

TRADE OR BUSINESS INCOME

Gross receipts less returns.....	41,552
Cost of goods sold.....	15,961
Gross profit.....	25,591
Total income (loss).....	25,591

TRADE OR BUSINESS DEDUCTIONS

Taxes and licenses.....	4,343
Other deductions.....	3,937
Total deductions.....	8,280

SCHEDULE K - INCOME

Ordinary business income (loss).....	17,311
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SCHEDULE L - BALANCE SHEET

Beginning Assets.....	0
Beginning Liabilities and Capital.....	0
Ending Assets.....	2,713
Ending Liabilities and Capital.....	2,713

ENDING ASSETS

Cash.....	2,713
Total Assets.....	2,713

ENDING LIABILITIES & CAPITAL

Partners' capital accounts.....	17,311
Total Liabilities and Capital.....	2,713

PARTNERSHIP INCOME (LOSS)

Ordinary Income (loss) from trade/bus.....	17,311
Subtotal (lines 1-11).....	17,311
Subtotal (lines 12 and 13c).....	17,311
Subtotal (lines 14 less 15h).....	17,311
Net partnership income (loss).....	17,311
Partnership income (loss).....	17,311

PARTNERSHIP FILING FEE

Filing fee.....	450
Installment payment.....	225
Filing fee balance due.....	675

CORPORATE BUSINESS TAX

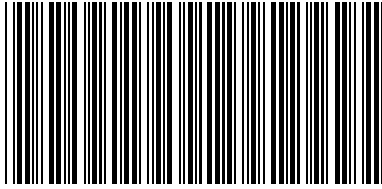
Total due.....	0
Balance due.....	0

Forms needed for this return

Federal: 1065, Sch K-1, 1125-A, 8879-PE
New Jersey: NJ-1065, Sch NJK-1, NJ-1065-V

Carryovers to 2024

None



0241201010

**2023 NJ-1065-V
NEW JERSEY GROSS INCOME TAX
PARTNERSHIP PAYMENT VOUCHER**

DO NOT CUT THIS PAGE

For Calendar Year 2023, or Tax Year
Beginning _____, 2023 and Ending _____, 20__

New Jersey Gross Income Tax
Partnership Payment Voucher
NJ-1065-V

92-0368773 CANY

1032 2023

CANYON TRANSLATION
45 RIVER DRIVE S APT 3304
JERSEY CITY NJ 07310

Return this voucher with your payment.
Make checks payable to: State of New Jersey – PART
Write your federal ID number and tax year on the check.

Filing Fee on Partnerships
PO Box 642
Trenton, NJ 08646-0642

Enter amount of payment here:

675.00



024129203687730009CANY2312060000067500

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

Department of the Treasury
Internal Revenue Service

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

2023

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

Name of partnership Canyon Translation	Employer identification number 92-0368773
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Part I Form 1065 Information (Whole dollars only)		
1 Gross receipts or sales less returns and allowances (Form 1065, line 1c).....	1	41,552.
2 Gross profit (Form 1065, line 3).....	2	25,591.
3 Ordinary business income (loss) (Form 1065, line 23).....	3	17,311.
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 Randall Bossard to enter my PIN 24022 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 on the partnership's 2023 electronically filed return of partnership income or AAR.

Partner or Member or PR signature: _____
Title: President Date: 3/01/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22291020051
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: Randall Bossard Date: 3/01/2024

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

Form 1065

Department of the Treasury Internal Revenue Service

U.S. Return of Partnership Income For calendar year 2023, or tax year beginning ending 2023. Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

2023

Table with 4 columns: A Principal business activity, B Principal product or service, C Business code number, D Employer identification no., E Date business started, F Total assets (see instructions).

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 (specify):
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: 3
J Check if Schedules C and M-3 are attached:
K Check if partnership: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

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

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

Signature section: Under penalties of perjury, I declare that I have examined this return... Signature of partner or limited liability company member: Randall Bossard, Date: [blank]

Paid Preparer Use Only section: Print/Type preparer's name: Randall Bossard, Preparer's signature: Randall Bossard, Date: [blank], Check self-employed: [X], PTIN: P03120051, Firm's name: Randall Bossard, Firm's EIN: 99-0432196, Firm's address: 15 Normandy Lane, Willingboro, NJ 08046, Phone no.: 973-617-0440

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other: _____				
2 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership.					X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership.					X
3 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.					X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.					X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
4 Does the partnership satisfy all four of the following conditions?				Yes	No
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 on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3. If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.				X	
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?					X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
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 (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country.					X
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? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions.					X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election. See instructions for details regarding section 754 election.					X
b For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$(_____) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach statement showing the computation and allocation of each basis adjustment. See instructions.					X

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	<input type="checkbox"/>	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	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	<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?	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>
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. <u>2</u>	X	<input type="checkbox"/>
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return	<input type="checkbox"/>	<input type="checkbox"/>
16 a	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions.	X	<input type="checkbox"/>
b	If "Yes," did you or will you file required Form(s) 1099?	X	<input type="checkbox"/>
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return.	<input type="checkbox"/>	<input type="checkbox"/>
18	Enter the number of partners that are foreign governments under section 892. <u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938	<input type="checkbox"/>	X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	<input type="checkbox"/>	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 \$ _____	<input type="checkbox"/>	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.	<input type="checkbox"/>	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.	<input type="checkbox"/>	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 \$ _____	<input type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	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: _____	<input type="checkbox"/>	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?	<input type="checkbox"/>	X

Schedule 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Jyoti Sharma

U.S. address of PR <u>45 River Drive S Apt 3304</u> <u>Jersey City, NJ 07310</u>	U.S. phone number of PR <u>(917) 213-3086</u>
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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	17,311.	
	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 stmt).....	3b		
	c Other net rental income (loss). Subtract line 3b from line 3a.....	3c		
	4 Guaranteed payments: a Services 4a _____ b Capital 4b _____	4a	4b	
	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 _____	6b	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		
	b Gross farming or fishing income.....	14b		
	c Gross nonfarm income.....	14c		
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		
International	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 stmt).....	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 stmt) See Statement 2				
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	17,311.
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		17,311.					

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				
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 stmt)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach stmt)				
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 stmt)				
14	Total assets				
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach stmt)				
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 stmt)				
21	Partners' capital accounts				
22	Total liabilities and capital				

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		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 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

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

Cost of Goods Sold

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name Canyon Translation	Employer identification number 92-0368773
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1 Inventory at beginning of year.....	1	
2 Purchases.....	2	15,961.
3 Cost of labor.....	3	
4 Additional section 263A costs (attach schedule).....	4	
5 Other costs (attach schedule).....	5	
6 Total. Add lines 1 through 5.....	6	15,961.
7 Inventory at end of year.....	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions.....	8	15,961.

9 a 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 if there was a writedown of subnormal goods..... ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)..... ▶

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO..... 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions..... Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation..... Yes No

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year

Final K-1

Amended K-1

651123
OMB No. 1545-0123

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 92-0368773												
B	Partnership's name, address, city, state, and ZIP code Canyon Translation 45 River Drive S Apt 3304 Jersey City, NJ 07310												
C	IRS center where partnership filed return: e-file												
D	<input type="checkbox"/> 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.) 387-39-7420												
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. Jyoti Sharma 45 River Drive S Apt 3304 Jersey City, NJ 07310												
G	<input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member												
H1	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner												
H2	<input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____												
I1	What type of entity is this partner? <u>Individual</u>												
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>												
J	Partner's share of profit, loss, and capital (see instructions):												
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Beginning</th> <th style="width: 30%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">20 %</td> <td style="text-align: center;">20 %</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">20 %</td> <td style="text-align: center;">20 %</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">20 %</td> <td style="text-align: center;">20 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	20 %	20 %	Loss	20 %	20 %	Capital	20 %	20 %
	Beginning	Ending											
Profit	20 %	20 %											
Loss	20 %	20 %											
Capital	20 %	20 %											
	Check if decrease is due to: <input type="checkbox"/> Sale or <input type="checkbox"/> Exchange of partnership interest. See instructions.												
K1	Partner's share of liabilities:												
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Beginning</th> <th style="width: 30%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Nonrecourse \$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Qualified nonrecourse financing \$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Recourse \$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		Beginning	Ending	Nonrecourse \$	\$	\$	Qualified nonrecourse financing \$	\$	\$	Recourse \$	\$	\$
	Beginning	Ending											
Nonrecourse \$	\$	\$											
Qualified nonrecourse financing \$	\$	\$											
Recourse \$	\$	\$											
K2	Check this box if item K1 includes liability amounts from lower-tier partnerships. <input type="checkbox"/>												
K3	Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions. <input type="checkbox"/>												
L Partner's Capital Account Analysis													
	Beginning capital account \$ _____												
	Capital contributed during the year \$ _____												
	Current year net income (loss) \$ _____												
	Other increase (decrease) (attach explanation) . . . \$ _____												
	Withdrawals and distributions \$(_____)												
	Ending capital account \$ _____												
M	Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.												
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			
1	Ordinary business income (loss) 3,463.	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked. <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Other information
10	Net section 1231 gain (loss)	AJ*	STMT
11	Other income (loss)	Z*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			

For IRS Use Only

**Box 20
Other Information**

*** Descriptive Information**

AJ	Aggregate Business Activity	Gross Income.....	\$	8,310.
AJ	Aggregate Business Activity	Total Deductions.....		1,656.

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 20, Code Z)

Partnership's name: Canyon Translation	Partnership's EIN: 92-0368773
Partner's name: Jyoti Sharma	Partner's identifying number: 387-39-7420

	Canyon Translation	
Partner's share of:	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)	3,463.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages			
UBIA of qualified property			
Qualified REIT dividends			

Partner's share of:	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages			
UBIA of qualified property			

2023 PARTNER'S SHARE OF INVESTMENT IN PASSTHROUGH ENTITIES

Note: The amounts on this schedule are provided for informational purposes only. These amounts are already included on Schedule K-1.

Partner's Name Jyoti Sharma	Partner's identification number 387-39-7420
---------------------------------------	---

Name of Passthrough Entity	Employer Identification No.	Type of Entity	Final K-1
A Canyon Translation	92-0368773	Passive	
B			
C			
D			

		Passthrough Entities			
		A	B	C	D
Income (Loss)	Ordinary business income (loss)				
	Net rental real estate income (loss)				
	Other net rental income (loss)				
	Guaranteed payments				
	Interest				
	Ordinary dividends				
	Qualified dividends				
	Dividend equivalents				
	Royalties				
	Net short-term capital gain (loss)				
	Net long-term capital gain (loss)				
	Collectibles (28%) gain (loss)				
	Unrecaptured section 1250 gain				
	Net section 1231 gain (loss)				
Other income (loss)					
Deductions	Section 179 deduction				
	Charitable contributions				
	Investment interest expense				
	Section 59(e)(2) expense: Intangible Drilling costs				
	Section 59(e)(2) expense: Dry Hole expense				
	Other section 59(e)(2) expenses				
	Excess business interest expenses				
Other deductions					
Self-Employment	Net earnings (loss) from self-employment	3,462.			
	Gross farming or fishing income				
	Gross nonfarm income				
Credits	Low-income housing credit:				
	(C) Section 42(j)(5)				
	(D) Other				
	Qualified rehabilitation expenditures related to rental real estate act.				
	Other rental real estate credits				
	Other rental credits				
	Work opportunity credit				
	Biofuel producer credit				
	Disabled access credit				
	Empowerment zone employment credit				
	Credit for increasing research activities				
	Credit for employer Soc. Sec. tax paid on certain employee tips				
	Orphan drug credit				
	Enhanced oil recovery credit				
	Indian employment credit				
Small employer pension plan startup costs credit					
Credit for employer-provided childcare					
Alternative motor vehicle credit					
Other credits					

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year

Final K-1

Amended K-1

651123
OMB No. 1545-0123

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	92-0368773
B Partnership's name, address, city, state, and ZIP code	Canyon Translation 45 River Drive S Apt 3304 Jersey City, NJ 07310
C IRS center where partnership filed return:	e-file
D <input type="checkbox"/> 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.)	Applied For
F Name, address, city, state, and ZIP code for partner entered in E. See instructions.	Sharmeen Gulab Shaikh S. No. 315/1A//1, Sai Park Nirgudi Road Lohagaon Pune, Maharashtra 411047 India
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	
H1 <input type="checkbox"/> Domestic partner <input checked="" type="checkbox"/> Foreign partner	
H2 <input type="checkbox"/> 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 <input type="checkbox"/>	
J Partner's share of profit, loss, and capital (see instructions):	
Beginning	Ending
Profit 40 %	40 %
Loss 40 %	40 %
Capital 40 %	40 %
Check if decrease is due to: <input type="checkbox"/> Sale or <input type="checkbox"/> 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. <input type="checkbox"/>	
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions. <input type="checkbox"/>	
L Partner's Capital Account Analysis	
Beginning capital account \$	
Capital contributed during the year \$	
Current year net income (loss) \$	
Other increase (decrease) (attach explanation). . . \$	
Withdrawals and distributions \$(_____)	
Ending capital account \$	
M Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.	
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			
1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	6,924.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked. <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Distributions
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Other information
		AJ*	STMT
10	Net section 1231 gain (loss)	Z*	STMT
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			

For IRS Use Only

**Box 20
Other Information**

*** Descriptive Information**

AJ	Aggregate Business Activity	Gross Income.....	\$	16,621.
AJ	Aggregate Business Activity	Total Deductions.....		3,312.

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 20, Code Z)

Partnership's name: Canyon Translation	Partnership's EIN: 92-0368773
Partner's name: Sharmeen Gulab Shaikh	Partner's identifying number: Applied For

	Canyon Translation	
Partner's share of:	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)	6,924.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
	W-2 wages		
	UBIA of qualified property		
	Qualified REIT dividends		

Partner's share of:	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
	W-2 wages		
	UBIA of qualified property		

2023 PARTNER'S SHARE OF INVESTMENT IN PASSTHROUGH ENTITIES

Note: The amounts on this schedule are provided for informational purposes only. These amounts are already included on Schedule K-1.

Partner's Name Sharmeen Gulab Shaikh	Partner's identification number Applied For
--	---

Name of Passthrough Entity	Employer Identification No.	Type of Entity	Final K-1
A Canyon Translation	92-0368773	Passive	
B			
C			
D			

		Passthrough Entities			
		A	B	C	D
Income (Loss)	Ordinary business income (loss)				
	Net rental real estate income (loss)				
	Other net rental income (loss)				
	Guaranteed payments				
	Interest				
	Ordinary dividends				
	Qualified dividends				
	Dividend equivalents				
	Royalties				
	Net short-term capital gain (loss)				
	Net long-term capital gain (loss)				
	Collectibles (28%) gain (loss)				
	Unrecaptured section 1250 gain				
	Net section 1231 gain (loss)				
Other income (loss)					
Deductions	Section 179 deduction				
	Charitable contributions				
	Investment interest expense				
	Section 59(e)(2) expense: Intangible Drilling costs				
	Section 59(e)(2) expense: Dry Hole expense				
	Other section 59(e)(2) expenses				
	Excess business interest expenses				
Other deductions					
Self-Employment	Net earnings (loss) from self-employment	6,924.			
	Gross farming or fishing income				
	Gross nonfarm income				
Credits	Low-income housing credit:				
	(C) Section 42(j)(5)				
	(D) Other				
	Qualified rehabilitation expenditures related to rental real estate act.				
	Other rental real estate credits				
	Other rental credits				
	Work opportunity credit				
	Biofuel producer credit				
	Disabled access credit				
	Empowerment zone employment credit				
	Credit for increasing research activities				
	Credit for employer Soc. Sec. tax paid on certain employee tips				
	Orphan drug credit				
	Enhanced oil recovery credit				
	Indian employment credit				
	Small employer pension plan startup costs credit				
Credit for employer-provided childcare					
Alternative motor vehicle credit					
Other credits					

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year

Final K-1

Amended K-1

651123
OMB No. 1545-0123

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	92-0368773
B Partnership's name, address, city, state, and ZIP code	Canyon Translation 45 River Drive S Apt 3304 Jersey City, NJ 07310
C IRS center where partnership filed return:	e-file
D <input type="checkbox"/> 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.)	Applied For
F Name, address, city, state, and ZIP code for partner entered in E. See instructions.	Husnal Moab Shaikh C4, Jairaj Residency Priyadarshni Nagar Old Sanghvi, Pune 411027 India
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	
H1 <input type="checkbox"/> Domestic partner <input checked="" type="checkbox"/> Foreign partner	
H2 <input type="checkbox"/> 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 <input type="checkbox"/>	
J Partner's share of profit, loss, and capital (see instructions):	
Beginning	Ending
Profit 40 %	40 %
Loss 40 %	40 %
Capital 40 %	40 %
Check if decrease is due to: <input type="checkbox"/> Sale or <input type="checkbox"/> 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. <input type="checkbox"/>	
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions. <input type="checkbox"/>	
L Partner's Capital Account Analysis	
Beginning capital account \$	
Capital contributed during the year \$	
Current year net income (loss) \$	
Other increase (decrease) (attach explanation) \$	
Withdrawals and distributions \$()	
Ending capital account \$	
M Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.	
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			
1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	6,924.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked. <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Distributions
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Other information
		AJ*	STMT
10	Net section 1231 gain (loss)	Z*	STMT
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			

For IRS Use Only

**Box 20
Other Information**

*** Descriptive Information**

AJ	Aggregate Business Activity Gross Income.....	\$	16,621.
AJ	Aggregate Business Activity Total Deductions.....		3,312.

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 20, Code Z)

Partnership's name: Canyon Translation	Partnership's EIN: 92-0368773
Partner's name: Husnal Moab Shaikh	Partner's identifying number: Applied For

	Canyon Translation	
Partner's share of:	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)	6,924.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
	W-2 wages		
	UBIA of qualified property		
	Qualified REIT dividends		

Partner's share of:	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB

QBI or qualified PTP items subject to partner-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
	W-2 wages		
	UBIA of qualified property		

2023 PARTNER'S SHARE OF INVESTMENT IN PASSTHROUGH ENTITIES

Note: The amounts on this schedule are provided for informational purposes only. These amounts are already included on Schedule K-1.

Partner's Name Husnal Moab Shaikh	Partner's identification number Applied For
---	---

Name of Passthrough Entity	Employer Identification No.	Type of Entity	Final K-1
A Canyon Translation	92-0368773	Passive	
B			
C			
D			

		Passthrough Entities			
		A	B	C	D
Income (Loss)	Ordinary business income (loss)				
	Net rental real estate income (loss)				
	Other net rental income (loss)				
	Guaranteed payments				
	Interest				
	Ordinary dividends				
	Qualified dividends				
	Dividend equivalents				
	Royalties				
	Net short-term capital gain (loss)				
	Net long-term capital gain (loss)				
	Collectibles (28%) gain (loss)				
	Unrecaptured section 1250 gain				
	Net section 1231 gain (loss)				
Other income (loss)					
Deductions	Section 179 deduction				
	Charitable contributions				
	Investment interest expense				
	Section 59(e)(2) expense: Intangible Drilling costs				
	Section 59(e)(2) expense: Dry Hole expense				
	Other section 59(e)(2) expenses				
	Excess business interest expenses				
Other deductions					
Self-Employment	Net earnings (loss) from self-employment	6,924.			
	Gross farming or fishing income				
	Gross nonfarm income				
Credits	Low-income housing credit:				
	(C) Section 42(j)(5)				
	(D) Other				
	Qualified rehabilitation expenditures related to rental real estate act.				
	Other rental real estate credits				
	Other rental credits				
	Work opportunity credit				
	Biofuel producer credit				
	Disabled access credit				
	Empowerment zone employment credit				
	Credit for increasing research activities				
	Credit for employer Soc. Sec. tax paid on certain employee tips				
	Orphan drug credit				
	Enhanced oil recovery credit				
	Indian employment credit				
	Small employer pension plan startup costs credit				
Credit for employer-provided childcare					
Alternative motor vehicle credit					
Other credits					

Statement 1
Form 1065, Line 21
Other Deductions

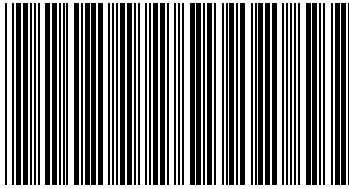
Accounting.....	\$	678.
Bank Charges.....		139.
Dues and Subscriptions.....		906.
Legal and Professional.....		50.
Office Expense.....		2,061.
Telephone.....		103.
Total	\$	<u>3,937.</u>

Statement 2
Form 1065, Schedule K, Line 20c
Other Reportable Items

Aggregate Business Activity Gross Income.....	\$	41,552.
Aggregate Business Activity Total Deductions.....		8,280.

STATE OF NEW JERSEY INCOME TAX – PARTNERSHIP RETURN

NJ-1065
2023
Page 1



043MP01230

For Privacy Act Notification, See Instructions
For Calendar Year 2023, or Tax Year
Beginning _____, 2023 and Ending _____.

CANYON TRANSLATION

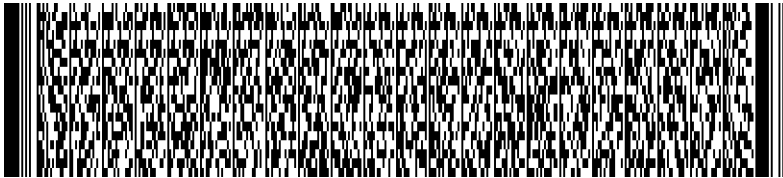
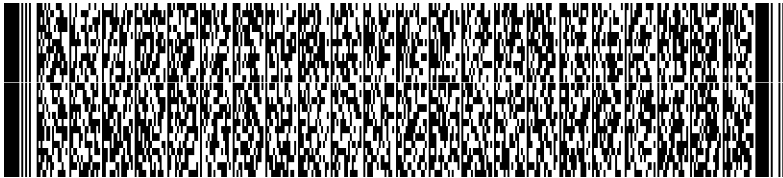
45 RIVER DRIVE S APT 3304

JERSEY CITY NJ 07310

920368773 TRANSLATION SERVICE 09192022

1032 675.00 12 P03120051 990432196

- 1 # of Resident Partners
- 2 # of Nonresident Partners with Physical Nexus to NJ
- # of Nonresident Partners without Physical Nexus to NJ



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

Pay the amount on Line 6 of the Filing Fee Worksheet in full. Write your Federal EIN and the tax year on the check or money order and make payable to: STATE OF NEW JERSEY — PART

> _____ > _____
Signature of General Partner or Limited Liability Company Member Date

DO NOT staple or otherwise attach your payment to return NJ-1065.

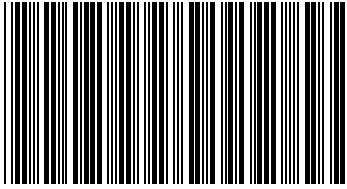
Paid Preparer's Signature **Randall Bossard** Date _____ Check if Self-Employed

Mail your completed Form NJ-1065 to: NJ Division of Taxation — Revenue Processing Center, PO Box 194, Trenton, NJ 08646-0194.

Firm's Name (or yours if self-employed) **Randall Bossard** Preparer's SS # or PTIN **P03120051**

Mail your payment and completed NJ-1065-V payment voucher to: Filing Fee on Partnerships, PO Box 642, Trenton, NJ 08646-0642

Preparer's Address **15 Normandy Lane** Preparer's Federal EIN # **990432196**
Willingboro, NJ 08046



043MP02230

CANYON TRANSLATION

920368773

1032

Check applicable boxes

- Initial Return
- Final Return
- Amended Return
- Application for Federal Extension is attached
- Substitute Method of Allocation Granted
- Complete Liquidation
- Qualified Investment Partnership
- Listed on U.S. National Stock Exchange
- Hedge Fund
- Investment Club
- Composite Return is filed for Nonresident Partner
- Controlling Interest Transfer Tax
- Tiered Partnership
- General Partnership
- Limited Partnership
- X Limited Liability Company
- Limited Liability Partnership

Partnership Income

		Column A Amount from All Sources	Column B Amount from NJ Sources
1	Ordinary Income (loss) from trade or business activities (See instructions)	17311	
2	Net income (loss) from rental real estate activities		
3	Net income (loss) from other rental activities		
4	Guaranteed payments to partners		
5	Interest income		
6	Dividend income		
7	Royalty income		
8	Net gain (loss) from disposition of property		
9	Net IRC section 1231 gain (loss)		
10	Other income (loss)		
11	Tax-exempt interest income		
12	Subtotal (Add lines 1 through 11)	17311	
13a	Taxes based on income		
13b	Other additions — specify: _____		
13c	Total additions (Add lines 13a and 13b)		
14	Subtotal (Add lines 12 and 13c)	17311	
15a	Guaranteed payments to partners		
15b	Interest income from federal obligations		
15c	Interest income from NJ obligations		
15d	IRC section 179 expense		
15e	Other subtractions — specify: _____		
15f	Total subtractions (Add lines 15a through 15e)		
16	Net partnership income (Subtract line 15f from line 14)	17311	
17	Nonoperational income (loss) (from Schedule O,Part I, line 16)		
18	Nonunitary partnership income (loss) (from Schedule A, Part III, line 2)		
19a	Total operational income (Subtract lines 17 and 18 from line 16)	17311	
19b	Allocated operational income (Line 19a times bus. allocation % of 1000000%)		17311
20	Nonoperational income (loss) (see instructions)		
21	Nonunitary partnership income (loss) (see instructions)		
22	Partnership income (loss) (see instructions)	17311	17311
23a	Guaranteed payments to partners		
23b	Guaranteed payments to partners — pension		
23c	Net guaranteed payment to partners (Subtract line 23b from line 23a)		
24	Net gain (loss) from disposition of assets as a result of a complete liquidation		
25	Total Nonresident Noncorporate Partners Share of Tax (Line 2c, col. J of Dir.)		
26	Total Nonresident Corporate Partners Share of Tax (Line 2c, col. K of Directory)		



CANYON TRANSLATION

920368773

1032

Partnership Filing Fee

1a	Number of Resident Partners	1	X \$150.00 =	1a	150	.
1b	Number of Nonresident Partners with Physical Nexus to New Jersey	2	X \$150.00 =	1b	300	.
1c	Number of Nonresident Partners without Physical Nexus to New Jersey		X \$150.00 X 1000000 =	1c		.
			Business Allocation Factor			
1d	Filing Fee (Add lines 1a-1c, but do not enter more than \$250,000)			1d	450	.
2	Installment Payment			2	225	.
3	Less: Pass-Through Bus. Alt. Inc. Tax Credit			3		.
4	Less: Installment Payment from 2022			4		.
5	Less: PART-200-T Payment			5		.
6	Balance Due			6	675	.
7	Refund			7		.

Partners Directory List all partners, including principal address. Add additional sheets as necessary. **1** Business Allocation Factor **1000000**

Code % owned by Partner Final SS Number or FEIN Partner Name
RI 02000 387397420 SHARMA JYOTI
 Partner Address City State
45 RIVER DRIVE S APT 3304 JERSEY CITY NJ
 Zip Code
07310 C 3463 D 3463 E F G
H I J K L

Code % owned by Partner Final SS Number or FEIN Partner Name
NR 04000 SHAIKH SHARMEEN G
 Partner Address City State
S NO 315/1A//1 SAI PARK NIRGUDI ROA LOHAGAON PUNE INDIA
 Zip Code
411047 C 6924 D 6924 E F G
H I J K L

Code % owned by Partner Final SS Number or FEIN Partner Name
NR 04000 SHAIKH HUSNAL M
 Partner Address City State
C4 JAIRAJ RESIDENCY PRIYADARSHNI NA OLD SANGHVI INDIA
 Zip Code
411027 C 6924 D 6924 E F G
H I J K L

2a	Total this page.	Col. J	<input type="checkbox"/>	Col. K	<input type="checkbox"/>	Col. L	<input type="checkbox"/>
2b	Total from additional pages attached.	Col. J	<input type="checkbox"/>	Col. K	<input type="checkbox"/>	Col. L	<input type="checkbox"/>
2c	Total Tax (add Lines 2a and 2b)	Col. J		Col. K		Col. L	

For Calendar Year 2023, or Fiscal Year Beginning _____, 2023 and ending _____, 20_____

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) Applied For Partner's Name Sharmeen Gulab Shaikh Street Address S. No. 315/1A//1, Sai Park Nirgudi Road City State ZIP Code Lohagaon Pune India 411047 What type of entity is partner? (see instructions) <u>NR</u> Code Date partner's interest in partnership began: <u>9/19/22</u> Month Day Year <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's: Federal EIN _____ Name _____	Partnership's Federal EIN 92-0368773 Partnership's Name Canyon Translation Partnership's Street Address 45 River Drive S Apt 3304 City State ZIP Code Jersey City NJ 07310 Enter partner's percentage of: <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">(i) Before Decrease or Termination</td> <td style="text-align: center;">(ii) End of Year</td> </tr> <tr> <td>Profit Sharing</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ 40 %</td> </tr> <tr> <td>Loss Sharing</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ 40 %</td> </tr> <tr> <td>Capital Ownership</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____ 40 %</td> </tr> </table>		(i) Before Decrease or Termination	(ii) End of Year	Profit Sharing	_____ %	_____ 40 %	Loss Sharing	_____ %	_____ 40 %	Capital Ownership	_____ %	_____ 40 %
	(i) Before Decrease or Termination	(ii) End of Year											
Profit Sharing	_____ %	_____ 40 %											
Loss Sharing	_____ %	_____ 40 %											
Capital Ownership	_____ %	_____ 40 %											

Part II Income Information

Income Classification	A Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B New Jersey Source Amounts	NJ-1040NR Filers
1 Partnership Income (Loss)	6,924.		6,924.	
2 Net Guaranteed Payments				
3 Partner's 401(k) Contribution				
4 Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	6,924.	Line 21	6,924.	Line 23
5 Pension		Line 20a		
6 Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

			Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
1 Nonresident Partner's Share of NJ Tax.....	1		
2 Partner's HEZ Deduction.....	2		
3 Partner's Sheltered Workshop Tax Credit.....	3		
4 Share of Pass-Through Business Alternative Income Tax.....	4		

Part IV Supplemental Information (Attach Schedule)

For Calendar Year 2023, or Fiscal Year Beginning _____, 2023 and ending _____, 20_____

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) Applied For Partner's Name Husnal Moab Shaikh Street Address C4, Jairaj Residency Priyadarshni Nagar City State ZIP Code Old Sanghvi India 411027 What type of entity is partner? (see instructions) <u>NR</u> Code Date partner's interest in partnership began: <u>9/19/22</u> Month Day Year <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's: Federal EIN _____ Name _____	Partnership's Federal EIN 92-0368773 Partnership's Name Canyon Translation Partnership's Street Address 45 River Drive S Apt 3304 City State ZIP Code Jersey City NJ 07310 Enter partner's percentage of: (i) Before Decrease or Termination (ii) End of Year Profit Sharing _____ % <u>40</u> % Loss Sharing _____ % <u>40</u> % Capital Ownership _____ % <u>40</u> %
--	--

Part II Income Information

Income Classification	A Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B New Jersey Source Amounts	NJ-1040NR Filers
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5 Pension		Line 20a		
6 Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

			Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
1 Nonresident Partner's Share of NJ Tax.....	1		
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Part IV Supplemental Information (Attach Schedule)