Form **8879-PE**

E-file Authorization for Form 1065

(For return of partnership income or administrative adjustment request)

ERO must obtain and retain completed Form 8879-PE. Go to www.irs.gov/Form8879PE for the latest information.

, 20

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year beginning , 2023, and ending

OMB No. 1545-0123

vallie v	of partitional p	Limployer identification number
SUNF	RISE ASSOCIATES GROUP LLC	92-2526659
Par	Form 1065 Information (Whole dollars only)	
1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1
2	Gross profit (Form 1065, line 3)	
3	Ordinary business income (loss) (Form 1065, line 23)	
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	
Pari		
rail	Declaration and Signature Additionization of Farther of Member of Fart	inership Representative
decl	are under penalties of perjury that:	
1a.	If the Form 1065 is being transmitted as part of a return of partnership income, I am a par	tner or member of the named
	partnership.	
	If the Form 1065 is being transmitted as part of an administrative adjustment request (AA	R) Lam the partnership representative
	(PR) of the named partnership.	
	I have examined a copy of the partnership's electronic Form 1065 (whether used as return schedules, and statements, and to the best of my knowledge and belief, it/they is/are true	
3.	I am fully authorized to sign the return or AAR on behalf of the partnership.	
4.	The amounts shown in Part I above are the amounts shown on the electronic copy of the	partnership's Form 1065.
	I consent to allow my electronic return originator (ERO), transmitter, or intermediate service return or AAR to the IRS and to receive from the IRS (a) an acknowledgment of receipt or and (b) the reason for any delay in processing the return or AAR.	
		(to
	I have selected a personal identification number (PIN) as my signature for the partnership	's electronic return of partnership
	income or AAR.	
Partn	er or Member or PR PIN: check one box only	
	☐ I authorize to enter my PIN	as my signature
	ERO firm name	Don't enter all zeros
	on the partnership's 2023 electronically filed return of partnership income or AAR.	
	As a Partner or Member or PR of the partnership, I will enter my PIN as my signature electronically filed return of partnership income or AAR.	on the partnership's 2023
Partn	er or Member or PR signature:	
Title:	LLC MEMBER	Date:
Part	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 0 8 2 7 1 Don't enter all zeros
AAR 1 3112 ,	fy that the above numeric entry is my PIN, which is my signature on the 2023 electronical for the partnership indicated above. I confirm that I am submitting this return or AAR in ac IRS <i>e-file</i> Application and Participation, and Pub. 4163 , Modernized e-File (MeF) Informalisiness Returns.	cordance with the requirements of Pub.
FRO'	s signature:	ate: 03/15/2024
_, , , ,	, organization	00/10/2021
	FDOM (D.): Till F	

	106	35		U.S. R	eturn of Pa	rtnership Inc	com	е		ОМ	B No. 1545-0123
Form	100		For cal	endar year 2023, or tax yea	ar beginning	, 2023, endi	ng	, :	20		
	ment of that Revenue	ne Treasury				tructions and the lat				· 2	2023
		ness activity		Name of partnership						D Emp	loyer identification number
	L EST	1		SUNRISE ASSOCI	ATES CROUP	I.I.C					2526659
										e business started	
INV	ESTIN	NG OF 2514 SW NOTTINGHAM AVE 05								05/2	13/2022
C Bus	siness cod	de number	Print	City or town, state or provi	ince, country, and ZIP	or foreign postal code				100	al assets e instructions)
										(566	e instructions)
	.390			BENTONVILLE		AR		713		\$	66,438.
		plicable bo		(1) Initial return (2		(3) Name chang					Amended return
					2) Accrual	(3) Other (specif	ry):				
J C	umber o	Schadulas (and M	Attach one for each persons 1-3 are attached	on who was a parth	er at any time during	the tax	year.			-
				Aggregated activities for							
				or business income ar					_		
	1a	Gross rece	ipts or s	ales	b Less returns and	allowances		c Balanc	е	1c	
				old (attach Form 1125						2	
Φ				btract line 2 from line						3	
ncome				e (loss) from other part						4	-5 , 837 .
ည	5	Net farm	profit (loss) (attach Schedule	F (Form 1040))					5	
=				rom Form 4797, Part II						6	
	7	Other inc	ome (lo	oss) (attach statement)						7	
				oss). Combine lines 3						8	<u>-</u> 5,837.
				ges (other than to part						9	
ns)				ments to partners .						10	
tatio	11	Repairs a	ınd ma	intenance					•	11	
uctions (see instructions for limitations)	12	Bad debt	s							12	
s for	1									13	
tions	I			ses						14	
truc	I .			tructions)			1	1		15	
e ins				required, attach Form							
es)				on reported on Form 1						16c	
Suc			5	ot deduct oil and gas						17	
ij				s, etc						18	
	1			fit programs						19	
Ded				commercial buildings					114	20	
	I .			s (attach statement)						21	
				ns. Add the amounts s		•				22	
				ess income (loss). Su						23	<u>-</u> 5,837.
	1			der the look-back meth						24	
Ħ				der the look-back meth		The second section of the second section of the second section of the second section s				25	
Payment			3.*	ed underpayment (see					•	26	
аŽ	1									27	
<u>a</u>				lue. Add lines 24 throu	-					28	
Tax and		/	-	nt election amount from						29 30	
×	I .	•		structions) If the sum of line 29 a		lor than line 22 on				31	
–	1			If the sum of line 29 a						32	0.
	<u> </u>			perjury, I declare that I have				•		-0.1	
C:~.	_	and belief,	it is true	e, correct, and complete. De any knowledge.							
Sig		Willow prop	Jai Ci Tias	ary knowledge.					Ma	v the IRS	discuss this return
Her	е								wit	h the prep	are <u>r s</u> hown <u>bel</u> ow?
		Signature	e of partr	ner or limited liability compar	ny member	Date	e		See	instruction	ns. Yes No
Paic		Print/Type	preparer	's name	Preparer's signature			Date	Che	ck if	PTIN
		SYAM P	RIYA	RAM SAGAR GUPTA	SYAM PRIYA RA	M SAGAR GUPTA		3/15/2024		employed	
	oarer	Firm's nam	пе	GLOBAL TAXES LI	C				Firm'	s EIN	
use	Only	Firm's add	lress	245 ROONEY CT E	BRUNSWICK,	NJ 08816			Phon	e no. (6	78)965-9522

Sch	edule B Other Information							
1	What type of entity is filing this return? Check t	he applical	ble box:				Yes	No
а			nestic limited					
С			nestic limited		•			
e	<u> </u>	f U Othe	er:					
2 a								
u	exempt organization, or any foreign governmen							
	loss, or capital of the partnership? For rules of	constructi	ive ownership					
	B-1, Information on Partners Owning 50% or M							×
b	Did any individual or estate own, directly or in							
	the partnership? For rules of constructive own on Partners Owning 50% or More of the Partnership.	12 1441				Information		~
3	At the end of the tax year, did the partnership:	Jonip .				~~~		×
а	Own directly 20% or more, or own, directly or	r indirectly	50% or mor	e of the tota	l voting power of a	II classes of		
u	stock entitled to vote of any foreign or domestic							
	If "Yes," complete (i) through (iv) below							×
	(i) Name of Corporation		(ii) Employer Id		(iii) Country of Incorporation	(iv) Pero		ook
			Number (i	ii ariy)	incorporation	Owned III V	July St	UCK
			,					
b	Own directly an interest of 20% or more, or ow							
	or capital in any foreign or domestic partnershinterest of a trust? For rules of constructive own							
	Marcon Co.		i) Employer			(-A N	laximum	า
	(i) Name of Entity	ld	entification mber (if any)	(iii) Type of Entity	(iv) Country o Organization	Percenta	ge Own	ed in
		110	mber (ii arry)			T TOIL, LO	33, 01 0	арпаі
								
4	Does the partnership satisfy all four of the follo			•			Yes	No
a	The partnership's total receipts for the tax year The partnership's total assets at the end of the							
b	Schedules K-1 are filed with the return and furni				due date (including	extensions)		
C	for the partnership return.	isrica to tri	e partificis on	or belove the	due date (including	extensions)		
d	The partnership is not filing and is not required	to file Sch	edule M-3				×	
	If "Yes," the partnership is not required to con	nplete Sch	edules L, M-1	I, and M-2; i	tem F on page 1 of	Form 1065;		
	or item L on Schedule K-1.							
_ 5	Is this partnership a publicly traded partnership			. , , ,				×
6								
	so as to reduce the principal amount of the deb			 -1 Aaluda au Di		A A A A A		×
7	Has this partnership filed, or is it required to information on any reportable transaction? .	file, Form	8918, Materia	al Advisor Di	sciosure Statement	, to provide		×
8	At any time during calendar year 2023, did the	nartnershi	n have an inte	erest in or a s	signature or other au	thority over		
	a financial account in a foreign country (such	as a bank	account, sec	urities accou	int, or other financia	al account)?		
	See instructions for exceptions and filing re	quirement	s for FinCEN	l Form 114,	Report of Foreigr	Bank and		.
	Financial Accounts (FBAR). If "Yes," enter the r							×
9	At any time during the tax year, did the partners to, a foreign trust? If "Yes," the partnership may							
	Foreign Trusts and Receipt of Certain Foreign G							×
10a	Is the partnership making, or had it previously							
	effective date of the election							×
	See instructions for details regarding a section	754 election	on.					
b	For this tax year, did the partnership make an or							
	aggregate net positive amount \$ of such section 743(b) adjustments for all partne	and t	he total aggreg	jate net negati The partners!	ve amount \$ (a statement		
	showing the computation and allocation of each				ווף ווועסג מוסט מנגמכוו	a statement		×

Sch	edule B Other Information (continued)	Yes	No
С	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total		
	aggregate net positive amount \$ and the total aggregate net negative amount \$ ()		
	of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		×
d	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b)		
ű	because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under		
	section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b)		
	adjustments for all partners and/or partnership property made in the tax year \$ The partnership must		
	also attach a statement showing the computation and allocation of the basis adjustment. See instructions		×
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-		
	kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the		
	partnership throughout the tax year)		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other		
	undivided interest in partnership property?		×
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign		
	Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See		
4.4	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's		
14	Information Statement of Section 1446 Withholding Tax, filed for this partnership		×
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached		
	to this return		
16a	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions		×
b	If "Yes," did you or will you file required Form(s) 1099?		
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations,		
10	attached to this return		
18	Enter the number of partners that are foreign governments under section 892		
19	and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		×
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions		
	for Form 8938		×
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		×
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are		
	not allowed a deduction under section 267A? See instructions		×
	If "Yes," enter the total amount of the disallowed deductions		
23	Did the partnership 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		×
24	Does the partnership satisfy one or more of the following? See instructions		×
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years		
-	preceding the current tax year are more than \$29 million and the partnership has business interest expense.		
С	The partnership is a tax shelter (see instructions) and the partnership has business interest expense.		
	If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		×
	If "Yes," enter the amount from Form 8996, line 15		
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership		
	Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27	At any time during the tax year, were there any transfers between the partnership and its partners subject to the		
	disclosure requirements of Regulations section 1.707-8?		×
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties		
	constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for		
	purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.		
	Percentage: By vote: By value:		×
29	Is the partnership required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see		
	instructions):		
a	Under the applicable foreign corporation rules?		×

Form 1	65 (2023)	F	Page 4
Sch	edule B Other Information (continued)	Yes	No
b	Under the covered surrogate foreign corporation rules?		×
	If "Yes" to either (a) or (b), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		
30	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See		
	instructions		×
31	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions	_	×
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III,		
	line 3		
	If "No," complete Designation of Partnership Representative below.	,	
	nation of Partnership Representative (see instructions) below the information for the partnership representative (PR) for the tax year covered by this return.		
Name	FPR RAMESH SOMAIYA	_	
U.S. ac	dress 2514 SW NOTTINGHAM AVE BENTONVILLE AR 72713 U.S. phone number of PR (479) 306-1.	324	

If the PR is an entity, name of the designated individual for the PR $\,$

U.S. address of designated individual

U.S. phone number of designated individual REV 03/07/24 PRO Form **1065** (2023)

Page **5**

Sche	dule	Partners' Distributive Share Items	1	Total amount
	1	Ordinary business income (loss) (page 1, line 23)	1	-5,837.
	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)		
	С	Other net rental income (loss). Subtract line 3b from line 3a	3с	
	4	Guaranteed payments: a Services 4a b Capital 4b		
SS		c Total. Add lines 4a and 4b	4c	
Ę.	5	Interest income	5	
ē	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
Income (Loss)		b Qualified dividends 6b c Dividend equivalents 6c		
ဥ	7	Royalties	7	
_	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)		
	С	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type:	11	
S	12	Section 179 deduction (attach Form 4562)	12	
o	13a	Cash contributions	13a	
둉	b	Noncash contributions	13b	
Deductions	С	Investment interest expense	13c	
De	d		13d(2)	
	е	Other deductions (see instructions) Type:	13e	
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a	0.
Sel me	b	Gross farming or fishing income	14b	
		Gross nonfarm income	14c	- 5,837.
	15a	Low-income housing credit (section 42(j)(5))	15a	
ţ	b	Low-income housing credit (other)	15b 15c	
Credits	C	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) Other rental real estate credits (see instructions) Type:	15d	
ဝ်	d	Other rental credits (see instructions) Type:	15e	
	e f	Other credits (see instructions) Type:	15f	
	-		101	
Inter- national	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance		
_= B				
Tax ms	17a	Post-1986 depreciation adjustment	17a	
ti e ∏ e ∏	b	Adjusted gain or loss	17b	
Tage (C	Depletion (other than oil and gas)	17c	
₹	d	Oil, gas, and geothermal properties—gross income	17d	
Alternativ Minimum T (AMT) Item	e	Oil, gas, and geothermal properties—deductions	17e	
	f	Other AMT items (attach statement)	17f	
_	18a	Tax-exempt interest income	18a	
Other Information	b	Other tax-exempt income	18b	
na	C	Nondeductible expenses	18c	
orī	19a	Distributions of cash and marketable securities	19a	
<u>ř</u>	b	Distributions of other property	19b	
e	20a	Investment expenses	20a 20b	
Ę	b	Other items and amounts (attach statement)	200	
0	21	Total foreign taxes paid or accrued	21	
	<u> </u>	Total foreign taxes paid of accruck	41	

Analy	sis of Net Income	: (Loss) per Ret	urn				
1	Net income (loss). Schedule K, lines 12	Combine Schedu 2 through 13e, and	le K, lines 1 throu	ugh 11. From th	ne result, subtract	the sum of 1	-5,837.
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)		(v) Exempt Organization	(vi) Nominee/Other
а	General partners						
b	Limited partners		-5,837.				
Sch	edule L Baland	ce Sheets per E	Books		ig of tax year		tax year
		Assets		(a)	(b)	(c)	(d)
1							0.
2a	Trade notes and acc						
b	Less allowance for b						
3	Inventories						
4	U.S. Government ob	_					
5	Tax-exempt securiti						
6	Other current assets						
7a	Loans to partners (o						
b	Mortgage and real e					<u> </u>	66,438.
8	Other investments (a						00,438.
9a	Buildings and other Less accumulated d						
b 100	Depletable assets					,	
10a	Less accumulated d					<u> </u>	
11	Land (net of any am						
12a	Intangible assets (ar						
b	Less accumulated a						
13	Other assets (attach						
14	Total assets						66,438.
		ies and Capital					30, 130.
15	Accounts payable						
16	Mortgages, notes, b						
17	Other current liabiliti						
18	All nonrecourse loar						
19a	Loans from partners						
b	Mortgages, notes, b	onds payable in 1	year or more .				
20	Other liabilities (atta	ch statement) .					
21	Partners' capital acc	counts					66,438.
22	Total liabilities and o	capital					66,438.
Sche	edule M-1 Recon					come (Loss) per	Return
1	Net income (loss) pe				See instructions.e recorded on books th	is year not included	
2	Income included on Sci				chedule K, lines 1 thre		
~	5, 6a, 7, 8, 9a, 10, and				exempt interest \$		
	books this year (itemize):					
3	Guaranteed paymen			33.53.6	ctions included o		
	insurance)				1 through 13e, and		
4	Expenses recorded				st book income this		
•	not included on So			a Depre	eciation \$		
	through 13e, and 21						
а	Depreciation \$			8 Add I	ines 6 and 7		
b	Travel and entertain	ment \$		9 Incon	ne (loss) (Analysis	of Net Income	
5	Add lines 1 through			37. (Loss), line 1). Subtract li		-5,837.
Sche	edule M-2 Analys						
1	Balance at beginnin	g of year			butions: a Cash		
2	Capital contributed:						
		b Property .		7 Other	r decreases (itemize):	
3	Net income (loss) (se			7			
4	Other increases (iter			8 Add I	ines 6 and 7		
5	Add lines 1 through	4	. 66,43	88. 9 Baland	ce at end of vear. Subtra	act line 8 from line 5	66,438.

651123

			Final K-	-1	Amended	K-1	OMB No. 1545-0123
Sch	edule K-1				er's Share of	Cur	rent Year Income,
(Foi	rm 1065)						nd Other Items
	rtment of the Treasury	1			income (loss)	14	Self-employment earnings (loss)
ntern	al Revenue Service For calendar year 2023, or tax year		-		-2,918.		
	beginning / / 2023 ending / /	2	Net renta	al real est	ate income (loss)		
	tner's Share of Income, Deductions, edits, etc. See separate instructions.	3	Other ne	et rental ir	ncome (loss)	15	Credits
	art I Information About the Partnership	4a	Guarant	eed paym	nents for services		
Α	Partnership's employer identification number			1 - 7			
^	92-2526659	4b	Guarant	eed paym	nents for capital	16	Schedule K-3 is attached if
В	Partnership's name, address, city, state, and ZIP code						checked
	SUNRISE ASSOCIATES GROUP LLC	4c	Total gu	aranteed	payments	17	Alternative minimum tax (AMT) items
	2514 SW NOTTINGHAM AVE						
	BENTONVILLE, AR 72713	5	Interest	income			
С	IRS center where partnership filed return: OGDEN, UT	İ					
D	Check if this is a publicly traded partnership (PTP)	6a	Ordinary	y dividend	ls		
_	art II Information About the Partner	ĺ					
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)	6b	Qualified	d dividend	ds	18	Tax-exempt income and
	676-18-5134						nondeductible expenses
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions.	6c	Dividend	d equivale	ents		
	SARMA KANAPALLE SATYA GODAVARI						
	4604 SW LILLY ST	7	Royaltie	s			
	BENTONVILLE AR 72713						
G	General partner or LLC X Limited partner or other LLC member-manager member	8	Net shor	rt-term ca	pital gain (loss)	19	Distributions
H1	✓ Domestic partner	9a	Net long	g-term cap	oital gain (loss)		
H2	If the partner is a disregarded entity (DE), enter the partner's:						
	TIN Name	9b	Collectib	bles (28%) gain (loss)		
l1	What type of entity is this partner? INDIVIDUAL					20	Other information
12	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	9c	Unrecap	otured sec	ction 1250 gain		
J	Partner's share of profit, loss, and capital (see instructions):						
	Beginning Ending	10	Net sect	tion 1231	gain (loss)		
	Profit 50.0000% 50.0000%						
	Loss 50.00000% 50.00000%	11	Other in	come (los	ss)		
	Capital 50.0000% 50.0000%						
	Check if decrease is due to:						
	Sale or Exchange of partnership interest. See instructions.						
K1	Partner's share of liabilities:	12	Section	179 dedu	iction	21	Foreign taxes paid or accrued
	Beginning Ending						
	Nonrecourse \$	13	Other de	eductions			
	Qualified nonrecourse						
	financing \$						
	Recourse \$						
K2	Check this box if item K1 includes liability amounts from lower-tier partnerships						
K3	Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions		D Man		e activity for at-risk		
_		22	=		e activity for at-rish		
L	Partner's Capital Account Analysis	_					al information.
	Beginning capital account \$	3	ee allac	neu sta	terrierit for aut	JILIOII	ai iiiioiiiiatioii.
	Current year net income (loss) \$	<u>></u>					
	Withdrawals and distributions \$ ()	Use Only					
	Ending capital account \$ 33,220.	Se					
М	Did the partner contribute property with a built-in gain (loss)?	0.0					
IVI	Yes No If "Yes," attach statement. See instructions.	≝					
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	For IRS					
14	Beginning	"					
	Ending \$						

REV 03/07/24 PRO

651123

			Final K-	1	Amended	K-1	OMB No. 1545-0123
Sch	nedule K-1	Pa	art III	Partner's	Share of	Cur	rent Year Income,
(Foi	rm 1065)						nd Other Items
	rtment of the Treasury	1		business inc		14	Self-employment earnings (loss)
ntern	al Revenue Service For calendar year 2023, or tax year	-	o a a a a a		, ,	''	Con employment camings (1886)
		2	Not ronto		-2,919. income (loss)	-	
	beginning / / 2023 ending / /	_	ivet renta	di reai estate	income (ioss)		
Par	tner's Share of Income, Deductions,		011		<i>(</i>)		0 "
Cre	edits, etc. See separate instructions.	3	Other ne	t rental incor	ne (loss)	15	Credits
	,						
Li	Part I Information About the Partnership	4a	Guarante	eed payment	s for services		
Α	Partnership's employer identification number						
	92-2526659	4b	Guarante	eed payment	s for capital	16	Schedule K-3 is attached if
В	Partnership's name, address, city, state, and ZIP code						checked
	SUNRISE ASSOCIATES GROUP LLC	4c	Total gua	aranteed pay	ments	17	Alternative minimum tax (AMT) items
	2514 SW NOTTINGHAM AVE						
	BENTONVILLE, AR 72713	5	Interest i	income			
С	IRS center where partnership filed return: OGDEN, UT						
D	Check if this is a publicly traded partnership (PTP)	6a	Ordinary	dividends			
_	art II Information About the Partner		,				
		6b	Qualified	dividends		18	Tax-exempt income and
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 707-71-6383	OD	Qualified	dividends		10	nondeductible expenses
			D: : 1				
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions.	6c	Dividend	l equivalents			
	RAMESH SOMAIYA	face.				-	
	2514 SW NOTTINGHAM AVE	7	Royalties	3			
	BENTONVILLE AR 72713						
G	General partner or LLC	8	Net shor	t-term capita	l gain (loss)		
	member-manager member	47	1			19	Distributions
Н1	■ Domestic partner	9a	Net long	-term capital	gain (loss)		
H2	If the partner is a disregarded entity (DE), enter the partner's:						
	TIN Name	9b	Collectib	les (28%) ga	in (loss)		
l1	What type of entity is this partner? INDIVIDUAL					20	Other information
12	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	9c	Unrecap	tured section	1250 gain	1	
	in the parties to a terment plant (in a constitution), encountries				J		
J	Partner's share of profit, loss, and capital (see instructions): Beginning Ending	10	Net sect	ion 1231 gair	n (loss)		
	F0 00000 F0 00000		1401 0001	ion izoi gan	1 (1000)		
	Profit 50.00000% 50.00000%	11	Other in	come (loss)		-	
	Loss 50.00000% 50.00000%	- 11	Other inc	come (loss)			
	Capital 50.00000% 50.00000%					-	
	Check if decrease is due to:						
	Sale or Exchange of partnership interest. See instructions.						
K1	Partner's share of liabilities:	12	Section	179 deductio	on	21	Foreign taxes paid or accrued
	Beginning Ending						
	Nonrecourse \$	13	Other de	eductions			
	Qualified nonrecourse						
	financing \$						
	Recourse \$						
K2	Check this box if item K1 includes liability amounts from lower-tier partnerships						
КЗ	Check if any of the above liability is subject to guarantees or other						
	payment obligations by the partner. See instructions	22	More	than one ac	tivity for at-risl	purpo	ses*
L	Partner's Capital Account Analysis	23	More	than one ac	tivity for passiv	ve activ	rity purposes*
_	Beginning capital account \$	*Se	ee attacl	hed stater	nent for add	dition	al information.
		>					
	Other increase (decrease) (attach explanation) \$	Only					
	Withdrawals and distributions \$()	ě					
	Ending capital account \$ 33,218.	Use					
М	Did the partner contribute property with a built-in gain (loss)?	IRS					
	Yes No If "Yes," attach statement. See instructions.	=					
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	For					
	Beginning \$						
	Ending \$	1					

REV 03/07/24 PRO

Name		Employer ID Number
SUNRISE ASSOCIATES GROUP LLC		92-2526659
Other Current Assets:	Beginning of tax year	End of tax year
Total to Form 1065, Schedule L, line 6		
Other Investments:	Beginning of tax year	End of tax year
SUNRISE ASSOCIATES GROUP LLC Total to Form 1065, Schedule L, line 8		66,438.
Other Assets:	Beginning of tax year	End of tax year
Total to Form 1065, Schedule L, line 13 ▶		

Partnership's name SUNRISE ASSOCIATES GRO	UP LLC	Partnership's EIN 92-2526659			
Note: See 199A Summary for QuickZoom to 199A Summary	or Special Allocation information				
Aggregation Code:	Trade or Business: 1065, Line 22 EIN: 92-2526659				
	Is this activity a qualified trade/business? Specified Service Trade or Business?				
QBI or qualified PTP items subject to partner-specific determinations: 1 a Ordinary business income (loss)					
b Adjustments	(loss)	2 c			

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 0. E 2021 Section 179 Part II: 179 Deduction Allowed Section 179 by Year and Category **Regular Tax** QBI Total 179 deduction allowed for this activity in current year . . . Part III: Total Carryforward to 2024 Section 179 Section 179 by Year and Category Regular Tax QBI

Additional Information From 2023 Federal Partnership Tax Return

Form 1065: Partnership Tax Return Line 4, Ordinary Income (Loss)

Continuation Statement

VICTORY 88- 2272 RIVIERA DR LITTLE T 75068 X TRANSFORMS 184809	Name	EIN	Address	City	S	Zip	Province	Foreig n Postal Code	Forei gn Code	Foreign Country	Amt
					1	75068					-5,837.



2023 AR1050 ARKANSAS PARTNERSHIP INCOME TAX RETURN



Р1

Software ID
PROSERIES

lan 1	- Dec. 31, 2023 or fiscal year beg	inning	and andir	a a	20				Three Facto	or
Name		inning	and endir		20_		<u>'''</u>		ntification	number
	NRISE ASSOCIATES GRO	OUP T.T.C					1		1111110ation 26659	number
Addre		301 110					Type c			
ı	14 SW NOTTINGHAM AVI	₹.					1 ''		STATE	
City		State or pro	vince	ZIP				ide L	J.S. Numl	ber of partners
• BE	NTONVILLE	• AR		•72713	Foreig	n country nan	ne		• 2	
FILIN	IG STATUS: ● 1. 🗵 Part	nership opera	ting only in Arkansas	3. M	ultistate	Partnership				
(CHEC	K ONLY ONE BOX)	istata Barbara	Line American	•						val required)
	■ 2. Mult	istate Partner	ship - Apportionment		☐ No	n-Business	Allocatio	n On	ly	
Type enti		Limite Partne		d Liability • 🔲 Lany	mited L artners		Oth	her_		
Chec	k applicable box ● Initial F	Return • A	Amended Return	Final Return •		k this box nsion or a				state l extension
	Note: At	tach comp	leted copy of Fe	deral Return an	d Sig	n Arkans	sas Ret	turn	1	
		INCOME				(A) Tot		П		Arkansas
4. Gr	ross receipts or sales:				. 4		00	4		00
5. Co	ost of goods sold:				. 5		00	5		00
	ross profit from business: (Subtra						00	4 ~ I		00
7. In	come from other partnerships or f	iduciaries: (At	tach schedule) ^{See} !r	nc ir Oth Pships Stmt	7	-5,	837 00	1 1		-5,837 00
l	arm income: (Attach schedule)						00	₁ ˘ŀ		00
ı	et gain (or loss) from Form 4797:				_	7.	00	9 10		00
l	ther income: (Attach schedule)					_5	837 00			-5 , 837 00
11. 10	otal Income: (Add Lines 6 thro	DEDUCTIO			11.	٥,	037 00	11		
12 Sa	alaries of employees:	CONTRACTOR OF THE PARTY			12		100	12		00
l .	uaranteed payments to partners:							13		00
ı	ent on business property:							14		00
ı	terest expense:							15		00
16. Ta	ıxes:				16		00	16		00
17. Ba	ad debts: (Attach schedule)				17			17		00
ı	epairs:							18		00
ı	epreciation: (Attach schedule A p							19		00
l	epletion: (Attach schedule)							20		00
ı	etirement plan, etc.: (Attach sche							21		00
ı	ther deductions: (Attach schedule		11 10 10 10 10 10 10 10 10 10 10 10 10 1					22 23		00
	otal Deductions: (Add Lines 1 et Income or loss: (Subtract					-5	837 00		•	-5 , 837 00
27. 14	et meome or rossi (oubtract	LINE 25 HOME		RES OF INCOME	24	J,	037	24		3,037
	NAME OF PARTNER	ADDRESS		STATE	ZIP	S	SN / FEIN	1	IN	ICOME
A. SAR	MA KANAPALLE SATYA GODAVARI	4604 SW	LILLY ST BENT	ONVILLE AR 72	713	676	-18-51	34		-2,918 00
B. RA	MESH SOMAIYA	2514 SW	NOTTINGHAM AVE	BENTONVILLE A	AR 72	713 707	-71-63	383		-2 , 919 0 0
C.										00
D.										00
E.										00
knov	er penalties of perjury, I declar vledge and belief, they are true	, correct and	d complete. Declarati	on of preparer (other						
	ber) is based on all information			ledge.						
Please Sign Here	Signature of general partner or li	mited liability	company member		Da	te				
	Preparer's signature			Date	Cł	neck if	\neg	PTIN	I/ID numb	er
er's	SYAM PRIYA RAM SAGA	R GUPTA		03/15/202		lf-employed	\sqcup	P02	082703	3
par	Firm's name (or yours if self-emp	oloyed)	Address		EIN	I			•	nsas Revenue
Paid Preparer's use only	GLOBAL TAXES LLC		245 ROONEY CT					Age	-	ss this return
Paid	Email		City/State/Zip		Tel	ephone			with the p	
			E BRUNSWICK,	NJ 08816	(6	78)965-	9522		Yes	× No





FEIN: 92-2526659 PART I: DEPRECIATION RECONCILIATION 00 00 00 3. Add or subtract Arkansas depreciation adjustment (Attach schedule)...... 00 00 5. Less: Arkansas depreciation in cost of goods sold or elsewhere...... 00 PART II: INCOME TO APPORTION 00 1. Income (Enter amount from Page 1, Line 24, Total column)..... 2. Add adjustments (Attach schedule)..... 00 3. Deduct adjustments (Attach schedule)...... 00 00 4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III)......



•	FEIN: 92-2526659
PART III: APPORTIONMENT FACTOR	
Taxpayers using the single sales factor apportionment formula DO NOT complete Lines 1, 2, or 4.	
*Property and payroll factors are only applicable under special industry regulations. See instructi	ons.
NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B), or (C). The return should be fill OPERATING ONLY IN ARKANSAS and complete all appropriate lines on P1 of Form AR1050.	ed as a status 1, PARTNERSHIP
(A)	(B) (C)
Property used in the production of business income: Amounts in Arkansas	Total Amounts Percentage (A)÷(B)
a. Tangible assets used in business and inventories	
Less construction in progress	00
1. Amount at the beginning of year 1 00 1	(Calculate to 6 places to the right of decimal.
2. Amount at the end of year	00 Fill in all spaces)
3. Total: (Add Lines a1 and a2)	00
4. Average tangible assets: (Line a3 divided by 2)4	00 999.999999 %
b. Rented property: (8 X net annual rent) b	00 (EXAMPLE)
c. TOTAL PROPERTY: (Add Lines a4 and b) c	00 c %
2. Salaries, wages, commissions and other compensation related to the production of income:	
a. TOTAL: a 00 a	00 a %
3. Sales / receipts:	
a. Destination shipped from within Arkansas: a 00	
b. Destination shipped from without Arkansas: b	
c. Origin shipped from within Arkansas to U. S. Govt: c	
d. Origin shipped from within Arkansas to Other non-taxable jurisdictions:	
e. Other business gross receipts:	
(Interest, dividends, rents, gains, etc. Attach schedule) f. TOTAL SALES: (Add Lines 3a through 3e)	00 f
g. Multiply column C, Line 3f by 2 to doubleweight the sales factor (If Sales Factor only, do not double	weight) g %
4. Sum of the percentages:(Double Weighted: Add Column C, Lines 1c, 2a and 3g)	4 %
cam of the particular and the control of the co	
5. Percentage attributable to Arkansas: Line 4 % Divid	led by = 5 %
*For Part III, Line 5, divide Line 4 by the number of entries other than zero which you make on Pa	art III column R Lines (1c) (2a) and (3f)
Note: An entry other than zero in part III, column B, Line 3f, counts as two (2) entries. Property under special industry regulations.	
6. Income apportioned to Arkansas: (Multiply part II, Line 4 by Line 5)	6 00
7. Add adjustments: (Attach schedule)	
Deduct adjustments: (Attach schedule) Income: (Enter here and on P1, Line 24, Arkansas column)	

Schedule K
Partners' Distributive
Share Items



FEIN: 92-2526659

PART I: INCOME (LOSS)			
	Total		Arkansas
1. Ordinary business income (loss) (P1, Line 24)1		1	-5 , 837 0 0
Net rental real estate income (loss) (Attach federal Form 8825)		2	00
3a. Other gross rental income (loss)		3a	00
b. Expenses from other rental activities (Attach statement)		3b	00
c. Other net rental income (loss) (Subtract Line 3b from Line 3a)		3c	00
4. Interest income	00	4	00
5. Dividends:	00	5	00
6. Royalties	00	6	00
7. Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065))	00	8	00
8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065))	00	9	00
		10	00
10. Net section 1231 gain (loss) (Attach federal Form 4797)		11	00
12. Guaranteed Payments		12	00
12. Guaranteeu i aymonto		12	
PART II: DEDUCTIONS			
13. Section 179 deduction (Attach federal Form 4562)13	00	13	00
14a. Cash charitable contributions		14a	
14b. Non-cash charitable contributions	-	14b	
14c. Other deductions (See instructions) Type14c.	00	14c	00
PART III: OTHER INFORMATION			
15. Credits	00	15	00
16. Items affecting partner basis	00	16	00
17a. Tax-exempt interest income	00	17a	00
b. Other tax-exempt income	00	17b	
c. Nondeductible expenses	00	17c	
18a. Distributions of cash and marketable securities18a	00	18a	
b. Distributions of other property18b	00	18b	
19a. Investment income	00	19a	
b. Investment expenses	00	19b	
c. Other items and amounts (Attach statement)	00	19c	00
ANALYSIS OF NET INCOME (LOSS)			
1. Net income (loss) (Combine Schedule K, Lines 1, 2, 3c and 4 through 12. From the			
result, subtract the sum of Schedule K, Lines 13 through 14c) 1	● -5 , 837 00	1	● −5 , 837 00
Mail return to: State Income Tax P O Box 8056 Little	Rock AR 72203-80	156	

P5

Schedule B Additional Partnership Information



				Į.	FEIN: 92	2-2526	659
Α.	Check method of accounting Cash Accrual	Other: (Specify)					
B.	Are any partners in this partnership also partnerships?	·			[XYes	☐ No
C.	Is this partnership a partner in another partnership?				[X Yes	No
PA	RT I: COST OF GOODS SOLD						
1.	Inventory at beginning of year:				1		00
2.	Purchases less cost of items withdrawn for personal u	se:			2	\mathcal{A}	00
3.	Cost of labor:				3		00
4.	Other costs:				4		00
5.	Total of Lines 1, 2, 3, and 4:				5		00
6.	Inventory at end of year:				6		00
7.	Cost of goods sold. Subtract Line 6 from Line 5. (Ente	r here and on P1, Line 5	5):		7 L		00
8a.	Check all methods used for valuing closing inventory:						
	(i) Cost						
	(ii) Lower of cost or market						
	(iii) Other: (Specify method used and attach exp						
b.	Check this box if there was a writedown of "subnorma	(Z)					
C.	Check this box if the LIFO inventory method was adopted the control of the contro						
d.	Do the rules of IRC section 263A (for property produc				8d	Yes	∐No
e.	Were there any changes in determining quantities, co-		, ,			_	
	(If yes, attach explanation)			<u> </u>	8e	Yes	No
PA	RT II: BALANCE SHEET						
	ASSETS	BEGINNING	G OF YEAR		END OF	YEAR	
Cas	1						0.
	ounts receivable						
Mi	nus allowance for bad debts						
Inve	ntories						
Gov	ernment obligations						
	er current assets						
Mor	gage and real estate loans						
	er investments						66,438.
	lings and other depreciable assets						
	nus accumulated depreciation						
	etable assets.	~					
	nus accumulated depletion						
	er assets						66.420
TO	AL ASSETS.						66,438.
	LIABILITIES AND CAPITAL	BEGINNING	OF YEAR		END OF	YEAR	
	ounts payable.						
	gages, notes, and bonds payable						
	er current liabilities						
	on recourse loans.						
	er liabilities.						
	ners' capital accounts.						66,438.
TO	AL LIABILITIES AND CAPITAL						66,438.
	Mail return to: State Inc	ome Tax, P. O. Bo	k 8056, Little Ro	ock, AR 7220	3-8056		



OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC. Software ID

Tax year beginning, 20 and ending _		PROSERIES
	Part III Arkansas Sharehol	der or Partner's Share of
Final K-1 Amended K-1	Current Year Incon	ne, Deductions, Credits, and
	Other Items	
Return Type	Distributive share allocated and	Distributive share to be reported
	apportioned to Arkansas	by Arkansas Residents
	1a Ordinary income (loss)	1b Ordinary income (loss)
S-Corp. 🗵 Partnership 🔲 Pass-Through Entity Ta	-2,918.	-2,918.
	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)
Part I Information About the Corporation or		
Partnership		
A Identification Number	3a Other net rental income (loss)	3b Other net rental income (loss)
00 0506650		
92-2526659	4a Interest income	4b Interest income
B Name, Address, City, State, Zip Code	Fo Dividende	Eh Dividende
GUNDICE ACCOCIAMES CROUD IIC	5a Dividends	5b Dividends
SUNRISE ASSOCIATES GROUP LLC		
	6a Royalties	6b Royalties
2514 SW NOTTINGHAM AVE		
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)
BENTONVILLE AR 72713	7 a Net short-term capital gain (ioss)	76 Net short-term capital gain (loss)
D. 4 II I C. at a Alexandria Olevania I I and a Company of the Com		
Part II Information About the Shareholder or	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)
Partner		
C Identification Number	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain
676-18-5134		J
070 20 0=11	10 11 0 11 1001 1 11 1	101 N 10 11 1001 1 (1)
D Name, Address, City, State, Zip Code	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)
SARMA KANAPALLE SATYA GODAVARI	11a Other income (loss)*	11b Other income (loss)*
4604 SW LILLY ST	12a Guaranteed payments	12b Guaranteed payments
	12a Guaranteed payments	12b Guaranteeu payments
BENTONVILLE AR 72713		
BENTONVIEEE IN VEVIO	13a Section 179 deduction	13b Section 179 deduction
E Arkansas resident ⊠ Yes □ No		
If a newsocident provide state of legal residence	14a Contributions and	14b Contributions and
If a nonresident, provide state of legal residence.	other deductions	other deductions
F Shareholder's Percentage of Stock Ownership for		
	15a Credits	15b Credits
Tax Year	(100)	
G Partner's Share of Profit, Loss, and Capital:	10 - Harris official about halden havin	40h ltanan affantinan ahanah dalam basis
	16a Items affecting shareholder basis	16b Items affecting shareholder basis
Beginning Ending		
Profit 50.0000 % 50.0000 %	17a Tax-exempt income and	17b Tax-exempt income and
Loss 50.0000% 50.0000%	nondeductible expenses	nondeductible expenses
Capital 50.0000 % 50.0000 %	18a Distributions	18b Distributions
H Arkansas Apportionment Percentage:	19a Investments and other items	19b Investments and other items
100.000000%	00- Adams	
	20a Arkansas withholding or other payments	
* Attach statement with additional information		



ARKANSAS INCOME TAX OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC. Software ID

tax year beginning, 20 and ending	, 20	PROSERIES
DELLEY A Manufold K 4		der or Partner's Share of
Final K-1 Amended K-1		ne, Deductions, Credits, and
	Other Items	
Return Type	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents
	1a Ordinary income (loss)	1b Ordinary income (loss)
S-Corp. X Partnership Pass-Through Entity Tax		
	-2,919.	-2,919.
Part I Information About the Corporation or	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)
Partnership		
A Identification Number	3a Other net rental income (loss)	3b Other net rental income (loss)
92-2526659	4a Interest income	4b Interest income
	The interest income	The interest income
B Name, Address, City, State, Zip Code		
CONTRACT AGGOGIANTS GROVER III	5a Dividends	5b Dividends
SUNRISE ASSOCIATES GROUP LLC		
	6a Royalties	6b Royalties
2514 SW NOTTINGHAM AVE		
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)
BENTONVILLE AR 72713	(ccc)	a rior one rior to mr capital gam (1888)
Part II Information About the Shareholder or		
Partner	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)
C Identification Number		
Transmission (Comments)	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain
707-71-6383		
	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)
Name, Address, City, State, Zip Code		3 ,
RAMESH SOMAIYA	11a Other income (less)*	11h Other income (less)*
	11a Other income (loss)*	11b Other income (loss)*
2514 SW NOTTINGHAM AVE		
ZJ14 SW NOTTINGHAN AVE	12a Guaranteed payments	12b Guaranteed payments
BENTONVILLE AR 72713	13a Section 179 deduction	13b Section 179 deduction
E Arkansas resident ▼ Yes No		
	14a Contributions and	14h Cantributions and
If a nonresident, provide state of legal residence.	other deductions	14b Contributions and other deductions
F Shareholder's Percentage of Stock Ownership for		
	15a Credits	15b Credits
Tax Year	Tod Greats	Tob Ground
G Partner's Share of Profit, Loss, and Capital:		401.11
	16a Items affecting shareholder basis	16b Items affecting shareholder basis
Beginning Ending		
Profit 50.0000 % 50.0000 %	17a Tax-exempt income and	17b Tax-exempt income and
Loss 50.0000% 50.0000%	nondeductible expenses	nondeductible expenses
Capital 50.0000 % 50.0000 %	18a Distributions	18b Distributions
H Arkansas Apportionment Percentage:	19a Investments and other items	19b Investments and other items
_100.000000%	20a Arkansas withholding or other	
	payments	
★ Attach statement with additional information		



2023

ARKANSAS PARTNERSHIP RETURN DECLARATION FOR ELECTRONIC FILING

SINRIFIED ASSOCIATES GROUP Lic Security Sec	Mailing Address (wimber and Street, Ro, Bas or Rural Route) City ENTONILLE Slate or Province AR AR ZIP FORGING County Located Goods Sold (Form AR1050, Line 4, Arkanasa Column) 1. Gross Receipts or Sales (Form AR1050, Line 4, Arkanasa Column) 2. Cost of Goods Sold (Form AR1050, Line 4, Arkanasa Column) 3. Total Income (Form AR1050, Line 1, Arkanasa Column) 4. Total Deductions (Form AR1050, Line 23, Arkanasa Column) 5. Not Income or Loss (Form AR1050, Line 24, Arkanasa Column) 6. Not Income or Loss (Form AR1050, Line 24, Arkanasa Column) 7. Not Income or Loss (Form AR1050, Line 24, Arkanasa Column) 7. Not Income or Loss (Form AR1050, Line 24, Arkanasa Column) 8. Not Income or Loss (Form AR1050, Line 24, Arkanasa Column) 9. PART II - DECLARATION OF OFFICER (Sign only after Part I is completed) 1. If my federal partnership return is rejected, I understand my state partnership return may also be rejected. 1. Under penalties of perjury, I declare that I am a general partner or limited flability company member manages for the above partnership and that the information thave given my evertoric return originator (ERO), Insamitter, and/or (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkanasa income tax return. To the best of my knowledge and belief, the partnership return is the state of Arkanasas. I also consent to the State of Arkanasas and in indication of my Hero, transmitter, and/or (ISP) and an indication of whether or not the partnership is completed. Local if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkanasas and my Exp (Insamitter, and/or (ISP) and Insamission and an indication of whether or not the partnership are the manager and partnership is return in declared in the region of the partnership's return in declared in the responsible of the region of the partnership's return in declared in the responsible to the delay or whether the return o		endar j	year 2023, or t	ax year beginning	,	, endi	9	_, 20	-		
State or Province AR State or Province	City STATE OF THE CONTROLLE State or Province AR		SE ASS	SOCIATES GRO	UP LLC							
PART II - TAX RETURN INFORMATION (Whole Dollars Only) 1. Gross Receipts or Sales (Form AR1050, Line 4, Arkanasa Column)	PART I - TAX RETURN INFORMATION (Whole Dollars Only) 1. Gross Receipts or Sales (Form AR1050, Line 4, Arkansas Column) 2. Cost of Goods Sold (Form AR1050, Line 5, Arkansas Column) 3. Total Income (Form AR1050, Line 11, Arkansas Column) 4. Total Deductions (Form AR1050, Line 23, Arkansas Column) 5. Net Income or Loss (Form AR1050, Line 23, Arkansas Column) 6. Net Income or Loss (Form AR1050, Line 24, Arkansas Column) 7. PART II - DECLARATION OF OFFICER (Sign only after Part I is completed) 1. If my federal partnership return is rejected, I understand my state partnership return may also be rejected. 1. Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information in the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is true correct, and complete. Lonsent to my ERO, transmitter, and/or ISP and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is true correct, and complete. Lonsent to my ERO, transmitter, and/or ISP and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is true correct, and complete. Lonsent to my ERO, transmitter, and/or ISP and acknowledgement of receipt on the partnership's return is delayed, I authorize the State of Arkansas sending my ERO, transmitter, and/or ISP the reasons) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and frasmit my return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software or propare and transmit my return electronically. I consent to the disclos	_	•								324	
1. Gross Receipts or Sales (Form AR1050, Line 4, Arkansas Column)	1. Gross Receipts or Sales (Form AR1050, Line 4, Arkansas Column)	_	NVILLĒ	<u> </u>		5	713				side U.S.	
2	2	PART	I - TAX	RETURN INFOR	RMATION (Whole Dollars O	nly)						
2	2	1. (Fross Rec	eipts or Sales (Forr	n AR1050, Line 4, Arkansa	s Column)				1		00
3	3	2. (Cost of Go	ods Sold (Form AR	1050, Line 5, Arkansas Co	lumn)				2		00
4	4										-5,837	00
PART II - DECLARATION OF OFFICER (Sign only after Part I is completed) If my federal partnership return is rejected, I understand my state partnership return may also be rejected. Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas. I also consent to the State of Arkansas on the corresponding lines of the partnership's return is declaration, and accompanying schedules and transmitsion and an indication of whether or not the partnership's return is declaration, and accompanying schedules and transmitsion and an indication of whether or not the partnership's return is declared, the reason(s) for the rejection, if the partnership's return is declared, the reason(s) for the rejection, if the partnership's return is declared, the reason(s) for the rejection, if the partnership's return is declared, and, if rejected, the reason(s) for the rejection of transmission and an indication, by using a computer system and software and to the transmission of my tax return electronically, in the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Sign Here PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARE Ideclare that I have reviewed the above Partnership return and that the aptries on Form AR8453-PE accountally reflects the Company Member and partner or limited Liability company member manager signature. Form AR8453-PE accountally reflects the Company in the partnership is retu	PART II - DECLARATION OF OFFICER (Sign only after Part I is completed) If my federal partnership return is rejected, I understand my state partnership return may also be rejected. Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is the correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. alloa consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt or transmission and an indication of whether or not the partnership's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP her reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Sign Here PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARE I declare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge If am only a collector, I understand that I am not responsible for reviewing the partnership's return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms											00
If my federal partnership return is rejected, I understand my state partnership return may also be rejected. Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agrees with the amounts on the corresponding lines of the partnership's 2023 Arkanssais income tax return. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas as sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return is declaration, and accompanying schedules and the partnership's return is delayed, I authorize the State of Arkansas of State of Arkansas of State of Arkansas of Island and State of Arkansas of State of Arkansas, and State of Arkansas, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S Signature Preparer's S	If my federal partnership return is rejected, I understand my state partnership return may also be rejected. Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansass sending my ERO, transmitter, and/or ISP the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or where the refund was sent. In addition, by using a computer system and software to prepare and transmit my run electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Signature of General Partner or Limited Liability Date PRAT III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARE I declare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager signature on Form AR8453-PE baccurately reflects the data on the return. I have obtained the general partner or limited liability company member	5. N	let Incom	e or Loss (Form AR	1050, Line 24, Arkansas C	olumn)				5	-5,837	00
Under penalties of perjuny, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service-provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's return is to the best of my knowledge and belief, the partnership's return in true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the return due sent. In addition, by using a computer system and software and to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refurn dwas sent. In addition, by using a computer system and software and to the transmission of my tax return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Signature of General Partner or Limited Liability Date Signature of General Partner or Limited Liability Date Signature of General Partner or Limited Liability Date Signature of General Partner or Limited Liability Date Signature of General Partner or Limited Liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas. If lam also the Paid Preparer, under penalties of penalties of penalties of	Under penaltiles of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and bellef, the partnership's return is true correct, and complete. I consent to my ERO, transmitter, and/or ISP an acknowledgment of receipt on the partnership's return to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt on the partnership's return is decepted, and, if rejected, and, if rejected, he reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or where the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmit my return electronically. I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmitsion of my tax return electronically. **Sign Here** **PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARE** **I declare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager with a copy of all forms and information to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to the State of Arkansas, and have provided t	PART	II - DEC	CLARATION OF C	OFFICER (Sign only after P	art I is comple	ted)			· ·		
I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return is decepted, and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP an acknowledgment of receipt of the return dwas sent. In addition, by using a computer system and software to prepare and transmit preturn electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Part III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARE Ideclare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filed with the State of Arkansas, If I am also the Paid Preparer, under penalties of perjury, lectare	Have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's care trun is true correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt to transmission and an indication of whether or not the partnership's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP an acknowledgment of receipt to the artnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP an acknowledgment of receipt of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP an acknowledgment of receipt of the partnership's return is delayed, I authorize the State of Arkansas of all information pertaining to my use of the system and software on prepare and transmiter, and/or ISP the reason(s) for the delay, or where the return of the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically, Londonically. **Signature of General Partner or Limited Liability Date Title DecLarATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARE I declare that I have reviewed the above Partnership return and to the test of the Arkansas. If I am also the Partnership return and accompanying schedules and correct to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all i	If my fed	deral partr	nership return is reje	ected, I understand my state	partnership re	turn may al	lso be rejecte	ed.			
Ideclare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filled with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S Signature Date	I declare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filled with the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filled with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S Self-employed ERO'S SSN or PTIN ERO'S SSN or PTIN Self-employed Address and ZIP Check if also Check if self-employed Phone No. (678) 965-9522 Chock if self-employed Address and ZIP Check if also Check if also Check if also Check if also Phone No. (678) 965-9522 Check if also Phone No. (678) 965-9522 Check if also Check if	I have gi on the c correct, stateme transmis the part the reful the State	ven my el- orrespond and comp nts to the ssion and nership's nd was se e of Arkan	ectronic return origing lines of the particlete. I consent to me State of Arkansas. an indication of whereturn is delayed, I and the state of all informations of all informations at the state of General Particleting lines.	nator (ERO), transmitter, and/ tnership's 2023 Arkansas inc by ERO, transmitter, and/or IS I also consent to the State of ether or not the partnership's authorize the State of Arkans sing a computer system and on pertaining to my use of the	or internet senome tax return SP sending the of Arkansas se return is accessas to disclose software to pre- e system and s	vice providen. To the beep partnershending my Eepted, and, eto my ER repare and	er (ISP) and the st of my kno ip's return, the ERO, transm if rejected, the transmitted to the transmit my do to the transmit.	he amounts wledge and nis declarati itter, and/or he reason(s r, and/or IS return elect smission of	in Part I at belief, the on, and ac ISP an ac s) for the re P the reas ronically, I	pove agree with the ame partnership's return is companying schedule cknowledgment of receigection. If the procession(s) for the delay, or consent to the disclose	nounts s true, es and eipt of sing of when
I declare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filled with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S Signature Date 03/15/2024 Check if also	Ideclare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filled with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO's Signature ERO's Signature Firm's name (or yours if self-employed) address and ZIP Code GLOBAL TAXES LLC Check if also paid preparer Phone No. (678) 965-9522 Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's SSN or PTIN self-employed Solf-employed Preparer's SSN or PTIN self-employed Solf-employed Solf-employed Solf-employed Preparer's SSN or PTIN self-employed Solf-employed Solf-employed Preparer's SSN or PTIN self-employed	PART										
Firm's name (or yours if self-employed) address and ZIP code Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's signature Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours SYAM PRIYA RAM SAGAR GUPTA) EIN Preparer's SSN or PTIN 902082703 EIN EIN Preparer's SSN or PTIN 902082703	Firm's name (or yours if self-employed) address and ZIP code Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's signature Preparer's SSN or PTIN 902082703	I declare If I am or data on return to to be file and accord Preparer	that I have have a collect the return the State d with the companying r is based	re reviewed the above ctor, I understand the I. I have obtained the of Arkansas, and has State of Arkansas. I g schedules and state on all information of State of St	we Partnership return and that hat I am not responsible for ree general partner or limited liad ave provided the general part of I am also the Paid Preparer atements, and to the best of I	t the entries or eviewing the pa ability compan- ner or limited li , under penalti my knowledge wledge.	n Form AR8 artnership's y member r iability com les of perjur a and belief	453-PE are of a return; I decommon an ager sign pany member y I declare the they are tru	complete ar clare that For nature on For manager vat I have exe, correct, a	nd correct to the cor	3-PE accurately reflect 3-PE before submitting of all forms and informe above partnership's ete. This declaration of the things are the thin	ets the ng this nation return f Paid
Address and ZIP Code 245 ROONEY CT E BRUNSWICK, NJ 08816 Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's signature Date Check if Preparer's SSN or PTIN 902082703 Preparer's signature Firm's name (or yours SYAM PRIYA RAM SAGAR GUPTA EIN E	Address and ZIP Code 245 ROONEY CT E BRUNSWICK, NJ 08816 Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's signature Date Check if Preparer's SSN or PTIN 903/15/2024 Self-employed Preparer's SSN or PTIN 902082703				e (or yours						4-3171965	
Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's signature Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours SYAM PRIYA RAM SAGAR GUPTA) EIN EIN	Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's SSN or PTIN 103/15/2024 Preparer's SSN or PTIN 103/15/2024	Oy		employed)								
best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's signature Preparer's signature Preparer's SYAM PRIYA RAM SAGAR GUPTA EIN EIN	best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's SSN or PTIN 93/15/2024 Preparer's SSN or PTIN 902082703		code			6				Phone N	0.(678) 965-95	522
Preparer's Use Only Firm's name (or yours SYAM PRIYA RAM SAGAR GUPTA if self-employed) Outs Doonly GT	00/20/2021		pest of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's Date Check if Preparer's SSN or PTIN									
Use Only if self-employed) SYAM PRIYA RAM SAGAR GUPTA	Preparer's	Deta		•			Da				1 '	PTIN
address and ZID OAF ROOMEN OF	LICO ONLY FIRMS NAME (OF YOURS SYAM PRIYA RAM SAGAR GUPTA		arer's	signature			Da			ployed	1 '	PTIN
address and ZIP 245 ROONEY CT Phone No. (678) 965-9522 code E BRUNSWICK, NJ 08816	address and ZIP 245 ROONEY CT Phone No. (678) 965-9522	Prepa	July	signature Firm's name (or you	^{urs} syam priya ram	SAGAR GUI	Da			ployed	1 '	PTIN

AR-AIS

Arkansas Additional Information Schedule

2023

1.		
Name: SUNRISE ASSOCIATES GROUP LLC		
SSN/FEIN: 92-2526659		
Arkansas Form or Schedule: AR1050		
Ownership Type: Other Income		
Description: VICTORY TRANSFORMS		
Tax Year: 2023		
	1. Amount	-5,837.00
2.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	2. Amount	00
3.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	3. Amount	00
4.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	4. Amount	00
5.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	5. Amount	00
6.		
Name:		
SSN/FEIN: Arkansas Form or Schedule:		
		
Ownership Type:		
Description:		
Tax Year:		1 100
_	6. Amount	00
7. Name:		
SSN/FEIN: Arkansas Form or Schedule:		
Ownership Type:		
Description: Tax Year:		
IGA IGGI.		00
AR-AIS (R 4/11/2023)	7. Amount	

Additional Information From 2023 Arkansas Partnership Return of Income

Form AR1050: Partnership Income Tax Return Income from Other Partnerships Statement

Continuation Statement

Desc	Total	Arkansas
VICTORY TRANSFORMS	-5,837.	-5 , 837.
Total	-5,837.	-5 , 837.

