

E-file Authorization for Form 1065
(For return of partnership income or administrative adjustment request)

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year beginning , 2023, and ending , 20 .

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

2023

| | |
|---|--|
| Name of partnership SUNRISE ASSOCIATES GROUP LLC | Employer identification number 92-2526659 |
|---|--|

Part I 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) | 2 | |
| 3 Ordinary business income (loss) (Form 1065, line 23) | 3 | -5,837. |
| 4 Net rental real estate income (loss) (Form 1065, Schedule K, line 2) | 4 | |
| 5 Other net rental income (loss) (Form 1065, Schedule K, line 3c) | 5 | |

Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative

I declare under penalties of perjury that:

- 1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
- 2. I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
- 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.
- 5. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
- 6. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner or Member or PR PIN: check one box only

- I authorize _____ to enter my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the partnership's 2023 electronically filed return of partnership income or AAR.
ERO firm name Don't enter all zeros
- As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2023 electronically filed return of partnership income or AAR.

Partner or Member or PR signature: _____

Title: LLC MEMBER Date: _____

Part III Certification and Authentication

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR 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: 03/15/2024

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

U.S. Return of Partnership Income

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year beginning , 2023, ending , 20

2023

Go to www.irs.gov/Form1065 for instructions and the latest information.

Table with 4 columns: A Principal business activity, B Principal product or service, C Business code number, D Employer identification number, E Date business started, F Total assets. Includes details for SUNRISE ASSOCIATES GROUP LLC.

- G Check applicable boxes: (1) Initial return, (2) Final return, (3) Name change, (4) Address change, (5) Amended return.
H Check accounting method: (1) Cash, (2) Accrual, (3) Other.
I Number of Schedules K-1: 2.
J Check if Schedules C and M-3 are attached.
K Check if partnership: (1) Aggregated activities, (2) Grouped activities.

Caution: Include only trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

Main table with 3 columns: Description, Amount, and Total. Rows include Income (1a-8), Deductions (9-22), and Tax and Payment (23-32).

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.

Sign Here

Signature of partner or limited liability company member

Date

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Table for Preparer Information: Paid Preparer Use Only. Includes fields for name, signature, date, firm name, address, EIN, and phone number.

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:
a Domestic general partnership
b Domestic limited partnership
c Domestic limited liability company
d Domestic limited liability partnership
e Foreign partnership
f Other:
2 At the end of the tax year:
a Did any foreign or domestic corporation, partnership...
b Did any individual or estate own, directly or indirectly...
3 At the end of the tax year, did the partnership:
a Own directly 20% or more...
b Own directly an interest of 20% or more...
4 Does the partnership satisfy all four of the following conditions?
a The partnership's total receipts for the tax year were less than \$250,000.
b The partnership's total assets at the end of the tax year were less than \$1 million.
c Schedules K-1 are filed with the return and furnished to the partners...
d The partnership is not filing and is not required to file Schedule M-3...
5 Is this partnership a publicly traded partnership...
6 During the tax year, did the partnership have any debt that was canceled...
7 Has this partnership filed, or is it required to file, Form 8918...
8 At any time during calendar year 2023, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country...
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust...
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election...
b For this tax year, did the partnership make an optional basis adjustment under section 743(b)?

| Schedule B Other Information (continued) | | Yes | No |
|---|---|------------|-----------|
| c | 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 | | X |
| d | For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) 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 | | X |
| 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) <input type="checkbox"/> | | |
| 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? | | X |
| 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 instructions | | |
| 14 | Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership | | X |
| 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 | | X |
| 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, attached to this return | | |
| 18 | Enter the number of partners that are foreign governments under section 892 | | |
| 19 | During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? | | X |
| 20 | Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938 | | X |
| 21 | Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? | | X |
| 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 \$ _____ | | X |
| 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 | | X |
| 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. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990. | | X |
| 25 | Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____ | | X |
| 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? | | X |
| 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: _____ | | X |
| 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? | | X |

| Schedule B | Other Information <i>(continued)</i> | 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. | | X |
| 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 | | X |
| 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. | | X |

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR RAMESH SOMAIYA

| | |
|--|--|
| U.S. address of PR 2514 SW NOTTINGHAM AVE BENTONVILLE AR 72713 | U.S. phone number of PR (479) 306-1324 |
|--|--|

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 |
|---------------------------------------|--|

| Schedule K Partners' Distributive Share Items | | Total amount | |
|---|--|---------------------|---------|
| Income (Loss) | 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) | 3a | |
| | b Expenses from other rental activities (attach statement) | 3b | |
| | c Other net rental income (loss). Subtract line 3b from line 3a | 3c | |
| | 4 Guaranteed payments: a Services 4a b Capital 4b | 4c | |
| | c Total. Add lines 4a and 4b | 4c | |
| | 5 Interest income | 5 | |
| | 6 Dividends and dividend equivalents: a Ordinary dividends | 6a | |
| | b Qualified dividends 6b c Dividend equivalents 6c | 6c | |
| | 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) | 9b | | |
| c 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 | | |
| Deductions | 12 Section 179 deduction (attach Form 4562) | 12 | |
| | 13a Cash contributions | 13a | |
| | b Noncash contributions | 13b | |
| | c Investment interest expense | 13c | |
| | d Section 59(e)(2) expenditures: (1) Type: _____ (2) Amount: _____ | 13d(2) | |
| e Other deductions (see instructions) Type: _____ | 13e | | |
| Self-Employment | 14a Net earnings (loss) from self-employment | 14a | 0. |
| | b Gross farming or fishing income | 14b | |
| | c Gross nonfarm income | 14c | -5,837. |
| Credits | 15a Low-income housing credit (section 42(j)(5)) | 15a | |
| | b Low-income housing credit (other) | 15b | |
| | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 15c | |
| | d Other rental real estate credits (see instructions) Type: _____ | 15d | |
| | e Other rental credits (see instructions) Type: _____ | 15e | |
| | f Other credits (see instructions) Type: _____ | 15f | |
| 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 <input type="checkbox"/> | | |
| Alternative Minimum Tax (AMT) items | 17a Post-1986 depreciation adjustment | 17a | |
| | b Adjusted gain or loss | 17b | |
| | c Depletion (other than oil and gas) | 17c | |
| | d Oil, gas, and geothermal properties—gross income | 17d | |
| | e Oil, gas, and geothermal properties—deductions | 17e | |
| | f Other AMT items (attach statement) | 17f | |
| Other Information | 18a Tax-exempt interest income | 18a | |
| | b Other tax-exempt income | 18b | |
| | c Nondeductible expenses | 18c | |
| | 19a Distributions of cash and marketable securities | 19a | |
| | b Distributions of other property | 19b | |
| | 20a Investment income | 20a | |
| | b Investment expenses | 20b | |
| c Other items and amounts (attach statement) | | | |
| 21 Total foreign taxes paid or accrued | 21 | | |

Analysis of Net Income (Loss) per Return

| | | | | | | | |
|----------|--|---------------|--------------------------|----------------------------|------------------|-------------------------|--------------------|
| 1 | Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21 | | | | | 1 | -5,837. |
| 2 | Analysis by partner type: | (i) Corporate | (ii) Individual (active) | (iii) Individual (passive) | (iv) Partnership | (v) Exempt Organization | (vi) Nominee/Other |
| a | General partners | | | | | | |
| b | Limited partners | | -5,837. | | | | |

Schedule L Balance Sheets per Books

| | | Beginning of tax year | | End of tax year | |
|--------------------------------|--|-----------------------|-----|-----------------|---------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 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 | | | | |
| 6 | Other current assets (attach statement) | | | | |
| 7a | Loans to partners (or persons related to partners) | | | | |
| b | Mortgage and real estate loans | | | | |
| 8 | Other investments (attach statement) Ln. 8, Stmt | | | | 66,438. |
| 9a | Buildings and other depreciable assets | | | | |
| b | Less accumulated depreciation | | | | |
| 10a | Depletable assets | | | | |
| b | Less accumulated depletion | | | | |
| 11 | Land (net of any amortization) | | | | |
| 12a | Intangible assets (amortizable only) | | | | |
| b | Less accumulated amortization | | | | |
| 13 | Other assets (attach statement) | | | | |
| 14 | Total assets | | | | 66,438. |
| Liabilities and Capital | | | | | |
| 15 | Accounts payable | | | | |
| 16 | Mortgages, notes, bonds payable in less than 1 year | | | | |
| 17 | Other current liabilities (attach statement) | | | | |
| 18 | All nonrecourse loans | | | | |
| 19a | Loans from partners (or persons related to partners) | | | | |
| b | Mortgages, notes, bonds payable in 1 year or more | | | | |
| 20 | Other liabilities (attach statement) | | | | |
| 21 | Partners' capital accounts | | | | 66,438. |
| 22 | Total liabilities and capital | | | | 66,438. |

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

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

| | | | | | |
|----------|--|---------|----------|--|---------|
| 1 | Net income (loss) per books | -5,837. | 6 | Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): | |
| 2 | Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): | | a | Tax-exempt interest \$ | |
| 3 | Guaranteed payments (other than health insurance) | | 7 | Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize): | |
| 4 | Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize): | | a | Depreciation \$ | |
| a | Depreciation \$ | | 8 | Add lines 6 and 7 | |
| b | Travel and entertainment \$ | | 9 | Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 | -5,837. |
| 5 | Add lines 1 through 4 | -5,837. | | | |

Schedule M-2 Analysis of Partners' Capital Accounts

| | | | | | |
|----------|--------------------------------------|---------|----------|---|---------|
| 1 | Balance at beginning of year | | 6 | Distributions: a Cash | |
| 2 | Capital contributed: a Cash | 72,275. | | b Property | |
| | b Property | | 7 | Other decreases (itemize): | |
| 3 | Net income (loss) (see instructions) | -5,837. | 8 | Add lines 6 and 7 | |
| 4 | Other increases (itemize): | | 9 | Balance at end of year. Subtract line 8 from line 5 | 66,438. |
| 5 | Add lines 1 through 4 | 66,438. | | | |

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

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

Part I Information About the Partnership

A Partnership's employer identification number 92-2526659
B Partnership's name, address, city, state, and ZIP code SUNRISE ASSOCIATES GROUP LLC 2514 SW NOTTINGHAM AVE BENTONVILLE, AR 72713
C IRS center where partnership filed return: OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 676-18-5134
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. SARMA KANAPALLE SATYA GODAVARI 4604 SW LILLY ST BENTONVILLE AR 72713
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.00000% 50.00000%
Loss 50.00000% 50.00000%
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:
Beginning Ending
Nonrecourse \$ \$
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

L Partner's Capital Account Analysis

Table with 2 columns: Description, Amount. Rows include Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account.

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) Beginning Ending

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

Table with 4 columns: Line number, Description, Line number, Description. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments for services/capital, Total guaranteed payments, Interest income, Ordinary/Qualified/Dividend equivalents, Royalties, Net short-term/long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes*
23 More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

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

Part I Information About the Partnership

A Partnership's employer identification number 92-2526659
B Partnership's name, address, city, state, and ZIP code SUNRISE ASSOCIATES GROUP LLC 2514 SW NOTTINGHAM AVE BENTONVILLE, AR 72713
C IRS center where partnership filed return: OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 707-71-6383
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. RAMESH SOMAIYA 2514 SW NOTTINGHAM AVE BENTONVILLE AR 72713
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.00000% 50.00000%
Loss 50.00000% 50.00000%
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:
Beginning Ending
Nonrecourse \$ \$
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

L Partner's Capital Account Analysis

Table with 2 columns: Description, Amount. Rows include Beginning capital account, Capital contributed during the year, Current year net income (loss), Other increase (decrease), Withdrawals and distributions, Ending capital account.

M Did the partner contribute property with a built-in gain (loss)? Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) Beginning Ending

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

Table with 4 columns: Line number, Description, Line number, Description. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments for services/capital, Total guaranteed payments, Interest income, Ordinary/Qualified/Dividend equivalents, Royalties, Net short-term/long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued.

22 More than one activity for at-risk purposes*
23 More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

199A Worksheet by Activity

2023

▶ Keep for your records

| | |
|--|---------------------------------|
| Partnership's name SUNRISE ASSOCIATES GROUP LLC | Partnership's EIN 92-2526659 |
|--|---------------------------------|

Note: See 199A Summary for Special Allocation information

QuickZoom to 199A Summary ▶ _____

| | |
|-------------------------|---|
| Aggregation Code: _____ | Trade or Business: <u>1065, Line 22</u> |
| | EIN: <u>92-2526659</u> |
| | Is this activity a qualified trade/business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Specified Service Trade or Business? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | | | | |
|---|------------|----|----|--|
| 1 a Ordinary business income (loss) | 1 a | 0. | | |
| b Adjustments | b | | | |
| c Adjusted ordinary business income (loss) | 1 c | | 0. | |
| 2 a Rental income (loss) | 2 a | | | |
| b Adjustments | b | | | |
| c Adjusted rental income (loss) | 2 c | | | |
| 3 a Royalty income (loss) | 3 a | | | |
| b Adjustments | b | | | |
| c Adjusted royalty income (loss) | 3 c | | | |
| 4 a Section 1231 gain (loss) | 4 a | | | |
| b Adjustments | b | | | |
| c Adjusted section 1231 gain (loss) | 4 c | | | |
| 5 Other income (loss) | 5 | | | |
| 6 a Section 179 deduction | 6 a | | | |
| b Adjustments | b | | | |
| c Adjusted section 179 deduction | 6 c | | | |
| 7 Other deductions | 7 | | | |
| 8 a W-2 wages | 8 a | | | |
| b Adjustments | b | | | |
| c Adjusted W-2 Wages | 8 c | | | |
| 9 a UBIA of qualified property | 9 a | | | |
| b Adjustments | b | | | |
| c Adjusted UBIA of qualified property | 9 c | | | |

Section 179 Carryover Detail for this Activity

Tentative Section 179 deduction from current year assets

**Part I: Prior Year Carryovers
by Year and Category**

- A** Before 2018
- B** 2018
- C** 2019
- D** 2020
- E** 2021
- F** 2022
- Total prior year carryovers to this year**

| Section 179 Regular Tax | Section 179 QBI |
|----------------------------|--------------------|
| | |
| | 0. |
| | |
| | |
| | |
| | |
| | |

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

Total 179 deduction allowed for this activity in current year

- A** Amount allowed from 2023
- B** Amount allowed from before 2018
- C** Amount allowed from 2018
- D** Amount allowed from 2019
- E** Amount allowed from 2020
- F** Amount allowed from 2021
- G** Amount allowed from 2022

| Section 179 Regular Tax | Section 179 QBI |
|----------------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Part III: Total Carryforward to 2024
by Year and Category**

- A** Carryforward from 2023
- B** Carryforward from before 2018
- C** Carryforward from 2018
- D** Carryforward from 2019
- E** Carryforward from 2020
- F** Carryforward from 2021
- G** Carryforward from 2022
- Total carryforward to next year**

| Section 179 Regular Tax | Section 179 QBI |
|----------------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Information From 2023 Federal Partnership Tax Return

Form 1065: Partnership Tax Return

Line 4, Ordinary Income (Loss)

Continuation Statement

| Name | EIN | Address | City | ST | Zip | Province | Foreign Postal Code | Foreign Code | Foreign Country | Amt |
|--------------------|------------|-----------------|------------|----|-------|----------|---------------------|--------------|-----------------|---------|
| VICTORY TRANSFORMS | 88-1848091 | 2272 RIVIERA DR | LITTLE ELM | TX | 75068 | | | | | -5,837. |
| Total | | | | | | | | | | -5,837. |

2023 AR1050

ARKANSAS PARTNERSHIP INCOME TAX RETURN



P1

Software ID

PROSERIES

Jan. 1 - Dec. 31, 2023 or fiscal year beginning _____ and ending _____ 20__

Check if Using Three Factor Apportionment Alternative

| | | | | |
|--|---------------------------|----------------|---|---------------------------|
| Name ● SUNRISE ASSOCIATES GROUP LLC | | | Federal identification number ● 92-2526659 | |
| Address ● 2514 SW NOTTINGHAM AVE | | | Type of business REAL ESTATE | |
| City ● BENTONVILLE | State or province ● AR | ZIP ● 72713 | <input type="checkbox"/> Check if address is outside U.S. Foreign country name | Number of partners ● 2 |

FILING STATUS: (CHECK ONLY ONE BOX)

1. Partnership operating only in Arkansas
 2. Multistate Partnership - Apportionment
 3. Multistate Partnership
 Direct Accounting (Prior written approval required)
 Non-Business Allocation Only

Type of entity

General Partnership
 Limited Partnership
 Limited Liability Company
 Limited Liability Partnership
 Other _____

Check applicable box ● Initial Return ● Amended Return ● Final Return ● Check this box if you have filed a state extension or an automatic federal extension

Note: Attach completed copy of Federal Return and Sign Arkansas Return

| INCOME | | (A) Total | (B) Arkansas |
|--|----|-----------|--------------|
| 4. Gross receipts or sales: | 4 | 00 | 00 |
| 5. Cost of goods sold: | 5 | 00 | 00 |
| 6. Gross profit from business: (Subtract Line 5 from Line 4) | 6 | 00 | 00 |
| 7. Income from other partnerships or fiduciaries: (Attach schedule) See Inc fr Oth Pships Stmt | 7 | -5,837 | -5,837 |
| 8. Farm income: (Attach schedule) | 8 | 00 | 00 |
| 9. Net gain (or loss) from Form 4797: (Attach schedule) | 9 | 00 | 00 |
| 10. Other income: (Attach schedule) | 10 | 00 | 00 |
| 11. Total Income: (Add Lines 6 through 10) | 11 | -5,837 | -5,837 |

| DEDUCTIONS | | (A) Total | (B) Arkansas |
|---|----|-----------|--------------|
| 12. Salaries of employees: | 12 | 00 | 00 |
| 13. Guaranteed payments to partners: | 13 | 00 | 00 |
| 14. Rent on business property: | 14 | 00 | 00 |
| 15. Interest expense: | 15 | 00 | 00 |
| 16. Taxes: | 16 | 00 | 00 |
| 17. Bad debts: (Attach schedule) | 17 | 00 | 00 |
| 18. Repairs: | 18 | 00 | 00 |
| 19. Depreciation: (Attach schedule A part I) | 19 | 00 | 00 |
| 20. Depletion: (Attach schedule) | 20 | 00 | 00 |
| 21. Retirement plan, etc.: (Attach schedule) | 21 | 00 | 00 |
| 22. Other deductions: (Attach schedule) | 22 | 00 | 00 |
| 23. Total Deductions: (Add Lines 12 through 22) | 23 | 00 | 00 |
| 24. Net Income or loss: (Subtract Line 23 from Line 11 or Schedule A part III, line 9) | 24 | -5,837 | -5,837 |

PARTNERS' SHARES OF INCOME

| NAME OF PARTNER | ADDRESS | CITY | STATE | ZIP | SSN / FEIN | INCOME |
|-----------------------------------|------------------------|-------------|-------|-------|-------------|--------|
| A. SARMA KANAPALLE SATYA GODAVARI | 4604 SW LILLY ST | BENTONVILLE | AR | 72713 | 676-18-5134 | -2,918 |
| B. RAMESH SOMAIYA | 2514 SW NOTTINGHAM AVE | BENTONVILLE | AR | 72713 | 707-71-6383 | -2,919 |
| C. | | | | | | 00 |
| D. | | | | | | 00 |
| E. | | | | | | 00 |

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

| | | | | |
|--------------------------|--|-----------------------------|---|---|
| Please Sign Here | Signature of general partner or limited liability company member | | Date | |
| | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA | | Date 03/15/2024 | |
| Paid Preparer's use only | Firm's name (or yours if self-employed) GLOBAL TAXES LLC | | Address 245 ROONEY CT | |
| | City/State/Zip E BRUNSWICK, NJ 08816 | | EIN | |
| | Telephone (678) 965-9522 | | Check if self-employed <input type="checkbox"/> | |
| | | PTIN/ID number P02082703 | | May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Schedule A
Apportionment of Income
for Multistate Partnership



FEIN: 92-2526659

PART I: DEPRECIATION RECONCILIATION

| | | | | |
|--|---|---|--|----|
| 1. Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere) | 1 | • | | 00 |
| 2. Less: Federal Form 4562, Lines 12, 14, and 25 (Section 179 and bonus depreciation) | 2 | • | | 00 |
| 3. Add or subtract Arkansas depreciation adjustment (Attach schedule) | 3 | • | | 00 |
| 4. Arkansas total depreciation deduction | 4 | • | | 00 |
| 5. Less: Arkansas depreciation in cost of goods sold or elsewhere | 5 | • | | 00 |
| 6. Arkansas depreciation deduction (Enter here and on Line 19, Form AR1050) | 6 | • | | 00 |

PART II: INCOME TO APPORTION

| | | | | |
|---|---|---|--|----|
| 1. Income (Enter amount from Page 1, Line 24, Total column) | 1 | • | | 00 |
| 2. Add adjustments (Attach schedule) | 2 | • | | 00 |
| 3. Deduct adjustments (Attach schedule) | 3 | • | | 00 |
| 4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III) | 4 | • | | 00 |

Schedule A
Apportionment of Income
for Multistate Partnership



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 instructions.**

NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, PARTNERSHIP OPERATING ONLY IN ARKANSAS and complete all appropriate lines on P1 of Form AR1050.

| | (A) Amounts in Arkansas | | (B) Total Amounts | | (C) Percentage (A)÷(B) | |
|---|-----------------------------------|----|-----------------------------|----|----------------------------------|---|
| 1. Property used in the production of business income: | | | | | | |
| a. Tangible assets used in business and inventories | | | | | | |
| Less construction in progress | | | | | | |
| 1. Amount at the beginning of year..... 1 | | 00 | 1 | 00 | | |
| 2. Amount at the end of year..... 2 | | 00 | 2 | 00 | | |
| 3. Total: (Add Lines a1 and a2)3 | | 00 | 3 | 00 | | |
| 4. Average tangible assets: (Line a3 divided by 2) 4 | | 00 | 4 | 00 | 999.999999 | % |
| b. Rented property: (8 X net annual rent) b | | 00 | b | 00 | (EXAMPLE) | |
| c. TOTAL PROPERTY: (Add Lines a4 and b) c | | 00 | c | 00 | | % |

(Calculate to 6 places to the right of decimal. Fill in all spaces)

| | | | | | | |
|---|---|----|---|----|---|---|
| 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 | 00 | | | | |
| c. Origin shipped from within Arkansas to U. S. Govt: | c | 00 | | | | |
| d. Origin shipped from within Arkansas to Other non-taxable jurisdictions: | d | 00 | | | | |
| e. Other business gross receipts: | e | 00 | | | | |
| (Interest, dividends, rents, gains, etc. Attach schedule) | | | | | | |
| f. TOTAL SALES: (Add Lines 3a through 3e) f | f | 00 | f | 00 | | % |
| g. Multiply column C, Line 3f by 2 to doubleweight the sales factor (If Sales Factor only, do not doubleweight) | g | | | | | % |

| | | | | | | |
|--|---|--|--|--|--|---|
| 4. Sum of the percentages: (Double Weighted: Add Column C, Lines 1c, 2a and 3g) | 4 | | | | | % |
|--|---|--|--|--|--|---|

5. Percentage attributable to Arkansas: Line 4 % Divided by = 5 %

***For Part III, Line 5, divide Line 4 by the number of entries other than zero which you make on Part III, column B, Lines (1c), (2a), and (3f).**

Note: An entry other than zero in part III, column B, Line 3f, counts as two (2) entries. Property and payroll factors are only applicable under special industry regulations.

| | | | | |
|--|---|---|--|----|
| 6. Income apportioned to Arkansas: (Multiply part II, Line 4 by Line 5) | 6 | ● | | 00 |
| 7. Add adjustments: (Attach schedule) | 7 | | | 00 |
| 8. Deduct adjustments: (Attach schedule) | 8 | | | 00 |
| 9. Income: (Enter here and on P1, Line 24, Arkansas column) | 9 | | | 00 |

Schedule K
Partners' Distributive
Share Items



FEIN: 92-2526659

PART I: INCOME (LOSS)

Table with 4 columns: Line number, Description, Total, and Arkansas. Rows include Ordinary business income, Net rental real estate income, Other gross rental income, Interest income, Dividends, Royalties, Net short-term capital gain, Net long-term capital gain, Unrecaptured section 1250 gain, Net section 1231 gain, Other income, and Guaranteed Payments.

PART II: DEDUCTIONS

Table with 4 columns: Line number, Description, Total, and Arkansas. Rows include Section 179 deduction, Cash charitable contributions, Non-cash charitable contributions, and Other deductions.

PART III: OTHER INFORMATION

Table with 4 columns: Line number, Description, Total, and Arkansas. Rows include Credits, Items affecting partner basis, Tax-exempt interest income, Nondeductible expenses, Distributions of cash and marketable securities, Investment income, and Other items and amounts.

ANALYSIS OF NET INCOME (LOSS)

Table with 4 columns: Line number, Description, Total, and Arkansas. Row 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).

Mail return to: State Income Tax, P. O. Box 8056, Little Rock, AR 72203-8056

**Schedule B
Additional Partnership
Information**



FEIN: 92-2526659

- A. Check method of accounting
 Cash Accrual Other: (Specify) _____
- B. Are any partners in this partnership also partnerships? Yes No
- C. Is this partnership a partner in another partnership? Yes No

PART I: COST OF GOODS SOLD

| | | | |
|---|---|--|----|
| 1. Inventory at beginning of year: | 1 | | 00 |
| 2. Purchases less cost of items withdrawn for personal use: | 2 | | 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. (Enter here and on P1, Line 5): | 7 | | 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 explanation) _____
- b. Check this box if there was a writedown of "subnormal" goods..... 8b
- c. Check this box if the LIFO inventory method was adopted this tax year for any goods (If checked, attach IRS Form 970)..... 8c
- d. Do the rules of IRC section 263A (for property produced or acquired for resale) apply to the partnership? 8d Yes No
- e. Were there any changes in determining quantities, cost, or valuations between opening and closing inventories? (If yes, attach explanation)..... 8e Yes No

PART II: BALANCE SHEET

| ASSETS | BEGINNING OF YEAR | END OF YEAR |
|--|-------------------|-------------|
| Cash | | 0. |
| Accounts receivable. | | |
| Minus allowance for bad debts. | | |
| Inventories. | | |
| Government obligations. | | |
| Other current assets. | | |
| Mortgage and real estate loans. | | |
| Other investments. | | 66,438. |
| Buildings and other depreciable assets. | | |
| Minus accumulated depreciation. | | |
| Depletable assets. | | |
| Minus accumulated depletion. | | |
| Other assets. | | |
| TOTAL ASSETS | | 66,438. |
| LIABILITIES AND CAPITAL | BEGINNING OF YEAR | END OF YEAR |
| Accounts payable. | | |
| Mortgages, notes, and bonds payable. | | |
| Other current liabilities. | | |
| All non recourse loans. | | |
| Other liabilities. | | |
| Partners' capital accounts. | | 66,438. |
| TOTAL LIABILITIES AND CAPITAL | | 66,438. |

Mail return to: State Income Tax, P. O. Box 8056, Little Rock, AR 72203-8056



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

Software ID

Tax year beginning _____, 20____ and ending _____, 20____

PROSERIES

| <input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1 | Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items | | | | | | | | | | | | | |
|--|--|---|--------|--------|-----------|-----------|------|-----------|-----------|---------|-----------|-----------|--|--|
| Return Type | Distributive share allocated and apportioned to Arkansas 1a Ordinary income (loss) <p align="right">-2,918.</p> 2a Net rental real estate income (loss) 3a Other net rental income (loss) 4a Interest income 5a Dividends 6a Royalties 7a Net short-term capital gain (loss) 8a Net long-term capital gain (loss) 9a Unrecaptured Section 1250 gain 10a Net Section 1231 gain (loss) 11a Other income (loss)* 12a Guaranteed payments 13a Section 179 deduction 14a Contributions and other deductions 15a Credits 16a Items affecting shareholder basis 17a Tax-exempt income and nondeductible expenses 18a Distributions 19a Investments and other items 20a Arkansas withholding or other payments | Distributive share to be reported by Arkansas Residents 1b Ordinary income (loss) <p align="right">-2,918.</p> 2b Net rental real estate income (loss) 3b Other net rental income (loss) 4b Interest income 5b Dividends 6b Royalties 7b Net short-term capital gain (loss) 8b Net long-term capital gain (loss) 9b Unrecaptured Section 1250 gain 10b Net Section 1231 gain (loss) 11b Other income (loss)* 12b Guaranteed payments 13b Section 179 deduction 14b Contributions and other deductions 15b Credits 16b Items affecting shareholder basis 17b Tax-exempt income and nondeductible expenses 18b Distributions 19b Investments and other items | | | | | | | | | | | | |
| <input type="checkbox"/> S-Corp. <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Pass-Through Entity Tax | | | | | | | | | | | | | | |
| Part I Information About the Corporation or Partnership | | | | | | | | | | | | | | |
| A Identification Number 92-2526659 | | | | | | | | | | | | | | |
| B Name, Address, City, State, Zip Code SUNRISE ASSOCIATES GROUP LLC 2514 SW NOTTINGHAM AVE BENTONVILLE AR 72713 | | | | | | | | | | | | | | |
| Part II Information About the Shareholder or Partner | | | | | | | | | | | | | | |
| C Identification Number 676-18-5134 | | | | | | | | | | | | | | |
| D Name, Address, City, State, Zip Code SARMA KANAPALLE SATYA GODAVARI 4604 SW LILLY ST BENTONVILLE AR 72713 | | | | | | | | | | | | | | |
| E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If a nonresident, provide state of legal residence. _____ | | | | | | | | | | | | | | |
| F Shareholder's Percentage of Stock Ownership for Tax Year _____ % | | | | | | | | | | | | | | |
| G Partner's Share of Profit, Loss, and Capital: | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align:center;">Beginning</th> <th style="width:35%; text-align:center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td align="right">50.0000 %</td> <td align="right">50.0000 %</td> </tr> <tr> <td>Loss</td> <td align="right">50.0000 %</td> <td align="right">50.0000 %</td> </tr> <tr> <td>Capital</td> <td align="right">50.0000 %</td> <td align="right">50.0000 %</td> </tr> </tbody> </table> | | Beginning | Ending | Profit | 50.0000 % | 50.0000 % | Loss | 50.0000 % | 50.0000 % | Capital | 50.0000 % | 50.0000 % | | |
| | Beginning | Ending | | | | | | | | | | | | |
| Profit | 50.0000 % | 50.0000 % | | | | | | | | | | | | |
| Loss | 50.0000 % | 50.0000 % | | | | | | | | | | | | |
| Capital | 50.0000 % | 50.0000 % | | | | | | | | | | | | |
| H Arkansas Apportionment Percentage: <u>100.000000 %</u> | | | | | | | | | | | | | | |
| * 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

| <input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1 | Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items | | | | | | | | | | | | | | | | | |
|--|--|--|-----------|--------|--------|-----------|--|-----------|------|-----------|--|-----------|---------|-----------|--|-----------|--------------------------|--------------------------|
| Return Type | Distributive share allocated and apportioned to Arkansas | Distributive share to be reported by Arkansas Residents | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> S-Corp. <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Pass-Through Entity Tax | 1a Ordinary income (loss) <p align="center">-2,919.</p> | 1b Ordinary income (loss) <p align="center">-2,919.</p> | | | | | | | | | | | | | | | | |
| Part I Information About the Corporation or Partnership | 2a Net rental real estate income (loss) | 2b Net rental real estate income (loss) | | | | | | | | | | | | | | | | |
| A Identification Number <p align="center">92-2526659</p> | 3a Other net rental income (loss) | 3b Other net rental income (loss) | | | | | | | | | | | | | | | | |
| B Name, Address, City, State, Zip Code <p align="center">SUNRISE ASSOCIATES GROUP LLC 2514 SW NOTTINGHAM AVE BENTONVILLE AR 72713</p> | 4a Interest income | 4b Interest income | | | | | | | | | | | | | | | | |
| Part II Information About the Shareholder or Partner | 5a Dividends | 5b Dividends | | | | | | | | | | | | | | | | |
| C Identification Number <p align="center">707-71-6383</p> | 6a Royalties | 6b Royalties | | | | | | | | | | | | | | | | |
| D Name, Address, City, State, Zip Code <p align="center">RAMESH SOMAIYA 2514 SW NOTTINGHAM AVE BENTONVILLE AR 72713</p> | 7a Net short-term capital gain (loss) | 7b Net short-term capital gain (loss) | | | | | | | | | | | | | | | | |
| E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p align="center">If a nonresident, provide state of legal residence. _____</p> | 8a Net long-term capital gain (loss) | 8b Net long-term capital gain (loss) | | | | | | | | | | | | | | | | |
| F Shareholder's Percentage of Stock Ownership for Tax Year _____ % | 9a Unrecaptured Section 1250 gain | 9b Unrecaptured Section 1250 gain | | | | | | | | | | | | | | | | |
| G Partner's Share of Profit, Loss, and Capital: | 10a Net Section 1231 gain (loss) | 10b Net Section 1231 gain (loss) | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%;">Beginning</th> <th style="width:30%;"></th> <th style="width:30%;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td align="center">50.0000 %</td> <td style="border-left: 1px solid black;"></td> <td align="center">50.0000 %</td> </tr> <tr> <td>Loss</td> <td align="center">50.0000 %</td> <td style="border-left: 1px solid black;"></td> <td align="center">50.0000 %</td> </tr> <tr> <td>Capital</td> <td align="center">50.0000 %</td> <td style="border-left: 1px solid black;"></td> <td align="center">50.0000 %</td> </tr> </tbody> </table> | | Beginning | | Ending | Profit | 50.0000 % | | 50.0000 % | Loss | 50.0000 % | | 50.0000 % | Capital | 50.0000 % | | 50.0000 % | 11a Other income (loss)* | 11b Other income (loss)* |
| | Beginning | | Ending | | | | | | | | | | | | | | | |
| Profit | 50.0000 % | | 50.0000 % | | | | | | | | | | | | | | | |
| Loss | 50.0000 % | | 50.0000 % | | | | | | | | | | | | | | | |
| Capital | 50.0000 % | | 50.0000 % | | | | | | | | | | | | | | | |
| H Arkansas Apportionment Percentage: <p align="center">100.000000 %</p> | 12a Guaranteed payments | 12b Guaranteed payments | | | | | | | | | | | | | | | | |
| * Attach statement with additional information | 13a Section 179 deduction | 13b Section 179 deduction | | | | | | | | | | | | | | | | |
| | 14a Contributions and other deductions | 14b Contributions and other deductions | | | | | | | | | | | | | | | | |
| | 15a Credits | 15b Credits | | | | | | | | | | | | | | | | |
| | 16a Items affecting shareholder basis | 16b Items affecting shareholder basis | | | | | | | | | | | | | | | | |
| | 17a Tax-exempt income and nondeductible expenses | 17b Tax-exempt income and nondeductible expenses | | | | | | | | | | | | | | | | |
| | 18a Distributions | 18b Distributions | | | | | | | | | | | | | | | | |
| | 19a Investments and other items | 19b Investments and other items | | | | | | | | | | | | | | | | |
| | 20a Arkansas withholding or other payments | | | | | | | | | | | | | | | | | |



ARKANSAS PARTNERSHIP RETURN DECLARATION FOR ELECTRONIC FILING

For calendar year 2023, or tax year beginning _____, 20____, ending _____, 20____

| | | | | |
|--|-------------------------|--------------|---|--|
| Name SUNRISE ASSOCIATES GROUP LLC | | | Federal Identification Number 92-2526659 | |
| Mailing Address (Number and Street, P.O. Box or Rural Route) 2514 SW NOTTINGHAM AVE | | | Telephone (479) 306-1324 | |
| City BENTONVILLE | State or Province AR | ZIP 72713 | <input type="checkbox"/> Check if address is outside U.S. Foreign Country | |

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

| | | | |
|---|---|--------|----|
| 1. Gross Receipts or Sales (Form AR1050, Line 4, Arkansas Column) | 1 | | 00 |
| 2. Cost of Goods Sold (Form AR1050, Line 5, Arkansas Column) | 2 | | 00 |
| 3. Total Income (Form AR1050, Line 11, Arkansas Column) | 3 | -5,837 | 00 |
| 4. Total Deductions (Form AR1050, Line 23, Arkansas Column) | 4 | | 00 |
| 5. Net Income or Loss (Form AR1050, Line 24, Arkansas Column) | 5 | -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 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 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 the 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 | Signature of General Partner or Limited Liability Company Member Manager | Date | Member | Title |
|------------------|--|------|--------|-------|

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

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 filed 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 Use Only | ERO's signature | Date 03/15/2024 | Check if also <input type="checkbox"/> paid preparer | Check if <input type="checkbox"/> self-employed | ERO's SSN or PTIN |
| | Firm's name (or yours if self-employed) | GLOBAL TAXES LLC | | | EIN 84-3171965 |
| | address and ZIP code | 245 ROONEY CT E BRUNSWICK, NJ 08816 | | | 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.

| | | | | |
|---------------------------------|---|--|---|-------------------------------------|
| Paid Preparer's Use Only | Preparer's signature | Date 03/15/2024 | Check if <input type="checkbox"/> self-employed | Preparer's SSN or PTIN P02082703 |
| | Firm's name (or yours if self-employed) | SIYAM PRIYA RAM SAGAR GUPTA | | |
| | address and ZIP code | 245 ROONEY CT E BRUNSWICK, NJ 08816 | | |
| | | | | EIN |
| | | | | Phone No. (678) 965-9522 |

Arkansas Additional Information Schedule

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: | |
| 6. Amount | 00 |

7.

| | |
|-----------------------------------|----|
| Name: | |
| SSN/FEIN: | |
| Arkansas Form or Schedule: | |
| Ownership Type: | |
| Description: | |
| Tax Year: | |
| 7. Amount | 00 |

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. |