

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

A-1 CONSULTING LLC

Employer identification number

87-1048018

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

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 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 PRESIDENT

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 03/02/2024

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

Department of the Treasury Internal Revenue Service

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.

2023

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

Header section containing: A S election effective date (05/28/2021), B Business activity code number (541511), C Check if Sch. M-3 attached, D Employer identification number (87-1048018), E Date incorporated (05/28/2021), F Total assets (1,116), and TYPE OR PRINT information.

Questions G through J regarding S corporation election, final return status, number of shareholders, and aggregated activities.

Caution: Include only trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Main table with columns for Income (lines 1-6), Deductions (lines 7-22), and Tax and Payments (lines 23a-28). Includes sub-columns for 1a, b, c and 1c, 2, 3, 4, 5, 6.

Sign Here: 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.

Signature area for officer (SYAM PRIYA RAM SAGAR GUPTA TALLAM, PRESIDENT) and date (03/02/2024). Includes a box for 'May the IRS discuss this return with the preparer shown below?'.

Paid Preparer Use Only section containing: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, and Firm's address.

Schedule B Other Information (see instructions)

- | | Yes | No |
|---|-----|----|
| 1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual
c <input type="checkbox"/> Other (specify) _____ | | |
| 2 See the instructions and enter the:
a Business activity <u>IT CONSULTING</u> b Product or service <u>SERVICE</u> | | |
| 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation | | X |
| 4 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 stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | X |

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

- | | Yes | No |
|--|-----|----|
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below | | X |

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- | | | |
|---|--|---|
| 5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?
If "Yes," complete lines (i) and (ii) below.
(i) Total shares of restricted stock
(ii) Total shares of non-restricted stock | | X |
|---|--|---|

- | | | |
|---|--|---|
| b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?
If "Yes," complete lines (i) and (ii) below.
(i) Total shares of stock outstanding at the end of the tax year
(ii) Total shares of stock outstanding if all instruments were executed | | X |
|---|--|---|

- | | | |
|---|--|---|
| 6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction? | | X |
|---|--|---|

- | | | |
|---|--|--|
| 7 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. | | |
|---|--|--|

- | | | |
|--|--|--|
| 8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ _____ | | |
|--|--|--|

- | | | |
|--|--|---|
| 9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions | | X |
|--|--|---|

- | | | |
|---|--|---|
| 10 Does the corporation satisfy one or more of the following? 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.
If "Yes," complete and attach Form 8990 , Limitation on Business Interest Expense Under Section 163(j). | | |

- | | | |
|--|---|--|
| 11 Does the corporation satisfy both of the following conditions? | X | |
| a The corporation's total receipts (see instructions) for the tax year were less than \$250,000. | | |
| b The corporation's total assets at the end of the tax year were less than \$250,000.
If "Yes," the corporation is not required to complete Schedules L and M-1. | | |

Schedule B Other Information (see instructions) <i>(continued)</i>		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2023 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____		X
16	At any time during the tax year, did the corporation: (a) receive (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

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-81,392.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a b Collectibles (28%) gain (loss) 8b c Unrecaptured section 1250 gain (attach statement) 8c		
9 Net section 1231 gain (loss) (attach Form 4797) 9			
10 Other income (loss) (see instructions) Type: 10			
Deductions	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures Type: 12c		
d Other deductions (see instructions) Type: 12d			
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type: 13d		
	e Other rental credits (see instructions) Type: 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type: 13g		
Inter-national	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment 15a		
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties—gross income 15d		
	e Oil, gas, and geothermal properties—deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses 16c		
	d Distributions (attach statement if required) (see instructions) 16d		
	e Repayment of loans from shareholders 16e		
	f Foreign taxes paid or accrued 16f		

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income (loss) reconciliation. Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	-81,392.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				1,116.
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				1,116.
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				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				82,508.
23	Additional paid-in capital				
24	Retained earnings				-81,392.
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity				1,116.

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

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

1	Net income (loss) per books	-81,392.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a	Tax-exempt interest \$ _____	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation \$ _____	
b	Travel and entertainment \$ _____		7	Add lines 5 and 6	
4	Add lines 1 through 3	-81,392.	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	-81,392.

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(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				
3 Other additions				
4 Loss from page 1, line 22	(81,392.)			
5 Other reductions	()			()
6 Combine lines 1 through 5	-81,392.			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	-81,392.			

Schedule K-1 (Form 1120-S)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

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

Part I Information About the Corporation

A Corporation's employer identification number 87-1048018
B Corporation's name, address, city, state, and ZIP code A-1 CONSULTING LLC 823 LEWISBURGLN AURORA IL 60504
C IRS Center where corporation filed return Kansas City, MO 64999-0013
D Corporation's total number of shares Beginning of tax year End of tax year 2

Part II Information About the Shareholder

E Shareholder's identifying number 645-11-5153
F Shareholder's name, address, city, state, and ZIP code BHUVANESWARI KOLLA 823 LEWISBURG LN AURORA IL 60504
G Current year allocation percentage 50.00000 %
H Shareholder's number of shares Beginning of tax year 1 End of tax year 1
I Loans from shareholder Beginning of tax year \$ End of tax year \$

For IRS Use Only

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

Table with 4 columns: Line number, Description, Amount, and Other information. Rows include Ordinary business income (loss) -40,696, Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, and Other information.

* See attached statement for additional information.

Schedule K-1 (Form 1120-S)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning [] / [] / 2023 ending [] / []

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

Part I Information About the Corporation

A Corporation's employer identification number 87-1048018
B Corporation's name, address, city, state, and ZIP code A-1 CONSULTING LLC 823 LEWISBURGLN AURORA IL 60504
C IRS Center where corporation filed return Kansas City, MO 64999-0013
D Corporation's total number of shares Beginning of tax year End of tax year 2

Part II Information About the Shareholder

E Shareholder's identifying number 577-37-7085
F Shareholder's name, address, city, state, and ZIP code SRINIVASULA KOLLA 823 LEWISBURG LN AURORA IL 60504
G Current year allocation percentage 50.00000 %
H Shareholder's number of shares Beginning of tax year 1 End of tax year 1
I Loans from shareholder Beginning of tax year End of tax year

For IRS Use Only

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

Table with 4 columns: Line number, Description, Amount, and Other information. Rows include Ordinary business income (loss) -40,696, Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, and Other information.

* See attached statement for additional information.

199A Worksheet by Activity

2023

▶ Keep for your records

Corporation's name <u>A-1 CONSULTING LLC</u>	Corporation's EIN <u>87-1048018</u>
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QuickZoom to 199A Summary ▶ _____

Aggregation Code: _____	Trade or Business: <u>1120S, Line 21</u> EIN: <u>87-1048018</u>
Is this activity a qualified trade/business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Specified Service Trade or Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Section 179 Carryover Detail for this Activity

Tentative Section 179 deduction from current year assets

Part I: Prior Year Carryovers

by Year and Category

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

Section 179 Regular Tax	Section 179 QBI
	0.

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

Total 179 deduction allowed for this activity in current year

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

Section 179 Regular Tax	Section 179 QBI

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

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

Section 179 Regular Tax	Section 179 QBI

Additional Information From 2023 US Form 1120S: Income Tax Return for S Corp**Form 1120S: S-Corporation Tax Return****Other Deductions****Continuation Statement**

Description	Amount
ACCOUNTING	165.
DUES AND SUBSCRIPTIONS	720.
INSURANCE	14,459.
MISCELLANEOUS	972.
OFFICE EXPENSE	1,800.
OUTSIDE SERVICES	1,260.
SUPPLIES	4,680.
TRAINING/CONTINUING EDUCATION	7,290.
TRAVEL	13,800.
UTILITIES	6,216.
CLIENT PROCUREMENT EXPENSE	6,030.
HEALTH CARE	6,100.
OTHER BUSINESS EXPENSES	17,900.
Total	81,392.



2023 Form IL-1120-ST

Small Business Corporation Replacement Tax Return

Due on or before the 15th day of the 3rd month following the close of the tax year.



If this return is not for calendar year 2023, enter your fiscal tax year here.

Tax year beginning month day 20 year, ending month day 20 year

Enter the amount you are paying.

This form is for tax years ending on or after December 31, 2023, and before December 31, 2024. For all other situations, see instructions to determine the correct form to use.

\$ 0.

Step 1: Identify your small business corporation

A Enter your complete legal business name. If you have a name change, check this box. Name: A-1 CONSULTING LLC

B Enter your mailing address. C/O: Mailing address: 823 LEWISBURGLN City: AURORA State: IL ZIP: 60504

C If this is the first or final return, check the applicable box(es). First return Final return (Enter the date of termination. mm dd yyyy)

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy) and the new owner's FEIN

E Apportionment Formulas. Check the appropriate box or boxes and see the Apportionment Formula instructions. Financial organizations Transportation companies Federally regulated exchanges Sales companies

F Check this box if you attached Form IL-4562. G Check this box if you attached Illinois Schedule M (for businesses). H Check this box if you attached Schedule 80/20. I Check this box if you attached Schedule 1299-A. J Check this box if you attached the Subgroup Schedule. K Check this box if you are a 52/53 week filer. L Check this box if you elected to file and pay Pass-through Entity Tax. See instructions. M If you are paying Pass-through Entity Tax and you annualized your income on Form IL-2220, check this box and attach Form IL-2220.

N Enter your federal employer identification number (FEIN). 8 7 - 1 0 4 8 0 1 8

O Check this box if you are a member of a unitary business group and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. Attach Schedule UB to this return.

P Enter your North American Industry Classification System (NAICS) Code. See instructions. 5 4 1 5 1 1

Q Enter your Illinois corporate file (charter) number issued by the Secretary of State. 10426596

R Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.) AURORA, IL 60504 City State ZIP

S If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44.

T If you have completed the following, check the box and attach the federal form(s) to this return. Federal Form 8886 Federal Sch. M-3, Part II, Line 10

U If you are making a discharge of indebtedness adjustment on Schedule NLD or Form IL-1120-ST, Line 48, check this box and attach federal Form 982.

V Check this box if your business activity is protected under Public Law 86-272.

Step 2: Figure your ordinary income or loss

Table with 7 rows for ordinary income or loss calculation. Line 7 total: -81,392.00

Step 3: Figure your unmodified base income or loss

Table with 6 rows for unmodified base income or loss calculation. Line 13 total: -81,392.00

Attach your payment and Form IL-1120-ST-V here.



Step 4: Figure your income or loss

14	Enter the amount from Line 13. Unitary filers , enter the amount from Schedule UB, Step 2, Col E, Line 30.	14	_____ -81,392.00
15	State, municipal, and other interest income excluded from Line 14.	15	_____ .00
16	Illinois taxes and surcharge deducted in arriving at Line 14. See instructions.	16	_____ .00
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	_____ .00
18	Related-Party Expenses addition. Attach Schedule 80/20.	18	_____ .00
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	_____ .00
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20	_____ .00
21	Other additions. Attach Illinois Schedule M (for businesses).	21	_____ .00
22	Add Lines 14 through 21. This amount is your income or loss.	22	_____ -81,392.00

Step 5: Figure your base income or loss

23	Interest income from U.S. Treasury or other exempt federal obligations.	23	_____ .00
24	Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B.	24	_____ .00
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25	_____ .00
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26	_____ .00
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27	_____ .00
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28	_____ .00
29	Contribution subtraction. Attach Schedule 1299-A.	29	_____ .00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	_____ .00
31	Related-Party Expenses subtraction. Attach Schedule 80/20.	31	_____ .00
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	_____ .00
33	Other subtractions. Attach Schedule M (for businesses).	33	_____ .00
34	Total subtractions. Add Lines 23 through 33.	34	_____ .00
35	Base income or loss. Subtract Line 34 from Line 22.	35	_____ -81,392.00

	A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input checked="" type="checkbox"/>
	<small>Note</small> → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.
	B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/>

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. Attach Schedule NB.	36	_____ .00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	_____ .00
38	Add Lines 36 and 37.	38	_____ .00
39	Business income or loss. Subtract Line 38 from Line 35.	39	_____ .00
40	Total sales everywhere. This amount cannot be negative.	40	_____
41	Total sales inside Illinois. This amount cannot be negative.	41	_____
42	Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42	_____ . _____
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	_____ .00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	_____ .00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	_____ .00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	_____ .00



Step 7: Figure your net income

Table with 2 columns: Line number and Amount. Rows include Base income or net loss from Step 5, Discharge of indebtedness adjustment, Adjusted base income or net loss, Illinois net loss deduction, and Net income.

Step 8: Figure the taxes, surcharges, pass-through withholding, and penalty you owe

Table with 2 columns: Line number and Amount. Rows include Replacement tax, Recapture of investment credits, Investment credits, Net replacement tax, and Total taxes, surcharges, pass-through withholding, and penalty.

Step 9: Figure your refund or balance due

Table with 2 columns: Line number and Amount. Rows include Payments, Total payments, Refund, and Tax Due. Includes a sub-table for direct deposit routing and account numbers.

Special Note: Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature and preparer information form. Includes fields for Signature of authorized officer, Date, Title, Phone, Firm's name, and Firm's address.

If a payment is enclosed, mail your Form IL-1120-ST to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

If a payment is not enclosed, mail your Form IL-1120-ST to: Illinois Department of Revenue, P.O. Box 19032, Springfield, IL 62794-9032



A-1 CONSULTING LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

8 7 - 1 0 4 8 0 1 8

Enter your federal employer identification number (FEIN).

Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Illinois Department of Revenue. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)



Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1
2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2
3 Add the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all pages for which you have checked the box indicating the entity is subject to Illinois replacement tax or an ESOP. Enter the total here. See instructions. 3

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Line J for your
a. nonresident individual members. See instructions. 4a 0
b. nonresident estate members. See instructions. 4b
c. partnership and S corporation members. See instructions. 4c
d. nonresident trust members. See instructions. 4d
e. C corporation members. See instructions. 4e
5 Add Line 4a through Line 4e. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065 (Form IL-1065-X), Line 59, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. 5 0
6 Enter the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K. 6
7 Enter the total pass-through entity tax credit received and distributed on all pages of Schedule B, Section B, Line L. 7

Attach all pages of Schedule B, Section B behind this page.



A-1 CONSULTING LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

8 7 - 1 0 4 8 0 1 8

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

	Member 1	Member 2	Member 3
A Name	BHUVANESWARI KOLLA	SRINIVASULA KOLLA	
C/O			
Address 1	823 LEWISBURG LN	823 LEWISBURG LN	
Address 2			
City	AURORA	AURORA	
State, ZIP	IL 60504	IL 60504	
B Partner or Shareholder	I	I	
C SSN/FEIN	645-11-5153	577-37-7085	
D Subject to Illinois replacement tax or an ESOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Member's distributable amount of base income or loss	-40,696	-40,696	
F Excluded from pass-through withholding	R	R	
G Share of Illinois income subject to pass-through withholding			
H Pass-through withholding before credits			
I Distributable share of credits			
J Pass-through withholding amount			
K PTE tax credit paid to members			
L PTE tax credit received and distributed to members			

Note If you have more members than space provided, attach additional copies of this page as necessary.