

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.

2020

For calendar year 2020 or tax year beginning Oct 12, 2020, ending Dec 31, 2020

A S election effective date 10/12/2020	TYPE OR PRINT	Name BESTQ INC	D Employer identification number 85-3557611
B Business activity code number (see instructions) 518210		Number, street, and room or suite no. If a P.O. box, see instructions. 4591 SANDY COVE TER	E Date incorporated 10/12/2020
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code LAKE WORTH FL 33467	F Total assets (see instructions) \$ 0.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

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

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

Income	1a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		1c
	2 Cost of goods sold (attach Form 1125-A)		2
	3 Gross profit. Subtract line 2 from line 1c		3
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4
5 Other income (loss) (see instructions—attach statement)		5	
6 Total income (loss). Add lines 3 through 5		6	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)		7
	8 Salaries and wages (less employment credits)		8
	9 Repairs and maintenance		9
	10 Bad debts		10
	11 Rents		11
	12 Taxes and licenses		12
	13 Interest (see instructions)		13
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14
	15 Depletion (Do not deduct oil and gas depletion.)		15
	16 Advertising		16
	17 Pension, profit-sharing, etc., plans		17
	18 Employee benefit programs		18
	19 Other deductions (attach statement)		19
	20 Total deductions. Add lines 7 through 19		20
	21 Ordinary business income (loss). Subtract line 20 from line 6		21
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120-S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)		22c
	23a 2020 estimated tax payments and 2019 overpayment credited to 2020	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Reserved for future use	23d	
	e Add lines 23a through 23d		23e
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		24
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed		25
26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid		26	
27 Enter amount from line 26: Credited to 2021 estimated tax ▶ Refunded ▶		27	

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

Signature of officer	Date	DIRECTOR	Title	May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/19/2024		P02082703
	Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196			Phone no. (678) 965-9522
Firm's address ▶ 245 ROONEY CT E BRUNSWICK NJ 08816					

Schedule B Other Information (see instructions)

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

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

- | | | | | |
|--|--|--|--|---|
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | | | |
| | | | | X |

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

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

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

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

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

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

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

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

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|--|--|--|--|---|
| 9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions | | | | |
| | | | | X |

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

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

- | | | | | |
|---|--|--|--|---|
| 11 Does the corporation satisfy both of the following conditions? | | | | |
| | | | | X |

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

Schedule B Other Information (see instructions) <i>(continued)</i>		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction ▶ \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?		X
b	If "Yes," did the corporation file or will it file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 ▶ \$		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
10 Other income (loss) (see instructions) Type ▶	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures Type ▶	12c	
d Other deductions (see instructions) Type ▶	12d		
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Reserved for future use	14d	
	e Foreign branch category	14e	
	f Passive category	14f	
	g General category	14g	
	h Other (attach statement)	14h	
	Deductions allocated and apportioned at shareholder level		
	i Interest expense	14i	
	j Other	14j	
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Reserved for future use	14k	
	l Foreign branch category	14l	
	m Passive category	14m	
	n General category	14n	
	o Other (attach statement)	14o	
Other information			
p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ▶	14p		
q Reduction in taxes available for credit (attach statement)	14q		
r Other foreign tax information (attach statement)			

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p	18	

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash						0.
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts	()		()			
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets						
b	Less accumulated depreciation	()		()			
11a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)						
15	Total assets						0.
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings						0.
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock		()		()		
27	Total liabilities and shareholders' equity						0.

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

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

1	Net income (loss) per books	0.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		a	Tax-exempt interest \$ _____	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation \$ _____	
b	Travel and entertainment \$ _____		7	Add lines 5 and 6	
4	Add lines 1 through 3	0.	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	0.

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

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

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

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or tax year

beginning 10 / 12 / 2020

ending 12 / 31 / 2020

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

▶ See separate instructions.

Part I Information About the Corporation		Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
A Corporation's employer identification number 85-3557611		1 Ordinary business income (loss)	13 Credits
B Corporation's name, address, city, state, and ZIP code BESTQ INC 4591 SANDY COVE TER LAKE WORTH FL 33467		2 Net rental real estate income (loss)	
		3 Other net rental income (loss)	
C IRS Center where corporation filed return Ogden, UT 84201-0013		4 Interest income	
		5a Ordinary dividends	
D Shareholder's identifying number 180-27-1953		5b Qualified dividends	14 Foreign transactions
		6 Royalties	
		7 Net short-term capital gain (loss)	
E Shareholder's name, address, city, state, and ZIP code SHRUTHI KOORA 4591 SANDY COVE TER LAKE WORTH FL 33467		8a Net long-term capital gain (loss)	
		8b Collectibles (28%) gain (loss)	
F Current year allocation percentage <u>100.00000</u> %		8c Unrecaptured section 1250 gain	
		9 Net section 1231 gain (loss)	
G Shareholder's number of shares Beginning of tax year _____ End of tax year _____		10 Other income (loss)	15 Alternative minimum tax (AMT) items
		11 Section 179 deduction	16 Items affecting shareholder basis
H Loans from shareholder Beginning of tax year \$ _____ End of tax year \$ _____		12 Other deductions	
			17 Other information
For IRS Use Only		18 <input type="checkbox"/> More than one activity for at-risk purposes*	
		19 <input type="checkbox"/> More than one activity for passive activity purposes*	
* See attached statement for additional information.			

IRS e-file Signature Authorization for Form 1120-S

2020

▶ ERO must obtain and retain completed Form 8879-S.

▶ Go to www.irs.gov/Form8879S for the latest information.

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or tax year beginning Oct 12, 2020, and ending Dec 31, 2020

Name of corporation

BESTQ INC

Employer identification number

85-3557611

Part I Tax Return Information (Whole dollars only)

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

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

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- I authorize _____ to enter my PIN as my signature
ERO firm name Don't enter all zeros
 on the corporation's 2020 electronically filed income tax return.
- As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2020 electronically filed income tax return.

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

Part III Certification and Authentication

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

58727861989

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 03/19/2024

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



Florida Corporate Income/Franchise Tax Return

FEIN 85-3557611

INTU
F-1120, R. 01/20
Rule 12C-1.051
Florida Administrative Code
Effective 01/21
Page 1 of 6

For calendar year 2020 or tax year beginning
Oct 1, 2020 ending Dec 31, 2020

8140020201231000200503733853557611000



Name BESTQ INC
Address 4591 SANDY COVE TER
City/State/ZIP LAKE WORTH, FL 33467

Check here if any changes
have been made to name
or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions)
Attach pages 1-5 of federal return
2. State income taxes deducted in computing federal taxable income
3. Additions to federal taxable income (from Schedule I)
4. Total of Lines 1, 2 and 3.
5. Subtractions from federal taxable income (from Schedule II)
6. Adjusted federal income (Line 4 minus Line 5)
7. Florida portion of adjusted federal income (see instructions)
8. Nonbusiness income allocated to Florida (from Schedule R)
9. Florida exemption
10. Florida net income (Line 7 plus Line 8 minus Line 9)
11. Tax due: 4.458% of Line 10
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12)
14. a) Penalty: F-2220 0 b) Other 0
c) Interest: F-2220 0 d) Other 0 Line 14 Total
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ 0
Tentative tax payment 16b \$ 0
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

REV 06/10/22 PRO

PERF LINE-----

Payment Coupon for Florida Corporate Income Tax Return
Do Not Detach

INTU
F-1120
R. 01/20

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name BESTQ INC
Address 4591 SANDY COVE TER
City/State/ZIP LAKE WORTH, FL 33467

If 6/30 year end, return is due 1st day of the 4th month after the close of the
taxable year, otherwise return is due 1st day of the 5th month after the close
of the taxable year.

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FEIN

85-3557611

INTU

F-1120

R. 01/20

Page 2 of 6

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here	Signature of officer (must be an original signature)	Date 03/12/2024	Title	DIRECTOR										
	Preparer's signature	SYAM PRIYA RAM SAGAR GUPTA	Date 03/19/2024	Preparer check if self-employed	<input type="checkbox"/>	Preparer's PTIN	P	0	2	0	8	2	7	0
Paid preparers only	Firm's name (or yours if self-employed) and address	GLOBAL TAXES LLC		FEIN	3 0 1 0 1 7 1 9 6									
		245 ROONEY CT E BRUNSWICK, NJ		ZIP	08816									

All Taxpayers Must Answer Questions A Through M Below — See Instructions

- A. State of incorporation: FL
- B. Florida Secretary of State document number: _____
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Principal Business Activity Code (as pertains to Florida)
- | | | | | | |
|---|---|---|---|---|---|
| 5 | 1 | 8 | 2 | 1 | 0 |
|---|---|---|---|---|---|
- F. A Florida extension of time was timely filed? YES NO
- G-1. Corporation is a member of a controlled group? YES NO If yes, attach list.
- G-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- G-3. The federal common parent has sales, property, or payroll in Florida? YES NO
- H. Location of corporate books: 4591 SANDY COVE TER
City: LAKE WORTH State: FL ZIP: 33467
- I. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- J. Enter date of latest IRS audit: _____
a) List years examined: _____
- K. Contact person concerning this return: SHRUTHI KOORA
a) Contact person telephone number: (512) 203-9505
b) Contact person e-mail address: SUMANSHIVA.S@GMAIL.COM
- L. Type of federal return filed 1120 1120S or _____

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



FEIN

85-3557611

DATA Page 1 of 2

853557611	0	0	0
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0	0	0	0
2	0	0	0
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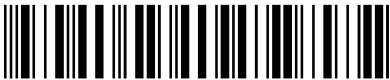
TAXABLE YEAR ENDING 12/31/20

Schedule I – Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.	0
2. Undistributed net long-term capital gains (see instructions)	2.	0
3. Net operating loss deduction (attach schedule)	3.	0
4. Net capital loss carryover (attach schedule)	4.	0
5. Excess charitable contribution carryover (attach schedule)	5.	0
6. Employee benefit plan contribution carryover (attach schedule)	6.	0
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	0
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	0
9. Guaranty association assessment(s) credit	9.	0
10. Rural and/or urban high crime area job tax credits	10.	0
11. State housing tax credit	11.	0
12. Florida Tax Credit Scholarship Program Credits	12.	0
13. Florida Renewable energy production tax credit	13.	0
14. New markets tax credit	14.	0
15. Entertainment industry tax credit	15.	0
16. Research and Development tax credit	16.	0
17. Energy Economic Zone tax credit	17.	0
18. s. 168(k) IRC special bonus depreciation	18.	0
19. Other additions (attach schedule)	19.	0
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.	0

Schedule II – Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ <u>0</u> (b) plus s. 862, IRC dividends \$ <u>0</u> (c) plus s. 951A, IRC, income \$ <u>0</u> (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ <u>0</u> Total ▶	1.	0
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ <u>0</u> (b) less direct and indirect expenses \$ <u>0</u> Total ▶	2.	0
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	3.	0
3. Florida net operating loss carryover deduction (see instructions)	4.	0
4. Florida net capital loss carryover deduction (see instructions)	5.	0
5. Florida excess charitable contribution carryover (see instructions)	6.	0
6. Florida employee benefit plan contribution carryover (see instructions)	7.	0
7. Nonbusiness income (from Schedule R, Line 3)	8.	0
8. Eligible net income of an international banking facility (see instructions)	9.	0
9. s.179, IRC expense (see instructions)	10.	0
10. s. 168(k), IRC special bonus depreciation (see instructions)	11.	0
11. Other subtractions (attach statement)	12.	0
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.		



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Schedule III – Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0		X 25% or _____	
2. Payroll	0	0		X 25% or _____	
3. Sales (Schedule III-C below)	0	0		X 50% or _____	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					
III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods	0	0	0	0	
2. Buildings and other depreciable assets	0	0	0	0	
3. Land owned	0	0	0	0	
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0	0	0	0	
5. Total (Lines 1 through 4)	0	0	0	0	
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____ 0					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b. _____ 0					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida 7a. _____ 0					
b. Rented property Everywhere 7b. _____ 0					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a. _____ 0					
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b. _____ 0					
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A	0	
2. Sales delivered or shipped to Florida purchasers			0	N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)			0	0	
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])			0	0	
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T—Annual Report)		0	0		
2. Transportation services		0	0		

Schedule IV – Computation of Florida Portion of Adjusted Federal Income

1. Apportionable adjusted federal income from Page 1, Line 6	1.	0
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.	
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	0
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	0
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	0
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	0
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	0
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	0
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	0



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Schedule V — Credits Against the Corporate Income/Franchise Tax

1.	Florida health maintenance organization credit (attach assessment notice)	1.	0
2.	Capital investment tax credit (attach certification letter)	2.	0
3.	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.	0
4.	Community contribution tax credit (attach certification letter)	4.	0
5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.	0
6.	Rural job tax credit (attach certification letter)	6.	0
7.	Urban high crime area job tax credit (attach certification letter)	7.	0
8.	Hazardous waste facility tax credit	8.	0
9.	Florida alternative minimum tax (AMT) credit	9.	0
10.	Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.	0
11.	State housing tax credit (attach certification letter)	11.	0
12.	Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.	0
13.	Florida renewable energy production tax credit	13.	0
14.	New markets tax credit	14.	0
15.	Entertainment industry tax credit	15.	0
16.	Research and Development tax credit	16.	0
17.	Energy Economic Zone tax credit	17.	0
18.	Other credits (attach schedule)	18.	0
19.	Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.	0

Schedule R — Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

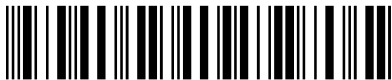
<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida	1. _____ 0
(Enter here and on Page 1, Line 8)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____ 0

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____ 0
(Enter here and on Schedule II, Line 7)	



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Estimated Tax Worksheet For Taxable Years Beginning On or After January 1,

1. Florida income expected in taxable year	1.	\$	0
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	0
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	0
4. Total Estimated Florida tax (4.458% of Line 3)		\$	0
Less: Credits against the tax	4.	\$	0

5. Computation of installments:

Payment due dates and payment amounts:	If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4	5a.	0
	Last day of 6 th month - Enter 0.25 of Line 4	5b.	0
	Last day of 9 th month - Enter 0.25 of Line 4	5c.	0
	Last day of fiscal year - Enter 0.25 of Line 4	5d.	0

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	0
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a.	\$	0
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b.	\$	0
(c) Total of Lines 2(a) and 2(b)	2c.	\$	0
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	0
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	0

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.