million

NJ Division of Taxation (11-22)

For Taxpayers With Gross Receipts of Less Than \$50 Million
Submit with your tax return (Form CBT-100, CBT-100S, or CBT-100U)

Federal ID Number

Unitary ID Number, if applicable

Name as Shown on Return	Federal	ID Number	1	Unitary ID Number, if a	pplicable
TECHMARK SOLUTIONS INC	219868 <b>NU</b>				
Part I How to Calculate Your Underpaym Note: If you meet any of the exceptions that e		the underpayme	nt charge for <b>a</b>	<b>ny</b> quarter, comple	ete Part II.
Amount of 2022 tax – See instructions for line 1 on reverse	side				375.
<ol> <li>90% of line 1 – If you were qualified and elected to make a installments of estimated tax, enter zero (see instructions).</li> </ol>					338.
3. Prior year's tax – Enter the amount from line 6b, page 1 of page 1 of the 2021 CBT-100S, or line 5, page 1 of the 202	the 202	21 CBT-100 or lin	ne 4,		375.
4. Enter the lesser of lines 2 or 3					338.
		(a)	(b)	(c)	(d)
5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 1 months of your tax year (see instructions)		04/18/2022	06/15/2022	09/15/2022	12/15/2022
6. Enter 25% of line 4 in columns (a) through (d)		85.	85	85.	85.
7. (a) Amount paid or credited for each period		0.	0	0.	0.
(b) Overpayment of previous installment (enter any overpa shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment)	yment				
8. Add lines 7a and 7b		0.	0	0.	0.
Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8)		85.	85	85.	85.
Part II Exceptions (See Instructions)					
10. Total amount paid or credited from the beginning of the tax through the installment dates that correspond to the 15th d the fourth, sixth, ninth, and 12th months of your tax year	ay of	0.	0	0.	0.
11. Exception 1 – Tax based on the facts shown on the prior ye return but using current year's rates. See instructions regal periods of less than one year	rding	25% of tax	50% of tax	75% of tax	100% of tax
12. Exception 2 – Tax based on annualized tax		22.5% of tax	45% of tax	67.5% of tax	90% of tax
Part III Installment Interest Due (See Instr	$\overline{}$	ns)			
13. Amount of underpayment from line 9		85.	85	. 85.	85.
14. Enter same installment dates used above at line 5		04/18/2022	06/15/202	09/15/2022	12/15/2022
15. Enter the date of payment or the 15th day of the fourth mor after the close of the tax year, whichever is earlier		04/18/2023	04/18/202	3 04/18/2023	04/18/2023
16. Number of months from the date on line 14 to the date on I (A part of a month is deemed to be a full month.)		12	1:	L 8	5
17. Interest SEE WORKSHEE	ET	7.	7	6.	3.
18. Installment interest due – Add columns (a), (b), (c), and (d) of Form CBT-100, page 1, line 12, of CBT-100S, or page 1					23.

SCHEDULE NJ-K-1 (Form CBT-100S)

# State of New Jersey Division of Taxation

2022

# **Shareholder's Share of Income/Loss**

	For Calendar Year 2021, or tax year beginning	, and ending	,				
Sh	areholder's identifying number	Federal employer identification nul	mber				
79	0-26-2705	86-1219868					
MA 61	areholder's name, address, and ZIP Code NOJ ENUGALA MYRTLE AVE VINGTON NJ 07111 See instruction	Corporation's name, address, and TECHMARK SOLUTIONS INC 61 MYRTLE AVE, UNIT B5 IRVINGTON NJ 07111 s and reverse side	ZIP Code				
Pa	art I						
	Shareholder's percentage of stock ownership for tax year	100.00000%					
	Shareholder						
	Shareholder						
	Check applicable box:						
	Date the shareholder's stock was fully disposed		0-10-1				
	S Income/Loss allocated to NJ	8,542.					
	S Income/Loss not allocated to NJ		Shareholder: Follow the reporting instructions con-				
	Pro rata share of S Corporation Income/Loss (line 1 plus line	0 540	tained in your NJ Income				
	Gain/Loss on disposition of assets allocated to NJ		Tax return packet and in publication GIT-9S, <i>Income</i>				
	Gain/Loss on disposition of assets not allocated to NJ		From S Corporations.				
6.	Total Gain/Loss from disposition of assets (line 4 plus line 5)		This schedule must be in-				
7.	Total payments made on behalf of shareholder		cluded with your NJ Income				
8.	Share of Pass-Through Business Alternative Income Tax		Tax return.				
9.	Distributions						
Pa	art III Shareholder's NJ Accumulated Adjus	stments Account					
		New Jersey AAA	Non New Jersey AAA				
1.	Beginning balance	29,587.					
2.	Income/Loss	8,542.					
3.	Other Income/Loss						
	Other reductions						
5.	Total lines 1-4	38,129.					
6.							
7.	Ending Balance (line 5 minus line 6)	38,129.					
Pa	art IV Shareholder's NJ Earnings and Profi	ts Account					
	Beginning balance						
2.	Additions/Adjustments						
3.							
4.	Ending balance (line 1 plus line 2 minus line 3)						
	art V						
_	Interest paid to shareholder (per 1099-INT)						
2.							
	a. From corporation to shareholder:						
	b. From shareholder to corporation:						
2	Shareholder's HEZ deduction:						

#### **INSTRUCTIONS FOR SCHEDULE NJ-K-1**

For additional information see publication GIT-9S, Income From S Corporations (Available on the Division's website)

#### PART I

- Line 1 Shareholder's percentage of stock ownership as reported on federal 1120-S.
- Line 2 Indicate shareholder's residency status at year's end.
- Line 3 Indicate whether shareholder is a consenting or nonconsenting shareholder.
- Line 4 If applicable, indicate if this schedule is a final or amended NJ-K-1.
- Line 5 Enter date shareholder received final distribution (cash and/or property).

#### **PART II**

- Line 1 Enter shareholder's share of New Jersey allocated S corporation income/loss from Part III, line 8 of Schedule K or from Part III, line 8, column A of Schedule K Liquidated.
  - New Jersey S corporations that claim a credit for taxes paid to other jurisdictions in accordance with <u>N.J.A.C.</u> 18:7-8.3 will report 100% of the shareholder's net pro rata share as allocated to New Jersey.
- Line 2 Enter shareholder's share of S corporation income/loss not allocated to New Jersey from Part III, line 9 of Schedule K or from Part III, line 9, column A of Schedule K Liquidated.
- Line 4 Enter shareholder's share of New Jersey allocated income, gains/losses from disposition of assets from Part III, line 8, column B of Schedule K Liquidated.
- Line 5 Enter shareholder's share of income, gains/losses from disposition of assets not allocated to New Jersey from Part III, line 9, column B of Schedule K Liquidated.
- Line 7 Enter total payments made on behalf of the shareholder as reported in Part VII, column F of Schedule K or in Part VII, column (H) of Schedule K Liquidated.
- Line 8 Enter Share of Pass-Through Business Alternative Income Tax as reported in Part V, column E, Part VI, column F, or Part VII, column G of Schedule K and Part V, column F, Part VII, column H, or Part VIII, column I of Schedule K Liquidated.
- Line 9 Enter distributions shareholder received during the year as reported in Part V, VI, or VII, of Schedule K or Schedule K Liquidated.

#### **PART III**

Lines 1–7 Enter shareholder's share of New Jersey Accumulated Adjustments (AAA) from Part IV-A, Schedule K or Schedule K Liquidated.

#### **PART IV**

Lines 1-4 Enter shareholder's share of New Jersey Earnings and Profits from Part IV-B, Schedule K or Schedule K Liquidated.

#### **PART V**

- Line 1 Enter the amount of any interest paid to the shareholder that should be reported by the S corporation on federal Form 1099-INT. Include any other interest paid to the shareholder that was deducted by the S corporation in arriving at income reflected in Part II, line 8 of Schedule K or Schedule K Liquidated.
- Line 2 a. Enter the total amount of the corporation's indebtedness to the shareholder at year's end or prior to final distribution.
  - b. Enter the total amount of the shareholder's indebtedness to the corporation at year's end or prior to final distribution.
- Line 3 If a New Jersey electing S corporation is a qualified primary care medical or dental practice located in or within 5 miles of a Health Enterprise Zone (HEZ), the corporation must determine if the shareholders are entitled to an HEZ deduction and the amount. The shareholder's deduction is entered on the shareholder's Schedule NJ-K-1 and deducted on the shareholder's Gross Income Tax return. See the Division's website, *nj.gov/taxation*, for qualification and calculation information.
- **NOTE:** A New Jersey electing S corporation doing business in New Jersey may file a NJ-1080-C composite return on behalf of its qualified nonresident shareholders who elect to be included in the composite filing. Every participating shareholder must make the election to be part of the composite return in writing each year by using Form NJ-1080E, Election to Participate in Composite Return, or a form substantially similar.

#### Computation of Interest on Underpayment of Estimated Tax

► Attach to your return

Name as Shown on Return Employer Identification No. TECHMARK SOLUTIONS INC 86-1219868 **First Quarter** Penalty Date Description Amount Balance Mos. Rate Total 04/18/22 Amount due 6.25 1.33 85 85 07/01/22 Rate change 85. 3 7.75 1.65 2. 10/01/22 Rate change 85. 6 9.25 3.93 85. 04/18/23 Filing date 0. **Second Quarter** Date Description Amount Balance Total Mos. Rate Penalty 06/15/22 Amount due 85. 85. 6.25 0.44 0. 07/01/22 Rate change 85. 3 7.75 1.65 2. 10/01/22 Rate change 9.25 4.59 85. 5. 04/18/23 Filing date 85. 0. Third Quarter Date Description **Amount** Penalty Balance Mos. Rate Total 09/15/22 Amount due 85. 85. 7.75 0.55 1. 9.25 4.59 10/01/22 Rate change 85. 5. 04/18/23 Filing date 0. 85. 6. **Fourth Quarter** Date Description Amount Balance Mos. Rate Penalty Total 12/15/22 Amount due 9.25 85. 85. 3.28 04/18/23 Filing date 85. 0. 3. 23.

# Additional Information From 2022 New Jersey S Corporation Business Tax Return

# **CBT-100S: Corporation Business Return Schedule A: Other Deductions Statement**

#### **Continuation Statement**

D	escription	Amount
INSURANCE		1,271.
PERMITS AND FEES		515.
SUPPLIES		3,171.
TRAVEL		8,091.
PAYROLL		203,366.
G SUITE		462.
WEBSITE		220.
BACKEND OFFICE EXPENSES		75,335.
QUICK BOOK EXPENSES		382.
RMG*REGUS		412.
SUNDOC FILING		91.
ADOBE INC		149.
QUICK BOOK EXPENSES		767.
REGUS MANAGEMENT GROUP		1,167.
	Total	295,399.

### Form **8879-CORP**

(December 2022)

### **E-file Authorization for Corporations**

For calendar year 20 2 2, or tax year beginning , 20 , ending , ...

Use for *efile* authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

OMB No. 1545-0123

	nt of the Treasury evenue Service	Go to www.irs.gov/Form8879CORP for the latest informati	on.			
Name of o	corporation	3	Employer identification	numb	er	
ГЕСНМ	ARK SOLUT	IONS INC	86-1219868			
Part I	Informa	tion (Whole dollars only)			_	
1	Total income (	Form 1120, line 11)		1		
2	Total income (	Form 1120-F, Section II, line 11)		2		
		loss) (Form 1120-S, line 6)		3	303,941.	
Part I	Declara	tion and Signature Authorization of Officer. Be sure to get a co	py of the corpora	ation'	's return.	
electror send the transmithe U.S nstitution the fina 1-888-3 in the passues r	nic income taxe corporation ssion, (b) the s. Treasury and on account incomplete institution in the structure of the structure of the structure in the structure of the structur	return. I consent to allow my electronic return originator (ERO), transnown return to the IRS and to receive from the IRS (a) an acknowledgmen reason for any delay in processing the return or refund, and (c) the date in the tax preparation software for payment of the corporation of the entry to this account. To revoke a payment, I must contact than 2 business days prior to the payment (settlement) date. I also a the electronic payment of taxes to receive confidential information ne payment. I have selected a personal identification number (PIN) as my d, if applicable, the corporation's consent to electronic funds withdrawal.	nitter, or intermedia t of receipt or reason e of any refund. If a awal (direct debit) is federal taxes owe act the U.S. Treason uthorize the financia cessary to answer signature for the co	te ser on for applica entry ed on ary Fir al insti inquir	vice provider to rejection of the able, I authorize to the financial this return, and nancial Agent at tutions involved ries and resolve	
Officer'	's PIN: check	one box only				
	] I authorize	to enter my PII	do not enter all zero	_	my signature	
	on the corp	poration's electronically filed income tax return.				
×	As an offic return.	er of the corporation, I will enter my PIN as my signature on the corporat	ion's electronically	filed ir	ncome tax	
Officer's s	signature	Date	Title PRESIDENT			
Part II	Cortific	ation and Authentication				
rai i II	Cerunc	auon and Addientication				
ERO's	<b>EFIN/PIN.</b> Ent	er your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 do not e	6 0		
certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 3112</b> , IRS <i>e-file</i> Application and Participation, and <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.						
FR∩'s sia	ınature	Date	04/13/2023			

 $\hbox{ERO Must Retain This Form $-$ See Instructions } \\ \hbox{Do Not Submit This Form to the IRS Unless Requested To Do So}$ 

# Form **1120-S**

Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for an S Corporation

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.

OMB No. 1545-0123

2022

For	calen	dar year 2022 o	<u>r tax yea</u>	r beginning		, 21	022, end	ing			, 20	
A S election effective date Name D Employer							mployer i	dentification number				
01/01/2021 TECHMARK SOLUTIONS INC					1			86	5-1219	868		
		activity code	TYPE		and room or suite no. If a		structions.			ate incorp		
		see instructions)	OR		AVE, UNIT B5	ŕ				/01/2		
5	4151	۵	PRINT		te or province, country,		nostal cod	1e	_	F Total assets (see instructions)		
_		ch. M-3 attached	ł	IRVINGTON		and Zir or loroign	i pootai oot		\$	nai assols	,	
			in a de la c					DV V			106,018.	
					beginning with this							
н					ge (3) Address	-						
!					areholders during ar		-				1	
<u>J</u>					for section 465 at-risk						sive activity purposes	
Cau	ıtion: lı	nclude <b>only</b> trade	or busine	ss income and e	expenses on lines 1a t	hrough 21. See	the instru			nation.		
	1a	Gross receipts	or sales				. 1a	303	,941.			
	b	Returns and all	lowances				. 1b					
Φ	С	Balance. Subtra	act line 1	o from line 1a						1c	303,941.	
Income	2	Cost of goods	sold (atta	ch Form 1125-/	Α)					2		
ဥ	3	Gross profit. Su	ubtract lin	e 2 from line 1c						3	303,941.	
=	4				(attach Form 4797)					4		
	5				attach statement) .					5		
	6				jh 5					6	303,941.	
_	7				ons—attach Form 11					7	·	
Suc	8	•		•	redits)	,				8	0.	
atic	9		• .							9		
<u>=</u>	10	•								10		
(see instructions for limitations)	11									11		
JS f	12									12		
ē	13									13		
Ĭ	14	Interest (see instructions)										
ius		Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562 Depletion ( <b>Do not deduct oil and gas depletion.</b> )								14		
99	15			_						15		
	16	_								16		
ŝ	17		_							17		
Deductions	18									18	205 200	
ੜੋ	19		•	,	. See Statemer					19	295,399.	
Pe	20			lines 7 through						20	295,399.	
	21				tract line 20 from lin				•	21	8,542.	
	22a	•			apture tax (see instru	,	-					
	b	Tax from Sched	•					-				
nts	С		•		for additional taxes		1	1		22c		
пe	23a				overpayment credit	ted to 2022	. 23a					
аÀ	b	Tax deposited										
<u>Б</u>	С	Credit for feder	ral tax pai	d on fuels (attac	ch Form 4136)		. <b>23c</b>					
Tax and Paymen	d	Add lines 23a t	hrough 2	3c					· <u>·</u>	23d		
×	24	Estimated tax p	oenalty (s	ee instructions).	. Check if Form 2220	0 is attached				24		
Ë	25	Amount owed	. If line 23	d is smaller tha	n the total of lines 2	2c and 24, ent	er amour	nt owed		25		
	26	Overpayment.	If line 23	d is larger than	the total of lines 22d	and 24, enter	amount	overpaid		26		
	27	Enter amount f	rom line 2	:6: Credited to	o 2023 estimated ta	ax		Refunde	d .	27		
٠.		Under penalties of	f perjury, I d	eclare that I have e	examined this return, inc	luding accompan	ying sched	ules and stateme	nts, and	to the bes	st of my knowledge and	
								RS discuss this return				
							,	reparer shown below?				
_		Signature of office	er		Date	Title				See instruc		
Pa	id	Print/Type prep	parer's nam	<u></u>	Preparer's signature	•		Date	Che	ck 🔲 if	PTIN	
	epare	SYAM PRIYA	RAM SAGA	AR GUPTA TALLI	AM SYAM PRIYA RAM	SAGAR GUPTA	TALLAM	04/13/202	3 self-	employed	P02082703	
	•	I Firm's name	GLOB	BAL TAXES I	LLC				Firm	's EIN	84-3171965	
US	e On	Firm's address	245	ROONEY CT	E BRUNSWICK	NJ 08816			Phor	ne no. (6	78)965-9522	

Sche	edule B Other Information	(see instructions)					
1	Check accounting method: a c	Cash <b>b</b> X	Accrual			Yes	No
2	See the instructions and enter the a Business activity IT SERVIC	e: ES 	<b>b</b> Product or service	ce SERVICE			
3	At any time during the tax year, nominee or similar person? If "Ye						×
4	At the end of the tax year, did the	corporation:					
а	Own directly 20% or more, or over foreign or domestic corporation? below	For rules of construction	ctive ownership, see inst	tructions. If "Yes,"			×
	(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 10 Date (if applicable) a Qualifie S Subsidiary Election W	d Subc	chapter
b	Own directly an interest of 20% capital in any foreign or domestic trust? For rules of constructive ov	partnership (including	g an entity treated as a p	artnership) or in the	beneficial interest of a		×
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization			
5a	At the end of the tax year, did the	corporation have any	outstanding shares of re	estricted stock? .			×
	<ul><li>If "Yes," complete lines (i) and (ii)</li><li>(i) Total shares of restricted steeting</li><li>(ii) Total shares of non-restricted</li></ul>	ock					
b	At the end of the tax year, did the If "Yes," complete lines (i) and (ii)  (i) Total shares of stock outstate (ii) Total shares of stock outstate (iii) Total shares of stock outstate (iii)	corporation have any below. nding at the end of th	outstanding stock options tax year		nilar instruments? .		×
6	Has this corporation filed, or is	it required to file,	Form 8918, Material A	dvisor Disclosure	•		
7	information on any reportable trar Check this box if the corporation						×
-	If checked, the corporation may Instruments.	· · · · · · · · · · · · · · · · · · ·		_			
8	If the corporation (a) was a C corp basis determined by reference to the (b) has net unrealized built-in gain in gain reduced by net recognized built-	ne basis of the asset (on excess of the net red	r the basis of any other prognized built-in gain from	roperty) in the hands n prior years, enter th	of a C corporation, and		
9	Did the corporation have an elect in effect during the tax year? See		3(j) for any real property				×
10	Does the corporation satisfy one	or more of the following					×
а	The corporation owns a pass-thro	ough entity with curre	nt, or prior year carryove	r, excess business i	interest expense.		
b	The corporation's aggregate av preceding the current tax year are	e more than \$27 millio	n and the corporation ha	s business interest			
С	The corporation is a tax shelter ar				4.00(1)		
11	If "Yes," complete and attach <b>For</b>				= -		×
а	Does the corporation satisfy <b>both</b> The corporation's total receipts (s	=					
b	The corporation's total assets at t						
	If "Ves " the corporation is not rec	-					

During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven terms modified so as to reduce the principal amount of the debt?	tructions .	×				
If "Yes," enter the amount of principal reduction	tructions .	$\vdash$				
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see ins	structions .	$\vdash$				
		×				
the corporation make any payments in 2022 that would require it to file Form(s) 1099?						
<b>b</b> If "Yes," did or will the corporation file required Form(s) 1099?						
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		×				
If "Yes," enter the amount from Form 8996, line 15						
Schedule K Shareholders' Pro Rata Share Items	Total ar	nount				
1 Ordinary business income (loss) (page 1, line 21)	1	8,542.				
2 Net rental real estate income (loss) (attach Form 8825)	2					
3a Other gross rental income (loss)						
b Expenses from other rental activities (attach statement) 3b						
c Other net rental income (loss). Subtract line 3b from line 3a	3c					
क्रु 4 Interest income	4					
5 Dividends: a Ordinary dividends	5a					
4   Interest income						
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>b</b> Collectibles (28%) gain (loss)						
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					
σ 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					
<b>13a</b> Low-income housing credit (section 42(j)(5))	13a					
<b>b</b> Low-income housing credit (other)	13b					
© Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c					
c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)  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					
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						
15a Post-1986 depreciation adjustment	15a					
g E b Adjusted gain or loss	15b					
₹	15c					
b Adjusted gain or loss	15d					
e Oil, gas, and geothermal properties—deductions	15e					
f Other AMT items (attach statement)	15f					
16a Tax-exempt interest income	16a					
b Other tax-exempt income	16b					
g c Nondeductible expenses	16c					
d Distributions (attach statement if required) (see instructions)	16d					
The state of the	16e					
ទី f Foreign taxes paid or accrued	16f					

Form 1120-S (2022)

Sche	dule K	Shareholders' Pro Rata Share Items	s (continued)				Total amount
on	17a	Investment income				17a	
Other ormatic	b	Investment expenses				17b	
Other Information	С		17c				
	d	Other items and amounts (attach stateme	nt)				
Recon- ciliation	18	Income (loss) reconciliation. Combine					
		column. From the result, subtract the sum				18	8,542.
scne	dule L	Balance Sheets per Books	Beginning of	•		nd of t	ax year
	0 1	Assets	(a)	(b)	(c)		(d)
1				29,587.	25. (	-00	70,319.
2a		otes and accounts receivable	(		35,6	99.	25.600
b		owance for bad debts	(				35,699.
3	Invento						
4	-	vernment obligations					
5		empt securities (see instructions)					
6 7		urrent assets (attach statement)					
8		o shareholders					
9	•	ge and real estate loans					
9 10a		gs and other depreciable assets					
		cumulated depreciation	1		1	١	
		ble assets	(		(		
		cumulated depletion	(		1	١	
12		et of any amortization)	(			,	
		ole assets (amortizable only)					
	_	cumulated amortization	(		(		
14		ssets (attach statement)	( )			,	
15		sets		29,587.			106,018.
		Liabilities and Shareholders' Equity		27,307.			100,010.
16		ts payable					40,319.
17		ges, notes, bonds payable in less than 1 year					10,315.
18		urrent liabilities (attach statement)					
19		rom shareholders					
20		ges, notes, bonds payable in 1 year or more					
21		abilities (attach statement)					27,570.
22		stock					,
23		nal paid-in capital					
24		d earnings		29,587.			38,129.
25		ents to shareholders' equity (attach statement)		- , · ·			
26		st of treasury stock		( )			( )
27		bilities and shareholders' equity		29,587.			106,018.

Sche	Reconciliation of Income (Lo Note: The corporation may be req				Return	
<ul> <li>Net income (loss) per books</li> <li>Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)</li> </ul>		8,542.	<ul> <li>Income recorded on books this ye not included on Schedule K, lines through 10 (itemize):</li> <li>Tax-exempt interest \$</li> </ul>			
3 a	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):  Depreciation \$			Deductions included lines 1 through 12, ar against book income Depreciation \$	nd 16f, not charged this year (itemize):	
b	Travel and entertainment \$			Add lines 5 and 6 . Income (loss) (Sche		
4	Add lines 1 through 3	8,542.		Subtract line 7 from I		8,542.
Sche	Analysis of Accumulated Adj Previously Taxed, Accumulat (see instructions)	ted Earnings an	d Pro	ofits, and Other Ac	ljustments Accou	nt
		(a) Accumula adjustments acc		(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	29,5	87.			

8,542.

38,129.

38,129.

2

3

4 5

6

7

8

Ordinary income from page 1, line 21 . . .

Other reductions . . . . . . . . . . . .

Combine lines 1 through 5 . . . . . . .

REV 03/08/23 PRO Form **1120-S** (2022)

			Final K	(-1	Amended	K-1	OMB No. 1545-0123
(Fo	nedule K-1 20 <b>22</b> rm 1120-S)	Pa	rt III				urrent Year Income, Other Items
	rtment of the Treasury nal Revenue Service  For calendar year 2022, or tax year	1	Ordina	ry business ir	8,542.	13	Credits
	beginning / / 2022 ending / /	2	Net ren	ntal real estate	e income (loss)		
	areholder's Share of Income, Deductions, edits, etc.  See separate instructions.	3	Other r	net rental inco	ome (loss)		
	Part I Information About the Corporation	4	Interes	t income			
	Corporation's employer identification number 86–1219868	5a	Ordina	ry dividends			
В	Corporation's name, address, city, state, and ZIP code TECHMARK SOLUTIONS INC	5b	Qualifie	ed dividends		14	Schedule K-3 is attached if checked
	61 MYRTLE AVE, UNIT B5	6	Royalti	es		15	Alternative minimum tax (AMT) items
	IRVINGTON NJ 07111	7	Net sho	ort-term capit	tal gain (loss)		
С	IRS Center where corporation filed return Kansas City, MO 64999-0013	8a	Net lon	g-term capita	al gain (loss)		
D	Corporation's total number of shares  Beginning of tax year	8b	Collect	ibles (28%) g	ain (loss)		
	End of tax year	8c	Unreca	ptured section	on 1250 gain		
E	Part II Information About the Shareholder	9	Net sec	ction 1231 ga	in (loss)	16	Items affecting shareholder basis
E	Shareholder's identifying number 790-26-2705	10	Other is	ncome (loss)			
F	Shareholder's name, address, city, state, and ZIP code MANOJ ENUGALA						
	61 MYRTLE AVE IRVINGTON NJ 07111						
G	Current year allocation percentage 100.00000 %	11	Castin	- 170 deducit		17	Other information
Н	Shareholder's number of shares			n 179 deducti	OII		
	Beginning of tax year	12	Other o	deductions			
ı	Loans from shareholder  Beginning of tax year \$  End of tax year \$						
ار ا							
For IRS Use Only							
or IRS							
ц		18 19	_		ctivity for at-risk ctivity for passiv		
			* Se	e attachec	l statement f	or ad	ditional information.

Corporation's name TECHMARK SOLUTIONS INC	Corporation's EIN 86-1219868					
QuickZoom to 199A Summary	/ ▶					
Aggregation Code:						
	Is this activity a qualified trade/business? Specified Service Trade or Business?					
QBI or qualified PTP items subje	ct to shareholder-specific determinations:					
QBI or qualified PTP items subject to shareholder-specific determinations:  1 a Ordinary business income (loss)						
c Adjusted section 179 dedu	b Adjustments         b           c Adjusted section         6 c					
8 a W-2 wages b Adjustments	8 a W-2 wages					
<b>9 a</b> UBIA of qualified property <b>b</b> Adjustments	UBIA of qualified property 9 a					

#### Section 179 Carryover Detail for this Activity Section 179 Section 179 **Regular Tax** QBI Tentative Section 179 deduction from current year assets . . . . . **Part I: Prior Year Carryovers** by Year and Category Ε Part II: 179 Deduction Allowed Section 179 Section 179 by Year and Category **Regular Tax** QBI Total 179 deduction allowed for this activity in current year . . . . D Amount allowed from 2021 . . . . . . . . . . . . . . . . . Part III: Total Carryforward to 2023 Section 179 Section 179 by Year and Category **Regular Tax** QBI

TECHMARK SOLUTIONS INC 86-1219868

## Additional Information From 2022 US Form 1120S: Income Tax Return for S Corp

## Form 1120S: S-Corporation Tax Return

Gross Sales Itemization Statement

Description	Δ	mount
MARCH		22,221.
APRIL		10,752.
MAY		38,864.
JUNE		30,518.
JULY		33,044.
AUG		43,620.
SEP		31,360.
OCT		22,288.
NOV		22,890.
DEC		48,384.
	Total	303,941.

# Form 1120S: S-Corporation Tax Return

### Other Deductions

#### **Continuation Statement**

Other Deadottons	Continuation Statement
Description	Amount
INSURANCE	1,271.
PERMITS AND FEES	515.
SUPPLIES	3,171.
TRAVEL	8,091.
PAYROLL	203,366.
G SUITE	462.
WEBSITE	220.
BACKEND OFFICE EXPENSES	75,335.
QUICK BOOK EXPENSES	382.
RMG*REGUS	412.
SUNDOC FILING	91.
ADOBE INC	149.
QUICK BOOK EXPENSES	767.
REGUS MANAGEMENT GROUP	1,167.
T	otal 295,399.