

E-file Authorization for Corporations

(December 2022)

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

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

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

Name of corporation

ICHIGOQUE LLC

Employer identification number

87-3573063

Part I Information (Whole dollars only)

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

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

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

Officer's PIN: check one box only

I authorize _____ to enter my PIN

--	--	--	--	--	--

 as my signature
ERO firm name
 on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature _____ Date _____ Title DIRECTOR

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
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

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

ERO's signature _____ Date 03/26/2024

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

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name ICHIGOQUE LLC Number, street, and room or suite no. If a P.O. box, see instructions. 6118 RIVERSIDE STATION BOULEVARD City or town, state or province, country, and ZIP or foreign postal code SECAUCUS NJ 07094	B Employer identification number 87-3573063 C Date incorporated 11/14/2021 D Total assets (see instructions) \$ 0
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a	Gross receipts or sales		1a
	b	Returns and allowances		1b
	c	Balance. Subtract line 1b from line 1a		1c
	2	Cost of goods sold (attach Form 1125-A)		2
	3	Gross profit. Subtract line 2 from line 1c		3
	4	Dividends and inclusions (Schedule C, line 23)		4
	5	Interest		5
	6	Gross rents		6
	7	Gross royalties		7
	8	Capital gain net income (attach Schedule D (Form 1120))		8
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9
10	Other income (see instructions—attach statement)		10	
11	Total income. Add lines 3 through 10		11	
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions—attach Form 1125-E)		12
	13	Salaries and wages (less employment credits)		13
	14	Repairs and maintenance		14
	15	Bad debts		15
	16	Rents		16
	17	Taxes and licenses		17
	18	Interest (see instructions)		18
	19	Charitable contributions		19
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20
	21	Depletion		21
	22	Advertising		22
	23	Pension, profit-sharing, etc., plans		23
	24	Employee benefit programs		24
	25	Energy efficient commercial buildings deduction (attach Form 7205)		25
	26	Other deductions (attach statement) <u>Other Deductions Statement</u>		26 14,165
	27	Total deductions. Add lines 12 through 26		27 14,165
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.		28 -14,165
	29a	Net operating loss deduction (see instructions)		29a
	b	Special deductions (Schedule C, line 24)		29b
c	Add lines 29a and 29b		29c	
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28. See instructions		30 -14,165
	31	Total tax (Schedule J, Part I, line 11)		31 0
	32	Reserved for future use		32
	33	Total payments and credits (Schedule J, Part II, line 23)		33
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>		34
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed		35
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid		36 0
37	Enter amount from line 36 you want: Credited to 2024 estimated tax Refunded		37	

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

Sign Here		
Signature of officer	Date	Title
		DIRECTOR

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SYAM PRIYA RAM SAGAR GUPTA	SYAM PRIYA RAM SAGAR GUPTA	03/26/2024		P02082703
	Firm's name	Firm's EIN			
	GLOBAL TAXES LLC				
	Firm's address	Phone no.			
	245 ROONEY CT E BRUNSWICK NJ 08816	(678) 965-9522			

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I—Tax Computation

1	Income tax. See instructions		1	0
2	Base erosion minimum tax amount (attach Form 8991)		2	
3	Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626).		3	
4	Add lines 1, 2, and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (see instructions—attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under section 453A(c)	9f		
g	Interest/tax due under section 453(l)	9g		
z	Other (see instructions—attach statement)	9z		
10	Total. Add lines 9a through 9z		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0

Part II—Payments and Refundable Credits

12	Reserved for future use		12	
13	Preceding year's overpayment credited to the current year		13	
14	Current year's estimated tax payments		14	
15	Current year's refund applied for on Form 4466		15	()
16	Combine lines 13, 14, and 15		16	
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)		18	
19	Total payments. Add lines 16, 17, and 18		19	
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Reserved for future use	20c		
z	Other (attach statement—see instructions)	20z		
21	Total credits. Add lines 20a through 20z		21	
22	Elective payment election amount from Form 3800		22	
23	Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33		23	

Schedule K Other Information (see instructions)

1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____		Yes	No
2 See the instructions and enter the:			
a Business activity code no. <u>518210</u>			
b Business activity <u>SOFTWARE SERVICES</u>			
c Product or service <u>SERVICE</u>			
3 Is the corporation a subsidiary in an affiliated group or a parent–subsidiary controlled group? If “Yes,” enter name and EIN of the parent corporation _____			X
4 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 own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation’s stock entitled to vote? If “Yes,” complete Part I of Schedule G (Form 1120) (attach Schedule G)			X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation’s stock entitled to vote? If “Yes,” complete Part II of Schedule G (Form 1120) (attach Schedule G)			X
5 At the end of the tax year, did the corporation:			
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? 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 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 (iv) below.			X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation’s current and accumulated earnings and profits? See sections 301 and 316 If “Yes,” file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.			X
7 At any time during this tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation’s stock entitled to vote or at least 25% of the total value of all classes of the corporation’s stock? For rules of attribution, see section 318. If “Yes,” enter: (a) Percentage owned _____ and (b) Owner’s country _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____			X
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.			
9 Enter the amount of tax-exempt interest received or accrued during this tax year \$ _____			
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____			
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.			
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) \$ _____			

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?	X	
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during this tax year \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did this corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During this corporation's tax year, did the corporation 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) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions _____		X
If "Yes," enter the total amount of the disallowed deductions \$ _____		
22 Does this corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3).) If "Yes," complete and attach Form 8991.		X
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during this tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$ _____		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		By Value
27 At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		X
28 Is the corporation a member of a controlled group?		X
If "Yes," attach Schedule O (Form 1120). See instructions.		
29 Corporate Alternative Minimum Tax:		
a Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year?		X
If "Yes," go to question 29b. If "No," skip to question 29c.		
b Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an applicable corporation in the prior tax year?		
If "Yes," complete and attach Form 4626. If "No," continue to question 29c.		
c Does the corporation meet the requirements of the safe harbor method as provided under section 59(k)(3)(A) for the current tax year? See instructions		X
If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626.		
30 Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):		
a Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)?		X
b Under the applicable foreign corporation rules?		X
c Under the covered surrogate foreign corporation rules?		X
If "Yes" to either (a), (b), or (c), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		
31 Is this a consolidated return with gross receipts or sales of \$1 billion or more and a subchapter K basis adjustment, as described in the instructions, of \$10 million or more?		X
If "Yes," attach a statement. See instructions.		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		0.		0.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		0.		0.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				14,165.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings—Appropriated (attach statement)				
25	Retained earnings—Unappropriated				-14,165.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock	()		()	
28	Total liabilities and shareholders' equity				0.

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

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

1	Net income (loss) per books	-14,165.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$ _____	
3	Excess of capital losses over capital gains			_____	
4	Income subject to tax not recorded on books this year (itemize): _____		8	Deductions on this return not charged against book income this year (itemize):	
5	Expenses recorded on books this year not deducted on this return (itemize):		a	Depreciation . . . \$ _____	
a	Depreciation \$ _____		b	Charitable contributions \$ _____	
b	Charitable contributions . . . \$ _____			_____	
c	Travel and entertainment . . . \$ _____		9	Add lines 7 and 8	
6	Add lines 1 through 5	-14,165.	10	Income (page 1, line 28)—line 6 less line 9	-14,165.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year		5	Distributions: a Cash	
2	Net income (loss) per books	-14,165.		b Stock	
3	Other increases (itemize): _____			c Property	
	_____		6	Other decreases (itemize): _____	
	_____		7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	-14,165.	8	Balance at end of year (line 4 less line 7)	-14,165.

Name ICHIGOQUE LLC	Employer Identification Number 87-3573063
-----------------------	--

**Important Information
Tax Cuts and Jobs Act (TCJA)**

For taxable years ending after December 31, 2017, Net Operating Loss (NOL) rules for carrybacks and carryforwards have changed under the Tax Cuts and Jobs Act (TCJA). Except for certain farming and insurance company (other than life insurance) losses, NOLs can no longer be carried back. NOLs can now be carried forward indefinitely.

NOLs under Tax Cuts and Jobs Act of 2017 Smart Worksheet

A Is the Net Operating Loss from certain farming losses? ▶ Yes No

B If "Yes" to line A, is the business electing out of the two year carryback? ▶ Yes No

QuickZoom to Election Statement ▶ _____

QuickZoom to Form 1139 ▶ _____

NOL's under Tax Cuts and Jobs Act of 2017 : Carryover indefinitely

NOL Carryover Year	A Carryover	B Less Carrybacks	C Adjusted Carryover
2022	_____	_____	_____
2021	_____	_____	_____
2020	_____	_____	_____
2019	_____	_____	_____
2018	_____	_____	_____
Totals	_____	_____	_____

NOL's under Taxpayer Relief Act of 1997 : Two year carryback, twenty year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2017			
2016			
2015			
2014			
2013			
2012			
2011			
2010			
2009			
2008			
2007			
2006			
2005			
2004			
2003			
Totals			

NOL's prior to Taxpayer Relief Act of 1997: Three year carryback, fifteen year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2011			
2010			
2009			
2008			
Totals			

ICHIGOQUE LLC

87-3573063

Net Operating Loss Summary

NOL C/O Year	A NOL Carryover Available	B Deduction Allowed in Current Year	C Adjustment Under Section 172(b)(2)	D Remaining Carryover 20 Years	E Remaining Carryover Indefinite	F Remaining Carryover 15 Years*
2022 .						
2021 .						
2020 .						
2019 .						
2018 .						
2017 .						
2016 .						
2015 .						
2014 .						
2013 .						
2012 .						
2011 .						
2010 .						
2009 .						
2008 .						
2007 .						
2006 .						
2005 .						
2004 .						
2003 .						
Totals						

Less: Carryover expiring due to 20-year limitation	
Less: Carryover expiring due to 15-year limitation	
Add: Current year net operating loss	14,165.
Less: Carryback of current year net operating loss	
Net operating loss carryover to next year	14,165.

Additional Information From 2023 Federal Corporation Tax Return

Form 1120: US Corporation Income Tax Return

Other Deductions

Continuation Statement

Description	Amount
LEGAL AND PROFESSIONAL	1,665
MEALS (100%)	2,100
TRAINING/CONTINUING EDUCATION	3,000
TRAVEL	1,600
LAPTOP	1,600
MONITOR	1,100
BAG PURCHASE FOR WORK	3,100
Total	14,165

**2023
CBT-100**

DO NOT MAIL THIS FORM

**New Jersey Corporation Business Tax Return
For Tax Years Ending On or After July 31, 2023, Through June 30, 2024**

Tax year beginning 01/01, 2023, and ending 12/31, 2023

Federal Employer I.D. Number <u>87-3573063</u>	N.J. Corporation Number <u>0450-7284-93</u>	State and date of incorporation <u>NJ 11/14/2021</u>
Corporation name <u>ICHIGOQUE LLC</u>		Date authorized to do business in New Jersey <u>11/14/2021</u>
Mailing Address <u>6118 RIVERSIDE STATION BOULEVARD</u>		Federal business activity code <u>518210</u>
City <u>SECAUCUS</u> State <u>NJ</u> ZIP Code <u>07094</u>	Corporation books are in the care of <u>ICHIGOQUE LLC</u>	
Check applicable return type: <input type="checkbox"/> Initial <input type="checkbox"/> Amended		at <u>6118 RIVERSIDE STATION BOULEVARD, SECAUCUS, NJ 07094</u>
Enter Amended code: <input type="checkbox"/> <input type="checkbox"/> If code 10, enter reason: _____		Phone Number (<u>646</u>) <u>348-4395</u>
Check if applicable (see instructions):		
<input type="checkbox"/> Investment Company <input type="checkbox"/> Professional Corporation		
<input type="checkbox"/> Regulated Investment Company <input type="checkbox"/> Real Estate Investment Trust		
<input type="checkbox"/> Hybrid Corporation (see instructions) <input type="checkbox"/> Claiming P.L. 86-272		
<input type="checkbox"/> Financial Business Corporation <input type="checkbox"/> Banking Corporation		

1. Tax Base – Enter amount from line 4 of Schedule A, Part III.....	1.	0.
2. a. Amount of Tax – Multiply line 1 by the applicable tax rate (see instructions).....	2a.	
b. Enter the total minimum tax (see instructions)	2b.	500.
3. Tax Credits – Enter amount from Schedule A-3, Part I, line 30 (see instructions).....	3.	0.
4. CBT TAX LIABILITY – Subtract line 3 from the greater of line 2a or line 2b	4.	500.
5. a. Surtax on taxable net income – Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by the applicable surtax rate (see instructions) For tax years beginning on or after January 1, 2024, the surtax expired	5a.	
b. Pass-Through Business Alternative Income Tax Credit from Form 329 (see instructions) (Amount entered cannot be more than amount on line 5a)	5b.	
c. Balance of surtax – Subtract line 5b from line 5a	5c.	
6. Tax Due – Add line 4 and line 5c	6.	500.
7. Installment Payment – Only applies if line 6 is \$1,500 or less (see instructions)	7.	
8. Professional Corporation Fees (from Schedule PC, Part II, line 7).....	8.	
9. Total Tax and Professional Corporation Fees – Add lines 6, 7, and 8	9.	500.
10. a. Payments and Credits (see instructions)	10a.	
b. Payments made by partnerships on behalf of taxpayer (include copies of all NJK-1s).....	10b.	
c. Refundable Tax Credits from Schedule A-3, Part II, line 6 (see instructions)	10c.	
d. Total Payments and Credits – Add lines 10a, 10b, and 10c.....	10d.	
11. Balance of Tax Due – If line 10d is less than line 9, subtract line 10d from line 9	11.	500.
12. Penalty and Interest Due (see instructions)	12.	
13. Total Balance Due – Add line 11 and line 12	13.	500.
14. Amount Overpaid – If line 10d is greater than the sum of lines 9 and 12, enter amount of overpayment.....	14.	
15. Amount of line 14 to be Refunded	15.	
16. Amount of line 14 to be Credited to 2024 Tax Return.....	16.	
17. Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied <input type="checkbox"/> 2023 or <input type="checkbox"/> 2024	17.	
		Unitary ID Number <u>NU</u>

CERTIFICATION OF INACTIVITY (See Instructions)

If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 must be completed. A corporate officer must sign and certify below:

By checking the box, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.

(Date) _____ (Signature of Corporate Officer) _____ (Title) _____

SIGNATURE AND VERIFICATION (See Instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, forms, and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that pursuant to N.J.S.A. 54:10A-14(a) and N.J.A.C. 18:7-11.17A, I must include copies of the federal return(s), forms, and schedules with my New Jersey return. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

(Date) _____ (Signature of Duty Authorized Officer of Taxpayer) 245 ROONEY CT _____ (Title) DIRECTOR

(Date) _____ (Signature of Individual Preparing Return) SYAM PRIYA RAM SAGAR GUPTA E BRUNSWICK NJ 08816 _____ (Preparer's ID Number) P02082703

GLOBAL TAXES LLC (Name of Tax Preparer's Employer) 245 ROONEY CT (Address) E BRUNSWICK NJ 08816 (Address) _____ (Employer's ID Number) _____

NAME AS SHOWN ON RETURN
ICHIGOQUE LLC

FEDERAL ID NUMBER
87-3573063

Annual General Questionnaire (See Instructions)

Part I All taxpayers must answer the following questions. Riders must be provided where necessary.

1. Type of business SOFTWARE SERVICES
Principal products handled SERVICE
2. State the location of the actual seat of management or control of the corporation NJ
3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation, or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations? Yes. Provide a rider indicating the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of stock owned or controlled. OR No.
4. These questions must be answered by corporations with a controlling interest in certain commercial property.
a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property? Yes. Answer question 4b below. OR No.
b. Was the CITT-1, *Controlling Interest Transfer Tax*, filed with the Division of Taxation? Yes. Provide a rider indicating the information and include a copy of the CITT-1. OR No. Provide a rider indicating the name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.
5. Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)? Yes. Enter the name, address, and FEIN of the subsidiary, whether the subsidiary is a New Jersey QSSS, and whether the activities of the subsidiary are included in this return. If more space is needed provide a rider. OR No.
6. If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is excluded, did the taxpayer distribute dividends or deemed dividends in the current tax year? Yes. Provide a rider indicating the name and FEIN of the entity to which the dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group. OR No.
7. Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related service activities that are deductible against the income of members of a combined group? Yes. Provide a rider indicating the names and ID numbers of combined group or the related members and detail the taxpayer's income that is deductible against their income. OR No.
8. Is income from sources outside the United States included in taxable net income on Schedule A?
 Yes No NA
If yes, provide a rider indicating such items of gross income, the source, the deductions and the amount of foreign taxes paid. Enter on Schedule A, Part II, line 6, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).
9. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey? Yes. OR No.
10. Does the taxpayer file as part of a group filing combined returns/reports in other states with corporations that either do not file New Jersey returns or file separate New Jersey returns? Yes. OR No.
11. Is the taxpayer part of a group that files a New Jersey combined return, but is excluded from the combined return? Yes. Provide information below. OR No.
Name of the managerial member of the combined group: _____
12. Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return or their federal tax return? Yes. Include a rider detailing the information. OR No.
For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).
13. Does the taxpayer own or lease real or tangible property:
a. In New Jersey? Yes. OR No.
b. Outside New Jersey? Yes. Provide information below. OR No.
List the states, political subdivisions, and foreign nations (as applicable): _____
14. What percentage of the taxpayer's worldwide property, real or tangible, is inside the United States? _____
15. Does the taxpayer have payroll:
a. In New Jersey? Yes. OR No.
b. Outside New Jersey? Yes. Provide information below. OR No.
List the states, political subdivisions, and foreign nations (as applicable): _____
16. What percentage of the taxpayer's worldwide payroll is inside the United States? _____
17. Is 20% or more of either or both the taxpayer's property and payroll inside the United States? Yes. OR No.
18. Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party? Yes. Include a rider with the entity's name and tax ID number. OR No.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

ICHIGOQUE LLC

87-3573063

Annual General questionnaire (Continued)**Part II Regulated Investment Companies** (Riders must be provided where necessary)

1. Is this taxpayer registered and regulated under the Federal Investment Company Act of 1940 (54 Stat. 789, as amended)? Yes. Provide information below (include rider if necessary). No.

Securities and Exchange Commission Information

Registration Number	Registration Date

IMPORTANT NOTE: If the taxpayer's certificate under the Act was not obtained prior to the commencement of the period covered in the return or if such authority was not continued during such entire period, then the taxpayer is not entitled to report as a Regulated Investment Company.

2. Has the taxpayer satisfied the requirements of IRC § 852(a)? Yes OR No. If no, taxpayer cannot file as a Regulated Investment Company.
3. Every taxpayer seeking to report as a regulated investment company **MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS** for the period covered by this return together with all other stockholder reports issued by the company during such period.

REV 03/21/24 PRO

REFERENCED ONLY

NAME AS SHOWN ON RETURN ICHIGOQUE LLC	FEDERAL ID NUMBER 87-3573063
--	---------------------------------

Schedule A **Calculation of New Jersey Taxable Net Income (See instructions)**
Every corporation must complete Parts I, II, and III of this schedule.

Part I – Computation of Entire Net Income (All data must match the federal pro forma or federal return, whichever is applicable.)

Income		
1. a. Gross receipts or sales	1a.	
b. Less: Returns and allowances	1b.	
c. Total – Subtract line 1b from line 1a.....	1c.	
2. Less: Cost of goods sold (from Schedule A-2, line 8).....	2.	
3. Gross profit – Subtract line 2 from line 1c	3.	
4. Dividends and other inclusions.....	4.	
5. Interest.....	5.	
6. Gross rents.....	6.	
7. Gross royalties.....	7.	
8. Capital gain net income (include a copy of federal Schedule D).....	8.	
9. Net gain or (loss) (from federal Form 4797, include a copy).....	9.	
10. Other income (include schedule(s)).....	10.	
11. Total Income – Add lines 3 through 10.....	11.	
Deductions		
12. Compensation of officers (from Schedule F)	12.	
13. Salaries and wages (less employment credits).....	13.	
14. Repairs (Do not include capital expenditures)	14.	
15. Bad debts	15.	
16. Rents	16.	
17. Taxes	17.	
18. Interest.....	18.	
19. Charitable contributions.....	19.	
20. Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return.....	20.	
21. Depletion	21.	
22. Advertising.....	22.	
23. Pension, profit-sharing plans, etc	23.	
24. Employee benefit programs.....	24.	
25. Energy efficient commercial buildings deduction (from federal Form 7205, include a copy).....	25.	
26. Other deductions (include schedule)	26.	14,165.
27. Total Deductions – Add lines 12 through 26.....	27.	14,165.
28. Taxable income before federal net operating loss deductions and federal special deductions – Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions)	28.	-14,165.

Part II – New Jersey Modifications to Entire Net Income

1. Taxable income/(loss) before federal net operating loss deductions and special deductions (from Schedule A, Part I, line 28).....	1.	-14,165.
Additions		
2. Other federally exempt income (see instructions)	2.	
3. Interest on federal, state, municipal, and other obligations	3.	
4. New Jersey State and other states’ taxes deducted in line 1 (see instructions).....	4.	
5. Depreciation modification being added to income (from Schedule S).....	5.	
6. Other additions. Explain on separate rider (see instructions)	6.	
7. Taxable Income/(Loss) – Add lines 1 through 6	7.	-14,165.
Deductions		
8. Dividend Exclusion (from Schedule R, line 9)	8.	0.
9. Depreciation modification being subtracted from income (from Schedule S).....	9.	
10. Previously Taxed Dividends (from Schedule PT)	10.	
11. International Banking Facility Deduction (IBF)	11.	
12. I.R.C. § 78 Gross-up (not deducted/subtracted elsewhere)	12.	
13. a. Elimination of nonoperational activity (from Schedule O, Part I)	13a.	
b. Elimination of nonunitary partnership activity (from Schedule P-1, Part II, line 4).....	13b.	
14. Cannabis Licensee Deduction.....	14.	
15. Other deductions. Explain on a separate rider (see instructions).....	15.	
16. Total deductions – Add line 8 through line 15.....	16.	0.

NAME AS SHOWN ON RETURN ICHIGOQUE LLC	FEDERAL ID NUMBER 87-3573063
--	---------------------------------

Schedule A

Calculation of New Jersey Taxable Net Income (See instructions Every corporation must complete Parts I, II, and III of this schedule.)

Taxable Net Income/(Loss) Calculation

17. Entire net income/(loss) for New Jersey purposes – Subtract line 16 from line 7.....	17.	-14,165.
18. Allocation factor from Schedule J, line 8 (if all receipts were derived from only New Jersey sources, enter 1.000000)	18.	0.000000
19. Allocated entire net income/(loss) before net operating loss deductions – Multiply line 17 by line 18 (if zero or less, enter zero on line 21).....	19.	0.
20. Net operating loss (NOL) deduction (from Form 500, Section C, line 3) (Amount entered cannot be more than amount on line 19).....	20.	
21. Taxable net income – Subtract line 20 from line 19	21.	0.

Did the taxpayer have any discharge of indebtedness excluded from federal taxable income in the current tax year pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108 Yes. See instructions for Form 500. OR No.

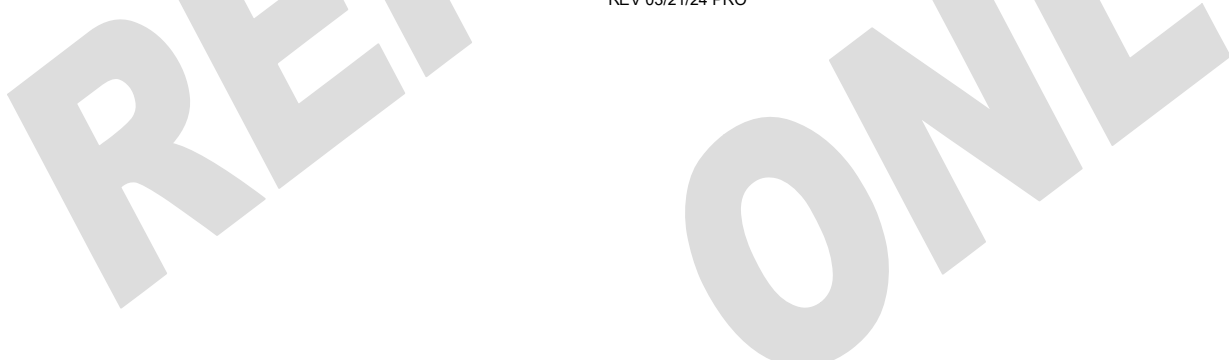
Part III – Computation of New Jersey Tax Base

1. Enter taxable net income from Schedule A, Part II, line 21	1.	0.
2. a. Investment Company – Enter 40% of line 1	2a.	
b. Real Estate Investment Trust – Enter 4% of line 1.....	2b.	
c. All Others – Enter the amount from line 1	2c.	0.
3. a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero).....	3a.	0.
b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero).....	3b.	0.
4. Tax Base – Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1	4.	0.

Schedule A-2

Cost of Goods Sold (See Instructions) All data must match amounts reported on federal Form 1125-A of the federal pro forma or federal return, whichever is applicable.

1. Inventory at beginning of year	1.	
2. Purchases.....	2.	
3. Cost of labor	3.	
4. Additional section 263A costs.....	4.	
5. Other costs (include schedule)	5.	
6. Total – Add lines 1 through 5	6.	
7. Inventory at end of year	7.	
8. Cost of goods sold – Subtract line 7 from line 6. Include here and on Schedule A, Part I, line 2.....	8.	



NAME AS SHOWN ON RETURN ICHIGOQUE LLC	FEDERAL ID NUMBER 87-3573063
--	---------------------------------

Schedule A-3 Summary of Tax Credits (See Instructions)

Part I – Tax Credits Used Against Liability

1. New Jobs Investment Tax Credit from Form 304	1.	
2. Angel Investor Tax Credit from Form 321	2.	
3. Business Employment Incentive Program Tax Credit from Form 324	3.	
4. Pass-Through Business Alternative Income Tax Credit from Form 329	4.	
5. Urban Enterprise Zone Investment Tax Credit from Form 301	5.	
6. Redevelopment Authority Project Tax Credit from Form 302	6.	
7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305	7.	
8. Research and Development Tax Credit from Form 306	8.	
9. Neighborhood Revitalization State Tax Credit from Form 311	9.	
10. Effluent Equipment Tax Credit from Form 312	10.	
11. Economic Recovery Tax Credit from Form 313	11.	
12. AMA Tax Credit from Form 315	12.	
13. Business Retention and Relocation Tax Credit from Form 316	13.	
14. Sheltered Workshop Tax Credit from Form 317	14.	
15. Reserved for future use	15.	
16. Urban Transit Hub Tax Credit from Form 319	16.	
17. Grow NJ Tax Credit from Form 320	17.	
18. Wind Energy Facility Tax Credit from Form 322	18.	
19. Residential Economic Redevelopment and Growth Tax Credit from Form 323	19.	
20. Public Infrastructure Tax Credit from Form 325	20.	
21. Drug Donation Program Tax Credit from Form 326	21.	
22. Film and Digital Media Tax Credit from Form 327	22.	
23. Tax Credit for Employers of Employees With Impairments from Form 328	23.	
24. Apprenticeship Program Tax Credit from Form 330	24.	
25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331	25.	
26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332	26.	
27. Innovation Evergreen Fund Tax Credit from Form 334	27.	
28. Unit Concrete Products Tax Credit from Form 335	28.	
29. Other Tax Credit (see instructions)	29.	
30. Total tax credits – Add lines 1 through 29. Enter here and on page 1, line 3	30.	

Part II – Refundable Tax Credits

1. Refundable portion of New Jobs Investment Tax Credit from Form 304	1.	
2. Refundable portion of Angel Investor Tax Credit from Form 321	2.	
3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324	3.	
4. Refundable portion Pass-Through Business Alternative Income Tax Credit from Form 329	4.	
5. Other Tax Credit to be refunded	5.	
6. Total amount of tax credits to be refunded. Enter here and on page 1, line 10c	6.	

Schedule A-4 Summary Schedule (See Instructions)

PNOL Deduction Carryover 1. Form 500, Section A, line 5 minus line 7..	1.	0.	Schedule O Information 6. New Jersey's Taxable Portion from Schedule O, Part III, line 31	6.	0.
Post Allocation NOL Carryover 2. Form 500, Section B, line 6 minus line 15	2.	0.	Dividend Exclusion Information 7. Dividends from 80% or more owned subsidiaries from Schedule R, line 4...	7.	0.
Schedule J Information 3. Total New Jersey receipts from Schedule J, line 6	3.	0.	8. Dividends from 50% to below 80% subsidiaries from Schedule R, line 6...	8.	0.
4. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere from Schedule J, line 7	4.	0.	9. 5% Claw-back from Schedule R, line 8	9.	0.
5. Allocation Factor from Schedule J, line 8	5.	0.000000	10. Dividend Exclusion from Schedule R, line 9	10.	0.

NAME AS SHOWN ON RETURN ICHIGOQUE LLC	FEDERAL ID NUMBER 87-3573063
--	---------------------------------

Schedule F Corporate Officers – General Information and Compensation (See Instructions)
Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percentage of Corporation Stock Owned		(6) Amount of Compensation
			From	To	Common	Preferred	
a. Total compensation of officers							
b. Less: Compensation of officers claimed elsewhere on the return							
c. Balance of compensation of officers (include here and on Schedule A, Part I, line 12)							

Schedule H Taxes (See Instructions)
Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

	(a) Corporation Franchise Business Taxes	(b) Corporation Business/ Occupancy Taxes	(c) Property Taxes	(d) U.C.C. or Payroll Taxes	(e) Other Taxes/ Licenses (include schedule)	(f) Total
1. New Jersey Taxes						
2. Other States & U.S. Possessions						
3. City and Local Taxes						
4. Taxes Paid to Foreign Countries*						
5. Total						
6. Combine lines 5(a) and 5(b)						
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7						
9. Federal Taxes						
10. Total (combine line 5 and line 9)						

* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

Schedule J COMPUTATION OF ALLOCATION FACTOR (See Instructions)

All taxpayers, regardless of entire net income reported on Schedule A, Part II, line 17, Form CBT-100, must complete Schedule J.

Services are sourced based on market sourcing.

Receipts	Amounts (omit cents)	
1. From sales of tangible personal property shipped to points within New Jersey	1.	0.
2. From services if the benefit of the service is received in New Jersey.....	2.	
3. From rentals of property situated in New Jersey	3.	
4. From royalties for the use in New Jersey of patents, copyrights, and trademarks.....	4.	
5. All other business receipts earned in New Jersey (See instructions)	5.	
6. Total New Jersey receipts (Total of lines 1 through 5).....	6.	0.
7. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere.....	7.	0.
8. Allocation Factor (Percentage in New Jersey) (Divide line 6 by line 7). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part II, line 18	8.	.000000

NAME AS SHOWN ON RETURN ICHIGOQUE LLC	FEDERAL ID NUMBER 87-3573063
--	---------------------------------

Schedule P-1 Partnership Investment Analysis (See Instructions)

Part I – Partnership Information

(1) Partnership, LLC, or Other Entity Information		(2) Date and State where Organized	(3) Percentage of Ownership	(4)		(5) Tax Accounting Method		(6) New Jersey Nexus		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
Name	Federal ID Number			Limited Partner	General Partner	Flow Through	Separate Accounting*	Yes	No	
Enter total of column 7 here and on page 1, line 10b.....										

*Taxpayers using a separate accounting method must complete Part II.

Part II – Separate Accounting of Nonunitary Partnership Income

(1) Nonunitary Partnership's Federal ID Number	(2) Distributive Share of Income/Loss from Nonunitary Partnership	(3) Partnership's Allocation Factor (See Instructions)	(4) Taxpayer's Share of Income Allocated to New Jersey (Multiply Column 2 by Column 3)
1.			
2.			
3.			
4.	Total column 2. Enter amount here and Schedule A, Part II, line 13b.....		
5.	Total column 4. Enter amount here and Schedule A, Part III, line 3b.....		

If additional space is needed, include a rider.

Schedule PC Per Capita Licensed Professional Fee (See Instructions)

1. Is the corporation a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? Yes. This schedule must be included with the return. No.
2. How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? 2 or less, complete Part I. More than 2, complete Part I and Part II (if additional space is needed, include a rider).

Part I – Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.

Name	Address	FID/SSN
1.		
2.		
3.		
4.		
5.		

Part II – Complete only if there are more than 2 licensed professionals listed above.

1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150	1.	
2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC	2.	
3. Total Fee Due – Add line 1 and line 2.....	3.	
4. Installment Payment – 50% of line 3.....	4.	
5. Total Fee Due (line 3 plus line 4).....	5.	
6. Less prior year 50% installment payment and credit (if applicable)	6.	()
7. Balance of Fee Due (line 5 minus line 6). If the result is zero or more, include the amount here and on Form CBT-100, page 1, line 8	7.	
8. Credit to next year's Professional Corporation Fee (if line 7 is less than zero, enter the amount here).....	8.	

NAME AS SHOWN ON RETURN ICHIGOQUE LLC	FEDERAL ID NUMBER 87-3573063
--	---------------------------------

Schedule R Dividend Exclusion (See Instructions)

1. Enter the total dividends and deemed dividends reported on Schedule A	1.	
2. Enter amount from Schedule PT, Section D, line 3	2.	
3. Dividends eligible for dividend exclusion – Subtract line 2 from line 1	3.	0.
4. Dividends included in line 3 from 80% or more owned subsidiaries.....	4.	
5. Dividends included in line 3 from 50% but less than 80% owned subsidiaries	5.	
6. Multiply line 5 by 50%.....	6.	
7. Add line 4 and line 6.....	7.	
8. Multiply line 3 by 5%	8.	0.
9. Dividend Exclusion: Subtract line 8 from line 7. Enter the result here and on Schedule A, Part II, line 8	9.	0.

Schedule S – Depreciation and Safe Harbor Leasing (See Instructions)

Part I – From Federal Form 4562

1. IRC § 179 Deduction	1.	
2. Special Depreciation Allowance – for qualified property placed in service during the tax year	2.	
3. MACRS.....	3.	
4. ACRS.....	4.	
5. Other Depreciation	5.	
6. Listed Property.....	6.	
7. Total federal depreciation claimed in arriving at Schedule A, Part II, line 1.....	7.	

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part II, line 5 or line 9 – Depreciation and Certain Safe Harbor Lease Transactions

8. Prior year New Jersey depreciation (see instructions)	8.	
9. Current year New Jersey depreciation (see instructions). Enter total from Depreciation Worksheet I.....	9.	
10. Total New Jersey Depreciation. Add lines 8 and 9	10.	
11. IRC § 179 limitation – Enter the lesser of line 1 or \$25,000.....	11.	
12. Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property. Enter total from Depreciation Worksheet II.....	12.	
13. Other additions (include an explanation/reconciliation).....	13.	
14. Other deductions (include an explanation/reconciliation).....	14.	
15. ADJUSTMENT – Add lines 7 and 13. Subtract lines 10, 11, and 14. If line 12 is positive, add line 12 to the result. If line 12 is negative, subtract line 12 from the result. (If line 15 is positive, enter at Schedule A, Part II, line 5. If line 15 is negative, enter at Schedule A, Part II, line 9)	15.	

Part II – New Jersey Depreciation for Gas, Electric, and Gas and Electric Public Utilities (See Instructions)

1. Total depreciation claimed in arriving at Schedule A, Part II, line 1	1.	
2. Federal depreciation for assets placed in service after January 1, 1998	2.	
3. Net – Subtract line 2 from line 1	3.	
4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998)		
a. Total adjusted federal depreciable basis as of December 31, 1997.....	4a.	
b. Excess book depreciable basis over federal tax basis as of December 31, 1997	4b.	
c. Less accumulated federal basis for all Single Asset Account property sold, retired or disposed of to date...	4c.	
d. Total (line 4a plus line 4b less line 4c).....	4d.	
5. New Jersey Depreciation – Divide line 4d by 30	5.	
6. New Jersey Adjustment		
a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 – Subtract line 5 from line 3 ...	6a.	
b. Special bonus depreciation adjustment from Schedule S, Part I, line 15 (see instructions).....	6b.	
7. Total Adjustment – Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part II, line 5. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 9)	7.	

NAME AS SHOWN ON RETURN
 ICHIGOQUE LLC

FEDERAL ID NUMBER
 87-3573063

New Jersey Depreciation Worksheet I (See instructions)

	(A) Classification of Property	(B) Basis for Depreciation	(C) Bonus Depreciation (30% or 50%)	(D) Convention	(E) Method	(F) Federal Depreciation Deduction	(G) New Jersey Depreciation Deduction (See Instructions)
1.	3-year property						
2.	5-year property						
3.	7-year property						
4.	10-year property						
5.	15-year property						
6.	20-year property						
7.	25-year property						
8.	Residential rental property						
9.	Nonesidential rental property						
10.	Total Column G (Enter amount on Schedule S, Part I, line 9)						

New Jersey Depreciation Worksheet II – Disposal of Recovery Property (See Instructions)

	(A) Description of Property	(B) Date Acquired: month, day, year	(C) Date Sold: month, day, year	(D) Federal Depreciation	(E) New Jersey Depreciation	(F) Excess/Deficiency
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.	Total Column F (Enter amount on Schedule S, line 12)					

Additional Information From 2023 New Jersey Corporation Tax Return

**CBT-100: Corporation Business Return
Sch A, Other Deductions Statement**

Continuation Statement

Desc	Amt
LEGAL AND PROFESSIONAL	1,665.
MEALS (100%)	2,100.
TRAINING/CONTINUING EDUCATION	3,000.
TRAVEL	1,600.
LAPTOP	1,600.
MONITOR	1,100.
BAG PURCHASE FOR WORK	3,100.
Total	14,165.