

# E-file Authorization for Corporations

(December 2022)

For calendar year 2022, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, ending \_\_\_\_\_, 20\_\_\_\_\_

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

**Use for efile authorizations for Form 1120, 1120-F or 1120S.**  
**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.**

Name of corporation

ADHOC TEK SOLUTIONS INC

Employer identification number

87-3122856

## Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	21,953.

## 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 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

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--

 as my signature  
ERO firm name  
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 \_\_\_\_\_ 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.

2	2	2	4	9	6	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

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.

ERO's signature \_\_\_\_\_ Date 04/14/2023

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

Department of the Treasury Internal Revenue Service

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

2022

For calendar year 2022 or tax year beginning , 2022, ending , 20

Form header section containing: A S election effective date (01/01/2022), B Business activity code number (519200), C Check if Sch. M-3 attached, D Employer identification number (87-3122856), E Date incorporated (10/15/2021), F Total assets (4,447), and TYPE OR PRINT information.

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. [ ] Yes [X] No
H Check if: (1) [ ] Final return (2) [ ] Name change (3) [ ] Address change (4) [ ] Amended return (5) [ ] S election termination
I Enter the number of shareholders who were shareholders during any part of the tax year 1
J Check if corporation: (1) [ ] Aggregated activities for section 465 at-risk purposes (2) [ ] Grouped activities for section 469 passive activity purposes

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

Main table with columns for Income, Deductions, and Tax and Payments. Rows include: 1a Gross receipts or sales (21,953), 1b Returns and allowances, 1c Balance (21,953), 2 Cost of goods sold, 3 Gross profit (21,953), 4 Net gain (loss), 5 Other income (loss), 6 Total income (loss) (21,953), 7-21 Deductions (Total 41,591), 21 Ordinary business income (loss) (-19,638), 22a-22c Excess net passive income or LIFO recapture tax, 23a-23d 2022 estimated tax payments and 2021 overpayment credited to 2022, 24 Estimated tax penalty, 25 Amount owed, 26 Overpayment, 27 Enter amount from line 26: Credited to 2023 estimated tax Refunded.

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

Signature of officer: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 04/14/2023, Title: PRESIDENT. Box: May the IRS discuss this return with the preparer shown below? See instructions. [ ] Yes [ ] No

Paid Preparer Use Only section containing: Print/Type preparer's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), Preparer's signature (SYAM PRIYA RAM SAGAR GUPTA TALLAM), Date (04/14/2023), Check [ ] if self-employed, PTIN (P02082703), Firm's name (GLOBAL TAXES LLC), Firm's EIN (84-3171965), Firm's address (245 ROONEY CT E BRUNSWICK NJ 08816), Phone no. ((678) 965-9522).

**Schedule B Other Information** (see instructions)

- |   | Yes | No |
|---|-----|----|
| <b>1</b> Check accounting method: <b>a</b> <input checked="" type="checkbox"/> Cash <b>b</b> <input type="checkbox"/> Accrual<br><b>c</b> <input type="checkbox"/> Other (specify) _____  |     |    |
| <b>2</b> See the instructions and enter the:<br><b>a</b> Business activity <u>SOFTWARE SERVICES</u> <b>b</b> Product or service <u>SERVICE</u>  |     |    |
| <b>3</b> At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . .   |     | X  |
| <b>4</b> At the end of the tax year, did the corporation:<br><b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . . |     | X  |

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

- |  | Yes | No |
|--|-----|----|
| <b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . . |     | X  |

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- |   | Yes | No |
|---|-----|----|
| <b>5a</b> At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . .<br>If "Yes," complete lines (i) and (ii) below.<br><b>(i)</b> Total shares of restricted stock . . . . .<br><b>(ii)</b> Total shares of non-restricted stock . . . . . |     | X  |

- |   | Yes | No |
|---|-----|----|
| <b>b</b> At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . .<br>If "Yes," complete lines (i) and (ii) below.<br><b>(i)</b> Total shares of stock outstanding at the end of the tax year . . . . .<br><b>(ii)</b> Total shares of stock outstanding if all instruments were executed . . . . . |     | X  |

- |   | Yes | No |
|---|-----|----|
| <b>6</b> Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . . |     | X  |

- |   | Yes | No |
|---|-----|----|
| <b>7</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/><br>If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments. |     |    |

- |   | Yes | No |
|---|-----|----|
| <b>8</b> If the corporation <b>(a)</b> was a C corporation before it elected to be an S corporation <b>or</b> 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, <b>and (b)</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 . . . . . \$ _____ |     |    |

- |  | Yes | No |
|--|-----|----|
| <b>9</b> Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . . |     | X  |

- |   | Yes | No |
|---|-----|----|
| <b>10</b> Does the corporation satisfy one or more of the following? See instructions . . . . .   |     | X  |
| <b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.  |     |    |
| <b>b</b> The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense. |     |    |
| <b>c</b> The corporation is a tax shelter and the corporation has business interest expense.<br>If "Yes," complete and attach <b>Form 8990</b> , Limitation on Business Interest Expense Under Section 163(j).                        |     |    |

- |  | Yes | No |
|--|-----|----|
| <b>11</b> Does the corporation satisfy <b>both</b> of the following conditions? . . . . .  | X   |    |
| <b>a</b> The corporation's total receipts (see instructions) for the tax year were less than \$250,000.  |     |    |
| <b>b</b> The corporation's total assets at the end of the tax year were less than \$250,000.<br>If "Yes," the corporation is not required to complete Schedules L and M-1. |     |    |

<b>Schedule B Other Information</b> (see instructions) <i>(continued)</i>		Yes	No
<b>12</b>	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 . . . . . \$ _____		
<b>13</b>	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .		X
<b>14a</b>	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099? . . . . .		X
<b>b</b>	If "Yes," did or will the corporation file required Form(s) 1099? . . . . .		
<b>15</b>	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		X
	If "Yes," enter the amount from Form 8996, line 15 . . . . . \$ _____		

<b>Schedule K Shareholders' Pro Rata Share Items</b>		Total amount	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 21) . . . . .	<b>1</b>	-19,638.
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>	
	<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>		
	<b>b</b> Expenses from other rental activities (attach statement) . . . . . <b>3b</b>		
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . . <b>3c</b>		
	<b>4</b> Interest income . . . . . <b>4</b>		
	<b>5</b> Dividends: <b>a</b> Ordinary dividends . . . . . <b>5a</b>		
	<b>b</b> Qualified dividends . . . . . <b>5b</b>		
	<b>6</b> Royalties . . . . . <b>6</b>		
	<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . <b>7</b>		
<b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . <b>8a</b>			
<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>8b</b>			
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>8c</b>			
<b>9</b> Net section 1231 gain (loss) (attach Form 4797) . . . . . <b>9</b>			
<b>10</b> Other income (loss) (see instructions) . . . . . Type: <b>10</b>			
<b>Deductions</b>	<b>11</b> Section 179 deduction (attach Form 4562) . . . . . <b>11</b>		
	<b>12a</b> Charitable contributions . . . . . <b>12a</b>		
	<b>b</b> Investment interest expense . . . . . <b>12b</b>		
	<b>c</b> Section 59(e)(2) expenditures . . . . . Type: <b>12c</b>		
<b>d</b> Other deductions (see instructions) . . . . . Type: <b>12d</b>			
<b>Credits</b>	<b>13a</b> Low-income housing credit (section 42(j)(5)) . . . . . <b>13a</b>		
	<b>b</b> Low-income housing credit (other) . . . . . <b>13b</b>		
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . . <b>13c</b>		
	<b>d</b> Other rental real estate credits (see instructions) Type: <b>13d</b>		
	<b>e</b> Other rental credits (see instructions) . . . . . Type: <b>13e</b>		
	<b>f</b> Biofuel producer credit (attach Form 6478) . . . . . <b>13f</b>		
<b>g</b> Other credits (see instructions) . . . . . Type: <b>13g</b>			
<b>Inter-national</b>	<b>14</b> Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance . . . . . <input type="checkbox"/>		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>15a</b> Post-1986 depreciation adjustment . . . . . <b>15a</b>		47.
	<b>b</b> Adjusted gain or loss . . . . . <b>15b</b>		
	<b>c</b> Depletion (other than oil and gas) . . . . . <b>15c</b>		
	<b>d</b> Oil, gas, and geothermal properties—gross income . . . . . <b>15d</b>		
	<b>e</b> Oil, gas, and geothermal properties—deductions . . . . . <b>15e</b>		
	<b>f</b> Other AMT items (attach statement) . . . . . <b>15f</b>		
<b>Items Affecting Shareholder Basis</b>	<b>16a</b> Tax-exempt interest income . . . . . <b>16a</b>		
	<b>b</b> Other tax-exempt income . . . . . <b>16b</b>		
	<b>c</b> Nondeductible expenses . . . . . <b>16c</b>		
	<b>d</b> Distributions (attach statement if required) (see instructions) . . . . . <b>16d</b>		2,611.
	<b>e</b> Repayment of loans from shareholders . . . . . <b>16e</b>		
	<b>f</b> Foreign taxes paid or accrued . . . . . <b>16f</b>		

<b>Schedule K Shareholders' Pro Rata Share Items</b> <i>(continued)</i>		<b>Total amount</b>	
<b>Other Information</b>	<b>17a</b> Investment income . . . . .	<b>17a</b>	
	<b>b</b> Investment expenses . . . . .	<b>17b</b>	
	<b>c</b> Dividend distributions paid from accumulated earnings and profits . . . . .	<b>17c</b>	0.
	<b>d</b> Other items and amounts (attach statement)		
<b>Reconciliation</b>	<b>18</b> <b>Income (loss) reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f .	<b>18</b>	-19,638.

<b>Schedule L Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
<b>Assets</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>1</b>	Cash . . . . .		26,696.		3,687.
<b>2a</b>	Trade notes and accounts receivable . . . . .				
<b>b</b>	Less allowance for bad debts . . . . .	( )		( )	
<b>3</b>	Inventories . . . . .				
<b>4</b>	U.S. government obligations . . . . .				
<b>5</b>	Tax-exempt securities (see instructions) . . . . .				
<b>6</b>	Other current assets (attach statement) . . . . .				
<b>7</b>	Loans to shareholders . . . . .				
<b>8</b>	Mortgage and real estate loans . . . . .				
<b>9</b>	Other investments (attach statement) . . . . .				
<b>10a</b>	Buildings and other depreciable assets . . . . .			950.	
<b>b</b>	Less accumulated depreciation . . . . .	( )		( 190.)	760.
<b>11a</b>	Depletable assets . . . . .				
<b>b</b>	Less accumulated depletion . . . . .	( )		( )	
<b>12</b>	Land (net of any amortization) . . . . .				
<b>13a</b>	Intangible assets (amortizable only) . . . . .				
<b>b</b>	Less accumulated amortization . . . . .	( )		( )	
<b>14</b>	Other assets (attach statement) . . . . .				
<b>15</b>	<b>Total assets</b> . . . . .		26,696.		4,447.
<b>Liabilities and Shareholders' Equity</b>					
<b>16</b>	Accounts payable . . . . .				
<b>17</b>	Mortgages, notes, bonds payable in less than 1 year . . . . .				
<b>18</b>	Other current liabilities (attach statement) . . . . .				
<b>19</b>	Loans from shareholders . . . . .				
<b>20</b>	Mortgages, notes, bonds payable in 1 year or more . . . . .				
<b>21</b>	Other liabilities (attach statement) . . . . .				
<b>22</b>	Capital stock . . . . .				
<b>23</b>	Additional paid-in capital . . . . .				
<b>24</b>	Retained earnings . . . . .		26,696.		4,447.
<b>25</b>	Adjustments to shareholders' equity (attach statement) . . . . .				
<b>26</b>	Less cost of treasury stock . . . . .	( )		( )	
<b>27</b>	<b>Total liabilities and shareholders' equity</b> . . . . .		26,696.		4,447.

**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.

<b>1</b>	Net income (loss) per books . . . . .	-19,638.	<b>5</b>	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		<b>a</b>	Tax-exempt interest \$ _____	
<b>3</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		<b>6</b>	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
<b>a</b>	Depreciation \$ _____		<b>a</b>	Depreciation \$ _____	
<b>b</b>	Travel and entertainment \$ _____		<b>7</b>	Add lines 5 and 6 . . . . .	
<b>4</b>	Add lines 1 through 3 . . . . .	-19,638.	<b>8</b>	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 . . . . .	-19,638.

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

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year . . . . .	26,696.			
<b>2</b> Ordinary income from page 1, line 21 . . . . .				
<b>3</b> Other additions . . . . .				
<b>4</b> Loss from page 1, line 21 . . . . .	( 19,638.)			
<b>5</b> Other reductions . . . . .	( )			( )
<b>6</b> Combine lines 1 through 5 . . . . .	7,058.			
<b>7</b> Distributions . . . . .	2,611.	0.	0.	0.
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 . . . . .	4,447.	0.	0.	0.

Schedule K-1 (Form 1120-S)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning / / 2022 ending / /

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

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

Part I Information About the Corporation

A Corporation's employer identification number 87-3122856
B Corporation's name, address, city, state, and ZIP code ADHOC TEK SOLUTIONS INC 9055 MAJOR SMITH LN FREDERICK MD 21704-7831
C IRS Center where corporation filed return Kansas City, MO 64999-0013
D Corporation's total number of shares Beginning of tax year End of tax year

Part II Information About the Shareholder

E Shareholder's identifying number 276-69-6886
F Shareholder's name, address, city, state, and ZIP code UDAYA KRISHNA KOMMINENI 9055 MAJOR SMITH LANE FREDERICK MD 21704
G Current year allocation percentage 100.00000 %
H Shareholder's number of shares Beginning of tax year End of tax year
I Loans from shareholder Beginning of tax year End of tax year

For IRS Use Only

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, and Other information.

18 More than one activity for at-risk purposes\*
19 More than one activity for passive activity purposes\*

\* See attached statement for additional information.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 main rows for calculations and a table for property descriptions (lines 6-13).

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

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

Table with 3 rows for special depreciation allowance and other depreciation (lines 14-16).

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

Section A

Table with 2 rows for MACRS deductions (lines 17-18).

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Recovery period, Convention, Method, Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for summary calculations (lines 21-23).



# 199A Worksheet by Activity

**2022**

▶ Keep for your records

Corporation's name ADHOC TEK SOLUTIONS INC	Corporation's EIN 87-3122856
---	---------------------------------

QuickZoom to 199A Summary . . . . ▶ \_\_\_\_\_

Aggregation Code: _____	Trade or Business: <u>1120S, Line 21</u> EIN: <u>87-3122856</u>
Is this activity a qualified trade/business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specified Service Trade or Business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

**Section 179 Carryover Detail for this Activity**

Tentative Section 179 deduction from current year assets . . . . .

**Part I: Prior Year Carryovers**

**by Year and Category**

- A** Before 2018 . . . . .
- B** 2018 . . . . .
- C** 2019 . . . . .
- D** 2020 . . . . .
- E** 2021 . . . . .
- Total prior year carryovers to this year** . . . . .

Section 179 Regular Tax	Section 179 QBI
	0.

**Part II: 179 Deduction Allowed  
by Year and Category**

**Total 179 deduction allowed for this activity in current year** . . . . .

- A** Amount allowed from 2022 . . . . .
- B** Amount allowed from before 2018 . . . . .
- C** Amount allowed from 2018 . . . . .
- D** Amount allowed from 2019 . . . . .
- E** Amount allowed from 2020 . . . . .
- F** Amount allowed from 2021 . . . . .

Section 179 Regular Tax	Section 179 QBI

**Part III: Total Carryforward to 2023  
by Year and Category**

- A** Carryforward from 2022 . . . . .
- B** Carryforward from before 2018 . . . . .
- C** Carryforward from 2018 . . . . .
- D** Carryforward from 2019 . . . . .
- E** Carryforward from 2020 . . . . .
- F** Carryforward from 2021 . . . . .
- Total carryforward to next year** . . . . .

Section 179 Regular Tax	Section 179 QBI

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

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

#### Other Deductions

#### Continuation Statement

Description	Amount
AUTOMOBILE AND TRUCK EXPENSE	500.
INSURANCE	1,427.
MISCELLANEOUS	6,727.
PARKING FEES AND TOLLS	68.
TRAINING/CONTINUING EDUCATION	6,133.
TRAVEL	6,256.
STORM DOOR	1,830.
LAWN CARE	1,500.
ENTERTAINMENT	455.
APPLIANCE REPAIR	190.
OTHER EXPENSES	8,307.
PLUMBING SERVICE	204.
HEALTH & FITNESS	1,673.
HEALTH	126.
GROCERIES	1,657.
GAS	260.
FOOD	1,001.
MOBILE	285.
EQUIPMENT	2,802.
<b>Total</b>	41,401.

MARYLAND FORM 510

PASS-THROUGH ENTITY INCOME TAX RETURN



225100014

2022 \$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

873122856

Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

101521

519200

Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)

ADHOC TEK SOLUTIONS INC

Name

9055 MAJOR SMITH LN

Current Mailing Address (PO Box, number, street and apt. no)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

FREDERICK

MD

21704

7831

City or Town

State

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Do not write in this space.

ME YE

TYPE OF ENTITY - Check the applicable box.

- S Corporation Partnership Limited Liability Company Business Trust

Amended Return

CHECK HERE - Check applicable box(es).

- Name or address has changed First filing of the entity Inactive entity Final Return 510C Filed This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

This form may be used if the PTE is paying tax only on behalf of nonresident members and not electing to remit on all members' share of income.

You may also use this form to request a refund of estimated payment(s) for tax paid on resident members' shares of income if the entity has decided not to make the entity election.

1. Number of members:

- Individual (including fiduciary) residents of Maryland 1
Individual (including fiduciary) nonresidents
Total 1
Nonresident entities
Others

2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4 2. -19638 .00

ALLOCATION OF INCOME (To be completed by multistate pass-through entities with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4.)

- 3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4. 3a. .00
3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001). 3b.



225100114

NAME ADHOC TEK SOLUT FEIN 873122856

4. Distributive or pro rata share of income allocable to Maryland . . . . . 4. -19638 .00

NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)

5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. .00

6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) . . . . . 6. .00

7. Nonresident individual tax (Multiply line 6 by 5.75%). . . . . 7. .00

8. Special nonresident tax (Multiply line 6 by 2.25%). . . . . 8. .00

9. Total Maryland tax on individual members (Add lines 7 and 8.) . . . . . 9. .00

10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. ▶10. .00

11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) . . . . . 11. .00

12. Nonresident entity tax (Multiply line 11 by 8.25%). . . . . 12. .00

13. Total nonresident tax (Add lines 9 and 12.) . . . . . 13. .00

14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ▶  . . . . . ▶ 14. .00

15. Nonresident tax due (Enter the lesser of line 13 or line 14.) . . . . . 15. .00

16a. Estimated pass-through entity nonresident tax paid with Form 510/511D and MW506NRS ▶16a. .00

16b. Pass-through entity nonresident tax paid with an extension request (Form 510/511E) . . ▶16b. .00

16c. Credit for nonresident tax paid on behalf of the pass-through entity by another pass-through entity (Attach Maryland Schedule K-1 (510/511)) . . . . . ▶16c. .00

16d. Credit for pass-through entity election tax paid on nonresident shares of income by another pass-through entity. (Attach Schedule K-1 (510/511)) . . . . . ▶16d. .00

16e. Total nonresident payments and credits (Add lines 16a through 16d.) . . . . . 16e. .00

17. Balance of tax due (If line 15 exceeds line 16e, enter the difference.) . . . . . ▶ 17. .00

18. Interest and/or penalty from Form 500UP \_\_\_\_\_ or late payment interest \_\_\_\_\_ TOTAL . . ▶ 18. .00

19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return . . . . . 19. .00

NOTE: The total tax paid from lines 16e and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)

Complete lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident members' shares of income, because the entity decided not to elect or it was mistakenly paid.

20a. Estimated pass-through entity resident tax paid with Form 510/511D . . . . . ▶20a. .00

20b. Pass-through entity resident tax paid with an extension request (Form 510/511E) . . . . ▶20b. .00

20c. Credit for pass-through entity election tax paid on resident shares of income by another pass-through entity. (Attach Maryland Schedule K-1 (510/511)) . . . . . ▶20c. .00

20d. Total resident payments and credits (Add lines 20a through 20c.) . . . . . 20d. .00

If Lines 20a-20d are blank, STOP. PTE may not request a refund

21. Total resident and nonresident payments and credits (add 16e and 20d.) . . . . . 21. .00

22. Amount of resident payment TO BE REFUNDED (Line 21 must be greater than the sum of Lines 15 and 18. Subtract the total of Line 15 plus Line 18 from Line 21 and enter total here).▶ 22. .00



225100214

NAME ADHOC TEK SOLUT FEIN 873122856

DIRECT DEPOSIT OF REFUND (see Instruction 9)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following.

Check here if you authorize the State of Maryland to issue your refund by direct deposit.

Check here if this refund will go to an account outside of the United States.

23a. Type of account: 23a. Checking Savings

23b. Routing Number (9-digits): 23b.

23c. Account Number: 23c.

23d. Name as it appears on the bank account:

ADDITIONAL INFORMATION REQUIRED

1. Address of principal place of business in Maryland (if other than indicated on page 1): 9055 MAJOR SMITH LN FREDERICK MD 21704-7831

2. Address at which tax records are located (if other than indicated on page 1): 9055 MAJOR SMITH LN FREDERICK MD 21704-7831

3. Telephone number of pass-through entity tax department: 5512084665

4. State of organization or incorporation: MD

5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Comptroller of Maryland? Yes No

6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland for the last calendar year? Yes No

If a multistate operation, provide the following:

7. Is this entity a multistate corporation that is a member of a unitary group? Yes No

8. Is this entity a multistate manufacturing corporation with more than 25 employees? Yes No

SIGNATURE AND VERIFICATION

Check here if you authorize your preparer to discuss this return with us.

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of general partner, officer or member Date 032723 PRESIDENT Title

GLOBAL TAXES LLC Printed name of the Preparer/Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of preparer other than taxpayer (Required by Law)

245 ROONEY CT Street address of preparer or Firm's address

E BRUNSWICK NJ 08816 City, State, ZIP Code + 4

6789659522 Telephone number of preparer

P02082703 Preparer's PTIN (Required by Law)

CODE NUMBERS (3 digits per line)

Make checks payable to and mail to: Comptroller Of Maryland, Revenue Administration Division 110 Carroll Street, Annapolis, Maryland 21411-0001

(Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.)



225100314

NAME ADHOC TEK SOLUT FEIN 873122856

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate pass-through entities. See instructions.)

**NOTE:** Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
<b>1. Receipts</b>			
a. Gross receipts or sales less returns and allowances . . . . .			
b. Dividends . . . . .			
c. Interest . . . . .			
d. Gross rents . . . . .			
e. Gross royalties . . . . .			
f. Capital gain net income . . . . .			
g. Other income (Attach schedule.) . . . . .			
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) . . . . .			_____ ◀

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

<b>2. Property</b>			
a. Inventory . . . . .			
b. Machinery and equipment . . . . .			
c. Buildings . . . . .			
d. Land . . . . .			
e. Other tangible assets (Attach schedule.) . . . . .			
f. Rent expense capitalized (multiply by eight) . . . . .			
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) . . . . .			_____ ◀
<b>3. Payroll</b>			
a. Compensation of officers . . . . .			
b. Other salaries and wages . . . . .			
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) . . . . .			_____ ◀

**4. Maryland apportionment factor** Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000001 on line 3b, page 1.) . . . . .

▶  **Check here if special apportionment or alternative apportionment formula is used.**

**MARYLAND  
FORM  
510  
SCHEDULE B**

**PASS-THROUGH ENTITY  
INCOME TAX RETURN  
MEMBERS' INFORMATION**



**2022**

22510B014

NAME ADHOC TEK SOLUTIONS INC FEIN 873122856

**PART I – INDIVIDUAL MEMBERS' INFORMATION**

Enter the information in Social Security Number order.

	Social Security Number and name of member	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
			Resident	Non-Resident			
1	276696886 UDAYA KRISHNA KOMMINENI	9055 MAJOR SMITH LANE FREDERICK MD 21704	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-19638		
2			<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>			
SUBTOTAL from additional Form 510 Schedule B for individual members							
<b>TOTAL:</b>							

**You must file  
Form 510  
electronically  
to pass on  
business tax  
credits from  
Form 500CR  
and/or  
Form 502S to  
your members.**



**MARYLAND SCHEDULE K-1 (510/511) PASS-THROUGH ENTITY MEMBER'S INFORMATION**



22510K014

**2022**

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

**INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)**

ADHOC TEK SOLUTIONS INC		873122856		
PTE Name		PTE FEIN		
9055 MAJOR SMITH LN				
Street Address		FREDERICK	MD	21704
	City	State	ZIP Code	7831
				+4

**INFORMATION ABOUT THE MEMBER**

1	UDAYA KRISHNA KOMMINENI	276-69-6886		
Member Number	Member Name	Member's SSN/FEIN		
9055 MAJOR SMITH LANE				
Street Address		FREDERICK	MD	21704
	City	State	ZIP Code	+4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distributive or Pro Rata Share Percentage <u>100.00000</u> %		

**A. Member's Income**

1. Distributive or pro rata share of income from federal Schedule K-1 . . . . .	1.	<u>-19638</u>	.00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents) . . . . .	2.	<u>-19638</u>	.00

**B. Additions**

1. Non-Maryland municipal interest and dividends . . . . .	1.	<u>                  </u>	.00
2. Tax preference items . . . . .	2.	<u>                  </u>	.00
3. Net decoupling modification . . . . .	3.	<u>                  </u>	.00
4. Net decoupling modification from another PTE . . . . .	4.	<u>                  </u>	.00
5. Other additions (Specify additions with amounts in part G of this form.) . . . . .	5.	<u>                  </u>	.00

**C. Subtractions**

1. Income from U.S. obligations . . . . .	1.	<u>                  </u>	.00
2. Work opportunity credit salary expense . . . . .	2.	<u>                  </u>	.00
3. Net decoupling modification . . . . .	3.	<u>                  </u>	.00
4. Net decoupling modification from another PTE . . . . .	4.	<u>                  </u>	.00
5. Other subtractions (Specify subtractions with amounts in part G of this form.) . . . . .	5.	<u>                  </u>	.00

**D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share**

1. Nonresident tax paid on member's behalf by this PTE (Form 510) . . . . .	1.	<u>                  </u>	.00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511) . . . . .	2.	<u>                  </u>	.00
3. Nonresident tax paid by other PTEs on behalf of this entity (Form 510) . . . . .	3.	<u>                  </u>	.00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511) . . . . .	4.	<u>                  </u>	.00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
<b>Note:</b> Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns. . . . .		5.	<u>                  </u> .00

**E. Credits (\*\*Required documentation or certification must be attached.)**

**Nonrefundable Credits**

1. Enterprise Zone Tax Credit*** . . . . .	1.	<u>                  </u>	.00
2. Maryland Disability Employment Tax Credit*** . . . . .	2.	<u>                  </u>	.00
3. Job Creation Tax Credit*** . . . . .	3.	<u>                  </u>	.00
4. Community Investment Tax Credit*** . . . . .	4.	<u>                  </u>	.00
5. Businesses that Create New Jobs Tax Credit . . . . .	5.	<u>                  </u>	.00
6. Reserved . . . . .	6.	<u>XXXXXXXXXX</u>	.00

**MARYLAND SCHEDULE K-1 (510/511) PASS-THROUGH ENTITY MEMBER'S INFORMATION**



22510K114

NAME ADHOC TEK SOLUTIONS INC FEIN 873122856

7. Employer-Provided Long-Term Insurance Tax Credit . . . . .	7.	_____	.00
8. RESERVED . . . . .	8.	XXXXXXXXXXX	.00
9. RESERVED . . . . .	9.	XXXXXXXXXXX	.00
10. Research and Development Tax Credit*** . . . . .	10.	_____	.00
11. Commuter Tax Credit . . . . .	11.	_____	.00
12. Work Opportunity Tax Credit. . . . .	12.	_____	.00
13. Oyster Shell Recycling Tax Credit*** . . . . .	13.	_____	.00
14. Energy Storage Systems Tax Credit*** . . . . .	14.	_____	.00
15. Cybersecurity Incentive Tax Credit for Buyers of Cybersecurity Technology or Cybersecurity Services*** . . . . .	15.	_____	.00
16. RESERVED . . . . .	16.	XXXXXXXXXXX	.00
17. Endow Maryland Tax Credit*** . . . . .	17.	_____	.00
18. Preservation and Conservation Easements Tax Credit*** . . . . .	18.	_____	.00
19. Apprentice Employee Tax Credit*** . . . . .	19.	_____	.00
20. Qualified Farms Tax Credit*** . . . . .	20.	_____	.00
21. RESERVED . . . . .	21.	XXXXXXXXXXX	.00
22. Endowments of Maryland Historically Black Colleges and Universities*** . . . . .	22.	_____	.00

**Refundable Credits**

23. Cybersecurity Incentive Tax Credit for Investors in Cybersecurity*** . . . . .	23.	_____	.00
24. Film Production Activity Tax Credit*** . . . . .	24.	_____	.00
25. Biotechnology Investment Incentive Tax Credit*** . . . . .	25.	_____	.00
26. Clean Energy Incentive Tax Credit*** . . . . .	26.	_____	.00
27. Small Business Relief Tax Credit*** . . . . .	27.	_____	.00
28. Small Business Research & Development Tax Credit*** . . . . .	28.	_____	.00
29. Heritage Structure Rehabilitation Tax Credit*** . . . . .	29.	_____	.00
30. Theatrical Production Tax Credit *** . . . . .	30.	_____	.00
31. More Jobs for Marylanders Tax Credit*** . . . . .	31.	_____	.00
32. Catalytic Revitalization Projects and Historic Revitalization Tax Credit *** . . . . .	32.	_____	.00

**One Maryland Economic Development Tax Credit\*\*\* Certified after June 30, 2018**

Refundable     Nonrefundable

33a. Total number of "qualified employees" . . . . . 33a. \_\_\_\_\_

33b. If the amount on line 33a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?

Yes     No

**Enter Member's Distributive or Pro Rata share of the following:**

34. Portion of PTE's income attributable to project. . . . .	34.	_____	.00
35. Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form . . . . .	35.	_____	.00
36. Total eligible cumulative project costs (\$500,000 PTE minimum)(PTE maximum amounts.: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.) . . . . .	36.	_____	.00

**One Maryland Economic Development Tax Credit\*\*\* Certified before July 1, 2018**

Refundable     Nonrefundable

37a. Total number of "qualified employees" . . . . . 37a. \_\_\_\_\_

37b. If the amount on line 37a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?

Yes     No

**Enter Member's Distributive or Pro Rata share of the following:**

38. Portion of PTE's income attributable to project . . . . .	38.	_____	.00
---	-----	-------	-----

**MARYLAND SCHEDULE K-1 (510/511) PASS-THROUGH ENTITY MEMBER'S INFORMATION**



22510K214

NAME ADHOC TEK SOLUTIONS INC FEIN 873122856

39. Non-project taxable income from PTE . . . . .	39.	_____	. 00
40. Number of "qualified employees" multiplied by \$10,000 . . . . .	40.	_____	. 00
41. Amount of Maryland income tax required to be withheld from employees reported on line 37a of this form . . . . .	41.	_____	. 00
42. Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.) . . . . .	42.	_____	. 00
43. Total cumulative eligible start-up costs (\$500,000 PTE maximum) . . . . .	43.	_____	. 00

**F. Withholding for Nonresident Sale of Real Property**

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real Property payment from PTE . . . . .	1.	_____	. 00
--	----	-------	------

**G. Additional Information**

---



---



---



---