

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

Department of the Treasury  
Internal Revenue Service

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

**ERO must obtain and retain completed Form 8879-PE.**  
Go to [www.irs.gov/Form8879PE](http://www.irs.gov/Form8879PE) for the latest information.

**2023**

Name of partnership ELYON INTERNATIONAL FOODS LLC	Employer identification number 32-0609350
--	--

**Part I Form 1065 Information** (Whole dollars only)

<b>1</b> Gross receipts or sales less returns and allowances (Form 1065, line 1c)	<b>1</b>	398,425.
<b>2</b> Gross profit (Form 1065, line 3)	<b>2</b>	37,959.
<b>3</b> Ordinary business income (loss) (Form 1065, line 23)	<b>3</b>	-109,000.
<b>4</b> Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	<b>4</b>	
<b>5</b> Other net rental income (loss) (Form 1065, Schedule K, line 3c)	<b>5</b>	

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

I declare under penalties of perjury that:

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

**Partner or Member or PR PIN: check one box only**

- I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--

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

Partner or Member or PR signature: \_\_\_\_\_

Title: LLC MEMBER Date: \_\_\_\_\_

**Part III Certification and Authentication**

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

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

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: \_\_\_\_\_ Date: 04/04/2024

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

**U.S. Return of Partnership Income**

For calendar year 2023, or tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_\_.

**2023**

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

<b>A</b> Principal business activity FOOD SERVICES	<b>Type or Print</b>	Name of partnership ELYON INTERNATIONAL FOODS LLC	<b>D</b> Employer identification number 32-0609350
<b>B</b> Principal product or service PRODUCT		Number, street, and room or suite no. If a P.O. box, see instructions. 2800 SW 14 TH ST SUITE 18	<b>E</b> Date business started 09/02/2019
<b>C</b> Business code number 722300		City or town, state or province, country, and ZIP or foreign postal code BENTONVILLE AR 72712	<b>F</b> Total assets (see instructions) \$ 88,392.

- G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return
- H** Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify): \_\_\_\_\_
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: \_\_\_\_\_ 4
- J** Check if Schedules C and M-3 are attached \_\_\_\_\_
- K** Check if partnership: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes

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

<b>Income</b>	<b>1a</b> Gross receipts or sales 398,425.	<b>b</b> Less returns and allowances _____	<b>c</b> Balance	<b>1c</b> 398,425.
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b> 360,466.
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b> 37,959.
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>
	<b>7</b> Other income (loss) (attach statement) SALE OF PRODUCT INCOME			<b>7</b> 544.
	<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7			<b>8</b> 38,503.
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9</b>
	<b>10</b> Guaranteed payments to partners			<b>10</b>
	<b>11</b> Repairs and maintenance			<b>11</b> 4,299.
	<b>12</b> Bad debts			<b>12</b>
	<b>13</b> Rent			<b>13</b> 71,014.
	<b>14</b> Taxes and licenses			<b>14</b> 9,539.
	<b>15</b> Interest (see instructions)			<b>15</b>
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>		
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return	<b>16b</b>		<b>16c</b>
	<b>17</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> )			<b>17</b>
	<b>18</b> Retirement plans, etc.			<b>18</b>
	<b>19</b> Employee benefit programs			<b>19</b>
	<b>20</b> Energy efficient commercial buildings deduction (attach Form 7205)			<b>20</b>
	<b>21</b> Other deductions (attach statement) See Statement			<b>21</b> 62,651.
<b>22</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 21			<b>22</b> 147,503.	
<b>23</b> <b>Ordinary business income (loss).</b> Subtract line 22 from line 8			<b>23</b> -109,000.	
<b>Tax and Payment</b>	<b>24</b> Interest due under the look-back method—completed long-term contracts (attach Form 8697)			<b>24</b>
	<b>25</b> Interest due under the look-back method—income forecast method (attach Form 8866)			<b>25</b>
	<b>26</b> BBA AAR imputed underpayment (see instructions)			<b>26</b>
	<b>27</b> Other taxes (see instructions)			<b>27</b>
	<b>28</b> <b>Total balance due.</b> Add lines 24 through 27			<b>28</b>
	<b>29</b> Elective payment election amount from Form 3800			<b>29</b>
	<b>30</b> Payment (see instructions)			<b>30</b>
	<b>31</b> <b>Amount owed.</b> If the sum of line 29 and line 30 is smaller than line 28, enter amount owed			<b>31</b>
	<b>32</b> <b>Overpayment.</b> If the sum of line 29 and line 30 is larger than line 28, enter overpayment			<b>32</b> 0.

**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. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_

Date \_\_\_\_\_

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/04/2024	Check <input type="checkbox"/> if self-employed	PTIN P02082703
	Firm's name GLOBAL TAXES LLC			Firm's EIN 84-3171965	
	Firm's address 245 ROONEY CT E BRUNSWICK, NJ 08816			Phone no. (678) 965-9522	

Schedule B Other Information

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

<b>Schedule B Other Information (continued)</b>		<b>Yes</b>	<b>No</b>
<b>c</b>	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ ( _____ ) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions . . . . .		X
<b>d</b>	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year \$ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		X
<b>11</b>	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) . . . . . <input type="checkbox"/>		
<b>12</b>	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? . . . . .		X
<b>13</b>	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions . . . . .		
<b>14</b>	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership . . . . .		X
<b>15</b>	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return . . . . .		
<b>16a</b>	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .		X
<b>b</b>	If "Yes," did you or will you file required Form(s) 1099? . . . . .		
<b>17</b>	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return . . . . .		
<b>18</b>	Enter the number of partners that are foreign governments under section 892 . . . . .		
<b>19</b>	During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? . . . . .		X
<b>20</b>	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938 . . . . .		X
<b>21</b>	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? . . . . .		X
<b>22</b>	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions . . . . . If "Yes," enter the total amount of the disallowed deductions \$ _____		X
<b>23</b>	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .		X
<b>24</b>	Does the partnership satisfy one or more of the following? See instructions . . . . . <b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the partnership has business interest expense. <b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
<b>25</b>	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . If "Yes," enter the amount from Form 8996, line 15 \$ _____		X
<b>26</b>	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership . . . . . Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b>	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? . . . . .		X
<b>28</b>	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: _____ By value: _____		X
<b>29</b>	Is the partnership required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions): <b>a</b> Under the applicable foreign corporation rules? . . . . .		X

<b>Schedule B</b>	<b>Other Information</b> <i>(continued)</i>	<b>Yes</b>	<b>No</b>
<b>b</b>	Under the covered surrogate foreign corporation rules? . . . . . If "Yes" to either (a) or (b), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		X
<b>30</b>	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions . . . . .		X
<b>31</b>	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 . . . . . If "No," complete Designation of Partnership Representative below.		X

**Designation of Partnership Representative** (see instructions)

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

Name of PR SUGUNA L KAKARA

U.S. address of PR <u>1812 SW NOTTINGHAM AVE BENTONVILLE AR 72713-2149</u>	U.S. phone number of PR <u>(818) 436-9083</u>
--	---

If the PR is an entity, name of the designated individual for the PR

U.S. address of designated individual _____	U.S. phone number of designated individual _____
---	--

<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 23)	<b>1</b> -109,000.
	<b>2</b> Net rental real estate income (loss) (attach Form 8825)	<b>2</b>
	<b>3a</b> Other gross rental income (loss)	<b>3a</b>
	<b>b</b> Expenses from other rental activities (attach statement)	<b>3b</b>
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a	<b>3c</b>
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b>	<b>4c</b>
	<b>c</b> Total. Add lines 4a and 4b	<b>4c</b>
	<b>5</b> Interest income	<b>5</b>
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends	<b>6a</b>
	<b>b</b> Qualified dividends <b>6b</b> <b>c</b> Dividend equivalents <b>6c</b>	<b>6c</b>
	<b>7</b> Royalties	<b>7</b>
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065))	<b>8</b>	
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065))	<b>9a</b>	
<b>b</b> Collectibles (28%) gain (loss)	<b>9b</b>	
<b>c</b> Unrecaptured section 1250 gain (attach statement)	<b>9c</b>	
<b>10</b> Net section 1231 gain (loss) (attach Form 4797)	<b>10</b>	
<b>11</b> Other income (loss) (see instructions) Type: _____	<b>11</b>	
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562)	<b>12</b>
	<b>13a</b> Cash contributions	<b>13a</b>
	<b>b</b> Noncash contributions	<b>13b</b>
	<b>c</b> Investment interest expense	<b>13c</b>
	<b>d</b> Section 59(e)(2) expenditures: <b>(1)</b> Type: _____ <b>(2)</b> Amount: _____	<b>13d(2)</b>
<b>e</b> Other deductions (see instructions) Type: _____	<b>13e</b>	
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment	<b>14a</b> 0.
	<b>b</b> Gross farming or fishing income	<b>14b</b>
	<b>c</b> Gross nonfarm income	<b>14c</b> 38,503.
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5))	<b>15a</b>
	<b>b</b> Low-income housing credit (other)	<b>15b</b>
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	<b>15c</b>
	<b>d</b> Other rental real estate credits (see instructions) Type: _____	<b>15d</b>
	<b>e</b> Other rental credits (see instructions) Type: _____	<b>15e</b>
	<b>f</b> Other credits (see instructions) Type: _____	<b>15f</b>
<b>Inter-national</b>	<b>16</b> Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>	
<b>Alternative Minimum Tax (AMT) items</b>	<b>17a</b> Post-1986 depreciation adjustment	<b>17a</b>
	<b>b</b> Adjusted gain or loss	<b>17b</b>
	<b>c</b> Depletion (other than oil and gas)	<b>17c</b>
	<b>d</b> Oil, gas, and geothermal properties—gross income	<b>17d</b>
	<b>e</b> Oil, gas, and geothermal properties—deductions	<b>17e</b>
	<b>f</b> Other AMT items (attach statement)	<b>17f</b>
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income	<b>18a</b>
	<b>b</b> Other tax-exempt income	<b>18b</b>
	<b>c</b> Nondeductible expenses	<b>18c</b>
	<b>19a</b> Distributions of cash and marketable securities	<b>19a</b>
	<b>b</b> Distributions of other property	<b>19b</b>
	<b>20a</b> Investment income	<b>20a</b>
	<b>b</b> Investment expenses	<b>20b</b>
<b>c</b> Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		
<b>21</b> Total foreign taxes paid or accrued	<b>21</b>	

**Analysis of Net Income (Loss) per Return**

<b>1</b>	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21					<b>1</b>	-109,000.
<b>2</b>	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
<b>a</b>	General partners						
<b>b</b>	Limited partners		-109,000.				

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
<b>1</b>	Cash		5,080.		-1,414.
<b>2a</b>	Trade notes and accounts receivable				
<b>b</b>	Less allowance for bad debts				
<b>3</b>	Inventories		25,000.		27,575.
<b>4</b>	U.S. Government obligations				
<b>5</b>	Tax-exempt securities				
<b>6</b>	Other current assets (attach statement)		75.		
<b>7a</b>	Loans to partners (or persons related to partners)				
<b>b</b>	Mortgage and real estate loans				
<b>8</b>	Other investments (attach statement)				450.
<b>9a</b>	Buildings and other depreciable assets	40,024.			
<b>b</b>	Less accumulated depreciation	39,572.	452.		
<b>10a</b>	Depletable assets			61,781.	
<b>b</b>	Less accumulated depletion				61,781.
<b>11</b>	Land (net of any amortization)				
<b>12a</b>	Intangible assets (amortizable only)				
<b>b</b>	Less accumulated amortization				
<b>13</b>	Other assets (attach statement)		450.		
<b>14</b>	Total assets		31,057.		88,392.
<b>Liabilities and Capital</b>					
<b>15</b>	Accounts payable				
<b>16</b>	Mortgages, notes, bonds payable in less than 1 year		34,375.		26,075.
<b>17</b>	Other current liabilities (attach statement)				
<b>18</b>	All nonrecourse loans				
<b>19a</b>	Loans from partners (or persons related to partners)				
<b>b</b>	Mortgages, notes, bonds payable in 1 year or more				
<b>20</b>	Other liabilities (attach statement)				
<b>21</b>	Partners' capital accounts		-3,318.		62,317.
<b>22</b>	Total liabilities and capital		31,057.		88,392.

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

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

<b>1</b>	Net income (loss) per books	-109,000.	<b>6</b>	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		<b>a</b>	Tax-exempt interest \$	
<b>3</b>	Guaranteed payments (other than health insurance)		<b>7</b>	Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
<b>4</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		<b>a</b>	Depreciation \$	
<b>a</b>	Depreciation \$		<b>8</b>	Add lines 6 and 7	
<b>b</b>	Travel and entertainment \$		<b>9</b>	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-109,000.
<b>5</b>	Add lines 1 through 4	-109,000.			

**Schedule M-2 Analysis of Partners' Capital Accounts**

<b>1</b>	Balance at beginning of year	-3,318.	<b>6</b>	Distributions: <b>a</b> Cash	
<b>2</b>	Capital contributed: <b>a</b> Cash	174,635.		<b>b</b> Property	
	<b>b</b> Property		<b>7</b>	Other decreases (itemize):	
<b>3</b>	Net income (loss) (see instructions)	-109,000.	<b>8</b>	Add lines 6 and 7	
<b>4</b>	Other increases (itemize):		<b>9</b>	Balance at end of year. Subtract line 8 from line 5	62,317.
<b>5</b>	Add lines 1 through 4	62,317.			

(Rev. November 2018)  
Department of the Treasury  
Internal Revenue Service

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

Name <b>ELYON INTERNATIONAL FOODS LLC</b>		Employer identification number <b>32-0609350</b>	
<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	25,000
<b>2</b>	Purchases . . . . .	<b>2</b>	
<b>3</b>	Cost of labor . . . . .	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach schedule) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach schedule) . . . . . See Statement	<b>5</b>	363,041
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	388,041
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	27,575
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions . . . . .	<b>8</b>	360,466
<b>9a</b>	Check all methods used for valuing closing inventory:		
	(i) <input checked="" type="checkbox"/> Cost		
	(ii) <input type="checkbox"/> Lower of cost or market		
	(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶		
<b>b</b>	Check if there was a writedown of subnormal goods . . . . .		<input type="checkbox"/>
<b>c</b>	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . .		<input type="checkbox"/>
<b>d</b>	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . . .	<b>9d</b>	
<b>e</b>	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>f</b>	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Section references are to the Internal Revenue Code unless otherwise noted.

**What's New**

**Small business taxpayers.** For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

**General Instructions**

**Purpose of Form**

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

**Who Must File**

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

**Inventories**

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

**Exception for certain taxpayers.** A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are nonincidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

**Small business taxpayer.** A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.

**Uniform capitalization rules.** The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.



Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

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

Part I Information About the Partnership

A Partnership's employer identification number 32-0609350
B Partnership's name, address, city, state, and ZIP code ELYON INTERNATIONAL FOODS LLC 2800 SW 14 TH ST SUITE 18 BENTONVILLE, AR 72712
C IRS center where partnership filed return: OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 205-86-6417
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. SUGUNA LAKSHMI KAKARA 1812 SW NOTTINGHAM AVE BENTONVILLE AR 72713
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 100.00000% 94.00000%
Loss 100.00000% 94.00000%
Capital 100.00000% 94.00000%
Check if decrease is due to:
Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 32,311. \$ 24,509.
Recourse \$ \$
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

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

M Did the partner contribute property with a built-in gain (loss)? Yes No If "Yes," attach statement. See instructions.

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

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

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

22 More than one activity for at-risk purposes\*
23 More than one activity for passive activity purposes\*
\*See attached statement for additional information.

For IRS Use Only

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

<b>Partnership's name:</b> ELYON INTERNATIONAL FOODS LLC		<b>Partnership's EIN:</b> 32-0609350	
<b>Partner's name:</b> SUGUNA LAKSHMI KAKARA		<b>Partner's identifying no:</b> 205-86-6417	
		1065, Line 22	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .	-102,460.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Qualified REIT dividends</b> . . . . .		

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

<b>Partnership's name:</b>		<b>Partnership's EIN:</b>	
<b>Partner's name:</b>		<b>Partner's identifying no:</b>	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Qualified REIT dividends</b> . . . . .		

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

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

Part I Information About the Partnership

A Partnership's employer identification number 32-0609350
B Partnership's name, address, city, state, and ZIP code ELYON INTERNATIONAL FOODS LLC 2800 SW 14 TH ST SUITE 18 BENTONVILLE, AR 72712
C IRS center where partnership filed return: OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 672-66-2719
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. SOBITA REDDY GUMMALA 1211 BOOTLEG ROAD BENTONVILLE AR 72713
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 2.00000% 2.00000%
Loss 2.00000% 2.00000%
Capital 2.00000% 2.00000%
Check if decrease is due to: Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 688. \$ 522.
Recourse \$ \$
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Table with columns: Description, Beginning capital account, Ending capital account. Rows include Capital contributed during the year, Current year net income (loss) -2,180., Other increase (decrease), Withdrawals and distributions, Ending capital account -2,180.

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked) If "Yes," attach statement. See instructions.

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

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

Table with columns: Line number, Description, Amount, and Code. Rows include Ordinary business income (loss) -2,180., Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments for services, Guaranteed payments for capital, Total guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Foreign taxes paid or accrued.

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

\*See attached statement for additional information.

For IRS Use Only

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

<b>Partnership's name:</b> ELYON INTERNATIONAL FOODS LLC		<b>Partnership's EIN:</b> 32-0609350	
<b>Partner's name:</b> SOBITA REDDY GUMMALA		<b>Partner's identifying no:</b> 672-66-2719	
		1065, Line 22	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .	-2,180.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Qualified REIT dividends</b> . . . . .		

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

<b>Partnership's name:</b>		<b>Partnership's EIN:</b>	
<b>Partner's name:</b>		<b>Partner's identifying no:</b>	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Qualified REIT dividends</b> . . . . .		

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

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

Part I Information About the Partnership

A Partnership's employer identification number 32-0609350
B Partnership's name, address, city, state, and ZIP code ELYON INTERNATIONAL FOODS LLC 2800 SW 14 TH ST SUITE 18 BENTONVILLE, AR 72712
C IRS center where partnership filed return: OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 853-28-0853
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. SWATHI THODIME 1912 SW NOTTINGHAM AVE BENTONVILLE AR 72713
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions): Beginning Ending
Profit 2.00000% 2.00000%
Loss 2.00000% 2.00000%
Capital 2.00000% 2.00000%
Check if decrease is due to: Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities: Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 688. \$ 522.
Recourse \$ \$
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Table with columns: Description, Beginning capital account, Ending capital account. Rows include Capital contributed during the year, Current year net income (loss) -2,180., Other increase (decrease), Withdrawals and distributions, Ending capital account -2,180.

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked) If "Yes," attach statement. See instructions.

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

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

Table with columns: Line number, Description, Amount, and Code. Rows include 1 Ordinary business income (loss) -2,180., 2 Net rental real estate income (loss), 3 Other net rental income (loss), 4a-4c Guaranteed payments, 5 Interest income, 6a-6c Dividends, 7 Royalties, 8 Net short-term capital gain (loss), 9a-9c Capital gains, 10 Net section 1231 gain (loss), 11 Other income (loss), 12 Section 179 deduction, 13 Other deductions, 14-17 Income and Deductions, 18-21 Tax and Other Items.

22 More than one activity for at-risk purposes\*
23 More than one activity for passive activity purposes\*
\*See attached statement for additional information.

For IRS Use Only

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

<b>Partnership's name:</b> ELYON INTERNATIONAL FOODS LLC		<b>Partnership's EIN:</b> 32-0609350	
<b>Partner's name:</b> SWATHI THODIME		<b>Partner's identifying no:</b> 853-28-0853	
<b>Partner's share of:</b>		1065, Line 22	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .	-2,180.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Qualified REIT dividends</b> . . . . .		

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

<b>Partnership's name:</b>		<b>Partnership's EIN:</b>	
<b>Partner's name:</b>		<b>Partner's identifying no:</b>	
<b>Partner's share of:</b>		1065, Line 22	
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Qualified REIT dividends</b> . . . . .		

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

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

Part I Information About the Partnership

A Partnership's employer identification number 32-0609350
B Partnership's name, address, city, state, and ZIP code ELYON INTERNATIONAL FOODS LLC 2800 SW 14 TH ST SUITE 18 BENTONVILLE, AR 72712
C IRS center where partnership filed return: OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 076-87-5612
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. MEGHANA REDDY KOTHI 2410 CAMEO LANE BENTONVILLE AR 72713
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions): Beginning Ending
Profit 2.00000% 2.00000%
Loss 2.00000% 2.00000%
Capital 2.00000% 2.00000%
Check if decrease is due to: Sale or Exchange of partnership interest. See instructions.
K1 Partner's share of liabilities: Beginning Ending
Nonrecourse \$ \$
Qualified nonrecourse financing \$ 688. \$ 522.
Recourse \$ \$
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Table with columns: Description, Beginning, Ending. Rows: Beginning capital account, Capital contributed during the year, Current year net income (loss) -2,180., Other increase (decrease) (attach explanation), Withdrawals and distributions, Ending capital account -2,180.

M Did the partner contribute property with a built-in gain (loss)? Yes No (checked) If "Yes," attach statement. See instructions.

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

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

Table with columns: Line number, Description, Column number, Amount. Rows: 1 Ordinary business income (loss) -2,180. 14 Self-employment earnings (loss) 2 Net rental real estate income (loss) 3 Other net rental income (loss) 15 Credits 4a Guaranteed payments for services 4b Guaranteed payments for capital 16 Schedule K-3 is attached if checked 4c Total guaranteed payments 17 Alternative minimum tax (AMT) items 5 Interest income 6a Ordinary dividends 6b Qualified dividends 18 Tax-exempt income and nondeductible expenses 6c Dividend equivalents 7 Royalties 8 Net short-term capital gain (loss) 19 Distributions 9a Net long-term capital gain (loss) 9b Collectibles (28%) gain (loss) 20 Other information 9c Unrecaptured section 1250 gain Z \* STMT 10 Net section 1231 gain (loss) 11 Other income (loss) 12 Section 179 deduction 21 Foreign taxes paid or accrued 13 Other deductions

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

\*See attached statement for additional information.

For IRS Use Only

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

<b>Partnership's name:</b> ELYON INTERNATIONAL FOODS LLC		<b>Partnership's EIN:</b> 32-0609350	
<b>Partner's name:</b> MEGHANA REDDY KOTHI		<b>Partner's identifying no:</b> 076-87-5612	
		1065, Line 22	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .	-2,180.	
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Qualified REIT dividends</b> . . . . .		

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

<b>Partnership's name:</b>		<b>Partnership's EIN:</b>	
<b>Partner's name:</b>		<b>Partner's identifying no:</b>	
<b>Partner's share of:</b>		<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
<b>QBI or qualified PTP items subject to partner-specific determinations:</b>			
	Ordinary business income (loss) . . . . .		
	Rental income (loss) . . . . .		
	Royalty income (loss) . . . . .		
	Section 1231 gain (loss) . . . . .		
	Other income (loss) . . . . .		
	Section 179 deduction . . . . .		
	Other deductions . . . . .		
	<b>W-2 wages</b> . . . . .		
	<b>UBIA of qualified property</b> . . . . .		
	<b>Qualified REIT dividends</b> . . . . .		



**Partnership Special Allocation Information**  
(See tax help for more detail)

**Note:** Special allocation codes for QBI items below will default to codes used for similar item classes for regular tax purposes. To change the default behavior, you may select a different option on the Partnership Information Worksheet. . . . . ▶ \_\_\_\_\_

- Copy special allocation codes for items that are specially allocated on Schedule K (default).
- Remove default special allocations and allocate items according to profit, loss, or ownership % (based on selection made on the Partnership Information Worksheet).
- Remove default special allocations and leave these items blank on K-1 Stmt A (manual entry).

Partnership's Name: ELYON INTERNATIONAL FOODS LLC Partnership's EIN: 32-0609350

1065, Line 22

- PTP
- Aggregated
- SSTB

- PTP
- Aggregated
- SSTB

- PTP
- Aggregated
- SSTB

Partner's share of:  
QBI or qualified PTP items subject to shareholder-specific determinations:

Special Allocation	S A			
Ordinary business inc (loss) .		-109,000.		
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 . . .				

\* See tax help for W2 wage or UBIA Special Allocations

Qualified REIT  
dividends . . . . .

Partnership's Name: \_\_\_\_\_ Partnership's EIN: \_\_\_\_\_



<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

Partner's share of:  
 QBI or qualified PTP items subject to shareholder-specific determinations:

Special Allocation	S A			
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 . . .	_____	_____	_____	_____
<i>* See tax help for W2 wage or UBIA Special Allocations</i>				
Qualified REIT dividends . . . .	_____	_____		

# 199A Worksheet by Activity

**2023**

▶ Keep for your records

Partnership's name <u>ELYON INTERNATIONAL FOODS LLC</u>	Partnership's EIN <u>32-0609350</u>
--	--

**Note: See 199A Summary for Special Allocation information**

QuickZoom to 199A Summary . . . . ▶ \_\_\_\_\_

Aggregation Code: _____	Trade or Business: <u>1065, Line 22</u> EIN: <u>32-0609350</u>
Is this activity a qualified trade/business? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Specified Service Trade or Business? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

<b>1 a</b> Ordinary business income (loss) . . . . . <b>1 a</b>	<u>-109,000.</u>		
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted ordinary business income (loss) . . . . . <b>1 c</b>		<b>1 c</b>	<u>-109,000.</u>
<b>2 a</b> Rental income (loss) . . . . . <b>2 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted rental income (loss) . . . . . <b>2 c</b>		<b>2 c</b>	
<b>3 a</b> Royalty income (loss) . . . . . <b>3 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted royalty income (loss) . . . . . <b>3 c</b>		<b>3 c</b>	
<b>4 a</b> Section 1231 gain (loss) . . . . . <b>4 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted section 1231 gain (loss) . . . . . <b>4 c</b>		<b>4 c</b>	
<b>5</b> Other income (loss) . . . . . <b>5</b>		<b>5</b>	
<b>6 a</b> Section 179 deduction . . . . . <b>6 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted section 179 deduction . . . . . <b>6 c</b>		<b>6 c</b>	
<b>7</b> Other deductions . . . . . <b>7</b>		<b>7</b>	
<b>8 a</b> W-2 wages . . . . . <b>8 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted W-2 Wages . . . . . <b>8 c</b>		<b>8 c</b>	
<b>9 a</b> UBIA of qualified property . . . . . <b>9 a</b>			
<b>b</b> Adjustments . . . . . <b>b</b>			
<b>c</b> Adjusted UBIA of qualified property . . . . . <b>9 c</b>		<b>9 c</b>	

**Section 179 Carryover Detail for this Activity**

Tentative Section 179 deduction from current year assets . . . . .

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

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

Section 179 Regular Tax	Section 179 QBI
	0.

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

**Total 179 deduction allowed for this activity in current year** . . . . .

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

Section 179 Regular Tax	Section 179 QBI

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

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

Section 179 Regular Tax	Section 179 QBI

## Additional Information From 2023 Federal Partnership Tax Return

### Form 1065: Partnership Tax Return Line 21, Other Deductions

#### Continuation Statement

Description	Amount
ADVERTISING	27.
BANK CHARGES	8,385.
EQUIPMENT RENT	2,096.
INSURANCE	1,386.
LEGAL AND PROFESSIONAL	2,808.
MEALS (100%)	779.
OFFICE EXPENSE	12,499.
OUTSIDE SERVICES	7,003.
POSTAGE	62.
SUPPLIES	2,144.
TRAVEL	81.
UTILITIES	20,948.
CAR & TRUCK	960.
COMMUNICATION EXPENSES	179.
DONATIONS	52.
OVERDRAFT	20.
PURCHASES	36.
REIMBURSABLE EXPENSES	271.
OTHER EXPENSES	2,575.
OTHER MISCELLANEOUS EXPENSE	340.
<b>Total</b>	<b>62,651.</b>

### Form 1065: Partnership Tax Return Sch L, Line 10a(c)

#### Itemization Statement

Description	Amount
LEASE HOLD ASSETS	57,935.
POS SYSTEM	3,846.
<b>Total</b>	<b>61,781.</b>

### Form 1065: Partnership Tax Return Sch L, Line 16(d)

#### Itemization Statement

Description	Amount
NOTES PAYABLE	24,300.
AMERICAN EXPRESS	1,775.
<b>Total</b>	<b>26,075.</b>

### Form 1065: Partnership Tax Return -- Smart Worksheet Line 14e

#### Itemization Statement

Description	Amount
Taxes & Licenses	9,539.

**Form 1065: Partnership Tax Return -- Smart Worksheet**

**Line 14e**

**Itemization Statement**

Description	Amount
<b>Total</b>	9,539.

**Form 1125-A: Cost of Goods Sold**

**Other Costs Statement**

**Continuation Statement**

Other Cost	Other Amount
COST OF GOODS SOLD	362,982
SHIPPING	59
<b>Total</b>	363,041

# 2023 AR1050

## ARKANSAS PARTNERSHIP INCOME TAX RETURN



# P1

Software ID

PROSERIES

Jan. 1 - Dec. 31, 2023 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_

Check if Using Three Factor Apportionment Alternative

Name ● ELYON INTERNATIONAL FOODS LLC			Federal identification number ● 32-0609350		
Address ● 2800 SW 14 TH ST SUITE 18			Type of business FOOD SERVICES		
City ● BENTONVILLE	State or province ● AR	ZIP ● 72712	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	Number of partners ● 4	

**FILING STATUS:** (CHECK ONLY ONE BOX)

● 1.  Partnership operating only in Arkansas

● 2.  Multistate Partnership - Apportionment

3. Multistate Partnership

●  Direct Accounting (Prior written approval required)

●  Non-Business Allocation Only

**Type of entity**

●  General Partnership

●  Limited Partnership

●  Limited Liability Company

●  Limited Liability Partnership

●  Other \_\_\_\_\_

**Check applicable box** ●  Initial Return ●  Amended Return ●  Final Return

●  Check this box if you have filed a state extension or an automatic federal extension

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

INCOME		(A) Total	(B) Arkansas
4. Gross receipts or sales:	4	398,425 00	4 398,425 00
5. Cost of goods sold:	5	360,466 00	5 360,466 00
6. Gross profit from business: (Subtract Line 5 from Line 4)	6	37,959 00	6 37,959 00
7. Income from other partnerships or fiduciaries: (Attach schedule)	7	00	7 00
8. Farm income: (Attach schedule)	8	00	8 00
9. Net gain (or loss) from Form 4797: (Attach schedule)	9	00	9 00
10. Other income: (Attach schedule) See Oth Inc Stmt	10	544 00	10 544 00
11. <b>Total Income:</b> (Add Lines 6 through 10)	11	38,503 00	11 38,503 00

DEDUCTIONS		(A) Total	(B) Arkansas
12. Salaries of employees:	12	00	12 00
13. Guaranteed payments to partners:	13	00	13 00
14. Rent on business property:	14	71,014 00	14 71,014 00
15. Interest expense:	15	00	15 00
16. Taxes:	16	9,539 00	16 9,539 00
17. Bad debts: (Attach schedule)	17	00	17 00
18. Repairs:	18	4,299 00	18 4,299 00
19. Depreciation: (Attach schedule A part I)	19	00	19 00
20. Depletion: (Attach schedule)	20	00	20 00
21. Retirement plan, etc.: (Attach schedule)	21	00	21 00
22. Other deductions: (Attach schedule) See Oth Dedns Stmt	22	62,651 00	22 62,651 00
23. <b>Total Deductions:</b> (Add Lines 12 through 22)	23	147,503 00	23 147,503 00
24. <b>Net Income or loss:</b> (Subtract Line 23 from Line 11 or Schedule A part III, line 9)	24	-109,000 00	24 -109,000 00

### PARTNERS' SHARES OF INCOME

NAME OF PARTNER	ADDRESS	CITY	STATE	ZIP	SSN / FEIN	INCOME
A. SUGUNA LAKSHMI KAKARA	1812 SW NOTTINGHAM AVE	BENTONVILLE	AR	72713	205-86-6417	-102,460 00
B. SOBITA REDDY GUMMALLA	1211 BOOTLEG ROAD	BENTONVILLE	AR	72713	672-66-2719	-2,180 00
C. SWATHI THODIME	1912 SW NOTTINGHAM AVE	BENTONVILLE	AR	72713	853-28-0853	-2,180 00
D. MEGHANA REDDY KOTHI	2410 CAMEO LANE	BENTONVILLE	AR	72713	076-87-5612	-2,180 00
E.						00

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

Please Sign Here	Signature of general partner or limited liability company member		Date	
	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA		Date 04/04/2024	
Paid Preparer's use only	Firm's name (or yours if self-employed) GLOBAL TAXES LLC		EIN 84-3171965	PTIN/ID number P02082703
	Address 245 ROONEY CT		Telephone (678) 965-9522	
	City/State/Zip E BRUNSWICK, NJ 08816		May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Schedule A**  
**Apportionment of Income**  
**for Multistate Partnership**



**FEIN:** 32-0609350

**PART I: DEPRECIATION RECONCILIATION**

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

**PART II: INCOME TO APPORTION**

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



**Schedule A**  
**Apportionment of Income**  
**for Multistate Partnership**



**FEIN:** 32-0609350

**PART III: APPORTIONMENT FACTOR**

Taxpayers using the single sales factor apportionment formula **DO NOT** complete Lines 1, 2, or 4.

**\*Property and payroll factors are only applicable under special industry regulations. See instructions.**

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

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)÷(B)
1. Property used in the production of business income:			
a. Tangible assets used in business and inventories			
Less construction in progress			
1. Amount at the beginning of year.....	1 00	1 00	(Calculate to 6 places to the right of decimal. Fill in all spaces)
2. Amount at the end of year.....	2 00	2 00	
3. Total: (Add Lines a1 and a2).....	3 00	3 00	
4. Average tangible assets: (Line a3 divided by 2).....	4 00	4 00	
b. Rented property: (8 X net annual rent).....	b 00	b 00	(EXAMPLE)
c. TOTAL PROPERTY: (Add Lines a4 and b).....	c 00	c 00	c %

2. Salaries, wages, commissions and other compensation related to the production of income:			
a. TOTAL: .....	a 00	a 00	a %

3. Sales / receipts:			
a. Destination shipped from within Arkansas: .....	a 00		
b. Destination shipped from without Arkansas: .....	b 00		
c. Origin shipped from within Arkansas to U. S. Govt: .....	c 00		
d. Origin shipped from within Arkansas to Other non-taxable jurisdictions: .....	d 00		
e. Other business gross receipts: .....	e 00		
(Interest, dividends, rents, gains, etc. Attach schedule)			
f. TOTAL SALES: (Add Lines 3a through 3e).....	f 00	f 00	f %
g. Multiply column C, Line 3f by 2 to doubleweight the sales factor (If Sales Factor only, do not doubleweight) .....			g %

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

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

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

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

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

**Schedule K  
Partners' Distributive  
Share Items**



**FEIN:** 32-0609350

**PART I: INCOME (LOSS)**

	Total			Arkansas	
1. Ordinary business income (loss) (P1, Line 24).....	1	-109,000 00	1	-109,000 00	
2. Net rental real estate income (loss) (Attach federal Form 8825).....	2	00	2	00	
3a. Other gross rental income (loss).....	3a	00	3a	00	
b. Expenses from other rental activities (Attach statement).....	3b	00	3b	00	
c. Other net rental income (loss) (Subtract Line 3b from Line 3a).....	3c	00	3c	00	
4. Interest income.....	4	00	4	00	
5. Dividends.....	5	00	5	00	
6. Royalties.....	6	00	6	00	
7. Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	7	00	7	00	
8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	8	00	8	00	
9. Unrecaptured section 1250 gain (Attach statement).....	9	00	9	00	
10. Net section 1231 gain (loss) (Attach federal Form 4797).....	10	00	10	00	
11. Other income (loss) (See Instructions) Type.....	11	00	11	00	
12. Guaranteed Payments.....	12	00	12	00	

**PART II: DEDUCTIONS**

13. Section 179 deduction (Attach federal Form 4562).....	13	00	13	00
14a. Cash charitable contributions.....	14a	00	14a	00
14b. Non-cash charitable contributions.....	14b	00	14b	00
14c. Other deductions (See instructions) Type.....	14c	00	14c	00

**PART III: OTHER INFORMATION**

15. Credits.....	15	00	15	00
16. Items affecting partner basis.....	16	00	16	00
17a. Tax-exempt interest income.....	17a	00	17a	00
b. Other tax-exempt income.....	17b	00	17b	00
c. Nondeductible expenses.....	17c	00	17c	00
18a. Distributions of cash and marketable securities.....	18a	00	18a	00
b. Distributions of other property.....	18b	00	18b	00
19a. Investment income.....	19a	00	19a	00
b. Investment expenses.....	19b	00	19b	00
c. Other items and amounts (Attach statement).....	19c	00	19c	00

**ANALYSIS OF NET INCOME (LOSS)**

1. Net income (loss) (Combine Schedule K, Lines 1, 2, 3c and 4 through 12. From the result, subtract the sum of Schedule K, Lines 13 through 14c).....	1	• -109,000 00	1	• -109,000 00
--	---	---------------	---	---------------

**Mail return to:** State Income Tax, P. O. Box 8056, Little Rock, AR 72203-805

**Schedule B  
Additional Partnership  
Information**



**P5**

**FEIN:** 32-0609350

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

**PART I: COST OF GOODS SOLD**

1. Inventory at beginning of year: .....	1	25,000	00
2. Purchases less cost of items withdrawn for personal use: .....	2		00
3. Cost of labor: .....	3		00
4. Other costs: .....	4	363,041	00
5. Total of Lines 1, 2, 3, and 4: .....	5	388,041	00
6. Inventory at end of year: .....	6	27,575	00
7. Cost of goods sold. Subtract Line 6 from Line 5. (Enter here and on P1, Line 5): .....	7	360,466	00

- 8a. Check all methods used for valuing closing inventory:  
 (i) Cost  
 (ii) Lower of cost or market  
 (iii) Other: (Specify method used and attach explanation) \_\_\_\_\_
- b. Check this box if there was a writedown of "subnormal" goods..... 8b
- c. Check this box if the LIFO inventory method was adopted this tax year for any goods (If checked, attach IRS Form 970)..... 8c
- d. Do the rules of IRC section 263A (for property produced or acquired for resale) apply to the partnership? ..... 8d  Yes     No
- e. Were there any changes in determining quantities, cost, or valuations between opening and closing inventories? (If yes, attach explanation)..... 8e  Yes     No

**PART II: BALANCE SHEET**

ASSETS	BEGINNING OF YEAR		END OF YEAR	
Cash		5,080.		-1,414.
Accounts receivable. ....				
Minus allowance for bad debts. ....				
Inventories. ....		25,000.		27,575.
Government obligations. ....				
Other current assets. ....		75.		
Mortgage and real estate loans. ....				
Other investments. ....				450.
Buildings and other depreciable assets. ....	40,024.			
Minus accumulated depreciation. ....	39,572.	452.		
Depletable assets. ....			61,781.	
Minus accumulated depletion. ....				61,781.
Other assets. ....		450.		
<b>TOTAL ASSETS</b> .....		31,057.		88,392.
LIABILITIES AND CAPITAL	BEGINNING OF YEAR		END OF YEAR	
Accounts payable. ....				
Mortgages, notes, and bonds payable. ....		34,375.		26,075.
Other current liabilities. ....				
All non recourse loans. ....				
Other liabilities. ....				
Partners' capital accounts. ....		-3,318.		62,317.
<b>TOTAL LIABILITIES AND CAPITAL</b> .....		31,057.		88,392.

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



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

PROSERIES

<input type="checkbox"/> <b>Final K-1</b> <input type="checkbox"/> <b>Amended K-1</b>	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>													
<b>Return Type</b>	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>												
<input type="checkbox"/> <b>S-Corp.</b> <input checked="" type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Pass-Through Entity Tax</b>	1a Ordinary income (loss) <p align="center">-102,460.</p>	1b Ordinary income (loss) <p align="center">-102,460.</p>												
<b>Part I Information About the Corporation or Partnership</b>	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)												
<b>A</b> Identification Number <p align="center">32-0609350</p>	3a Other net rental income (loss)	3b Other net rental income (loss)												
<b>B</b> Name, Address, City, State, Zip Code <p align="center">ELYON INTERNATIONAL FOODS LLC  2800 SW 14 TH ST SUITE 18  BENTONVILLE AR 72712</p>	4a Interest income	4b Interest income												
	5a Dividends	5b Dividends												
	6a Royalties	6b Royalties												
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
<b>Part II Information About the Shareholder or Partner</b>	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)												
<b>C</b> Identification Number <p align="center">205-86-6417</p>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain												
<b>D</b> Name, Address, City, State, Zip Code <p align="center">SUGUNA LAKSHMI KAKARA  1812 SW NOTTINGHAM AVE  BENTONVILLE AR 72713</p>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)												
	11a Other income (loss)*	11b Other income (loss)*												
	12a Guaranteed payments	12b Guaranteed payments												
	13a Section 179 deduction	13b Section 179 deduction												
<b>E</b> Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p>If a nonresident, provide state of legal residence. _____</p>	14a Contributions and other deductions	14b Contributions and other deductions												
<b>F</b> Shareholder's Percentage of Stock Ownership for Tax Year _____ %	15a Credits	15b Credits												
<b>G</b> Partner's Share of Profit, Loss, and Capital: <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align:center;">Beginning</th> <th style="width:35%; text-align:center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td align="center">100.0000 %</td> <td align="center">94.0000 %</td> </tr> <tr> <td>Loss</td> <td align="center">100.0000 %</td> <td align="center">94.0000 %</td> </tr> <tr> <td>Capital</td> <td align="center">100.0000 %</td> <td align="center">94.0000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	100.0000 %	94.0000 %	Loss	100.0000 %	94.0000 %	Capital	100.0000 %	94.0000 %	16a Items affecting shareholder basis	16b Items affecting shareholder basis
		Beginning	Ending											
	Profit	100.0000 %	94.0000 %											
	Loss	100.0000 %	94.0000 %											
Capital	100.0000 %	94.0000 %												
17a Tax-exempt income and nondeductible expenses	17b Tax-exempt income and nondeductible expenses													
18a Distributions	18b Distributions													
<b>H</b> Arkansas Apportionment Percentage: <p align="center">100.000000 %</p>	19a Investments and other items	19b Investments and other items												
* Attach statement with additional information	20a Arkansas withholding or other payments													



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

PROSERIES

<input type="checkbox"/> <b>Final K-1</b> <input type="checkbox"/> <b>Amended K-1</b>	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>													
<b>Return Type</b>	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>												
<input type="checkbox"/> <b>S-Corp.</b> <input checked="" type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Pass-Through Entity Tax</b>	1a Ordinary income (loss) <p align="right">-2,180.</p>	1b Ordinary income (loss) <p align="right">-2,180.</p>												
<b>Part I Information About the Corporation or Partnership</b>	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)												
<b>A</b> Identification Number <p align="center">32-0609350</p>	3a Other net rental income (loss)	3b Other net rental income (loss)												
<b>B</b> Name, Address, City, State, Zip Code <p align="center">ELYON INTERNATIONAL FOODS LLC  2800 SW 14 TH ST SUITE 18  BENTONVILLE AR 72712</p>	4a Interest income	4b Interest income												
	5a Dividends	5b Dividends												
	6a Royalties	6b Royalties												
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
<b>Part II Information About the Shareholder or Partner</b>	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)												
<b>C</b> Identification Number <p align="center">672-66-2719</p>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain												
<b>D</b> Name, Address, City, State, Zip Code <p align="center">SOBITA REDDY GUMMALA  1211 BOOTLEG ROAD  BENTONVILLE AR 72713</p>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)												
	11a Other income (loss)*	11b Other income (loss)*												
	12a Guaranteed payments	12b Guaranteed payments												
	13a Section 179 deduction	13b Section 179 deduction												
<b>E</b> Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p align="center">If a nonresident, provide state of legal residence. _____</p>	14a Contributions and other deductions	14b Contributions and other deductions												
<b>F</b> Shareholder's Percentage of Stock Ownership for Tax Year _____ %	15a Credits	15b Credits												
<b>G</b> Partner's Share of Profit, Loss, and Capital: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Beginning</th> <th style="width:35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td align="right">0.0000 %</td> <td align="right">2.0000 %</td> </tr> <tr> <td>Loss</td> <td align="right">0.0000 %</td> <td align="right">2.0000 %</td> </tr> <tr> <td>Capital</td> <td align="right">0.0000 %</td> <td align="right">2.0000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	0.0000 %	2.0000 %	Loss	0.0000 %	2.0000 %	Capital	0.0000 %	2.0000 %	16a Items affecting shareholder basis	16b Items affecting shareholder basis
		Beginning	Ending											
	Profit	0.0000 %	2.0000 %											
	Loss	0.0000 %	2.0000 %											
Capital	0.0000 %	2.0000 %												
17a Tax-exempt income and nondeductible expenses	17b Tax-exempt income and nondeductible expenses													
18a Distributions	18b Distributions													
<b>H</b> Arkansas Apportionment Percentage: <p align="center">100.000000 %</p>	19a Investments and other items	19b Investments and other items												
* Attach statement with additional information	20a Arkansas withholding or other payments													



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

PROSERIES

<input type="checkbox"/> <b>Final K-1</b> <input type="checkbox"/> <b>Amended K-1</b>	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>													
<b>Return Type</b>	<small>Distributive share allocated and apportioned to Arkansas</small>	<small>Distributive share to be reported by Arkansas Residents</small>												
<input type="checkbox"/> <b>S-Corp.</b> <input checked="" type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Pass-Through Entity Tax</b>	1a Ordinary income (loss) <p align="center">-2,180.</p>	1b Ordinary income (loss) <p align="center">-2,180.</p>												
<b>Part I Information About the Corporation or Partnership</b>	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)												
<b>A</b> Identification Number <p align="center">32-0609350</p>	3a Other net rental income (loss)	3b Other net rental income (loss)												
<b>B</b> Name, Address, City, State, Zip Code <p align="center">ELYON INTERNATIONAL FOODS LLC  2800 SW 14 TH ST SUITE 18  BENTONVILLE AR 72712</p>	4a Interest income	4b Interest income												
	5a Dividends	5b Dividends												
	6a Royalties	6b Royalties												
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
<b>Part II Information About the Shareholder or Partner</b>	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)												
<b>C</b> Identification Number <p align="center">853-28-0853</p>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain												
<b>D</b> Name, Address, City, State, Zip Code <p align="center">SWATHI THODIME  1912 SW NOTTINGHAM AVE  BENTONVILLE AR 72713</p>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)												
	11a Other income (loss)*	11b Other income (loss)*												
	12a Guaranteed payments	12b Guaranteed payments												
	13a Section 179 deduction	13b Section 179 deduction												
<b>E</b> Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____	14a Contributions and other deductions	14b Contributions and other deductions												
<b>F</b> Shareholder's Percentage of Stock Ownership for  Tax Year _____ %	15a Credits	15b Credits												
<b>G</b> Partner's Share of Profit, Loss, and Capital: <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Beginning</th> <th style="width:35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td align="center">0.0000 %</td> <td align="center">2.0000 %</td> </tr> <tr> <td>Loss</td> <td align="center">0.0000 %</td> <td align="center">2.0000 %</td> </tr> <tr> <td>Capital</td> <td align="center">0.0000 %</td> <td align="center">2.0000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	0.0000 %	2.0000 %	Loss	0.0000 %	2.0000 %	Capital	0.0000 %	2.0000 %	16a Items affecting shareholder basis	16b Items affecting shareholder basis
		Beginning	Ending											
	Profit	0.0000 %	2.0000 %											
	Loss	0.0000 %	2.0000 %											
Capital	0.0000 %	2.0000 %												
17a Tax-exempt income and nondeductible expenses	17b Tax-exempt income and nondeductible expenses													
18a Distributions	18b Distributions													
<b>H</b> Arkansas Apportionment Percentage:  <p align="center">100.000000 %</p>	19a Investments and other items	19b Investments and other items												
* Attach statement with additional information	20a Arkansas withholding or other payments													



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

PROSERIES

<input type="checkbox"/> <b>Final K-1</b> <input type="checkbox"/> <b>Amended K-1</b>	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>													
<b>Return Type</b>	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>												
<input type="checkbox"/> <b>S-Corp.</b> <input checked="" type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Pass-Through Entity Tax</b>	1a Ordinary income (loss) <p align="right">-2,180.</p>	1b Ordinary income (loss) <p align="right">-2,180.</p>												
<b>Part I Information About the Corporation or Partnership</b>	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)												
<b>A</b> Identification Number <p align="center">32-0609350</p>	3a Other net rental income (loss)	3b Other net rental income (loss)												
<b>B</b> Name, Address, City, State, Zip Code <p align="center">ELYON INTERNATIONAL FOODS LLC  2800 SW 14 TH ST SUITE 18  BENTONVILLE AR 72712</p>	4a Interest income	4b Interest income												
	5a Dividends	5b Dividends												
	6a Royalties	6b Royalties												
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
<b>Part II Information About the Shareholder or Partner</b>	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)												
<b>C</b> Identification Number <p align="center">076-87-5612</p>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain												
<b>D</b> Name, Address, City, State, Zip Code <p align="center">MEGHANA REDDY KOTHI  2410 CAMEO LANE  BENTONVILLE AR 72713</p>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)												
	11a Other income (loss)*	11b Other income (loss)*												
	12a Guaranteed payments	12b Guaranteed payments												
	13a Section 179 deduction	13b Section 179 deduction												
<b>E</b> Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p>If a nonresident, provide state of legal residence. _____</p>	14a Contributions and other deductions	14b Contributions and other deductions												
<b>F</b> Shareholder's Percentage of Stock Ownership for Tax Year _____ %	15a Credits	15b Credits												
<b>G</b> Partner's Share of Profit, Loss, and Capital: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th align="center">Beginning</th> <th align="center">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td align="right">0.0000 %</td> <td align="right">2.0000 %</td> </tr> <tr> <td>Loss</td> <td align="right">0.0000 %</td> <td align="right">2.0000 %</td> </tr> <tr> <td>Capital</td> <td align="right">0.0000 %</td> <td align="right">2.0000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	0.0000 %	2.0000 %	Loss	0.0000 %	2.0000 %	Capital	0.0000 %	2.0000 %	16a Items affecting shareholder basis	16b Items affecting shareholder basis
		Beginning	Ending											
	Profit	0.0000 %	2.0000 %											
	Loss	0.0000 %	2.0000 %											
Capital	0.0000 %	2.0000 %												
17a Tax-exempt income and nondeductible expenses	17b Tax-exempt income and nondeductible expenses													
18a Distributions	18b Distributions													
<b>H</b> Arkansas Apportionment Percentage: <p align="center"><u>100.000000 %</u></p>	19a Investments and other items	19b Investments and other items												
<b>* Attach statement with additional information</b>	20a Arkansas withholding or other payments													



## ARKANSAS PARTNERSHIP RETURN DECLARATION FOR ELECTRONIC FILING

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

Name ELYON INTERNATIONAL FOODS LLC			Federal Identification Number 32-0609350	
Mailing Address (Number and Street, P.O. Box or Rural Route) 2800 SW 14 TH ST SUITE 18			Telephone (818) 436-9083	
City BENTONVILLE	State or Province AR	ZIP 72712	<input type="checkbox"/> Check if address is outside U.S. Foreign Country	

**PART I - TAX RETURN INFORMATION** (Whole Dollars Only)

1. Gross Receipts or Sales (Form AR1050, Line 4, Arkansas Column) .....	1	398,425	00
2. Cost of Goods Sold (Form AR1050, Line 5, Arkansas Column) .....	2	360,466	00
3. Total Income (Form AR1050, Line 11, Arkansas Column) .....	3	38,503	00
4. Total Deductions (Form AR1050, Line 23, Arkansas Column) .....	4	147,503	00
5. Net Income or Loss (Form AR1050, Line 24, Arkansas Column) .....	5	-109,000	00

**PART II - DECLARATION OF OFFICER** (Sign only after Part I is completed)

If my federal partnership return is rejected, I understand my state partnership return may also be rejected.

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

<b>Sign Here</b>	Signature of General Partner or Limited Liability Company Member Manager	Date		Member Title
------------------	--	------	--	--------------

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

I declare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

<b>ERO'S Use Only</b>	ERO's signature	Date 04/04/2024	Check if also <input type="checkbox"/> paid preparer	Check if <input type="checkbox"/> self-employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed)	GLOBAL TAXES LLC			EIN 84-3171965
	address and ZIP code	245 ROONEY CT E BRUNSWICK, NJ 08816			Phone No. ( 678 ) 965-9522

Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date 04/04/2024	Check if <input type="checkbox"/> self-employed	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed)	SYAM PRIYA RAM SAGAR GUPTA			EIN 84-3171965
	address and ZIP code	245 ROONEY CT E BRUNSWICK, NJ 08816			Phone No. ( 678 ) 965-9522



# Arkansas Additional Information Schedule

1.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Income	
<b>Description:</b> SALE OF PRODUCT INCOME	
<b>Tax Year:</b> 2023	
<b>1. Amount</b>	544.00

2.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> ADVERTISING	
<b>Tax Year:</b> 2023	
<b>2. Amount</b>	27.00

3.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> BANK CHARGES	
<b>Tax Year:</b> 2023	
<b>3. Amount</b>	8,385.00

4.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> EQUIPMENT RENT	
<b>Tax Year:</b> 2023	
<b>4. Amount</b>	2,096.00

5.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> INSURANCE	
<b>Tax Year:</b> 2023	
<b>5. Amount</b>	1,386.00

6.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> LEGAL AND PROFESSIONAL	
<b>Tax Year:</b> 2023	
<b>6. Amount</b>	2,808.00

7.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> MEALS (100%)	
<b>Tax Year:</b> 2023	
<b>7. Amount</b>	779.00

## Additional Information Schedule

1.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> OFFICE EXPENSE	
<b>Tax Year:</b> 2023	
<b>1. Amount</b>	12,499.00

2.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> OUTSIDE SERVICES	
<b>Tax Year:</b> 2023	
<b>2. Amount</b>	7,003.00

3.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> POSTAGE	
<b>Tax Year:</b> 2023	
<b>3. Amount</b>	62.00

4.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> SUPPLIES	
<b>Tax Year:</b> 2023	
<b>4. Amount</b>	2,144.00

5.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> TRAVEL	
<b>Tax Year:</b> 2023	
<b>5. Amount</b>	81.00

6.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> UTILITIES	
<b>Tax Year:</b> 2023	
<b>6. Amount</b>	20,948.00

7.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> CAR & TRUCK	
<b>Tax Year:</b> 2023	
<b>7. Amount</b>	960.00

## Additional Information Schedule

1.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> COMMUNICATION EXPENSES	
<b>Tax Year:</b> 2023	
<b>1. Amount</b>	179.00

2.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> DONATIONS	
<b>Tax Year:</b> 2023	
<b>2. Amount</b>	52.00

3.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> OVERDRAFT	
<b>Tax Year:</b> 2023	
<b>3. Amount</b>	20.00

4.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> PURCHASES	
<b>Tax Year:</b> 2023	
<b>4. Amount</b>	36.00

5.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> REIMBURSABLE EXPENSES	
<b>Tax Year:</b> 2023	
<b>5. Amount</b>	271.00

6.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> OTHER EXPENSES	
<b>Tax Year:</b> 2023	
<b>6. Amount</b>	2,575.00

7.

<b>Name:</b> ELYON INTERNATIONAL FOODS LLC	
<b>SSN/FEIN:</b> 32-0609350	
<b>Arkansas Form or Schedule:</b> AR1050	
<b>Ownership Type:</b> Other Deductions	
<b>Description:</b> OTHER MISCELLANEOUS EXPENSE	
<b>Tax Year:</b> 2023	
<b>7. Amount</b>	340.00

### Additional Information From 2023 Arkansas Partnership Return of Income

**Form AR1050: Partnership Income Tax Return  
Other Income Statement**

**Continuation Statement**

Desc	Total	Arkansas
SALE OF PRODUCT INCOME	544.	544.
<b>Total</b>	<b>544.</b>	<b>544.</b>

**Form AR1050: Partnership Income Tax Return  
Other Deductions Statement**

**Continuation Statement**

Desc	Total	Arkansas
ADVERTISING	27.	27.
BANK CHARGES	8,385.	8,385.
EQUIPMENT RENT	2,096.	2,096.
INSURANCE	1,386.	1,386.
LEGAL AND PROFESSIONAL	2,808.	2,808.
MEALS (100%)	779.	779.
OFFICE EXPENSE	12,499.	12,499.
OUTSIDE SERVICES	7,003.	7,003.
POSTAGE	62.	62.
SUPPLIES	2,144.	2,144.
TRAVEL	81.	81.
UTILITIES	20,948.	20,948.
CAR & TRUCK	960.	960.
COMMUNICATION EXPENSES	179.	179.
DONATIONS	52.	52.
OVERDRAFT	20.	20.
PURCHASES	36.	36.
REIMBURSABLE EXPENSES	271.	271.
OTHER EXPENSES	2,575.	2,575.
OTHER MISCELLANEOUS EXPENSE	340.	340.
<b>Total</b>	<b>62,651.</b>	<b>62,651.</b>

**Form AR1050: Partnership Income Tax Return  
Pt II-EOY deplet assets**

**Itemization Statement**

Description	Amount
LEASE HOLD ASSETS	57,935.
POS SYSTEM	3,846.
<b>Total</b>	<b>61,781.</b>