#### **E-file Authorization for Corporations** Form 8879-CORP For calendar year 20 2 3, or tax year beginning \_\_\_\_\_, 20 \_\_\_\_, ending \_ OMB No. 1545-0123 (December 2022) Use for efile authorizations for Form 1120, 1120-F or 1120S. Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879CORP for the latest information. Name of corporation **Employer identification number** ADATABYTE INC 92-1558828 **Information** (Whole dollars only) Part I 201. Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return. Part II 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 to enter my PIN I authorize as my signature ERO firm name do not enter all zeros 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 \_\_\_ Part III **Certification and Authentication** 2 9 8 4 6 6 1 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_

# Form **1120-S**

Department of the Treasury Internal Revenue Service

## **U.S. Income Tax Return for an S Corporation**

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2023

For	calen	dar year 2023 o	r tax yea	r beginning		, 2023	s, enain	ıg			, 20
A S	election	n effective date		Name					D Er	nployer	identification number
0	1/01	/2023		ADATABYTE I	NC				92	-1558	3828
		activity code	TYPE		room or suite no. If a P.O. bo	x see instruc	ctions		_	te incorp	
		see instructions)	OR	1504 LEMON		,,, 00001.40					
_	1000	0	PRINT		or province, country, and ZIP	or foreign noo	tal aada			/01/2	
	1920					or toreign pos	stai code		. 10	iai assei	s (see instructions)
_		ch. M-3 attached			LE GA 30045				\$		151.
			_		eginning with this tax yea						
					(3) Address change						rmination
					holders during any part						1
_					section 465 at-risk purpose						sive activity purposes
Cau	tion: Ir	nclude <b>only</b> trade	or busines	ss income and expe	enses on lines 1a through	22. See the	instruc	tions for more i	nform	ation.	
	1a	Gross receipts or	sales	201. I	b Less returns and allowand	ces		<b>c</b> Balan	ce	1c	201.
d)	2	Cost of goods	sold (atta	ch Form 1125-A)				<del>.</del>		2	
Income	3	Gross profit. Su	ıbtract lin	e 2 from line 1c						3	201.
8	4				tach Form 4797)					4	
_	5				ch statement)					5	
	6				5					6	201.
	7				-attach Form 1125-E)					7	
(S	8				dits)					8	
ion	9									9	
itat											
<u>=</u>	10									10	
ģ	11									11	
Suc	12									12	
cţi	13									13	
(see instructions for limitations)	14	•			on Form 1125-A or else		•		,	14	
Ë.	15		not deduc	ct oil and gas dep	oletion.)					15	
see	16	Advertising .								16	
	17	Pension, profit-	sharing, e	etc., plans						17	
Deductions	18	Employee bene	fit progra	ms						18	
ij	19	Energy efficient	commer	cial buildings ded	uction (attach Form 720)	5)				19	
ə	20	Other deduction	ns (attach	n statement) . S	SERVICES FEES.					20	50.
Ď	21	Total deductio	ns. Add I	ines 7 through 20						21	50.
	22	Ordinary busin	ess inco	me (loss). Subtra	ct line 21 from line 6 .					22	151.
	23a				ure tax (see instructions		23a				
	b	Tax from Scheo	dule D (Fo	orm 1120-S) .			23b				
	С				r additional taxes)				_	23c	
ts	24a				nd preceding year's ove		Ìİ				
ent	244						24a				
Ę	b						24b				
and Payment	C				Form 4136)		24c			-	
þ	d				rm 3800		24d				
ā	z	Add lines 24a tl								24z	
Тах			•						·		
_	25 26		• ,	•	heck if Form 2220 is atta				Ш	25	
	26				he total of lines 23c and					26	
	27			J	total of lines 23c and 25	o, enter and	ount ov			27	
	28				024 estimated tax mined this return, including ac	noomnor: da -	cobodial	Refunded		28	set of my knowledge and
Qi/	n l	belief, it is true, co	rrect, and c	omplete. Declaration	of preparer (other than taxpay	/er) is based o	on all info	ormation of which	prepai	rer has a	ny knowledge.
Sig	- 1				1						RS discuss this return
He	re	0:			D. (	MANAGER	χ				reparer shown below?
		Signature of officer				Title	1.		S	ee instru	ctions. Yes No
Pa	id	Print/Type prep			Preparer's signature			ate		k 🔲 if	PTIN
	epare	er VENKATA SAI	PAVAN K	UMAR DUDIPALLI	VENKATA SAI PAVAN KUN	MAR DUDIPA	LLI		self-e	mployed	102170033
	e On	I Firm's name		AL TAXES LL					Firm'		88-2145487
		Firm's address	245	ROONEY CT E	BRUNSWICK NJ 08	3816			Phon	e no. (6	678)965-9522

Page **2** 

sche	dule B Other Information	(see instructions)	1				
1	· ·	X Cash <b>b</b> □ A				Yes	No
2	c See the instructions and enter the	Other (specify)					
2	a Business activity SOFTWARE		<b>b</b> Product or service	ce SERVICS			
3	At any time during the tax year,				a trust, an estate, or a		
	nominee or similar person? If "Yes		-1, Information on Certai	in Shareholders of a	an S Corporation		×
4	At the end of the tax year, did the						
а	Own directly 20% or more, or ow foreign or domestic corporation? below	For rules of construc	ctive ownership, see inst	ructions. If "Yes,"	complete (i) through (v)		×
	(i) Name of Corporation	(ii) Employer	(iii) Country of	(iv) Percentage of	(v) If Percentage in (iv) Is 10		
	(y Name of Corporation	Identification	Incorporation	Stock Owned	Date (if applicable) a Qualifie	d Subc	hapter
		Number (if any)			S Subsidiary Election W	las Mad	9t
b	Own directly an interest of 20% of	or more, or own, dire	ctly or indirectly, an inte	rest of 50% or mo	re in the profit, loss, or		
	capital in any foreign or domestic						v
	trust? For rules of constructive ow	1	•	1			×
	(i) Name of Entity	(ii) Employer Identification	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percer in Profit, Loss, of		
		Number (if any)		3	, , , , , , ,		
5a	At the end of the tax year, did the	corporation have any	outstanding shares of re	stricted stock?			×
ou	If "Yes," complete lines (i) and (ii) I		outstanding snares of re	oothotod otook			
	(i) Total shares of restricted sto						
	(ii) Total shares of non-restricte	d stock					
b	At the end of the tax year, did the If "Yes," complete lines (i) and (ii) I		outstanding stock optio	ons, warrants, or sin	nilar instruments? .		×
	(i) Total shares of stock outsta		e tax year				
	(ii) Total shares of stock outstar	nding if all instrument	a ware evenuted				
6	Has this corporation filed, or is		Form 8918, Material A	dvisor Disclosure	Statement, to provide		
7	information on any reportable tran						×
7	Check this box if the corporation i If checked, the corporation may h			•			
	Instruments.	lave to lile i oilii ozc	, information neturn ic	of Fublicity Offered	Original issue Discount		
8	If the corporation (a) was a C corpo	oration before it electe	d to be an S corporation	or the corporation a	acquired an asset with a		
	basis determined by reference to the	e basis of the asset (o	r the basis of any other pr	operty) in the hands	of a C corporation, and		
	(b) has net unrealized built-in gain in gain reduced by net recognized built-in gain reduced by net recognized built-in gain in gain reduced by net recognized built-in gain in gain ga				ne net unrealized built-in		
9	Did the corporation have an elect						
-	in effect during the tax year? See						×
10	Does the corporation satisfy one of		-				×
a	The corporation owns a pass-thro	•			·		
b	The corporation's aggregate averaged preceding the current tax year are						
С	The corporation is a tax shelter an				•		
	If "Yes," complete and attach For						
11	Does the corporation satisfy <b>both</b>	•				×	
a b	The corporation's total receipts (some corporation's total assets at t	,	•				
IJ	If "Yes." the corporation is not rec	-		<b>.</b>			

Form 1120-S (2023) Page **3** 

Sche	dule B	Other Information (see instructions) (continued)	Yes	No			
12		the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the odified so as to reduce the principal amount of the debt?		×			
	If "Voc."	onter the amount of principal reduction					
13	If "Yes," enter the amount of principal reduction						
	Did the corporation make any payments in 2023 that would require it to file Form(s) 1099?						
15	If "Yes," did or will the corporation file required Form(s) 1099?  Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?						
	If "Yes."	enter the amount from Form 8996, line 15					
16		ime during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services);					
10		II, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions .		×			
Sche	dule K		mount				
	1	Ordinary business income (loss) (page 1, line 22)		151.			
	2	Net rental real estate income (loss) (attach Form 8825)					
	3a	Other gross rental income (loss)					
	b	Expenses from other rental activities (attach statement)					
	С	Other net rental income (loss). Subtract line 3b from line 3a					
(SS	4	Interest income					
Income (Loss)	5	Dividends: a Ordinary dividends					
Je (		b Qualified dividends					
con	6	Royalties					
ع	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))					
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))					
	b	Collectibles (28%) gain (loss)					
	С	Unrecaptured section 1250 gain (attach statement)					
	9	Net section 1231 gain (loss) (attach Form 4797)					
	10	Other income (loss) (see instructions) Type:					
us	11	Section 179 deduction (attach Form 4562)					
įį	12a	Charitable contributions					
Deductions	b	Investment interest expense					
De	C	Section 59(e)(2) expenditures Type:  Other deductions (see instructions) Type:  12c  12d					
	120						
	13a b	Low-income housing credit (section 42(j)(5))					
<b>(</b> 0		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c					
Credits	d	Other rental real estate credits (see instructions) Type:					
S	e	Other rental credits (see instructions) Type: 13e					
	f	Biofuel producer credit (attach Form 6478)					
	g	Other credits (see instructions) Type:					
<del>-</del>		Total Contract (Contract Contract Contr					
Inter- national	14	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and					
nai		check this box to indicate you are reporting items of international tax relevance					
	15a	Post-1986 depreciation adjustment					
Tax	b	Adjusted gain or loss					
ati In H	С	Depletion (other than oil and gas)					
Alternative Minimum Tax	d	Oil, gas, and geothermal properties—gross income					
₹ 등 5	e	Oil, gas, and geothermal properties—deductions					
_	f	Other AMT items (attach statement)					
Items Affecting hareholder Basis	16a	Tax-exempt interest income					
ctin Ba	b	Other tax-exempt income					
Items Affec Shareholder	С	Nondeductible expenses					
shol	d	Distributions (attach statement if required) (see instructions)					
lten ìare	е	Repayment of loans from shareholders					
- R	f	Foreign taxes paid or accrued					

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Sche	dule K	Shareholders' Pro Rata Share Items	s (continued)			·	Total amount
on	17a	Investment income				17a	
Other ormatic	b	Investment expenses				17b	
Other Information	С	Dividend distributions paid from accumula				17c	
<u>1</u>	d	Other items and amounts (attach stateme	nt) ** SEC 199A	INFO: SEE ST	MT A		
Recon- ciliation							
eco liati	18	Income (loss) reconciliation. Combine the	ne total amounts on l	ines 1 through 10. Fr	om the result,		
		subtract the sum of the amounts on lines	11 through 12d and	16f		18	151.
Sche	dule L	Balance Sheets per Books	Beginning	of tax year	Е	nd of ta	x year
		Assets	(a)	(b)	(c)		(d)
1	Cash						151.
2a	Trade n	otes and accounts receivable					
b	Less all	owance for bad debts	(		(	)	
3	Inventor						
4	_	vernment obligations					
5		empt securities (see instructions)					
6		urrent assets (attach statement)					
7	Loans to	o shareholders					
8		ge and real estate loans					
9		vestments (attach statement)					
10a	_	s and other depreciable assets					
b		cumulated depreciation	(		(	)	
11a		ble assets					
b	Less ac	cumulated depletion	(		(	)	
12		et of any amortization)					
	_	le assets (amortizable only)					
b		cumulated amortization	(		(	)	
14	Other as	ssets (attach statement)					
15		sets					151.
		iabilities and Shareholders' Equity					
16		ts payable					
17		es, notes, bonds payable in less than 1 year					
18		urrent liabilities (attach statement)					
19	Loans fr	rom shareholders					
20	0 0	ges, notes, bonds payable in 1 year or more					
21	Other lia	abilities (attach statement)					
22		stock					
23		nal paid-in capital					
24		d earnings					151.
25		ents to shareholders' equity (attach statement)					
26		st of treasury stock		( )		(	)
27	Total lia	bilities and shareholders' equity					151.
							Farm 1120-S (2022)

Page 5 Form 1120-S (2023)

Sche	Reconciliation of Income (Lo Note: The corporation may be rec				Return	
1 2	Net income (loss) per books  Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):	151.		Income recorded or not included on Sc through 10 (itemize): Tax-exempt interest	hedule K, lines 1	
3 a	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):  Depreciation \$			Deductions included lines 1 through 12, ar against book income Depreciation \$	nd 16f, not charged this year (itemize):	
b	Travel and entertainment \$			Add lines 5 and 6 . Income (loss) (Sche		
4	Add lines 1 through 3	151.		Subtract line 7 from I		151.
Sche	Analysis of Accumulated Ad Previously Taxed, Accumula (see instructions)	-	-			
		(a) Accumu adjustments a		(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year					
2	Ordinary income from page 1, line 22		151.			

3	Other additions			1
4	Loss from page 1, line 22	( )		
5	Other reductions	( )		<u>(</u>
6	Combine lines 1 through 5	151.		
7	Distributions			
8	Balance at end of tax year. Subtract line 7 from	151		

			J Final K	∠1	K-1	OMB No. 1545-0123
(Fo	nedule K-1 rm 1120-S)	Pa	art III	Shareholder's Share Deductions, Credits		
	artment of the Treasury nal Revenue Service For calendar year 2023, or tax year	ar <b>1</b>	Ordina	ry business income (loss)	13	Credits
	beginning / / 2023 ending / /	2	Net ren	ital real estate income (loss)		
	areholder's Share of Income, Deductions, edits, etc.  See separate instructions.	3	Other r	net rental income (loss)		
	Part I Information About the Corporation	4	Interest	t income		
A	Corporation's employer identification number 92-1558828	5a	Ordina	ry dividends		
В	Corporation's name, address, city, state, and ZIP code ADATABYTE INC	5b	Qualifie	ed dividends	14	Schedule K-3 is attached if checked
	1504 LEMON BLAM CT	6	Royalti	es	15	Alternative minimum tax (AMT) items
	LAWRENCEVILLE GA 30045	7	Net sho	ort-term capital gain (loss)		
С	IRS Center where corporation filed return Kansas City, MO 64999-0013	8a	Net Ion	g-term capital gain (loss)		
D	Corporation's total number of shares  Beginning of tax year	8b	Collect	ibles (28%) gain (loss)		
	End of tax year	- 8c	Unreca	ptured section 1250 gain		
E	Part II Information About the Shareholder	9	Net sec	ction 1231 gain (loss)	16	Items affecting shareholder basis
E	Shareholder's identifying number 724-59-7301	10	Other is	ncome (loss)		
F	Shareholder's name, address, city, state, and ZIP code SWETHA ORUGANTI					
	1504 LEMON BALM CT LAWRENCEVILLE GA 30045					
G	Current year allocation percentage 100.00000 9	6			17 V *	Other information STMT
н	Shareholder's number of shares	11	Section	n 179 deduction		
	Beginning of tax year	_ 12	Other o	deductions		
ı	Loans from shareholder  Beginning of tax year \$  End of tax year \$	_				
Ę						
Use O						
For IRS Use Only						
ц		18 19	_	re than one activity for at-risk re than one activity for passive		
			* Se	e attached statement f	ior ad	ditional information.

### Statement A—QBI Pass-through Entity Reporting

Corporation's name: ADATABYTE INC		Corporation's EIN: 9	2-1558828	
Shareholder's name: SWETHA ORUGANTI	Shareholder's identifying no: 724-59-7301			
	1120S, Line 21			
Shareholder's share of:	☐ Aggregated	□ PTP □ Aggregated □ SSTB	□ PTP □ Aggregated □ SSTB	
QBI or qualified PTP items subject to shareholder-specific determinations	s:			
Ordinary business income (loss)	151.			
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				
Section 199A dividends				

### Statement A—QBI Pass-through Entity Reporting

Corporation	on's name:	Corporation's EIN:				
Shareholder's name:		Shareholder's identifying no:				
Sharehold <sup>,</sup>	er's share of:	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB		
QBI or qua	lified PTP items subject to shareholder-specific determination	s:				
	Ordinary business income (loss)					
	Rental income (loss)					
	Royalty income (loss)					
	Section 1231 gain (loss)					
	Other income (loss)					
	Section 179 deduction					
	Other deductions					
W-2 wage	s					
	ualified property					
	99A dividends		·	•		

Qualified REIT dividends . . . .

QuickZoom to Other Copy Page 1 Corporation's Name: ADATABYTE INC Corporation's EIN: 92-1558828 <u>11</u>20S, Line 21 PTP PTP PTP Aggregated Aggregated Aggregated SSTB SSTB SSTB Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations: 1<u>51.</u> Ordinary business inc (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 . . .

Corporation's Name:		Corporation's EIN:	
	PTP Aggregated SSTB	PTP Aggregated SSTB	PTP Aggregated SSTB
Shareholder's share of: QBI or qualified PTP items subjec	t to shareholder-specific de	eterminations:	
Ordinary business inc (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			
Qualified REIT dividends			

spsw9907.SCR 12/14/19

Corporation's name ADATABYTE INC	Corporation's EIN 92-1558828					
QuickZoom to 199A Sun	nmary ▶					
Aggregation Code:						
		Is this activity a qualified trade/business?				
QBI or qualified PTP items	subject to shareholder-specific determinations:					
b Adjustments	ome (loss)	1 c 151.  2 c  3 c  4 c  5				
<b>b</b> Adjustments						

### Section 179 Carryover Detail for this Activity Section 179 Section 179 **Regular Tax** QBI Tentative Section 179 deduction from current year assets . . . . . Part I: Prior Year Carryovers by Year and Category Ε Part II: 179 Deduction Allowed Section 179 Section 179 by Year and Category **Regular Tax** QBI Total 179 deduction allowed for this activity in current year . . . . В Ε Part III: Total Carryforward to 2024 Section 179 Section 179 by Year and Category **Regular Tax** QBI D

ADATABYTE INC 92-1558828 1

## Additional Information From 2023 US Form 1120S: Income Tax Return for S Corp

### Form 1120S: S-Corporation Tax Return

Gross Sales Itemization Statement

Description	Amount
AUGEST CREDIT	101.
SEPTEMBER CREDIT	50.
DECEMBER CREDIT	50.
Total	201.



## Georgia Form $600_{\mbox{ (Rev. 09/25/23)}}$ Page 1

Corporation Tax Return (Approved software version) Georgia Department of Revenue

2023 Income Tax Return

Beginning 01/01/2023

**Ending** 12/31/2023

2024 Net Worth Tax Return

Beginning 01/01/2024

12/31/2024 **Ending** 

A. Federal Employer ID Number 92-1558828

C. GA Withholding Tax Account Number

Original Return Initial Net Worth Amended Return Amended due to IRS Audit

Address Change Name Change Final (attach explanation) PL 86-272

Cease Filing Consolidated Consolidated GA Parent

GA Consolidated Subsidiary Consolidated Parent FEIN

UET Annualization Exception attached

IT-552 attached Extension attached

B. Name (Corporate title) Please give former name if applicable.

ADATABYTE INC

D. Business Address (Number and Street) 1504 LEMON BLAM CT

E. GA Sales Tax Registration Number

F. City or Town

G. State

H. Zip Code

I. Foreign Country Name

LAWRENCEVILLE GΑ 30045

J. NAICS Code L. State of Incorporation M. Date admitted into GA K. Date of Incorporation

N. Type of Business GA 519200 01/01/2023 01/01/2023 SOFTWARE SERVICE

O. Location of Records for Audit:City State P. Corporation's Telephone Number Country

LAWRENCEVILLE GA US 5712975061

R. And when reported to Georgia S. Corporation Representative's Telephone Number Q. Latest taxable year adjusted by IRS

T. Corporation Representative's Name SWETHA ORUGANTI

U. Corporation Representative's Email Address

	SCH	IEDULE 1
1. Federal Taxable Income (Copy of Federal return and supporting schedules must be attached)	1.	151
2. Additions to Federal Income (from Schedule 4)	2.	
3. Total (add Lines 1 and 2)	3.	151
4. Subtractions from Federal Income (from Schedule 5)	4.	
5. Balance (Line 3 less Line 4)	5.	151
6. Georgia Net Operating loss deduction (from Schedule 9; See IT-611 instructions for 80% limitation)	6.	
7. Georgia Taxable Income (Line 5 less Lines 6 or Schedule 7, Line 9)	7.	151
8. Passive Loss/Capital loss deduction (attach Schedule); See IT-611 instructions	8.	
9. Income Tax (Line 7 less Line 8) x 5.75%	9.	9
		-
COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR)	SC	HEDULE 2
	sc 1.	HEDULE 2
COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR)		HEDULE 2
COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR)  1. Total Capital stock issued  2. Paid in or Capital surplus	1.	HEDULE 2
COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR)  1. Total Capital stock issued	1. 2.	
COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR)  1. Total Capital stock issued 2. Paid in or Capital surplus 3. Total Retained earnings	1. 2. 3.	151
COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR)  1. Total Capital stock issued 2. Paid in or Capital surplus 3. Total Retained earnings 4. Net Worth (Total of Lines 1, 2, and 3)	1. 2. 3.	151



FEIN92-1558828

(Corporation) Name 11D11111D1111 111C					_IN_ <u>JZ1JJ00Z0</u>
COMPUTATION OF TAX DUE OR OVERPAYMENT	(ROUND T	O NE	AREST DOLLAR)		SCHEDULE 3
	A. Income Tax		B. Net Worth Tax		C. Total
1. Total Tax (Schedule 1, Line 9 and Schedule 2, Line 7)		9	(	) 1.	9
Credits and payments of estimated tax				2.	-
3. Schedule 10* Credits (must be filed electronically)				3.	
4. Withholding Credits (G2-A, G2-LP, and/or G2-RP)				4.	
5. Schedule 10B Refundable tax credits (must be filed electronically)				5.	
6. Balance of tax due (Line 1, less Lines 2, 3, 4, and 5)				6.	9
7. Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)				7.	
8. Interest due (See Instructions)				8.	
9. Form 600 UET (Estimated tax penalty)				9.	
10. Other penalty due (See Instructions)				10.	
11. Amount Due (See Instructions)				<b>11</b> .	9
12. Amount to be credited to 2024 estimated tax (Line 7 less Lines 8-10)			Refund	12.	
*NOTE: Any tax credits from Schedule 10 may be ap			•		-
SEE PAGE 3 SIGNATURE SI	ECTION FOR	DIR	ECT DEPOSIT	COP	<u>TIONS</u>
ADDITIONS TO FEDERAL TAXABLE INCOME	(ROUND TO	NEA	REST DOLLAR)		SCHEDULE 4
State and municipal bond interest (other than Georgia or pol	litical subdivisio	n the	reof)	1.	
2. Net income or net profits taxes imposed by taxing jurisdictio	ns other than G	eorgi	a	2.	
Expense attributable to tax exempt income				3.	
Net operating loss deducted on Federal return				4.	
5. Reserved				5.	
6. Intangible expenses and related interest cost				6.	
7. Captive REIT expenses and costs				7.	
8. Other Additions (Attach Schedule)				8.	
9. TOTAL - Enter also on Line 2, Schedule 1				9.	
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME	(ROUND TO I	NEAR	EST DOLLAR)		SCHEDULE 5
1. Interest on obligations of United States (must be reduced by	/ direct and indi	rect i	nterest expense)	1.	
Exception to intangible expenses and related interest cost ()				2.	
3. Exception to captive REIT expenses and costs (Attach IT-RE				3.	
4. Other Subtractions (Must Attach Schedule)	-			4.	
5. TOTAL - Enter also on Line 4, Schedule 1				5.	
APPORTIONMENT OF INCOME					SCHEDULE 6
	A. WITHIN GEORG	iΙΑ	B. EVERYWHERI	=	C. DO NOT ROUND
·				-	COL (A) / COL (B)
4. Cross receipts from husiness					COMPUTE TO SIX DECIMALS
<ol> <li>Gross receipts from business</li></ol>					
2. Georgia Natio (Divide Column A by Column b) 2.					
COMPUTATION OF GEORGIA NET INCOME	(ROUND TO NEA	RES1	DOLLAR)		SCHEDULE 7
1. Net business income (Schedule 1, Line 5)				1.	
2. Income allocated everywhere (Must Attach Schedule)				2.	
3. Business income subject to apportionment (Line 1 less Line				3.	
4. Georgia Ratio (Schedule 6, Column C)	4.				
5. Net business income apportioned to Georgia (Line 3 x Line	4)			5.	
6. Net income allocated to Georgia (Attach Schedule)				6.	
7. Total of Lines 5 and 6				7.	
8. Less: Net operating loss apportioned to GA (from Schedule			•	8.	
9. Georgia taxable income (Enter also on Schedule 1, Line 7)				9.	
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Page 3

DATE

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(Corporation) Name ADATABYTE INC			FEIN 92-1558828		
COMPUTATION OF GEORGIA NET WORTH RATIO		(TO BE USED BY FORI	EIGN CORPS ONLY)	SCHEDULE 8	
Total value of property owned (Total assets from Federal balance sheet)     Gross receipts from business	2. 3.	A. WITHIN GEORGIA	B. TOTAL EVERYWHERE	C. GA Ratio (A/B) DO NOT ROUND COMPUTE TO SIX DECIMALS	
A copy of the Federal Return and supporting Schedules must be a unless a copy of the request for a Federal extension or Form IT-303	nttach		o extension of time for	filing will be allowed	
Make check payable to: Georgia Department of Revenue Mail to: Georgia Department of Revenue, Processing Center,	, PC	Box 740397, Atlanta,	Georgia 30374-0397		
DIRECT DEPOSIT OPTIONS					
A. Direct Deposit (For U.S. Accounts Only) See booklet for further inst	ructio	ns. If Direct Deposit is	not selected, a paper cl	neck will be issued.	
Type: Checking Savings Routing Number	g				
Accoun Numbe					
<b>Declaration:</b> I/We declare under the penalties of perjury that I/we have e the best of my/our knowledge and belief, it is true, correct, and complete information of which the preparer has knowledge.					
By providing my e-mail address I am authorizing the Georgia Department of my account(s).  Taxpayer's E-mail Address:	f Reve	enue to electronically notify m	e at the below e-mail addre	ess regarding any updates to	
Check the box to authorize the Georgia Department of Re	venu	e to discuss the conten	ts of this tax return wi	th the named preparer.	
	VEI	NKATA SAI PAV	AN KUMAR DUD	IPAL	
SIGNATURE OF OFFICER	SIGN	ATURE OF INDIVIDUAL OR	FIRM PREPARING THE R	ETURN	
MANAGER	<u>GL</u>	OBAL TAXES LI	ıC		
TITLE	FIRM	PREPARING THE RETURN			
	P02	2470833			

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IDENTIFICATION OR SOCIAL SECURITY NUMBER

1030-016 2023 GA 014

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FEIN <u>92-1558828</u>

GA NOL Carry Forward Worksheet		(RO	(ROUND TO NEAREST DOLLAR) Se		
Current Year NOL (Only select one typ	11	Normal NOL	Farm Loss	Insurance Loss	
Α	В	С	D	Е	F
Loss Year	Loss Amount	Income Year	NOL Utilized	Balance	Remaining NOL
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19.					
2. Current Year In	come/(Loss) (Sch	Current Yearedule 1, Line 5 or Schong ng before 1/1/2018 Ap	edule 7, Line 7)		
(Cannot exceed 5. Total NOL appli (Add Lines 3 ar	d 80% of Line 2, seed ed nd 4, Enter on Sch	ng on or after 1/1/2018 ee instructions for more medule 1, Line 6 or Sch	e information) edule 7, Line 8)*		
	e 5 plus any loss a				
		INSTRUC	TIONS		

Column A: List the loss year(s).

Column B: List the loss amount for the tax year listed in Column A.

Columns C & D: List the years in which the losses were utilized and the amount utilized each year. REV 01/09/24 PRO

Column E: List the balance of the NOL after each year has been applied. (Column B less Column D).

Column F: List the remaining NOL applicable to each loss year.

Total the remaining NOL (Col. F) and enter in the space at the bottom of the worksheet for "NOL Carry Forward Available to Current Year". Then insert "Current Year Income/(Loss)" in the space provided and compute the remainder of the schedule. Create photocopies as needed. See example worksheet in IT-611 instructions.

<sup>\*</sup> Cannot Exceed the Current Year Income Reported on Line 2.

FEIN 92-1558828

#### CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 10** 

ECTRONICAL

- 1. Complete a separate schedule for each Credit Code.
- 2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
- 3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
- 4. See the tax booklet for a list of credit codes.
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
- 6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
- 7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
- 8. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

	_			<b>~</b> .	
7	ι.	$r \triangle d$	ıt.	Code	١
	. •	ıcu	IL.	Couc	,

Credit remaining from previous years (do not include amounts elected to be applied to withholding)

المراجع المائنين	
withholding) 3. Company Name	ID Number
o. Company Namo	ID INGINIDO
Credit Certificate #	Credit Generated
	this Tax Year
4. Company Name	ID Number
	0 4:4 0 4 - 4
Credit Certificate #	Credit Generated this Tax Year
F. Company Nama	ID Number
5. Company Name	15 I tumbor
Credit Certificate #	Credit Generated
	this Tax Year
6. Company Name	ID Number
	0
Credit Certificate #	Credit Generated this Tax Year
7. Company Nama	ID Number
7. Company Name	ID Number
Credit Certificate #	Credit Generated
	this Tax Year
8. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
O. Company Name	this rax rear ID Number
9. Company Name	ID Number
Credit Certificate #	Credit Generated
	this Tax Year
10. Total available credit for this tax year. (sum of Lines 2 through 9)	10.
11. Enter the amount assigned to affiliated entities (see Schedule 11)	11.
12. Enter the amount of the credit sold (only certain credits can be sold; see instruction	-
13. Credit used for this tax year (enter here and on Schedule 3, Line 3)	13.
14. Potential carryover to next tax year. (Line 10 less Lines 11,12, and 13)	14.

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### Page 6 SCHEDULE 10B



(ROUND TO NEAREST DOLLAR)

(Corporation) Name

ADATABYTE INC

FEIN 92-1558828

**SCHEDULE 10B** 

ECTRONICAL

# REFUNDABLE TAX CREDITS 1. Complete a separate schedule for each Credit Code.

- 2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
- 3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
- 4. See the tax booklet for a list of credit codes.
- 5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and, to determine when carryovers expire.
- 6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
- 7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
- 8. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 10 if the Timber Tax Credit was purchased.

. Credit Code

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Credit remaining from previous years (do not include amounts elected to be applied to withholding)

withholding) 3. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
4. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
5. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
6. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
7. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
8. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
9. Company Name	ID Number
Credit Certificate #	Credit Generated this Tax Year
10. Total available credit for this tax year. (sum of Lines 2 through 9)	10.
11. Enter the amount assigned to affiliated entities (see Schedule 11)	11.
12. Enter the amount of the credit sold (only certain credits can be sold; see instructions)	12.
13. Credit used for this tax year (enter here and on Schedule 3, Line 5)	13. 14.
14. Potential carryover to next tax year. (Line 10 less Lines 11,12, and 13)	14.

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(Corporation) Name ADATABYTE INC FEIN92-1558828

ASSIGNED TAX CREDITS (ROUND TO NEAREST DOLLAR) SCHEDULE 11

Georgia Code Section 48-7-42 provides that in lieu of claiming any Georgia income tax credit for which a taxpayer otherwise is eligible for the taxable year, the taxpayer may elect to assign credits in whole or in part to one or more "affiliated entities". The term "affiliated entities" is defined as:

- 1) A corporation that is a member of the taxpayer's affiliated group within the meaning of Section 1504(a) of the Internal Revenue Code; or
- 2) An entity affiliated with a corporation, business, partnership, or limited liability company taxpayer, which entity:
  - (a) Owns or leases the land on which a project is constructed;
  - (b) Provides capital for construction of the project; and
  - (c) Is the grantor or owner under a management agreement with a managing company for the project.

No carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except if the assignor and the recipient of an assigned tax credit cease to be affiliated entities, then any carryover attributable to the unused portion of the credit is transferred back to the assignor of the credit. The assignor is permitted to use any such carryover and also shall be permitted to assign the carryover to one or more affiliated entities, as if such carryover were an income tax credit for which the assignor became eligible in the taxable year in which the carryover was transferred back to the assignor. In the case of any credit that must be claimed in installments in more than one taxable year, the election under this subsection may be made on an annual basis with respect to each such installment. For additional information, please refer to Georgia Code Section 48-7-42.

If the corporation filing this return is assigning tax credits to other affiliates, please provide detail below specifying where the tax credits are being assigned.

# All assignments of credits must be made before the statutory due date of the return (including extensions) per O.C.G.A. § 48-7-42 (b).

•.•					
	Credit Code	Corporation Name	FEIN	Amount of Credit	Credit Certificate # (if applicable )
1.			1	l.	
2.			2	2.	
3.			3	3.	
4.			2	4.	
5.			5	5.	
6.			6	S.	
7.			7	7.	
8.			3	3.	
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REV 01/09/24 PRC



FEIN <u>92-1558828</u>

#### MEMBERS TO BE INCLUDED IN THE GEORGIA CONSOLIDATED GROUP

**SCHEDULE 12** 

All members (Parent and Subsidiaries) included in the Georgia consolidated group must be listed.

**Column A:** Enter the Georgia Parent corporation on Line 1. List the subsidiary members included in the consolidated group on the remaining lines. If you have more than 25 group members, attach additional Schedule 12(s).

Column B: Enter the Federal Employer Identification Number (FEIN) for each member in the consolidated group.

Column C: Enter the Net Worth tax amount listed on Schedule 2, Line 7 for each member in the Georgia group, including the Parent corporation.

Line 26: Enter the total Net Worth tax from all additional Schedule 12(s).

Line 27: Add lines 1 through 26. Enter the total Net Worth Tax and enter this amount on Schedule 3, Line 1B.

	A Name of Member	в FEIN	C Net Worth Tax
1.			
2.			
3.			
4.			
5.			
6. 7.			
8.			
9.			
10.			
11.			
12. 13.			
14.			
15.			
16.			
17.			
18.			
19.			
20. 21.			
22.			
23.			
24.			
25.			
26.	Enter total Net Worth Tax from all Additional Schedule 12(	(s)	
27.	Total Net Worth Tax, add lines 1 through 26. (Enter on Schedule 3. Line 1b)		