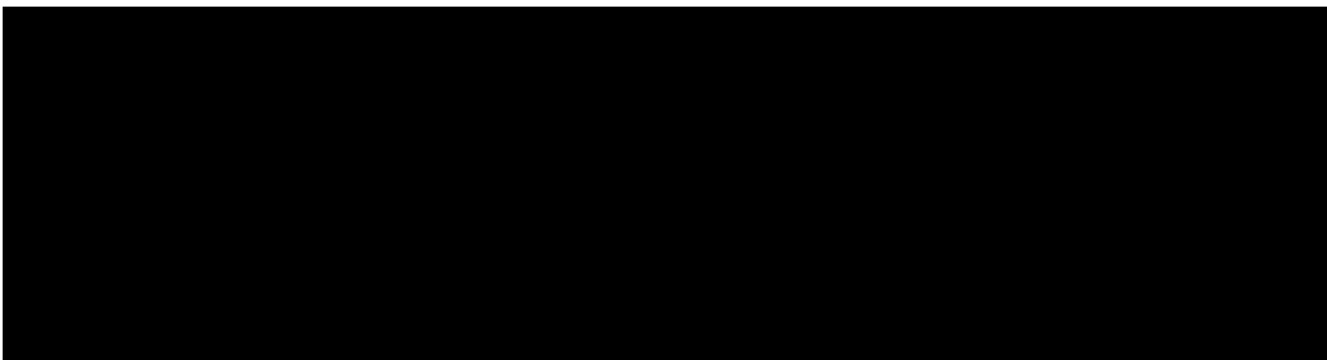


Filed Copy



March 15, 2025

**CONFIDENTIAL**



Dear 

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)  
California S Corporation Franchise or Income Tax Return (Form 100S)  
California Withholding Return (Form 592)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your 2024 Form 1120-S shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120-S to the IRS it will delay processing of your return. Your electronically filed return is not complete without your signature. You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-CORP, *E-file* Authorization for Corporations should be signed and dated by an authorized officer of the corporation.

***Important: Your return will not be filed with the IRS until the signed Form 8879-CORP, E-file Authorization for Corporations has been received by this office.***

You will receive an email when your return has been accepted. Please be sure to add [efile@efileservices.net](mailto:efile@efileservices.net) to your Safe Senders list in order to receive this acceptance email.

**California Filing Instructions**

Your 2024 Form 100S shows an amount due of \$638. You have authorized the California Franchise Tax Board to debit your Chase checking account for the amount of \$638 on March 17, 2025. Please keep this filing instruction as a reminder of the amount to be withdrawn from your account.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 100S to the California Franchise Tax Board it will delay processing of your return.



Your electronically filed return is not complete without your signature. Form 8453-C, California e-file Return Authorization for Corporations, should be signed and dated by an authorized officer of the corporation.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

Your required California estimated tax payments are as follows:

| Due Date | Remittance |
|----------|------------|
| 4/15/25  | \$800      |
| 6/16/25  | \$0        |
| 9/15/25  | \$0        |
| 12/15/25 | \$0        |

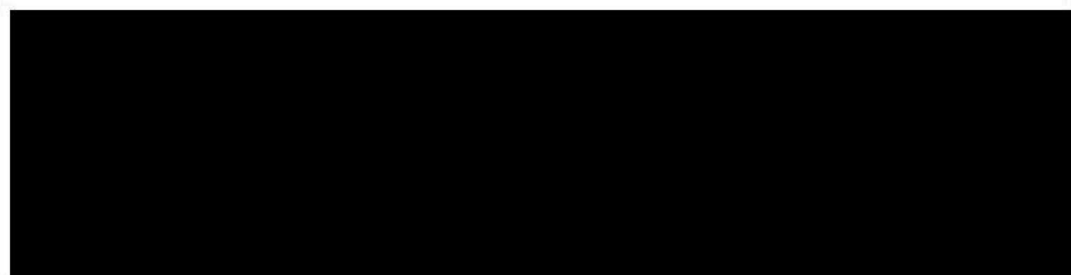
Authorization for the California Franchise Tax Board to debit your Chase checking account has been designated in the electronic file. Refer to California Form 8453-C for the dates and amounts of scheduled withdrawals from your account. To cancel a scheduled payment, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

Please keep this filing instruction as a reminder of the amounts to be withdrawn from your account.

#### **California Withholding Filing Instructions**

Your 2024 Form 592 shows no balance due.

The withholding agent should sign and date the return on page 1 and mail it by January 15, 2025 to:



Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,





Form **8879-CORP****E-file Authorization for Corporations**

(Rev. December 2024)

For calendar year **2024**, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service**For use with Form 1120 series returns.**  
**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.

Name of corporation

Employer identification number

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

|   |                                                 |   |                |
|---|-------------------------------------------------|---|----------------|
| 1 | Total income (Form 1120, line 11)               | 1 |                |
| 2 | Total income (Form 1120-F, Section II, line 11) | 2 |                |
| 3 | Total income (loss) (Form 1120-S, line 6)       | 3 | <b>140,336</b> |
| 4 | Total income (Form 1120, line _____)            | 4 |                |

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

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

**Officer's PIN: check one box only**

☒ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name do not enter all zeros  
on the corporation's electronically filed income tax return.

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

Officer's signature

Date

**03/14/25**

Title

**President****Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

do not enter all zeros

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

ERO's signature

Date

**03/14/25**

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-CORP** (Rev. 12-2024)

Form **1120-S**  
Department of the Treasury  
Internal Revenue Service

**U.S. Income Tax Return for an S Corporation**  
Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.

OMB No. 1545-0123  
**2024**

For calendar year 2024 or tax year beginning , ending

A S election effective date  
**01/01/24**

B Business activity code number (see instructions)

C Check if Sch. M-3 attached ☐

TYPE  
OR  
PRINT

Name

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code  
**CA 95687**

D Employer identification number

E Date incorporated  
**01/01/2024**

F Total assets (see instructions)  
\$ **101,028**

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☒ Yes ☐ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purpose (2) ☐ Grouped activities for section 469 passive activity purposes

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

|                                               |     |                                                                                                     |                |   |                             |  |   |         |    |                |                |
|-----------------------------------------------|-----|-----------------------------------------------------------------------------------------------------|----------------|---|-----------------------------|--|---|---------|----|----------------|----------------|
| Income                                        | 1a  | Gross receipts or sales                                                                             | <b>140,336</b> | b | Less returns and allowances |  | c | Balance | 1c | <b>140,336</b> |                |
|                                               | 2   | Cost of goods sold (attach Form 1125-A)                                                             |                |   |                             |  |   |         |    | 2              |                |
|                                               | 3   | Gross profit. Subtract line 2 from line 1c                                                          |                |   |                             |  |   |         |    | 3              | <b>140,336</b> |
|                                               | 4   | Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)                                 |                |   |                             |  |   |         |    | 4              |                |
|                                               | 5   | Other income (loss) (see instructions—attach statement)                                             |                |   |                             |  |   |         |    | 5              |                |
|                                               | 6   | <b>Total income (loss).</b> Add lines 3 through 5                                                   |                |   |                             |  |   |         |    | 6              | <b>140,336</b> |
| Deductions (see instructions for limitations) | 7   | Compensation of officers (see instructions—attach Form 1125-E)                                      |                |   |                             |  |   |         |    | 7              | <b>54,000</b>  |
|                                               | 8   | Salaries and wages (less employment credits)                                                        |                |   |                             |  |   |         |    | 8              |                |
|                                               | 9   | Repairs and maintenance                                                                             |                |   |                             |  |   |         |    | 9              |                |
|                                               | 10  | Bad debts                                                                                           |                |   |                             |  |   |         |    | 10             |                |
|                                               | 11  | Rents                                                                                               |                |   |                             |  |   |         |    | 11             |                |
|                                               | 12  | Taxes and licenses                                                                                  |                |   |                             |  |   |         |    | 12             | <b>14,514</b>  |
|                                               | 13  | Interest (see instructions)                                                                         |                |   |                             |  |   |         |    | 13             |                |
|                                               | 14  | Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)    |                |   |                             |  |   |         |    | 14             | <b>19,500</b>  |
|                                               | 15  | Depletion ( <b>do not deduct oil and gas depletion</b> )                                            |                |   |                             |  |   |         |    | 15             |                |
|                                               | 16  | Advertising                                                                                         |                |   |                             |  |   |         |    | 16             |                |
|                                               | 17  | Pension, profit-sharing, etc., plans                                                                |                |   |                             |  |   |         |    | 17             | <b>13,500</b>  |
|                                               | 18  | Employee benefit programs                                                                           |                |   |                             |  |   |         |    | 18             | <b>151</b>     |
|                                               | 19  | Energy efficient commercial buildings deduction (attach Form 7205)                                  |                |   |                             |  |   |         |    | 19             |                |
|                                               | 20  | Other deductions (attach statement) <b>See Stmt 1</b>                                               |                |   |                             |  |   |         |    | 20             | <b>20,628</b>  |
|                                               | 21  | <b>Total deductions.</b> Add lines 7 through 20                                                     |                |   |                             |  |   |         |    | 21             | <b>122,293</b> |
|                                               | 22  | <b>Ordinary business income (loss).</b> Subtract line 21 from line 6                                |                |   |                             |  |   |         |    | 22             | <b>18,043</b>  |
| Tax and Payments                              | 23a | Excess net passive income or LIFO recapture tax (see instructions)                                  |                |   |                             |  |   | 23a     |    |                |                |
|                                               | b   | Tax from Schedule D (Form 1120-S)                                                                   |                |   |                             |  |   | 23b     |    |                |                |
|                                               | c   | Add lines 23a and 23b (see instructions for additional taxes)                                       |                |   |                             |  |   | 23c     |    |                |                |
|                                               | 24a | Current year's estimated tax payments and preceding year's overpayment credited to the current year |                |   |                             |  |   | 24a     |    |                |                |
|                                               | b   | Tax deposited with Form 7004                                                                        |                |   |                             |  |   | 24b     |    |                |                |
|                                               | c   | Credit for federal tax paid on fuels (attach Form 4136)                                             |                |   |                             |  |   | 24c     |    |                |                |
|                                               | d   | Elective payment election amount from Form 3800                                                     |                |   |                             |  |   | 24d     |    |                |                |
|                                               | z   | Add lines 24a through 24d                                                                           |                |   |                             |  |   | 24z     |    |                |                |
|                                               | 25  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>   |                |   |                             |  |   | 25      |    |                |                |
|                                               | 26  | <b>Amount owed.</b> If line 24z is smaller than the total of lines 23c and 25, enter amount owed    |                |   |                             |  |   | 26      |    |                |                |
|                                               | 27  | <b>Overpayment.</b> If line 24z is larger than the total of lines 23c and 25, enter amount overpaid |                |   |                             |  |   | 27      |    |                |                |
|                                               | 28  | Enter amount from line 27: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>                    |                |   |                             |  |   | 28      |    |                |                |

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer  Date  Title **President**

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

**President**

Paid Preparer Use Only

Print/Type preparer's name  Preparer's signature  Date **03/15/25** Check ☐ if self-employed PTIN

Firm's name  Firm's EIN

Firm's address  Phone no.

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2024)

DAA



**Schedule B Other Information** (see instructions)

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----|---|
| <b>1</b>  | Check accounting method:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>a</b> <input checked="" type="checkbox"/> Cash | <b>b</b> <input type="checkbox"/> Accrual | <b>c</b> <input type="checkbox"/> Other (specify) ..... | Yes                                                                                                                     | No |   |
| <b>2</b>  | See the instructions and enter the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>a</b> Business activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Consulting                                        |                                           | <b>b</b> Product or service                             | Medical                                                                                                                 |    |   |
| <b>3</b>  | At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation .....                                                                                                                                                                                                                                                                                |                                                   |                                           |                                                         |                                                                                                                         |    | X |
| <b>4</b>  | At the end of the tax year, did the corporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below .....                                                                                                                                                                                                                                                        |                                                   |                                           |                                                         |                                                                                                                         |    | X |
|           | (i) Name of Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (ii) Employer Identification Number (if any)      | (iii) Country of Incorporation            | (iv) Percentage of Stock Owned                          | (v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made |    |   |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
| <b>b</b>  | Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below .....                                                                                                                                                     |                                                   |                                           |                                                         |                                                                                                                         |    | X |
|           | (i) Name of Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (ii) Employer Identification Number (if any)      | (iii) Type of Entity                      | (iv) Country of Organization                            | (v) Maximum Percentage Owned in Profit, Loss, or Capital                                                                |    |   |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    |   |
| <b>5a</b> | At the end of the tax year, did the corporation have any outstanding shares of restricted stock? .....                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                           |                                                         |                                                                                                                         |    | X |
|           | If "Yes," complete lines (i) and (ii) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>(i)</b> Total shares of restricted stock .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>(ii)</b> Total shares of non-restricted stock .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                           |                                                         |                                                                                                                         |    |   |
| <b>b</b>  | At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? .....                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                           |                                                         |                                                                                                                         |    | X |
|           | If "Yes," complete lines (i) and (ii) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>(i)</b> Total shares of stock outstanding at the end of the tax year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>(ii)</b> Total shares of stock outstanding if all instruments were executed .....                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                           |                                                         |                                                                                                                         |    |   |
| <b>6</b>  | Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? .....                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                           |                                                         |                                                                                                                         |    | X |
| <b>7</b>  | Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> .....                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                           |                                                         |                                                                                                                         |    |   |
| <b>8</b>  | If the corporation <b>(a)</b> was a C corporation before it elected to be an S corporation <b>or</b> the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, <b>and</b> <b>(b)</b> has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ ..... |                                                   |                                           |                                                         |                                                                                                                         |    |   |
| <b>9</b>  | Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions .....                                                                                                                                                                                                                                                                                                                                               |                                                   |                                           |                                                         |                                                                                                                         |    | X |
| <b>10</b> | Does the corporation satisfy one or more of the following? See instructions .....                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                           |                                                         |                                                                                                                         |    | X |
|           | <b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>b</b> The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the corporation has business interest expense.                                                                                                                                                                                                                                                                                         |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>c</b> The corporation is a tax shelter and the corporation has business interest expense.                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | If "Yes," complete and attach <b>Form 8990</b> , Limitation on Business Interest Expense Under Section 163(j).                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                           |                                                         |                                                                                                                         |    |   |
| <b>11</b> | Does the corporation satisfy <b>both</b> of the following conditions? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                           |                                                         |                                                                                                                         | X  |   |
|           | <b>a</b> The corporation's total receipts (see instructions) for the tax year were less than \$250,000.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | <b>b</b> The corporation's total assets at the end of the tax year were less than \$250,000.                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                           |                                                         |                                                                                                                         |    |   |
|           | If "Yes," the corporation is not required to complete Schedules L and M-1.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                           |                                                         |                                                                                                                         |    |   |



**Schedule B Other Information** (see instructions) *(continued)*

|                                                                                                                                                                                                                                                                            | Yes | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>12</b> During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....                                                                        |     | <b>X</b> |
| If "Yes," enter the amount of principal reduction .....                                                                                                                                                                                                                    |     |          |
| <b>13</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .....                                                                                                                                    |     | <b>X</b> |
| <b>14a</b> Did the corporation make any payments that would require it to file Form(s) 1099? .....                                                                                                                                                                         |     | <b>X</b> |
| <b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? .....                                                                                                                                                                                           |     |          |
| <b>15</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? .....                                                                                                                                                                         |     | <b>X</b> |
| If "Yes," enter the amount from Form 8996, line 15 .....                                                                                                                                                                                                                   |     |          |
| <b>16</b> At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions ..... |     | <b>X</b> |

**Schedule K Shareholders' Pro Rata Share Items**

|                                                        |                                                                                                                                                                                            | Total amount             |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Income (Loss)</b>                                   | <b>1</b> Ordinary business income (loss) (page 1, line 22) .....                                                                                                                           | <b>1</b> 18,043          |
|                                                        | <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> Interest income .....                                                                                                                                                             | <b>4</b>                 |
|                                                        | <b>5</b> Dividends: <b>a</b> Ordinary dividends .....                                                                                                                                      | <b>5a</b>                |
|                                                        | <b>b</b> Qualified dividends .....                                                                                                                                                         | <b>5b</b>                |
|                                                        | <b>6</b> Royalties .....                                                                                                                                                                   | <b>6</b>                 |
|                                                        | <b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....                                                                                                        | <b>7</b>                 |
| <b>Income (Loss)</b>                                   | <b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....                                                                                                        | <b>8a</b>                |
|                                                        | <b>b</b> Collectibles (28%) gain (loss) .....                                                                                                                                              | <b>8b</b>                |
|                                                        | <b>c</b> Unrecaptured section 1250 gain (attach statement) .....                                                                                                                           | <b>8c</b>                |
|                                                        | <b>9</b> Net section 1231 gain (loss) (attach Form 4797) .....                                                                                                                             | <b>9</b>                 |
| <b>10</b> Other income (loss) (see instructions) ..... | Type: .....                                                                                                                                                                                | <b>10</b>                |
| <b>Deductions</b>                                      | <b>11</b> Section 179 deduction (attach Form 4562) .....                                                                                                                                   | <b>11</b>                |
|                                                        | <b>12a</b> Cash charitable contributions .....                                                                                                                                             | <b>12a</b> Stmt 2 775    |
|                                                        | <b>b</b> Noncash charitable contributions .....                                                                                                                                            | <b>12b</b>               |
|                                                        | <b>c</b> Investment interest expense .....                                                                                                                                                 | <b>12c</b>               |
|                                                        | <b>d</b> Section 59(e)(2) expenditures .....                                                                                                                                               | Type: .....              |
|                                                        | <b>e</b> Other deductions (see instructions) .....                                                                                                                                         | Type: .....              |
| <b>Credits</b>                                         | <b>13a</b> Low-income housing credit (section 42(j)(5)) .....                                                                                                                              | <b>13a</b>               |
|                                                        | <b>b</b> Low-income housing credit (other) .....                                                                                                                                           | <b>13b</b>               |
|                                                        | <b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....                                                                                | <b>13c</b>               |
|                                                        | <b>d</b> Other rental real estate credits (see instructions) .....                                                                                                                         | Type: .....              |
|                                                        | <b>e</b> Other rental credits (see instructions) .....                                                                                                                                     | Type: .....              |
|                                                        | <b>f</b> Biofuel producer credit (attach Form 6478) .....                                                                                                                                  | <b>13f</b>               |
|                                                        | <b>g</b> Other credits (see instructions) .....                                                                                                                                            | Type: .....              |
| <b>Inter-national</b>                                  | <b>14</b> Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ..... | <input type="checkbox"/> |
| <b>Alternative Minimum Tax (AMT) Items</b>             | <b>15a</b> Post-1986 depreciation adjustment .....                                                                                                                                         | <b>15a</b>               |
|                                                        | <b>b</b> Adjusted gain or loss .....                                                                                                                                                       | <b>15b</b>               |
|                                                        | <b>c</b> Depletion (other than oil and gas) .....                                                                                                                                          | <b>15c</b>               |
|                                                        | <b>d</b> Oil, gas, and geothermal properties – gross income .....                                                                                                                          | <b>15d</b>               |
|                                                        | <b>e</b> Oil, gas, and geothermal properties – deductions .....                                                                                                                            | <b>15e</b>               |
|                                                        | <b>f</b> Other AMT items (attach statement) .....                                                                                                                                          | <b>15f</b>               |
| <b>Items Affecting Shareholder Basis</b>               | <b>16a</b> Tax-exempt interest income .....                                                                                                                                                | <b>16a</b>               |
|                                                        | <b>b</b> Other tax-exempt income .....                                                                                                                                                     | <b>16b</b>               |
|                                                        | <b>c</b> Nondeductible expenses .....                                                                                                                                                      | <b>16c</b> 589           |
|                                                        | <b>d</b> Distributions (attach statement if required) (see instructions) .....                                                                                                             | <b>16d</b>               |
|                                                        | <b>e</b> Repayment of loans from shareholders .....                                                                                                                                        | <b>16e</b>               |
|                                                        | <b>f</b> Foreign taxes paid or accrued .....                                                                                                                                               | <b>16f</b>               |

| <b>Schedule K Shareholders' Pro Rata Share Items</b> <i>(continued)</i> |                                                                                                                                                                                 | <b>Total amount</b> |               |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|
| <b>Other Information</b>                                                | <b>17a</b> Investment income .....                                                                                                                                              | <b>17a</b>          |               |
|                                                                         | <b>b</b> Investment expenses .....                                                                                                                                              | <b>17b</b>          |               |
|                                                                         | <b>c</b> Dividend distributions paid from accumulated earnings and profits .....                                                                                                | <b>17c</b>          |               |
|                                                                         | <b>d</b> Other items and amounts (attach statement) <b>See Statement 3</b>                                                                                                      |                     |               |
| <b>Reconciliation</b>                                                   | <b>18 Income (loss) reconciliation.</b> Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f ..... | <b>18</b>           | <b>17,268</b> |

| <b>Schedule L Balance Sheets per Books</b>                             |     | Beginning of tax year |            | End of tax year |                |
|------------------------------------------------------------------------|-----|-----------------------|------------|-----------------|----------------|
| <b>Assets</b>                                                          |     | <b>(a)</b>            | <b>(b)</b> | <b>(c)</b>      | <b>(d)</b>     |
| <b>1</b> Cash .....                                                    |     |                       |            |                 | <b>29,945</b>  |
| <b>2a</b> Trade notes and accounts receivable .....                    |     |                       |            |                 |                |
| <b>b</b> Less allowance for bad debts .....                            | ( ) |                       | ( )        |                 |                |
| <b>3</b> Inventories .....                                             |     |                       |            |                 |                |
| <b>4</b> U.S. government obligations .....                             |     |                       |            |                 |                |
| <b>5</b> Tax-exempt securities (see instructions) ..                   |     |                       |            |                 |                |
| <b>6</b> Other current assets (attach statement) ..                    |     |                       |            |                 |                |
| <b>7</b> Loans to shareholders .....                                   |     |                       |            |                 |                |
| <b>8</b> Mortgage and real estate loans .....                          |     |                       |            |                 |                |
| <b>9</b> Other investments (attach statement) .....                    |     |                       |            |                 |                |
| <b>10a</b> Buildings and other depreciable assets ..                   |     |                       |            | <b>108,359</b>  |                |
| <b>b</b> Less accumulated depreciation .....                           | ( ) |                       | ( )        | <b>37,276</b>   | <b>71,083</b>  |
| <b>11a</b> Depletable assets .....                                     |     |                       |            |                 |                |
| <b>b</b> Less accumulated depletion .....                              | ( ) |                       | ( )        |                 |                |
| <b>12</b> Land (net of any amortization) .....                         |     |                       |            |                 |                |
| <b>13a</b> Intangible assets (amortizable only) .....                  |     |                       |            |                 |                |
| <b>b</b> Less accumulated amortization .....                           | ( ) |                       | ( )        |                 |                |
| <b>14</b> Other assets (attach statement) .....                        |     |                       |            |                 |                |
| <b>15</b> Total assets .....                                           |     | <b>0</b>              |            |                 | <b>101,028</b> |
| <b>Liabilities and Shareholders' Equity</b>                            |     |                       |            |                 |                |
| <b>16</b> Accounts payable .....                                       |     |                       |            |                 |                |
| <b>17</b> Mortgages, notes, bonds payable in less than 1 year .....    |     |                       |            |                 |                |
| <b>18</b> Other current liabilities (attach statement) <b>Stmt 4</b>   |     |                       |            |                 | <b>63</b>      |
| <b>19</b> Loans from shareholders .....                                |     |                       |            |                 |                |
| <b>20</b> Mortgages, notes, bonds payable in 1 year or more .....      |     |                       |            |                 |                |
| <b>21</b> Other liabilities (attach statement) .....                   |     |                       |            |                 |                |
| <b>22</b> Capital stock .....                                          |     |                       |            |                 |                |
| <b>23</b> Additional paid-in capital .....                             |     |                       |            |                 |                |
| <b>24</b> Retained earnings .....                                      |     |                       |            |                 | <b>100,965</b> |
| <b>25</b> Adjustments to shareholders' equity (attach statement) ..... |     |                       |            |                 |                |
| <b>26</b> Less cost of treasury stock .....                            | ( ) |                       | ( )        |                 |                |
| <b>27</b> Total liabilities and shareholders' equity ..                |     | <b>0</b>              |            |                 | <b>101,028</b> |



**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

|                                                                                                                                |               |                                                                                                                                |               |
|--------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>1</b> Net income (loss) per books                                                                                           | <b>16,679</b> | <b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):                          |               |
| <b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): |               | <b>a</b> Tax-exempt interest \$                                                                                                |               |
| <b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):              |               | <b>6</b> Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize): |               |
| <b>a</b> Depreciation \$                                                                                                       |               | <b>a</b> Depreciation \$                                                                                                       |               |
| <b>b</b> Travel and entertainment \$ <b>589</b>                                                                                | <b>589</b>    | <b>7</b> Add lines 5 and 6                                                                                                     |               |
| <b>4</b> Add lines 1 through 3                                                                                                 | <b>17,268</b> | <b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4                                                      | <b>17,268</b> |

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

|                                                                  | (a) Accumulated adjustments account | (b) Shareholders' undistributed taxable income previously taxed | (c) Accumulated earnings and profits | (d) Other adjustments account |
|------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|--------------------------------------|-------------------------------|
| <b>1</b> Balance at beginning of tax year                        |                                     |                                                                 |                                      |                               |
| <b>2</b> Ordinary income from page 1, line 22                    | <b>18,043</b>                       |                                                                 |                                      |                               |
| <b>3</b> Other additions <b>Stmt 5</b>                           | <b>84,286</b>                       |                                                                 |                                      |                               |
| <b>4</b> Loss from page 1, line 22                               | ( )                                 |                                                                 |                                      |                               |
| <b>5</b> Other reductions <b>Stmt 6</b>                          | ( <b>1,364</b> )                    |                                                                 |                                      | ( )                           |
| <b>6</b> Combine lines 1 through 5                               | <b>100,965</b>                      |                                                                 |                                      |                               |
| <b>7</b> Distributions                                           |                                     |                                                                 |                                      |                               |
| <b>8</b> Balance at end of tax year. Subtract line 7 from line 6 | <b>100,965</b>                      |                                                                 |                                      |                               |

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**Attachment  
Sequence No. **179**

Name(s) shown on return

Identifying number

Business or activity to which this form relates

**Regular Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 1,220,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            | 3,050,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2023 Form 4562                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12                                                             | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 |  |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                   |    |   |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2024                                                  | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |   |

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                                   |    |        |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                        | 21 | 19,500 |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 19,500 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                           | 23 |        |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)



**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                                                                                                                   |                                  |                                                  |                            |                                                                    |                                    |                                               |                                  |                                                |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|----------------------------|--------------------------------------------------------------------|------------------------------------|-----------------------------------------------|----------------------------------|------------------------------------------------|------------------------------------|
| <b>24a</b> Do you have evidence to support the business/investment use claimed?                                                                                                   |                                  |                                                  |                            | <input checked="" type="checkbox"/> <b>Yes</b>                     | <input type="checkbox"/> <b>No</b> | <b>24b</b> If "Yes," is the evidence written? |                                  | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| (a)<br>Type of property<br>(list vehicles first)                                                                                                                                  | (b)<br>Date placed<br>in service | (c)<br>Business/<br>investment use<br>percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period          | (g)<br>Method/<br>Convention                  | (h)<br>Depreciation<br>deduction | (i)<br>Elected section 179<br>cost             |                                    |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions |                                  |                                                  |                            |                                                                    |                                    |                                               | <b>25</b>                        |                                                |                                    |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                |                                  |                                                  |                            |                                                                    |                                    |                                               |                                  |                                                |                                    |
| <b>Auto</b>                                                                                                                                                                       | <b>01/01/23</b>                  | <b>100.00%</b>                                   | <b>108,359</b>             | <b>108,359</b>                                                     | <b>5.0</b>                         | <b>200DBHY</b>                                | <b>19,500</b>                    |                                                |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                                    |                                               |                                  |                                                |                                    |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                  |                                  |                                                  |                            |                                                                    |                                    |                                               |                                  |                                                |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                                    | S/L-                                          |                                  |                                                |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                                    | S/L-                                          |                                  |                                                |                                    |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1                                                                                       |                                  |                                                  |                            |                                                                    |                                    |                                               | <b>28</b>                        | <b>19,500</b>                                  |                                    |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1                                                                                                    |                                  |                                                  |                            |                                                                    |                                    |                                               |                                  | <b>29</b>                                      |                                    |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                          |                  |                  |                  |                  |                  |                  |
|----------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                                                                                          | (a)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>Vehicle 6 |
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) |                  |                  |                  |                  |                  |                  |
| <b>31</b> Total commuting miles driven during the year                                                   |                  |                  |                  |                  |                  |                  |
| <b>32</b> Total other personal (noncommuting) miles driven                                               |                  |                  |                  |                  |                  |                  |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32                                    |                  |                  |                  |                  |                  |                  |
| <b>34</b> Was the vehicle available for personal use during off-duty hours?                              | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?                      |                  |                  |                  |                  |                  |                  |
| <b>36</b> Is another vehicle available for personal use?                                                 |                  |                  |                  |                  |                  |                  |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

|                                                                                                                                                                                                                                  |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                        | <b>Yes</b> | <b>No</b> |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |            | <b>X</b>  |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?                                                                                                                                                         |            | <b>X</b>  |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?                                                   |            | <b>X</b>  |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions                                                                                                                       |            | <b>X</b>  |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.                                                                                                                |            |           |

**Part VI**

**Amortization**

|                                                                                             |                                    |                           |                     |                                                |                                   |
|---------------------------------------------------------------------------------------------|------------------------------------|---------------------------|---------------------|------------------------------------------------|-----------------------------------|
| (a)<br>Description of costs                                                                 | (b)<br>Date amortization<br>begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization<br>period or<br>percentage | (f)<br>Amortization for this year |
| <b>42</b> Amortization of costs that begins during your 2024 tax year (see instructions):   |                                    |                           |                     |                                                |                                   |
|                                                                                             |                                    |                           |                     |                                                |                                   |
| <b>43</b> Amortization of costs that began before your 2024 tax year                        |                                    |                           |                     | <b>43</b>                                      |                                   |
| <b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report |                                    |                           |                     | <b>44</b>                                      |                                   |

**Federal Statements**

FYE: 12/31/2024

**Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions**

| Description          | Amount           |
|----------------------|------------------|
| Accounting           | \$ 1,000         |
| Automobile Expenses  | 5,911            |
| Continuing Education | 55               |
| Insurance            | 2,732            |
| Internet             | 945              |
| Office expense       | 3,600            |
| Postage              | 473              |
| Software             | 150              |
| Supplies             | 354              |
| Telephone            | 1,200            |
| Travel               | 3,619            |
| 50% of Meals         | 589              |
| Total                | <u>\$ 20,628</u> |

**Statement 2 - Form 1120-S, Page 3, Schedule K, Line 12a - Cash Contributions**

| Description | Cash<br>Contrib 60% | Cash<br>Contrib 30% | Total         |
|-------------|---------------------|---------------------|---------------|
|             | \$ 775              |                     | \$ 775        |
| Total       | <u>\$ 775</u>       | <u>\$ 0</u>         | <u>\$ 775</u> |

**Statement 3 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts**

| Description                                 | Amount |
|---------------------------------------------|--------|
| Section 199A Information - See Attached Wrk | \$     |

**Statement 4 - Form 1120-S, Page 4, Schedule L, Line 18 - Other Current Liabilities**

| Description         | Beginning<br>of Year | End<br>of Year |
|---------------------|----------------------|----------------|
| Payroll Liabilities | \$                   | \$ 63          |
| Total               | <u>\$ 0</u>          | <u>\$ 63</u>   |

**Statement 5 - Form 1120-S, Page 5, Schedule M-2, Line 3(a) - Other Additions**

| Description         | Amount           |
|---------------------|------------------|
| Contributed Capital | \$ 84,286        |
| Total               | <u>\$ 84,286</u> |



Statement 6 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

| Description              | Amount   |
|--------------------------|----------|
| Travel & Entertainment   | \$ 589   |
| Charitable Contributions | 775      |
| Total                    | \$ 1,364 |

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[REDACTED]

Federal Statements

FYE: 12/31/2024

[REDACTED]

Schedule K-1, Box 16, Code C - Nondeductible Expenses

| Description  | Shareholder<br>Amount |
|--------------|-----------------------|
| Page 1 Meals | \$ 589                |
| Total        | \$ 589                |

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Year Ending: December 31, 2024



**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

[REDACTED]

Federal Asset Report  
Form 1120-S, Page 1

FYE: 12/31/2024

| Asset                                   | Description | Date<br>In Service | Cost    | Bus<br>% | Sec<br>179 | Bonus | Basis<br>for Depr | PerConv | Meth     | Prior  | Current |
|-----------------------------------------|-------------|--------------------|---------|----------|------------|-------|-------------------|---------|----------|--------|---------|
| <b>Listed Property:</b>                 |             |                    |         |          |            |       |                   |         |          |        |         |
| 1                                       | Auto        | 1/01/23            | 108,359 |          |            |       | 108,359           | 5       | HY 200DB | 17,776 | 19,500  |
|                                         |             |                    | 108,359 |          |            |       | 108,359           |         |          | 17,776 | 19,500  |
| <b>Grand Totals</b>                     |             |                    | 108,359 |          |            |       | 108,359           |         |          | 17,776 | 19,500  |
| <b>Less: Dispositions and Transfers</b> |             |                    | 0       |          |            |       | 0                 |         |          | 0      | 0       |
| <b>Less: Start-up/Org Expense</b>       |             |                    | 0       |          |            |       | 0                 |         |          | 0      | 0       |
| <b>Net Grand Totals</b>                 |             |                    | 108,359 |          |            |       | 108,359           |         |          | 17,776 | 19,500  |

Filed Copy



[REDACTED]

ACE Asset Report  
Form 1120-S, Page 1

FYE: 12/31/2024

| Asset                                   | Description | Date<br>In Service | Cost    | Bus<br>% | Sec<br>179 | Bonus | Basis<br>for Depr | PerConv | Meth     | Prior  | Current |
|-----------------------------------------|-------------|--------------------|---------|----------|------------|-------|-------------------|---------|----------|--------|---------|
| <b>Listed Property:</b>                 |             |                    |         |          |            |       |                   |         |          |        |         |
| 1                                       | Auto        | 1/01/23            | 108,359 |          |            |       | 108,359           | 5       | HY 200DB | 12,200 | 19,500  |
|                                         |             |                    | 108,359 |          |            |       | 108,359           |         |          | 12,200 | 19,500  |
| <b>Grand Totals</b>                     |             |                    | 108,359 |          |            |       | 108,359           |         |          | 12,200 | 19,500  |
| <b>Less: Dispositions and Transfers</b> |             |                    | 0       |          |            |       | 0                 |         |          | 0      | 0       |
| <b>Net Grand Totals</b>                 |             |                    | 108,359 |          |            |       | 108,359           |         |          | 12,200 | 19,500  |

Filed Copy

[REDACTED]

Future Depreciation Report

FYE: 12/31/25

FYE: 12/31/2024

Form 1120-S, Page 1

| Asset                   | Description | Date In Service | Cost    | Tax    | AMT    |
|-------------------------|-------------|-----------------|---------|--------|--------|
| <b>Listed Property:</b> |             |                 |         |        |        |
| 1                       | Auto        | 1/01/23         | 108,359 | 11,700 | 11,700 |
|                         |             |                 | 108,359 | 11,700 | 11,700 |
| Grand Totals            |             |                 | 108,359 | 11,700 | 11,700 |

Filed Copy

**Federal Statements**

FYE: 12/31/2024

**Form 1120-S, Page 1, Line 1a - Gross Receipts or Sales**

| Description | Amount     |
|-------------|------------|
|             | \$ 140,336 |
| Total       | \$ 140,336 |

**Form 1120-S, Page 1, Line 12 - Taxes and Licenses**

| Description                  | Amount    |
|------------------------------|-----------|
| Business License and permits | \$ 300    |
| State taxes                  | 9,733     |
| Payroll taxes                | 4,481     |
| Total                        | \$ 14,514 |

**Form 1120-S, Page 1, Line 18 - Employee Benefit Programs**

| Description              | Amount |
|--------------------------|--------|
| Employee Benefit Program | \$ 151 |
| Total                    | \$ 151 |

**Form 1120-S, Page 3, Schedule K, Line 16c - Nondeductible Expenses**

| Description  | Amount |
|--------------|--------|
| Page 1 Meals | \$ 589 |
| Total        | \$ 589 |



# California Form 100S Return Summary

For calendar year 2024 or fiscal year beginning and ending

## Taxable Income

|                                            |        |               |
|--------------------------------------------|--------|---------------|
| Net income (loss) before state adjustments | 18,043 |               |
| Total additions                            | 23,133 |               |
| Total deductions                           | 775    |               |
| Business income                            |        |               |
| Apportioned income                         |        |               |
| California non-business income             |        |               |
| R&TC 23802(e)                              |        |               |
| NOL deduction                              |        |               |
| <b>Taxable income</b>                      |        | <b>40,401</b> |

## Tax Computation

|                                  |     |            |
|----------------------------------|-----|------------|
| Tax                              | 606 |            |
| Tax credits                      |     |            |
| Schedule D tax                   |     |            |
| Excess net passive income tax    |     |            |
| Pass-through entity elective tax |     |            |
| <b>Total tax</b>                 |     | <b>606</b> |

## Payments / Penalties

|                                   |    |            |
|-----------------------------------|----|------------|
| Payments                          |    |            |
| 5806 penalty                      | 32 |            |
| Interest                          |    |            |
| Failure to file penalty           |    |            |
| Failure to pay penalty            |    |            |
| <b>Total payments / penalties</b> |    | <b>-32</b> |

Overpayment credited to next year's estimated tax

Use tax

Refund

Tax due

Composite taxable income

Composite income tax

| Next Year's Estimates |            |
|-----------------------|------------|
| 1st quarter           | 800        |
| 2nd quarter           |            |
| 3rd quarter           |            |
| 4th quarter           |            |
| <b>Total</b>          | <b>800</b> |

| Apportionment Percentage |            |
|--------------------------|------------|
| Property                 |            |
| Payroll                  |            |
| Sales                    |            |
| Average                  | 100.000000 |

## CA Nonresident Withholding Received

Form **592B****2024**

For calendar year 2024 or fiscal year beginning

and ending

Amended

**Part I Withholding Agent Information**

|                                                              |           |                                          |                          |                 |
|--------------------------------------------------------------|-----------|------------------------------------------|--------------------------|-----------------|
| Name of withholding agent (from Form 592, 592-PTE, or 592-F) |           |                                          | SSN or ITIN              |                 |
| [REDACTED]                                                   |           |                                          |                          |                 |
| Address (apt./ste., room, PO box, or PMB no.)                |           | <input checked="" type="checkbox"/> FEIN | CA Corp no.              | CA SOS file no. |
| [REDACTED]                                                   |           |                                          | [REDACTED]               |                 |
| City (If you have a foreign address, see instructions.)      | State     | ZIP code                                 | Daytime telephone number |                 |
| [REDACTED]                                                   | <b>GA</b> | <b>30009</b>                             |                          |                 |

**Part II Payee Information**

|                                                         |           |                                          |             |                 |
|---------------------------------------------------------|-----------|------------------------------------------|-------------|-----------------|
| Name of payee                                           |           |                                          | SSN or ITIN |                 |
| [REDACTED]                                              |           |                                          |             |                 |
| Address (apt./ste., room, PO box, or PMB no.)           |           | <input checked="" type="checkbox"/> FEIN | CA Corp no. | CA SOS file no. |
| [REDACTED]                                              |           |                                          | [REDACTED]  |                 |
| City (If you have a foreign address, see instructions.) | State     | ZIP code                                 |             |                 |
| [REDACTED]                                              | <b>CA</b> | <b>95687</b>                             |             |                 |

**Part III Type of Income Subject to Withholding.** Check the applicable box(es)

|                                                                                                                 |                                            |                                                                         |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|
| <b>A</b> <input checked="" type="checkbox"/> Payments to Independent Contractors                                | <b>E</b> Estate Distributions              | <b>H</b> Allocations to Foreign (non-U.S.) Nonresident Partners/Members |
| <b>B</b> Trust Distributions                                                                                    | <b>F</b> Elective Withholding              | <b>I</b> Other _____                                                    |
| <b>C</b> Rents or Royalties                                                                                     | <b>G</b> Elective Withholding/Indian Tribe |                                                                         |
| <b>D</b> Distributions to Domestic (U.S.) Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders |                                            |                                                                         |

**Part IV Tax Withheld**

|                                                                                       |   |                   |
|---------------------------------------------------------------------------------------|---|-------------------|
| 1 Total income subject to withholding .....                                           | 1 | <b>139,046.00</b> |
| 2 Total resident and/or nonresident tax withheld (excluding backup withholding) ..... | 2 | <b>9,733.00</b>   |
| 3 Total backup withholding .....                                                      | 3 |                   |

## Filing Instructions



### Form 3893 (PTE) - Estimated/Additional Pass-Through Entity Elective Tax Payment Voucher

**Instructions:** Your required estimated/additional tax payments are as follows:

**Due Date:** June 15, 2025

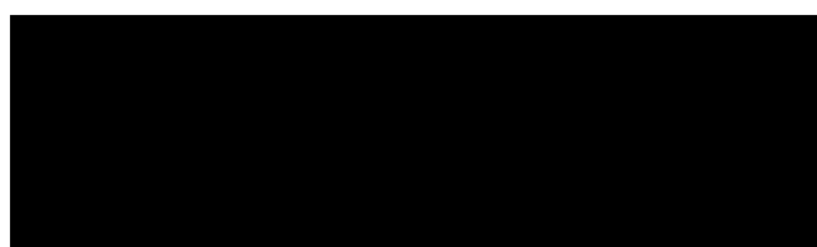
**Remittance:** \$1,000

**Due Date:** March 17, 2026

**Remittance:** \$0

Each payment should be accompanied by a completed voucher. Make each check payable to Franchise Tax Board, and write "6469715, 2025 FTB 3893" on the check.

**Mail To:**





Voucher at bottom of page

Payment 1 – Calendar year filers — File and Pay by June 15, 2025

**Note:** The PTE may not make an election if the initial payment is not made by June 15th during the taxable year of the election.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**Pay online:** Go Green! Enjoy the ease and secure options for online payments.

- **Web Pay for businesses.** PTE's can make an immediate payment or schedule payments for up to a year in advance

- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information.

Do not mail this voucher if you pay online. U.S. financial institution.



**Where to pay:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2025 FTB 3893" on the check or money order. Detach voucher below. Enclose, but **do not** staple the check or money order with voucher and mail to:

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

— — — DETACH HERE — — —

— IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — —

— — — DETACH HERE — — —

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**Pass-Through Entity  
Elective Tax Payment Voucher**

**2025**

Payment 1  
CALIFORNIA FORM

**3893 (PTE)**

000000000000

25

FORM 1

TYB 01-01-2025 TYE 12-31-2025

Amount of Payment

1000 .

034

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

**2024****California e-file Return Authorization for Corporations****8453-C**

Corporation name

California Corporation No., CA SOS file no., or FEIN

**Part I Tax Return Information** (whole dollars only)

|                                                                                                      |   |        |
|------------------------------------------------------------------------------------------------------|---|--------|
| 1 Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)         | 1 | 41,176 |
| 2 Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)   | 2 | 40,401 |
| 3 Refund (Form 100, line 42; Form 100S, line 43; Form 100W, line 39 or Form 100X, line 31)           | 3 |        |
| 4 Total amount due (Form 100, line 44; Form 100S, line 45; Form 100W, line 41 or Form 100X, line 30) | 4 | 638    |

**Part II Settle the Account Electronically for Taxable Year 2024**5 ☐ Direct deposit of refund (For Forms 100, 100S, and 100W only.)6 ☒ Electronic funds withdrawal

6a Tax amount 638 6b Withdrawal date (mm/dd/yyyy) 03/17/2025

6c PTE amount (for Form 100S only) 6d Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2025**(These are **not** installment payments for the current amount the corporation owes.)

|                                   | First Payment | Second Payment | Third Payment | Fourth Payment |
|-----------------------------------|---------------|----------------|---------------|----------------|
| 7 Amount                          | 800           |                |               |                |
| 8 Withdrawal Date<br>(mm/dd/yyyy) | 04/15/2025    |                |               |                |

**Part IV Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2025** (for Form 100S only)

|                                    | First Payment |
|------------------------------------|---------------|
| 9 Amount                           |               |
| 10 Withdrawal date<br>(mm/dd/yyyy) |               |

**Part V Banking Information** (Have you verified the corporation's banking information?)

11 Routing number

12 Account number

13 Type of account: ☒ Checking ☐ Savings**Part VI Declaration of Officer**

I authorize the corporate account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part V for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a, line 6c, any estimate payment amounts listed on Part III, line 7, and the amount listed on Part IV, line 9 from the bank account specified in Part V.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2024 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign  
Here**

Signature of officer

03/14/2025  
DatePRESIDENT  
Title

**Part VII Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                              |                                                       |            |                                                                 |                                                 |             |
|------------------------------|-------------------------------------------------------|------------|-----------------------------------------------------------------|-------------------------------------------------|-------------|
| <b>ERO<br/>Must<br/>Sign</b> | ERO's signature ▶                                     | Date       | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN  |
|                              | Firm's name (or yours if self-employed) and address ▶ | 03/14/2025 |                                                                 |                                                 |             |
|                              |                                                       |            |                                                                 |                                                 | Firm's FEIN |
|                              |                                                       |            |                                                                 |                                                 | ZIP code    |
|                              |                                                       |            |                                                                 |                                                 | 85012       |

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

|                                            |                                                       |      |                                                 |                      |
|--------------------------------------------|-------------------------------------------------------|------|-------------------------------------------------|----------------------|
| <b>Paid<br/>Preparer<br/>Must<br/>Sign</b> | Paid preparer's signature ▶                           | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
|                                            | Firm's name (or yours if self-employed) and address ▶ |      |                                                 | Firm's FEIN          |
|                                            |                                                       |      |                                                 | ZIP code             |

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|                                                 |                               |                                 |  |             |
|-------------------------------------------------|-------------------------------|---------------------------------|--|-------------|
| Form <b>8453-C</b>                              |                               | <b>CA Consent to Disclosure</b> |  | <b>2024</b> |
| For calendar year 2024 or fiscal year beginning |                               | and ending                      |  |             |
| Name                                            | California Corporation Number | Employer Identification Number  |  |             |
|                                                 |                               |                                 |  |             |

I consent to allow my ERO, Intermediate Service Provider, and/or my Transmitter to send this business return to the FTB. Additionally, I consent to allow FTB to send my ERO, Intermediate Service Provider, and/or my Transmitter an acknowledgment of receipt of transmission and an indication of whether or not this business return is accepted, and, if rejected the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the FTB to disclose to my Intermediate Service Provider and/or Transmitter the reason(s) for the delay, or when the refund was sent.

By using this system to prepare and submit this tax return, I consent to the disclosure to the FTB of all information pertaining to my use of this system, including the Internet Provider address.

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TAXABLE YEAR

**2024****California S Corporation  
Franchise or Income Tax Return**

FORM

**100S**

RP

**Schedule Q Questions (continued on Side 3)****A 1. FINAL RETURN?** ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub electionEnter date (mm/dd/yyyy) **2.** Is the S corporation deferring any income from the disposition of assets? ☐ Yes ☒ NoIf "Yes" enter the year of disposition (yyyy) **3.** Is the S corporation reporting previously deferred income from: ☐ Installment sale ☐ IRC §1031 ☐ IRC §1033 ☐ Other**B 1.** During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity?If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes.** ☐ Yes ☒ No**2.** During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries?

If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term?

**If yes to both questions, answer yes.** ☐ Yes ☒ No**3.** Has California real property (i.e., land, buildings) transferred to the corporation that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?If yes, during this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes.** ☐ Yes ☒ No**(Yes requires filing of BOE-100-B statement, penalties may apply – see instructions.)**

|                   |                                                                                                                                                                                                                                                                   |          |        |    |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|----|
| State Adjustments | <b>1</b> Ordinary income (loss) from trade or business activities from Schedule F (Form 100S, Side 4), line 22 or federal Form 1120-S, line 22. If Schedule F (Form 100S, Side 4) was not completed, attach federal Form 1120-S, page 1, and supporting schedules | <b>1</b> | 18,043 | 00 |
|                   | <b>2</b> Foreign or domestic tax based on income or profits and California franchise or income tax deducted                                                                                                                                                       | <b>2</b> | 9,733  | 00 |
|                   | <b>3</b> Interest on government obligations                                                                                                                                                                                                                       | <b>3</b> |        | 00 |
|                   | <b>4</b> Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions                                                                                                                                               | <b>4</b> |        | 00 |
|                   | <b>5</b> Depreciation and amortization adjustments. Attach Schedule B (100S)                                                                                                                                                                                      | <b>5</b> | 13,400 | 00 |
|                   | <b>6</b> Portfolio income                                                                                                                                                                                                                                         | <b>6</b> |        | 00 |
|                   | <b>7</b> Other additions. Attach schedule(s)                                                                                                                                                                                                                      | <b>7</b> |        | 00 |
|                   | <b>8</b> Total. Add line 1 through line 7                                                                                                                                                                                                                         | <b>8</b> | 41,176 | 00 |

|                                                                                                          |                                                                                                       |                                                                                                                      |     |        |    |  |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----|--------|----|--|
| State Adjustments (cont.)                                                                                | 9                                                                                                     | Dividends received deduction. Attach Schedule H (100S)                                                               | 9   |        | 00 |  |
|                                                                                                          | 10                                                                                                    | Water's-edge dividend deduction. Attach Schedule H (100S)                                                            | 10  |        | 00 |  |
|                                                                                                          | 11                                                                                                    | Charitable contributions. See instructions                                                                           | 11  | 775    | 00 |  |
|                                                                                                          | 12                                                                                                    | Other deductions. Attach schedule(s)                                                                                 | 12  |        | 00 |  |
|                                                                                                          | 13                                                                                                    | Total. Add line 9 through line 12                                                                                    | 13  | 775    | 00 |  |
|                                                                                                          | 14                                                                                                    | Net income (loss) after state adjustments. Subtract line 13 from Side 1, line 8                                      | 14  | 40,401 | 00 |  |
| CA Net Income                                                                                            | 15                                                                                                    | Net income (loss) for state purposes. Use Schedule R if apportioning or allocating income                            | 15  | 40,401 | 00 |  |
|                                                                                                          | 16                                                                                                    | R&TC Section 23802(e) deduction. See instructions                                                                    | 16  |        | 00 |  |
|                                                                                                          | 17                                                                                                    | Net operating loss (NOL) deduction. See instructions                                                                 | 17  |        | 00 |  |
|                                                                                                          | 18                                                                                                    | EZ, TTA, or LAMBRA NOL carryover deduction. See instructions                                                         | 18  |        | 00 |  |
|                                                                                                          | 19                                                                                                    | Disaster loss deduction. See instructions                                                                            | 19  |        | 00 |  |
|                                                                                                          | 20                                                                                                    | Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15                       | 20  | 40,401 | 00 |  |
| Taxes                                                                                                    | 21                                                                                                    | Tax. <u>1.500</u> % x line 20 (at least minimum franchise tax, if applicable). See instructions                      | 21  | 606    | 00 |  |
|                                                                                                          | 22                                                                                                    | Credit name _____ code ● _____ amount                                                                                | 22  |        | 00 |  |
|                                                                                                          | 23                                                                                                    | Credit name _____ code ● _____ amount                                                                                | 23  |        | 00 |  |
|                                                                                                          | 24                                                                                                    | To claim more than two credits, see instructions                                                                     | 24  |        | 00 |  |
|                                                                                                          | 25                                                                                                    | Add line 22 through line 24. Attach Schedule C (100S)                                                                | 25  | 0      | 00 |  |
|                                                                                                          | 26                                                                                                    | Balance. Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annual tax(es), if applicable) | 26  | 606    | 00 |  |
|                                                                                                          | 27                                                                                                    | Tax from Schedule D (100S). Attach Schedule D (100S). See instructions                                               | 27  |        | 00 |  |
|                                                                                                          | 28                                                                                                    | Excess net passive income tax. See instructions                                                                      | 28  |        | 00 |  |
|                                                                                                          | 29                                                                                                    | Pass-through entity elective tax. See instructions                                                                   | 29  |        | 00 |  |
|                                                                                                          | 30                                                                                                    | Total tax. Add line 26 through line 29                                                                               | 30  | 606    | 00 |  |
| Payments                                                                                                 | 31                                                                                                    | Overpayment from prior year allowed as a credit                                                                      | 31  |        | 00 |  |
|                                                                                                          | 32                                                                                                    | 2024 Estimated tax/QSub payments. See instructions                                                                   | 32  |        | 00 |  |
|                                                                                                          | 33                                                                                                    | 2024 Withholding (Forms 592-B and/or 593). See instructions                                                          | 33  |        | 00 |  |
|                                                                                                          | 34                                                                                                    | Amount paid with extension of time to file tax return                                                                | 34  |        | 00 |  |
|                                                                                                          | 35                                                                                                    | Amounts paid for pass-through entity elective tax                                                                    | 35  |        | 00 |  |
|                                                                                                          | 36                                                                                                    | Total payments. Add line 31 through line 35                                                                          | 36  |        | 00 |  |
| Refund or Amount Due                                                                                     | 37                                                                                                    | Use tax. This is not a total line. See instructions                                                                  | 37  |        | 00 |  |
|                                                                                                          | 38                                                                                                    | Payments balance. If line 36 is more than line 37, subtract line 37 from line 36                                     | 38  |        | 00 |  |
|                                                                                                          | 39                                                                                                    | Use tax balance. If line 37 is more than line 36, subtract line 36 from line 37                                      | 39  |        | 00 |  |
|                                                                                                          | 40                                                                                                    | Franchise or income tax due. If line 30 is more than line 38, subtract line 38 from line 30                          | 40  | 606    | 00 |  |
|                                                                                                          | 41                                                                                                    | Overpayment. If line 38 is more than line 30, subtract line 30 from line 38                                          | 41  |        | 00 |  |
|                                                                                                          | 42                                                                                                    | Amount of line 41 to be credited to 2025 estimated tax                                                               | 42  |        | 00 |  |
|                                                                                                          | 43                                                                                                    | Refund. Subtract line 42 from line 41                                                                                | 43  |        | 00 |  |
|                                                                                                          | See instructions to have the refund directly deposited.                                               |                                                                                                                      |     |        |    |  |
|                                                                                                          | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings                                 |                                                                                                                      |     |        |    |  |
|                                                                                                          | 43a. ● Routing number    43b. ● Type    43c. ● Account number                                         |                                                                                                                      |     |        |    |  |
| 44                                                                                                       | a Penalties and interest                                                                              | 44a                                                                                                                  | 32  | 00     |    |  |
| b ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. |                                                                                                       |                                                                                                                      |     |        |    |  |
| See instructions. UP 32                                                                                  |                                                                                                       |                                                                                                                      |     |        |    |  |
| 45                                                                                                       | Total amount due. Add line 39, line 40, line 42, and line 44a. Then, subtract line 41 from the result | 45                                                                                                                   | 638 | 00     |    |  |



Schedule Q Questions (continued from Side 1)

- C Principal business activity code. Do not leave blank  
Business activity CONSULTING Product or service [REDACTED]
- D Is this S corporation filing on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 for the current taxable year? ☐ Yes ☒ No
- E Does this tax return include Qualified Subchapter S Subsidiaries? ☐ Yes ☒ No
- F Date incorporated (mm/dd/yyyy) 01/01/2024 Where: ☒ State CA Country [REDACTED]
- G Maximum number of shareholders in the S corporation at any time during the year. Do not leave blank 1
- H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) 01/01/2024
- I Was the S corporation an inactive business both within and outside California during the taxable year? ☐ Yes ☒ No
- J Is the S corporation under audit by the IRS or has it been audited in a prior year? ☐ Yes ☒ No
- K Effective date of federal S election (mm/dd/yyyy) 01/01/2024
- L Accounting method ☒ (1) Cash ☐ (2) Accrual ☐ (3) Other
- M Location of principal accounting records SEE STMT 1
- N "Doing business as" (DBA) name. See instructions [REDACTED]
- O Have all required information returns (e.g., federal Forms 1099, 8300, and state Forms 592, 592-B etc.) been filed with the Franchise Tax Board? ☒ N/A ☐ Yes ☐ No
- P Is this S corporation apportioning or allocating income to California using Schedule R? ☐ Yes ☒ No
- Q Has the S corporation included a reportable transaction or listed transaction within this return? See instructions for definitions ☐ Yes ☒ No  
If "Yes," complete and attach federal Form 8886, for each transaction.
- R Did this S corporation file the federal Schedule M-3 (Form 1120-S)? ☐ Yes ☒ No
- S Is form FTB 3544, Side 2, Part B, List of Assigned Credit Received and/or Claimed by an Assignee, attached to the return? ☐ Yes ☒ No
- T Check if corporation: ☐ (1) Aggregated activities for IRC Section 465 at-risk purposes ☐ (2) Grouped activities for IRC Section 469 passive activity purposes
- U (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ☐ Yes ☒ No  
(2) If "Yes," when was the last report filed? (mm/dd/yyyy) [REDACTED] (3) Amount last remitted \$ [REDACTED]

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

|   |                                                                                                                                                                         |    |    |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 1 | LIFO recapture due to S corporation election (IRC Section 1363(d) deferral \$ )                                                                                         | 1  | 00 |
| 2 | Interest computed under the look-back method for completed long-term contracts (attach form FTB 3834)                                                                   | 2  | 00 |
| 3 | Interest on tax attributable to installment a) Sales of certain timeshares and residential lots                                                                         | 3a | 00 |
|   | b) Method for nondealer installment obligations                                                                                                                         | 3b | 00 |
| 4 | IRC Section 197(f)(9)(B)(ii) election                                                                                                                                   | 4  | 00 |
| 5 | Credit recapture name                                                                                                                                                   | 5  | 00 |
| 6 | Combine line 1 through line 5. Revise the amount on Side 2, line 40 or line 41, whichever applies, by this amount. Write "Schedule J" to the left of line 40 or line 41 | 6  | 00 |

|                          |                                                                                                                                                                                                                                                                                                                        |                    |                                                      |                         |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------|-------------------------|
| 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 taxpayer) is based on all information of which preparer has any knowledge. |                    |                                                      |                         |
|                          | Signature of officer                                                                                                                                                                                                                                                                                                   | Title<br>PRESIDENT | Date                                                 | Telephone<br>[REDACTED] |
| Paid Preparer's Use Only | Officer's email address (optional)                                                                                                                                                                                                                                                                                     |                    | [REDACTED]                                           |                         |
|                          | Preparer's signature                                                                                                                                                                                                                                                                                                   | Date<br>03/15/25   | Check if self-employed <input type="checkbox"/>      | PTIN<br>[REDACTED]      |
|                          | Firm's name (or yours, if self-employed) and address                                                                                                                                                                                                                                                                   |                    | Firm's FEIN<br>[REDACTED]<br>Telephone<br>[REDACTED] |                         |
|                          | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                    |                    |                                                      |                         |

**Schedule F Computation of Trade or Business Income.** See instructions.

|                   |    | 1a) Gross receipts or sales                                                                                   | 140,336 | b) Less returns and allowances          |            | c) Balance | 1c  | 140,336 | 00 |
|-------------------|----|---------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------|------------|------------|-----|---------|----|
| <b>Income</b>     | 1  |                                                                                                               |         |                                         |            |            |     |         |    |
|                   | 2  | Cost of goods sold from Schedule V, line 8                                                                    |         |                                         |            |            |     |         |    |
|                   | 3  | Gross profit. Subtract line 2 from line 1c                                                                    |         |                                         |            |            |     |         |    |
|                   | 4  | Net gain (loss). Attach schedule                                                                              |         |                                         |            |            |     |         |    |
|                   | 5  | Other income (loss). Attach schedule                                                                          |         |                                         |            |            |     |         |    |
|                   | 6  | <b>Total income (loss).</b> Combine line 3 through line 5                                                     |         |                                         |            |            |     |         |    |
| <b>Deductions</b> | 7  | Compensation of officers. Attach schedule. See instructions                                                   |         |                                         |            |            |     |         |    |
|                   | 8  | Salaries and wages                                                                                            |         |                                         |            |            |     |         |    |
|                   | 9  | Repairs and maintenance                                                                                       |         |                                         |            |            |     |         |    |
|                   | 10 | Bad debts                                                                                                     |         |                                         |            |            |     |         |    |
|                   | 11 | Rents                                                                                                         |         |                                         |            |            |     |         |    |
|                   | 12 | Taxes                                                                                                         |         |                                         |            |            |     |         |    |
|                   | 13 | Interest                                                                                                      |         |                                         |            |            |     |         |    |
|                   | 14 | a) Depreciation                                                                                               | 19,500  | b) Less depreciation reported elsewhere |            | c) Balance | 14c | 19,500  | 00 |
|                   | 15 | Depletion                                                                                                     |         |                                         |            |            |     |         |    |
|                   | 16 | Advertising                                                                                                   |         |                                         |            |            |     |         |    |
|                   | 17 | Pension, profit-sharing plans, etc                                                                            |         |                                         |            |            |     |         |    |
|                   | 18 | Employee benefit programs                                                                                     |         |                                         |            |            |     |         |    |
|                   | 19 | a) Total travel and entertainment                                                                             | 1,178   | b) Deductible amount                    | SEE STMT 2 | 19b        | 589 | 00      |    |
|                   | 20 | Other deductions. Attach schedule                                                                             |         |                                         |            |            |     |         |    |
|                   | 21 | <b>Total deductions.</b> Add line 7 through line 20                                                           |         |                                         |            |            |     |         |    |
|                   | 22 | Ordinary income (loss) from trade or business. Subtract line 21 from line 6. Enter here and on Side 1, line 1 |         |                                         |            |            |     |         |    |

The corporation may not be required to complete Schedule L and Schedule M-1. See Schedule L and Schedule M-1 instructions for reporting requirements.

| <b>Schedule L Balance Sheet</b>             |                                                      | <b>Beginning of taxable year</b> |     | <b>End of taxable year</b> |         |
|---------------------------------------------|------------------------------------------------------|----------------------------------|-----|----------------------------|---------|
|                                             |                                                      | (a)                              | (b) | (c)                        | (d)     |
| <b>Assets</b>                               |                                                      |                                  |     |                            |         |
| 1                                           | Cash                                                 |                                  |     |                            | 29,945  |
| 2                                           | a Trade notes and accounts receivable                |                                  |     |                            |         |
|                                             | b Less allowance for bad debts                       | ( )                              | ( ) |                            |         |
| 3                                           | Inventories                                          |                                  |     |                            |         |
| 4                                           | Federal and state government obligations             |                                  |     |                            |         |
| 5                                           | Other current assets. Attach schedule(s)             |                                  |     |                            |         |
| 6                                           | Loans to shareholders. Attach schedule(s)            |                                  |     |                            |         |
| 7                                           | Mortgage and real estate loans                       |                                  |     |                            |         |
| 8                                           | Other investments. Attach schedule(s)                |                                  |     |                            |         |
| 9                                           | a Buildings and other fixed depreciable assets       |                                  |     | 108,359                    |         |
|                                             | b Less accumulated depreciation                      | ( )                              |     | 37,276                     | 71,083  |
| 10                                          | a Depletable assets                                  |                                  |     |                            |         |
|                                             | b Less accumulated depletion                         | ( )                              |     |                            |         |
| 11                                          | Land (net of any amortization)                       |                                  |     |                            |         |
| 12                                          | a Intangible assets (amortizable only)               |                                  |     |                            |         |
|                                             | b Less accumulated amortization                      | ( )                              |     |                            |         |
| 13                                          | Other assets. Attach schedule(s)                     |                                  |     |                            |         |
| 14                                          | <b>Total assets</b>                                  |                                  | 0   |                            | 101,028 |
| <b>Liabilities and shareholders' equity</b> |                                                      |                                  |     |                            |         |
| 15                                          | Accounts payable                                     |                                  |     |                            |         |
| 16                                          | Mortgages, notes, bonds payable in less than 1 year  |                                  |     |                            |         |
| 17                                          | Other current liabilities. Attach schedule(s) STMT 3 |                                  |     |                            | 63      |
| 18                                          | Loans from shareholders. Attach schedule(s)          |                                  |     |                            |         |
| 19                                          | Mortgages, notes, bonds payable in 1 year or more    |                                  |     |                            |         |
| 20                                          | Other liabilities. Attach schedule(s)                |                                  |     |                            |         |
| 21                                          | Capital stock                                        |                                  |     |                            |         |
| 22                                          | Paid-in or capital surplus                           |                                  |     |                            |         |
| 23                                          | Retained earnings                                    |                                  |     |                            | 100,965 |
| 24                                          | Adjustments. Attach schedule(s)                      |                                  |     |                            |         |
| 25                                          | Less cost of treasury stock                          |                                  |     |                            |         |
| 26                                          | <b>Total liabilities and shareholders' equity</b>    |                                  | 0   |                            | 101,028 |



**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.**If the S corporation **completed** federal **Schedule M-3 (Form 1120-S)**. See instructions.

|                                                                                                             |        |                                                                                                                          |        |
|-------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b> Net income per books                                                                               | 16,679 | <b>5</b> Income recorded on books this year not included on Schedule K, line 1 through line 10b (itemize)                |        |
| <b>2</b> Income included on Schedule K, line 1 through line 10b, not recorded on books this year (itemize)  |        | <b>a</b> Tax-exempt interest \$                                                                                          |        |
| <b>3</b> Expenses recorded on books this year not included on Schedule K, line 1 through line 12e (itemize) |        | <b>b</b> Other \$                                                                                                        |        |
| <b>a</b> Depreciation \$                                                                                    |        | <b>c</b> Total. Add line 5a and line 5b                                                                                  |        |
| <b>b</b> State taxes \$ 9,733                                                                               |        | <b>6</b> Deductions included on Schedule K, line 1 through line 12e, not charged against book income this year (itemize) |        |
| <b>c</b> Travel and entertainment \$ 589                                                                    |        | <b>a</b> Depreciation \$                                                                                                 |        |
| <b>d</b> Other \$ 13,400                                                                                    |        | <b>b</b> State tax refunds \$                                                                                            |        |
| <b>e</b> Total. Add line 3a through line 3d STMT 4                                                          | 23,722 | <b>c</b> Other \$                                                                                                        |        |
| <b>4</b> Total. Add line 1 through line 3e                                                                  | 40,401 | <b>d</b> Total. Add line 6a through line 6c                                                                              |        |
|                                                                                                             |        | <b>7</b> Total. Add line 5c and line 6d                                                                                  |        |
|                                                                                                             |        | <b>8</b> Income (loss) (Schedule K, line 19, col. d). Subtract line 7 from line 4                                        | 40,401 |

**Schedule M-2 CA Accumulated Adjustments Account, Other Adjustments Account, and Other Retained Earnings.** See instructions.**Important: Use California figures and federal procedures.**

|                                                                                                           | (a)<br>Accumulated<br>adjustments account | (b)<br>Other adjustments<br>account | (c)<br>Other retained earnings<br>(see instructions) |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|------------------------------------------------------|
| <b>1</b> Balance at beginning of year                                                                     | 0                                         | 0                                   | 0                                                    |
| <b>2</b> Ordinary income from Form 100S, Side 1, line 1                                                   | 18,043                                    |                                     |                                                      |
| <b>3</b> Other additions SEE STMT 5                                                                       | 107,419                                   |                                     |                                                      |
| <b>4</b> Loss from Form 100S, Side 1, line 1                                                              | ( )                                       |                                     |                                                      |
| <b>5</b> Other reductions SEE STMT 6                                                                      | 24,497                                    | ( )                                 | ( )                                                  |
| <b>6</b> Combine line 1 through line 5                                                                    | 100,965                                   | 0                                   | 0                                                    |
| <b>7</b> Distributions other than dividend distributions                                                  |                                           |                                     |                                                      |
| <b>8</b> Balance at end of year. Subtract line 7 from line 6                                              | 100,965                                   | 0                                   |                                                      |
| <b>9</b> Retained earnings at end of year. Add line 8, column (a) through column (c)                      |                                           |                                     | 100,965                                              |
| <b>10</b> If the corp. has C corp. E&P at the end of the taxable year, enter the amount. See instructions |                                           |                                     |                                                      |

**Schedule V Cost of Goods Sold**

|                                                          |   |    |
|----------------------------------------------------------|---|----|
| <b>1</b> Inventory at beginning of year                  | 1 | 00 |
| <b>2</b> Purchases                                       | 2 | 00 |
| <b>3</b> Cost of labor                                   | 3 | 00 |
| <b>4</b> Other IRC Section 263A costs. Attach schedule   | 4 | 00 |
| <b>5</b> Other costs. Attach schedule                    | 5 | 00 |
| <b>6</b> Total. Add line 1 through line 5                | 6 | 00 |
| <b>7</b> Inventory at end of year                        | 7 | 00 |
| <b>8</b> Cost of goods sold. Subtract line 7 from line 6 | 8 | 00 |

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

If "Yes," attach an explanation. Enter California seller's permit number, if any

Method of inventory valuation

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory computed under LIFO



**Schedule K S Corporation Shareholder's Shares of Income, Deductions, Credits, etc.**

|                                                               | (a)<br>Pro-rata share items                                                                                                                                                                          |      | (b)<br>Amount from<br>federal K (1120-S) | (c)<br>California<br>Adjustment | (d)<br>Total amounts using<br>California law |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------|---------------------------------|----------------------------------------------|
| <b>Income (Loss)</b>                                          | 1 Ordinary business income (loss)                                                                                                                                                                    | 1    | 18,043                                   | 23,133                          | 41,176                                       |
|                                                               | 2 Net rental real estate income (loss). Attach federal Form 8825                                                                                                                                     | 2    |                                          |                                 |                                              |
|                                                               | 3 a Other gross rental income (loss)                                                                                                                                                                 | 3a   |                                          |                                 |                                              |
|                                                               | b Expenses from other rental activities. Att. sch.                                                                                                                                                   | 3b   |                                          |                                 |                                              |
|                                                               | c Other net rental income (loss). Subtract line 3b from line 3a                                                                                                                                      | 3c   |                                          |                                 |                                              |
|                                                               | 4 Interest income                                                                                                                                                                                    | 4    |                                          |                                 |                                              |
|                                                               | 5 Dividends. See instructions                                                                                                                                                                        | 5    |                                          |                                 |                                              |
|                                                               | 6 Royalties                                                                                                                                                                                          | 6    |                                          |                                 |                                              |
|                                                               | 7 Net short-term capital gain (loss). Attach Schedule D (100S)                                                                                                                                       | 7    |                                          |                                 |                                              |
| 8 Net long-term capital gain (loss). Attach Schedule D (100S) | 8                                                                                                                                                                                                    |      |                                          |                                 |                                              |
| 9 Net IRC Section 1231 gain (loss)                            | 9                                                                                                                                                                                                    |      |                                          |                                 |                                              |
| <b>Other Inc (Loss)</b>                                       | 10 a Other portfolio income (loss). Attach schedule                                                                                                                                                  | 10a  |                                          |                                 |                                              |
|                                                               | b Other income (loss). Attach schedule.                                                                                                                                                              | 10b  |                                          |                                 |                                              |
| <b>Deductions</b>                                             | 11 IRC Section 179 expense deduction. Attach Schedule B (100S).                                                                                                                                      | 11   |                                          |                                 |                                              |
|                                                               | 12 a Charitable contributions SEE STMT 7                                                                                                                                                             | 12a  | 775                                      |                                 | 775                                          |
|                                                               | b Investment interest expense                                                                                                                                                                        | 12b  |                                          |                                 |                                              |
|                                                               | c 1 IRC Section 59(e)(2) expenditures                                                                                                                                                                | 12c1 |                                          |                                 |                                              |
|                                                               | 2 Type of expenditures                                                                                                                                                                               | 12c2 |                                          |                                 |                                              |
|                                                               | d Deductions-portfolio. Attach schedule                                                                                                                                                              | 12d  |                                          |                                 |                                              |
|                                                               | e Other deductions. Attach schedule                                                                                                                                                                  | 12e  |                                          |                                 |                                              |
| <b>Credits</b>                                                | 13 a Low-income housing credit. See instructions                                                                                                                                                     | 13a  |                                          |                                 |                                              |
|                                                               | b Credits related to rental real estate activities. Attach schedule                                                                                                                                  | 13b  |                                          |                                 |                                              |
|                                                               | c Credits related to other rental activities. See instructions. Attach schedule                                                                                                                      | 13c  |                                          |                                 |                                              |
|                                                               | d Other credits. Attach schedule                                                                                                                                                                     | 13d  |                                          |                                 |                                              |
|                                                               | 14 Total withholding allocated to all shareholders                                                                                                                                                   | 14   |                                          |                                 | 9,733                                        |
| <b>Alternative Minimum Tax (AMT) Items</b>                    | 15 a Depreciation adjustment on property placed in service after 12/31/85                                                                                                                            | 15a  |                                          |                                 |                                              |
|                                                               | b Adjusted gain or loss. See instructions                                                                                                                                                            | 15b  |                                          |                                 |                                              |
|                                                               | c Depletion (other than oil and gas)                                                                                                                                                                 | 15c  |                                          |                                 |                                              |
|                                                               | d Gross income from oil, gas, and geothermal properties                                                                                                                                              | 15d  |                                          |                                 |                                              |
|                                                               | e Deductions allocable to oil, gas, and geothermal properties                                                                                                                                        | 15e  |                                          |                                 |                                              |
|                                                               | f Other AMT items                                                                                                                                                                                    | 15f  |                                          |                                 |                                              |
| <b>Items Affecting Shareholder Basis</b>                      | 16 a Tax-exempt interest income                                                                                                                                                                      | 16a  |                                          |                                 |                                              |
|                                                               | b Other tax-exempt income                                                                                                                                                                            | 16b  |                                          |                                 |                                              |
|                                                               | c Nondeductible expenses                                                                                                                                                                             | 16c  | 589                                      | 23,133                          | 23,722                                       |
|                                                               | d Total property distributions (including cash) other than dividends distribution reported on line 17c                                                                                               | 16d  |                                          |                                 |                                              |
| <b>Other Information</b>                                      | 17 a Investment income. See instructions                                                                                                                                                             | 17a  |                                          |                                 |                                              |
|                                                               | b Investment expenses. See instructions                                                                                                                                                              | 17b  |                                          |                                 |                                              |
|                                                               | c Total dividend distributions paid from accumulated earnings and profits                                                                                                                            | 17c  |                                          |                                 |                                              |
|                                                               | d Other items and amounts not included in lines 1 - 17b and lines 18a-e that are required to be reported separately to shareholders. Attach schedule SEE STMT 8                                      | 17d  |                                          |                                 | 140,336                                      |
| <b>Other State Taxes</b>                                      | 18 a Type of income                                                                                                                                                                                  | 18a  |                                          |                                 |                                              |
|                                                               | b Name of state                                                                                                                                                                                      | 18b  |                                          |                                 |                                              |
|                                                               | c Total gross income from sources outside California. Attach schedule                                                                                                                                | 18c  |                                          |                                 |                                              |
|                                                               | d Total applicable deductions and losses. Attach schedule                                                                                                                                            | 18d  |                                          |                                 |                                              |
|                                                               | e Total other state taxes. Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued                                                                                                 | 18e  |                                          |                                 |                                              |
| <b>Reconciliation</b>                                         | 19 Income (loss) (required only if Schedule M-1 must be completed). Combine line 1, line 2, and line 3c through line 10b. From the result, subtract the sum of lines 11, 12a, 12b, 12c1, 12d and 12e | 19   | 17,268                                   | 23,133                          | 40,401                                       |

## ALL FEDERAL DEPRECIATION

TAXABLE YEAR

**S Corporation Depreciation  
and Amortization**

CALIFORNIA SCHEDULE

**2024****B (100S)**

For use by S corporations only. Attach to Form 100S.

Corporation name

California corporation number

**Part I Depreciation.** Use additional sheets if necessary.**1** Enter federal depreciation from federal Form 4562, line 22.IRC Section 179 expense deduction is not included on this line. Get federal Form 4562 instructions ..... **1** 19,500 00

California depreciation:

| (a)<br>Description of property | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or other basis | (d)<br>Depreciation allowed or<br>allowable in earlier years | (e)<br>Depreciation<br>method | (f)<br>Life or<br>rate | (g)<br>Depreciation<br>for this year |
|--------------------------------|--------------------------------------|----------------------------|--------------------------------------------------------------|-------------------------------|------------------------|--------------------------------------|
| <b>2</b>                       |                                      |                            |                                                              |                               |                        |                                      |
| SEE STATEMENT 9                |                                      |                            |                                                              |                               |                        | 6,100                                |
|                                |                                      |                            |                                                              |                               |                        |                                      |
|                                |                                      |                            |                                                              |                               |                        |                                      |
|                                |                                      |                            |                                                              |                               |                        |                                      |

**3** Add the amounts on line 2, column (g) ..... **3** 6,100 00**4** Subtract line 3 from line 1. If negative, use brackets. Enter here and on the applicable line of Form 100S, Side 6, Schedule K ..... **4** 13,400 00**5** Enter IRC Section 179 expense deduction here and on Form 100S, Side 2, line 12. Do not enter more than \$25,000 ..... **5** 0 00**Part II Amortization.** Use additional sheets if necessary.**1** Enter federal amortization from federal Form 4562, line 44 ..... **1** 0 00

California amortization:

| (a)<br>Description of property | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or other basis | (d)<br>Amortization allowed or<br>allowable in earlier years | (e)<br>Code Section | (f)<br>Period or<br>percentage | (g)<br>Amortization<br>for this year |
|--------------------------------|--------------------------------------|----------------------------|--------------------------------------------------------------|---------------------|--------------------------------|--------------------------------------|
| <b>2</b>                       |                                      |                            |                                                              |                     |                                |                                      |
|                                |                                      |                            |                                                              |                     |                                | 0                                    |
|                                |                                      |                            |                                                              |                     |                                |                                      |
|                                |                                      |                            |                                                              |                     |                                |                                      |

**3** Add the amounts on line 2, column (g) ..... **3** 00**4** California amortization adjustment. Subtract line 3 from line 1. If negative, use brackets. Enter here and on the applicable line of Form 100S, Side 6, Schedule K ..... **4** 00**Part III Depreciation and Amortization Adjustment****1** Combine the amounts on Part I, line 4, and Part II, line 4. Enter here (if negative, use brackets) and on Form 100S, Side 1, line 5. For passive activities, see instructions. .... **1** 13,400 00

TAXABLE YEAR **Shareholder's Share of Income,  
Deductions, Credits, etc.**

CALIFORNIA SCHEDULE

**K-1 (100S)**

TYB 01-01-2024 TYE 12-31-2024

**A** Current year allocation percentage ..... • 100.000000 %

**B** Shareholder's number of shares: ..... Beginning  and Ending

**C** Loans from shareholder: ..... Beginning \$  and Ending \$

**D** Reportable transaction or tax shelter registration number(s)

**E** Check here if this is: ..... • (1) ☐ A final Schedule K-1 (2) ☐ An amended Schedule K-1

**F(1)** What type of entity is this shareholder? • (a) ☒ Individual (b) ☐ Estate/trust (c) ☐ Qualified exempt organization (d) ☐ Single member LLC

**F(2)** If the shareholder above is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:

• TIN: \_\_\_\_\_ • Name: \_\_\_\_\_

**G** Is this shareholder a resident of California? ..... • ☒ Yes ► ☐ No

**H** Corporation's total number of shares: ..... Beginning  and Ending



Shareholder's name

Shareholder's identifying number

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

|                                        | (a)<br>Pro-rata share items                                                                                        | (b)<br>Amount from<br>federal Schedule K-1<br>(Form 1120-S) | (c)<br>California<br>adjustment | (d)<br>Total amounts<br>using California law.<br>Combine col. (b) and col. (c)<br>where applicable | (e)<br>California<br>source amounts<br>and credits |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Income (Loss)                          | 1 Ordinary business income (loss) .....                                                                            | 18,043                                                      | 23,133                          | 41,176                                                                                             | 41,176                                             |
|                                        | 2 Net rental real estate income (loss) .....                                                                       |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 3 Other net rental income (loss) .....                                                                             |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 4 Interest income .....                                                                                            |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 5 Dividends. See instructions .....                                                                                |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 6 Royalties .....                                                                                                  |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 7 Net short-term capital gain (loss) .....                                                                         |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 8 Net long-term capital gain (loss) .....                                                                          |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 9 Net IRC Section 1231 gain (loss) .....                                                                           |                                                             |                                 |                                                                                                    |                                                    |
| Other<br>Income<br>(Loss)              | 10 a Other portfolio income (loss).<br>Attach schedule .....                                                       |                                                             |                                 |                                                                                                    |                                                    |
|                                        | b Other income (loss) .....                                                                                        |                                                             |                                 |                                                                                                    |                                                    |
| Deductions                             | 11 IRC Section 179 expense deduction. Attach schedules ...                                                         |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 12 a Charitable contributions STMT 1 .....                                                                         | 775                                                         |                                 | 775                                                                                                |                                                    |
|                                        | b Investment interest expense .....                                                                                |                                                             |                                 |                                                                                                    |                                                    |
|                                        | c 1 IRC Section 59(e)(2) expenditures .....                                                                        |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 2 Type of expenditures .....                                                                                       |                                                             |                                 |                                                                                                    |                                                    |
|                                        | d Deductions-portfolio .....                                                                                       |                                                             |                                 |                                                                                                    |                                                    |
| e Other deductions .....               |                                                                                                                    |                                                             |                                 |                                                                                                    |                                                    |
| Credits                                | 13 a Low-income housing credit. See instructions. Attach schedule                                                  |                                                             |                                 |                                                                                                    |                                                    |
|                                        | b Credits related to rental real estate activities other<br>than on line 13(a). Attach schedule .....              |                                                             |                                 |                                                                                                    |                                                    |
|                                        | c Credits related to other rental activities. See<br>instructions. Attach schedule .....                           |                                                             |                                 |                                                                                                    |                                                    |
|                                        | d Other credits. Attach schedule .....                                                                             |                                                             |                                 |                                                                                                    |                                                    |
|                                        | 14 Total withholding (equals amount on Form 592-B<br>if calendar year) .....                                       |                                                             |                                 | 9,733                                                                                              | 9,733                                              |
| Alternative Minimum Tax (AMT)<br>Items | 15 a Depreciation adjustment on property placed in<br>service after 12/31/86 .....                                 |                                                             |                                 |                                                                                                    |                                                    |
|                                        | b Adjusted gain or loss .....                                                                                      |                                                             |                                 |                                                                                                    |                                                    |
|                                        | c Depletion (other than oil and gas) .....                                                                         |                                                             |                                 |                                                                                                    |                                                    |
|                                        | d Gross income from oil, gas, and<br>geothermal properties .....                                                   |                                                             |                                 |                                                                                                    |                                                    |
|                                        | e Deductions allocable to oil, gas, and<br>geothermal properties .....                                             |                                                             |                                 |                                                                                                    |                                                    |
|                                        | f Other AMT items. Attach schedule .....                                                                           |                                                             |                                 |                                                                                                    |                                                    |
| Items Affecting<br>Shareholder Basis   | 16 a Tax-exempt interest income .....                                                                              |                                                             |                                 |                                                                                                    |                                                    |
|                                        | b Other tax-exempt income .....                                                                                    |                                                             |                                 |                                                                                                    |                                                    |
|                                        | c Nondeductible expenses .....                                                                                     | 589                                                         | 23,133                          | 23,722                                                                                             | 23,722                                             |
|                                        | d Total property distributions (including cash)<br>other than dividends distribution reported<br>on line 17c ..... |                                                             |                                 |                                                                                                    |                                                    |
|                                        | e Repayment of loans from shareholders .....                                                                       |                                                             |                                 |                                                                                                    |                                                    |

Shareholder's name

Shareholder's identifying number

**Caution:** Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

|                                                                                                   | (a)<br>Pro-rata share items                                                                                           | (b)<br>Amount from<br>federal Schedule K-1<br>(Form 1120-S) | (c)<br>California<br>adjustment                                                                            | (d)<br>Total amounts<br>using California law.<br>Combine col. (b) and col. (c)<br>where applicable | (e)<br>California<br>source amounts<br>and credits |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Other Information</b>                                                                          | <b>17 a</b> Investment income. See instructions .....                                                                 |                                                             |                                                                                                            | <input checked="" type="radio"/>                                                                   | <input checked="" type="radio"/>                   |
|                                                                                                   | <b>b</b> Investment expenses. See instructions .....                                                                  |                                                             |                                                                                                            | <input checked="" type="radio"/>                                                                   | <input checked="" type="radio"/>                   |
|                                                                                                   | <b>c</b> Total taxable dividend distribution paid<br>from accumulated earnings and profits.<br>See instructions ..... |                                                             |                                                                                                            | <input type="radio"/>                                                                              | <input type="radio"/>                              |
|                                                                                                   | <b>d</b> Other information.<br>See instructions ..... STMT 2                                                          |                                                             |                                                                                                            | <input checked="" type="radio"/> 140,336                                                           |                                                    |
| <b>Other State Taxes</b>                                                                          | <b>18 a</b> Type of income .....                                                                                      |                                                             |                                                                                                            |                                                                                                    |                                                    |
|                                                                                                   | <b>b</b> Name of state .....                                                                                          |                                                             |                                                                                                            |                                                                                                    |                                                    |
|                                                                                                   | <b>c</b> Total gross income from sources outside California.<br>Attach schedule .....                                 |                                                             |                                                                                                            |                                                                                                    |                                                    |
|                                                                                                   | <b>d</b> Total applicable deductions and losses.<br>Attach schedule .....                                             |                                                             |                                                                                                            |                                                                                                    |                                                    |
|                                                                                                   | <b>e</b> Total other state taxes. Check one:<br><input type="checkbox"/> Paid <input type="checkbox"/> Accrued .....  |                                                             |                                                                                                            |                                                                                                    |                                                    |
| <b>19</b> <input type="checkbox"/> More than one activity for at-risk purposes. See instructions. |                                                                                                                       |                                                             | <b>20</b> <input type="checkbox"/> More than one activity for passive activity purposes. See instructions. |                                                                                                    |                                                    |

|                                                                             |                                                                                                                      |                                            |                                |          |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|----------|
| <b>Other Shareholder Information</b>                                        | <b>Table 1 — Each shareholder's share of nonbusiness income from intangibles. See instructions.</b>                  |                                            |                                |          |
|                                                                             | Interest                                                                                                             | \$ .....                                   | Royalties                      | \$ ..... |
|                                                                             | Dividends                                                                                                            | \$ .....                                   |                                |          |
|                                                                             | IRC Section 1231<br>Gains/Losses                                                                                     | \$ .....                                   | Capital Gains/Losses           | \$ ..... |
|                                                                             | Other                                                                                                                | \$ .....                                   |                                |          |
|                                                                             | <b>FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.</b>                                                               |                                            |                                |          |
|                                                                             | <b>Table 2 — Shareholder's pro-rata share of business income and factors. See instructions.</b>                      |                                            |                                |          |
|                                                                             | A. Shareholder's share of the S corporation's business income \$ .....                                               |                                            |                                |          |
|                                                                             | B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California: |                                            |                                |          |
|                                                                             | Capital Gains/Losses                                                                                                 | \$ .....                                   | Rents/Royalties                | \$ ..... |
| IRC Section 1231<br>Gains/Losses                                            | \$ .....                                                                                                             | Other                                      | \$ .....                       |          |
| C. Shareholder's share of the S corporation's property, payroll, and sales: |                                                                                                                      |                                            |                                |          |
| <b>Factors</b>                                                              |                                                                                                                      | <b>Total within and outside California</b> | <b>Total within California</b> |          |
| Property: Beginning                                                         |                                                                                                                      | \$                                         | \$                             |          |
| Ending                                                                      |                                                                                                                      | \$                                         | \$                             |          |
| Annual Rent Expense                                                         |                                                                                                                      | \$                                         | \$                             |          |
| Payroll                                                                     |                                                                                                                      | \$                                         | \$                             |          |
| Sales                                                                       |                                                                                                                      | \$                                         | \$                             |          |

TAXABLE YEAR

2024

Underpayment of Estimated Tax  
by Corporations

CALIFORNIA FORM

5806

For calendar year 2024 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation name California corporation number

Part I Figure the Underpayment

|     |                                                                                                                                                                                                     |                                                                      |             |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------|
| 1   | Current year's tax. See instructions                                                                                                                                                                | 1                                                                    | 606         |
| 2   | Installment due dates. See instructions                                                                                                                                                             | (a) 04/15/24 (b) 06/15/24 (c) 09/15/24 (d) 12/15/24                  |             |
| 3   | Percentage required. See instructions                                                                                                                                                               | 30% (not less than min.) 70% less 1st 70% less prior 100% less prior |             |
| 4   | Amount due. See instructions                                                                                                                                                                        | 182 242 0 182                                                        |             |
| 5 a | Amount paid or credited for each installment                                                                                                                                                        | 5a                                                                   |             |
| b   | Overpayment from previous installment. See instructions                                                                                                                                             | 5b                                                                   |             |
| 6   | Add line 5a and line 5b                                                                                                                                                                             | 6                                                                    |             |
| 7   | Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets. | 7                                                                    | 182 242 182 |

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, do not attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

|                                                      |     |    |     |    |     |    |     |    |
|------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
| (check the applicable boxes)                         | Yes | No | Yes | No | Yes | No | Yes | No |
| 8 a Exception A – Regular Corporations, line 26 met? | 8a  | X  |     | X  |     | X  |     | X  |
| b Exception A – Large Corporations, line 30, met?    | 8b  | X  |     | X  |     | X  |     | X  |
| 9 Exception B (line 42) met?                         | 9   | X  |     | X  |     | X  |     | X  |
| 10 Exception C (line 64) met?                        | 10  | X  |     | X  |     | X  |     | X  |

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

|     |                                                                                                                                                                                |     |               |  |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|--|----|
| 11  | Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions.                                | 11  | SEE WORKSHEET |  |    |
| 12  | Number of days from date shown on line 2 to date shown on line 11                                                                                                              | 12  |               |  |    |
| 13  | Number of days on line 12 before 7/01/24, or the payment date, whichever is earlier                                                                                            | 13  |               |  |    |
| 14  | Number of days on line 12 after 6/30/24 and before 1/01/25, or the payment date, whichever is earlier                                                                          | 14  |               |  |    |
| 15  | Number of days on line 12 after 12/31/24 and before 7/01/25, or the payment date, whichever is earlier. Calendar year corporations, see instructions.                          | 15  |               |  |    |
| 16  | For fiscal year corporations only. Number of days on line 12 after 6/30/25 and before 1/01/26. See instructions.                                                               | 16  |               |  |    |
| 17  | For fiscal year corporations only. Number of days on line 12 after 12/31/25 and before 2/15/26. See instructions.                                                              | 17  |               |  |    |
| 18  | Number of days on line 13<br>Number of days in taxable year x 7% x line 7                                                                                                      | 18  |               |  |    |
| 19  | Number of days on line 14<br>Number of days in taxable year x 8% x line 7                                                                                                      | 19  |               |  |    |
| 20  | Number of days on line 15<br>Number of days in taxable year x 8% x line 7                                                                                                      | 20  |               |  |    |
| 21  | Number of days on line 16<br>Number of days in taxable year x % (see instructions) x line 7                                                                                    | 21  |               |  |    |
| 22  | Number of days on line 17<br>Number of days in taxable year x % (see instructions) x line 7                                                                                    | 22  |               |  |    |
| 22a | Add amounts for each column from line 18 through line 22                                                                                                                       | 22a |               |  |    |
| 22b | Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 44a; or Form 109, line 27 | 22b |               |  | 32 |



**Part IV Exceptions Worksheets.** Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will **not** assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

### Exception A — Prior Year's Tax — Regular Corporations

|                                                                                                                                                                                                                                                                                  |     |                      |   |            |    |            |     |             |   |     |    |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|---|------------|----|------------|-----|-------------|---|-----|----|---|
| 23 Prior year's tax (the return must have been for a full 12 months)                                                                                                                                                                                                             |     |                      |   |            |    |            |     |             |   | 23  |    |   |
|                                                                                                                                                                                                                                                                                  |     | (a)<br>30%           |   | (b)<br>70% |    | (c)<br>70% |     | (d)<br>100% |   |     |    |   |
|                                                                                                                                                                                                                                                                                  |     | (not less than min.) |   |            |    |            |     |             |   |     |    |   |
| 24 Enter line 23 x the percentage shown                                                                                                                                                                                                                                          |     |                      |   |            |    |            |     |             |   |     |    |   |
| 25 Amount paid by the installment due date (cumulative)                                                                                                                                                                                                                          |     |                      |   |            |    |            |     |             |   |     |    |   |
| 26 If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is <b>not</b> met. Check "No" here and check the applicable "No" box in Part II, line 8a |     |                      |   |            |    |            |     |             |   |     |    |   |
| 26                                                                                                                                                                                                                                                                               | Yes | No                   | X | Yes        | No | X          | Yes | No          | X | Yes | No | X |

### Exception A — Prior Year's Tax — Large Corporations

Use this exception only if prior year tax is less than current year tax.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                 |   |     |    |                 |     |    |   |     |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------|---|-----|----|-----------------|-----|----|---|-----|----|---|
| 27 Current year's tax. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |   |     |    |                 |     |    |   | 27  |    |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | 1st Installment |   |     |    | 2nd Installment |     |    |   |     |    |   |
| 28 a Installment due. Enter line 23 x 30%                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                 |   |     |    |                 |     |    |   |     |    |   |
| 28b Installment due. Enter line 27 x 70%                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                 |   |     |    |                 |     |    |   |     |    |   |
| 29 Amount paid by the installment due date (cumulative)                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |   |     |    |                 |     |    |   |     |    |   |
| 30 If line 29 is greater than line 28 for both installments, the exception is met. Check "Yes" here for each installment and check the applicable "Yes" box in Part II, line 8b. The exception to the penalty applies <b>only if</b> line 29 is greater than line 28 for <b>both</b> installments. If line 28 is greater than line 29 for either installment, the exception is <b>not</b> met. Check "No" here and check the applicable "No" box in Part II, line 8b. |     |                 |   |     |    |                 |     |    |   |     |    |   |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No              | X | Yes | No | X               | Yes | No | X | Yes | No | X |

See instructions regarding amounts to use for installment 3 and installment 4.

|                                                                                                                                                                                                                                                                                 |  |     |  |                      |    |     |     |     |   |      |    |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|--|----------------------|----|-----|-----|-----|---|------|----|---|
| <b>Exception B — Tax on Annualized Current Year Income</b>                                                                                                                                                                                                                      |  | (a) |  | (b)                  |    | (c) |     | (d) |   |      |    |   |
| Enter number of months for each period. See instructions ►                                                                                                                                                                                                                      |  |     |  |                      |    |     |     |     |   |      |    |   |
| 31 Enter taxable income for each annualization period                                                                                                                                                                                                                           |  | 31  |  |                      |    |     |     |     |   |      |    |   |
| 32 Annualization amounts. See instructions                                                                                                                                                                                                                                      |  | 32  |  |                      |    |     |     |     |   |      |    |   |
| 33 a Annualized taxable income. Multiply line 31 by line 32                                                                                                                                                                                                                     |  | 33a |  |                      |    |     |     |     |   |      |    |   |
| 33 b R&TC Section 23802(e) deduction (S corporations only)                                                                                                                                                                                                                      |  | 33b |  |                      |    |     |     |     |   |      |    |   |
| 33 c Net income. Subtract line 33b from line 33a                                                                                                                                                                                                                                |  | 33c |  |                      |    |     |     |     |   |      |    |   |
| 34 Tax. Multiply line 33c by the current tax rate                                                                                                                                                                                                                               |  | 34  |  |                      |    |     |     |     |   |      |    |   |
| 35 Tax credits for each payment period                                                                                                                                                                                                                                          |  | 35  |  |                      |    |     |     |     |   |      |    |   |
| 36 Subtract line 35 from line 34                                                                                                                                                                                                                                                |  | 36  |  |                      |    |     |     |     |   |      |    |   |
| 37 Other taxes*                                                                                                                                                                                                                                                                 |  | 37  |  |                      |    |     |     |     |   |      |    |   |
| 38 Total tax. Add line 36 and line 37                                                                                                                                                                                                                                           |  | 38  |  |                      |    |     |     |     |   |      |    |   |
| 39 Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3                                                                                                                                               |  | 39  |  | 30%                  |    | 70% |     | 70% |   | 100% |    |   |
| 40 Installment due. Multiply line 38 by line 39                                                                                                                                                                                                                                 |  | 40  |  | (not less than min.) |    |     |     |     |   |      |    |   |
| 41 Amount paid by the installment due date (cumulative)                                                                                                                                                                                                                         |  | 41  |  |                      |    |     |     |     |   |      |    |   |
| 42 If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is <b>not</b> met. Check "No" here and check the applicable "No" box in Part II, line 9. |  | 42  |  | Yes                  | No | X   | Yes | No  | X | Yes  | No | X |

\*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

|                                                          |                                                                        |                                         |
|----------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------|
| <b>CA Underpayment of Estimated Tax Worksheet Page 2</b> |                                                                        | <b>2024</b>                             |
| Form <b>5806</b>                                         | For calendar year 2024 or fiscal year beginning _____ and ending _____ |                                         |
| Name<br>_____                                            | California Corporation Number<br>_____                                 | Employer Identification Number<br>_____ |
| 1st Quarter                                              | 2nd Quarter                                                            | 3rd Quarter                             |
| Due date of estimated payment<br><b>04/15/2024</b>       | <b>06/15/2024</b>                                                      | <b>09/15/2024</b>                       |
| Amount of underpayment<br><b>182</b>                     | <b>242</b>                                                             | <b>182</b>                              |
| Withholding                                              |                                                                        |                                         |
| 1st Payment                                              | 2nd Payment                                                            | 3rd Payment                             |
| 4th Payment                                              | 5th Payment                                                            |                                         |
| Date of payment                                          |                                                                        |                                         |
| Amount of payment                                        |                                                                        |                                         |

| QTR           | FROM     | TO       | UNDERPAYMENT | DAYS | RATE | PENALTY |
|---------------|----------|----------|--------------|------|------|---------|
| 1             | 4/15/24  | 6/30/24  | 182          | 76   | 7.00 | 3       |
| 1             | 6/30/24  | 12/31/24 | 182          | 184  | 8.00 | 7       |
| 1             | 12/31/24 | 3/15/25  | 182          | 74   | 8.00 | 3       |
| 2             | 6/15/24  | 6/30/24  | 242          | 15   | 7.00 | 1       |
| 2             | 6/30/24  | 12/31/24 | 242          | 184  | 8.00 | 10      |
| 2             | 12/31/24 | 3/15/25  | 242          | 74   | 8.00 | 4       |
| 4             | 12/15/24 | 12/31/24 | 182          | 16   | 8.00 | 1       |
| 4             | 12/31/24 | 3/15/25  | 182          | 74   | 8.00 | 3       |
| TOTAL PENALTY |          |          |              |      |      | 32      |
|               |          |          |              |      |      | =====   |

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## California Statements

FYE: 12/31/2024

**Statement 1 - Form 100S, Side 3, Question M - Location of Principal Accounting Records**

Address

City

State

Zip Code

Country

CA

95687

**Statement 2 - Form 100S, Side 4, Schedule F, Line 20 - Other Deductions**

| Description          | Amount    |
|----------------------|-----------|
| Accounting           | \$ 1,000  |
| Automobile Expenses  | 5,911     |
| Continuing Education | 55        |
| Insurance            | 2,732     |
| Internet             | 945       |
| Office expense       | 3,600     |
| Postage              | 473       |
| Software             | 150       |
| Supplies             | 354       |
| Telephone            | 1,200     |
| Travel               | 3,619     |
| Total                | \$ 20,039 |

**Statement 3 - Form 100S, Side 4, Schedule L, Line 17 - Other Current Liabilities**

| Description         | Beginning<br>of Year | End<br>of Year |
|---------------------|----------------------|----------------|
| Payroll Liabilities | \$ 63                | \$ 63          |
| Total               | \$ 0                 | \$ 63          |

**Statement 4 - Form 100S, Side 5, Schedule M-1, Line 3d - Books Expenses Not Included On Return**

| Description  | Amount    |
|--------------|-----------|
| Depreciation | \$ 13,400 |
| Total        | \$ 13,400 |

**Statement 5 - Form 100S, Side 5, Schedule M-2 - Accumulated Adjustments Account Other Additions**

| Description             | Amount     |
|-------------------------|------------|
| Contributed Capital     | \$ 84,286  |
| Fed/CA Depr & Amort Adj | 13,400     |
| State Taxes             | 9,733      |
| Total                   | \$ 107,419 |



Statement 6 - Form 100S, Side 5, Schedule M-2 - Accumulated Adjustments Account Other  
Reductions

| Description              | Amount    |
|--------------------------|-----------|
| Depreciation             | \$ 13,400 |
| Charitable Contributions | 775       |
| Travel & Entertainment   | 589       |
| State Taxes              | 9,733     |
| Total                    | \$ 24,497 |

Filed Copy

California Statements

Statement 7 - Form 100S, Side 6, Schedule K, Line 12a - Charitable Contributions

| Description | Cash<br>50% | Cash<br>30% | Noncash<br>50% | Qualified<br>50% | Noncash<br>30% | Cap Gain<br>Prop 30% | Cap Gain<br>Prop 20% | Qualified<br>100% | California<br>Adj | Total  |
|-------------|-------------|-------------|----------------|------------------|----------------|----------------------|----------------------|-------------------|-------------------|--------|
|             | \$ 775      | \$          | \$             | \$               | \$             | \$                   | \$                   | \$                | \$                | \$ 775 |
| Total       | \$ 775      | \$ 0        | \$ 0           | \$ 0             | \$ 0           | \$ 0                 | \$ 0                 | \$ 0              | \$ 0              | \$ 775 |

Filed Copy

Statement 8 - Form 100S, Side 6, Schedule K, Line 17d - Other Items and Amounts

| Description | Amount     |
|-------------|------------|
| Gross Sales | \$ 140,336 |
| Total       | \$ 140,336 |

Filed Copy



Regular Depreciation

Statement 9 - Form 100S, Schedule B, Part I, Line 2 - California Depreciation (All)

| Description | Date<br>Acquired | Cost       | Accum<br>Depr | Method | Life | Current<br>Depr |
|-------------|------------------|------------|---------------|--------|------|-----------------|
| Auto        | 1/01/2023        | \$ 108,359 | \$            | MACRS  | 5.0  | \$ 6,100        |
| Total       |                  | \$ 108,359 | \$ 0          |        |      | \$ 6,100        |

Filed Copy

Statement 1 - Form 100S, Schedule K-1, Line 12a - Charitable Contributions - 50% Cash  
Limitation

| Description | Federal<br>Schedule K-1 | California<br>Adjustment | California<br>Amount | California<br>Source |
|-------------|-------------------------|--------------------------|----------------------|----------------------|
|             | \$ 775                  | \$ 0                     | \$ 775               | \$ 775               |
| Total       | \$ 775                  | \$                       | \$ 775               | \$ 775               |

Filed Copy

Statement 2 - Form 100S, Schedule K-1, Line 17d - Other Information

| Description                                          | Amount  |
|------------------------------------------------------|---------|
| Aggregate Gross Receipts less Returns and Allowances | 140,336 |

Filed Copy



Form **1120-S**  
Department of the Treasury  
Internal Revenue Service

**U.S. Income Tax Return for an S Corporation**  
Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.

OMB No. 1545-0123  
**2024**

For calendar year 2024 or tax year beginning , ending

A S election effective date  
**01/01/24**

B Business activity code number (see instructions)

C Check if Sch. M-3 attached ☐

TYPE  
OR  
PRINT

Name

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code  
**CA 95687**

D Employer identification number

E Date incorporated  
**01/01/2024**

F Total assets (see instructions)  
\$ **101,028**

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☒ Yes ☐ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purpose (2) ☐ Grouped activities for section 469 passive activity purposes

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

|                                               |     |                                                                                                     |                |     |                             |                   |     |         |                |                |
|-----------------------------------------------|-----|-----------------------------------------------------------------------------------------------------|----------------|-----|-----------------------------|-------------------|-----|---------|----------------|----------------|
| Income                                        | 1a  | Gross receipts or sales                                                                             | <b>140,336</b> | b   | Less returns and allowances |                   | c   | Balance | 1c             | <b>140,336</b> |
|                                               | 2   | Cost of goods sold (attach Form 1125-A)                                                             |                |     |                             |                   | 2   |         |                |                |
|                                               | 3   | Gross profit. Subtract line 2 from line 1c                                                          |                |     |                             |                   | 3   |         | <b>140,336</b> |                |
|                                               | 4   | Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)                                 |                |     |                             |                   | 4   |         |                |                |
|                                               | 5   | Other income (loss) (see instructions—attach statement)                                             |                |     |                             |                   | 5   |         |                |                |
|                                               | 6   | <b>Total income (loss).</b> Add lines 3 through 5                                                   |                |     |                             |                   | 6   |         | <b>140,336</b> |                |
| Deductions (see instructions for limitations) | 7   | Compensation of officers (see instructions—attach Form 1125-E)                                      |                |     |                             |                   | 7   |         | <b>54,000</b>  |                |
|                                               | 8   | Salaries and wages (less employment credits)                                                        |                |     |                             |                   | 8   |         |                |                |
|                                               | 9   | Repairs and maintenance                                                                             |                |     |                             |                   | 9   |         |                |                |
|                                               | 10  | Bad debts                                                                                           |                |     |                             |                   | 10  |         |                |                |
|                                               | 11  | Rents                                                                                               |                |     |                             |                   | 11  |         |                |                |
|                                               | 12  | Taxes and licenses                                                                                  |                |     |                             |                   | 12  |         | <b>14,514</b>  |                |
|                                               | 13  | Interest (see instructions)                                                                         |                |     |                             |                   | 13  |         |                |                |
|                                               | 14  | Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)    |                |     |                             |                   | 14  |         | <b>19,500</b>  |                |
|                                               | 15  | Depletion ( <b>do not deduct oil and gas depletion</b> )                                            |                |     |                             |                   | 15  |         |                |                |
|                                               | 16  | Advertising                                                                                         |                |     |                             |                   | 16  |         |                |                |
|                                               | 17  | Pension, profit-sharing, etc., plans                                                                |                |     |                             |                   | 17  |         | <b>13,500</b>  |                |
|                                               | 18  | Employee benefit programs                                                                           |                |     |                             |                   | 18  |         | <b>151</b>     |                |
|                                               | 19  | Energy efficient commercial buildings deduction (attach Form 7205)                                  |                |     |                             |                   | 19  |         |                |                |
|                                               | 20  | Other deductions (attach statement)                                                                 |                |     |                             | <b>See Stmt 1</b> | 20  |         | <b>20,628</b>  |                |
|                                               | 21  | <b>Total deductions.</b> Add lines 7 through 20                                                     |                |     |                             |                   | 21  |         | <b>122,293</b> |                |
|                                               | 22  | <b>Ordinary business income (loss).</b> Subtract line 21 from line 6                                |                |     |                             |                   | 22  |         | <b>18,043</b>  |                |
| Tax and Payments                              | 23a | Excess net passive income or LIFO recapture tax (see instructions)                                  |                | 23a |                             |                   |     |         |                |                |
|                                               | b   | Tax from Schedule D (Form 1120-S)                                                                   |                | 23b |                             |                   |     |         |                |                |
|                                               | c   | Add lines 23a and 23b (see instructions for additional taxes)                                       |                |     |                             |                   | 23c |         |                |                |
|                                               | 24a | Current year's estimated tax payments and preceding year's overpayment credited to the current year |                | 24a |                             |                   |     |         |                |                |
|                                               | b   | Tax deposited with Form 7004                                                                        |                | 24b |                             |                   |     |         |                |                |
|                                               | c   | Credit for federal tax paid on fuels (attach Form 4136)                                             |                | 24c |                             |                   |     |         |                |                |
|                                               | d   | Elective payment election amount from Form 3800                                                     |                | 24d |                             |                   |     |         |                |                |
|                                               | z   | Add lines 24a through 24d                                                                           |                |     |                             |                   | 24z |         |                |                |
|                                               | 25  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>   |                |     |                             |                   | 25  |         |                |                |
|                                               | 26  | <b>Amount owed.</b> If line 24z is smaller than the total of lines 23c and 25, enter amount owed    |                |     |                             |                   | 26  |         |                |                |
|                                               | 27  | <b>Overpayment.</b> If line 24z is larger than the total of lines 23c and 25, enter amount overpaid |                |     |                             |                   | 27  |         |                |                |
|                                               | 28  | Enter amount from line 27: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>                    |                |     |                             |                   | 28  |         |                |                |

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer  Date  Title **President**

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

Paid Preparer Use Only

Print/Type preparer's name  Preparer's signature  Date **03/15/25** Check ☐ if self-employed PTIN

Firm's name  Firm's EIN

Firm's address  Phone no.

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2024)

DAA







**Schedule B Other Information** (see instructions) (continued)

|                                                                                                                                                                                                                                                                            | Yes | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>12</b> During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....                                                                        |     | <b>X</b> |
| If "Yes," enter the amount of principal reduction .....                                                                                                                                                                                                                    |     |          |
| <b>13</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .....                                                                                                                                    |     | <b>X</b> |
| <b>14a</b> Did the corporation make any payments that would require it to file Form(s) 1099? .....                                                                                                                                                                         |     | <b>X</b> |
| <b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? .....                                                                                                                                                                                           |     |          |
| <b>15</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? .....                                                                                                                                                                         |     | <b>X</b> |
| If "Yes," enter the amount from Form 8996, line 15 .....                                                                                                                                                                                                                   |     |          |
| <b>16</b> At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions ..... |     | <b>X</b> |

**Schedule K Shareholders' Pro Rata Share Items**

|                                                        |                                                                                                                                                                                            | Total amount             |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Income (Loss)</b>                                   | <b>1</b> Ordinary business income (loss) (page 1, line 22) .....                                                                                                                           | <b>1</b> 18,043          |
|                                                        | <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> Interest income .....                                                                                                                                                             | <b>4</b>                 |
|                                                        | <b>5</b> Dividends: <b>a</b> Ordinary dividends .....                                                                                                                                      | <b>5a</b>                |
|                                                        | <b>b</b> Qualified dividends .....                                                                                                                                                         | <b>5b</b>                |
|                                                        | <b>6</b> Royalties .....                                                                                                                                                                   | <b>6</b>                 |
|                                                        | <b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....                                                                                                        | <b>7</b>                 |
| <b>Income (Loss)</b>                                   | <b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....                                                                                                        | <b>8a</b>                |
|                                                        | <b>b</b> Collectibles (28%) gain (loss) .....                                                                                                                                              | <b>8b</b>                |
|                                                        | <b>c</b> Unrecaptured section 1250 gain (attach statement) .....                                                                                                                           | <b>8c</b>                |
|                                                        | <b>9</b> Net section 1231 gain (loss) (attach Form 4797) .....                                                                                                                             | <b>9</b>                 |
| <b>10</b> Other income (loss) (see instructions) ..... | Type: .....                                                                                                                                                                                | <b>10</b>                |
| <b>Deductions</b>                                      | <b>11</b> Section 179 deduction (attach Form 4562) .....                                                                                                                                   | <b>11</b>                |
|                                                        | <b>12a</b> Cash charitable contributions .....                                                                                                                                             | <b>12a</b> Stmt 2 775    |
|                                                        | <b>b</b> Noncash charitable contributions .....                                                                                                                                            | <b>12b</b>               |
|                                                        | <b>c</b> Investment interest expense .....                                                                                                                                                 | <b>12c</b>               |
|                                                        | <b>d</b> Section 59(e)(2) expenditures .....                                                                                                                                               | Type: .....              |
|                                                        | <b>e</b> Other deductions (see instructions) .....                                                                                                                                         | Type: .....              |
| <b>Credits</b>                                         | <b>13a</b> Low-income housing credit (section 42(j)(5)) .....                                                                                                                              | <b>13a</b>               |
|                                                        | <b>b</b> Low-income housing credit (other) .....                                                                                                                                           | <b>13b</b>               |
|                                                        | <b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....                                                                                | <b>13c</b>               |
|                                                        | <b>d</b> Other rental real estate credits (see instructions) .....                                                                                                                         | Type: .....              |
|                                                        | <b>e</b> Other rental credits (see instructions) .....                                                                                                                                     | Type: .....              |
|                                                        | <b>f</b> Biofuel producer credit (attach Form 6478) .....                                                                                                                                  | <b>13f</b>               |
|                                                        | <b>g</b> Other credits (see instructions) .....                                                                                                                                            | Type: .....              |
| <b>Inter-national</b>                                  | <b>14</b> Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ..... | <input type="checkbox"/> |
| <b>Alternative Minimum Tax (AMT) Items</b>             | <b>15a</b> Post-1986 depreciation adjustment .....                                                                                                                                         | <b>15a</b>               |
|                                                        | <b>b</b> Adjusted gain or loss .....                                                                                                                                                       | <b>15b</b>               |
|                                                        | <b>c</b> Depletion (other than oil and gas) .....                                                                                                                                          | <b>15c</b>               |
|                                                        | <b>d</b> Oil, gas, and geothermal properties – gross income .....                                                                                                                          | <b>15d</b>               |
|                                                        | <b>e</b> Oil, gas, and geothermal properties – deductions .....                                                                                                                            | <b>15e</b>               |
|                                                        | <b>f</b> Other AMT items (attach statement) .....                                                                                                                                          | <b>15f</b>               |
| <b>Items Affecting Shareholder Basis</b>               | <b>16a</b> Tax-exempt interest income .....                                                                                                                                                | <b>16a</b>               |
|                                                        | <b>b</b> Other tax-exempt income .....                                                                                                                                                     | <b>16b</b>               |
|                                                        | <b>c</b> Nondeductible expenses .....                                                                                                                                                      | <b>16c</b> 589           |
|                                                        | <b>d</b> Distributions (attach statement if required) (see instructions) .....                                                                                                             | <b>16d</b>               |
|                                                        | <b>e</b> Repayment of loans from shareholders .....                                                                                                                                        | <b>16e</b>               |
|                                                        | <b>f</b> Foreign taxes paid or accrued .....                                                                                                                                               | <b>16f</b>               |



| <b>Schedule K Shareholders' Pro Rata Share Items</b> <i>(continued)</i> |                                                                                                                                                                                 | <b>Total amount</b> |               |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|
| <b>Other Information</b>                                                | <b>17a</b> Investment income .....                                                                                                                                              | <b>17a</b>          |               |
|                                                                         | <b>b</b> Investment expenses .....                                                                                                                                              | <b>17b</b>          |               |
|                                                                         | <b>c</b> Dividend distributions paid from accumulated earnings and profits .....                                                                                                | <b>17c</b>          |               |
|                                                                         | <b>d</b> Other items and amounts (attach statement) <b>See Statement 3</b>                                                                                                      |                     |               |
| <b>Reconciliation</b>                                                   | <b>18 Income (loss) reconciliation.</b> Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f ..... | <b>18</b>           | <b>17,268</b> |

| <b>Schedule L Balance Sheets per Books</b>                             |     | Beginning of tax year |            | End of tax year |                |
|------------------------------------------------------------------------|-----|-----------------------|------------|-----------------|----------------|
| <b>Assets</b>                                                          |     | <b>(a)</b>            | <b>(b)</b> | <b>(c)</b>      | <b>(d)</b>     |
| <b>1</b> Cash .....                                                    |     |                       |            |                 | <b>29,945</b>  |
| <b>2a</b> Trade notes and accounts receivable .....                    |     |                       |            |                 |                |
| <b>b</b> Less allowance for bad debts .....                            | ( ) |                       | ( )        |                 |                |
| <b>3</b> Inventories .....                                             |     |                       |            |                 |                |
| <b>4</b> U.S. government obligations .....                             |     |                       |            |                 |                |
| <b>5</b> Tax-exempt securities (see instructions) ..                   |     |                       |            |                 |                |
| <b>6</b> Other current assets (attach statement) ..                    |     |                       |            |                 |                |
| <b>7</b> Loans to shareholders .....                                   |     |                       |            |                 |                |
| <b>8</b> Mortgage and real estate loans .....                          |     |                       |            |                 |                |
| <b>9</b> Other investments (attach statement) .....                    |     |                       |            |                 |                |
| <b>10a</b> Buildings and other depreciable assets ..                   |     |                       |            | <b>108,359</b>  |                |
| <b>b</b> Less accumulated depreciation .....                           | ( ) |                       | ( )        | <b>37,276</b>   | <b>71,083</b>  |
| <b>11a</b> Depletable assets .....                                     |     |                       |            |                 |                |
| <b>b</b> Less accumulated depletion .....                              | ( ) |                       | ( )        |                 |                |
| <b>12</b> Land (net of any amortization) .....                         |     |                       |            |                 |                |
| <b>13a</b> Intangible assets (amortizable only) .....                  |     |                       |            |                 |                |
| <b>b</b> Less accumulated amortization .....                           | ( ) |                       | ( )        |                 |                |
| <b>14</b> Other assets (attach statement) .....                        |     |                       |            |                 |                |
| <b>15</b> Total assets .....                                           |     | <b>0</b>              |            |                 | <b>101,028</b> |
| <b>Liabilities and Shareholders' Equity</b>                            |     |                       |            |                 |                |
| <b>16</b> Accounts payable .....                                       |     |                       |            |                 |                |
| <b>17</b> Mortgages, notes, bonds payable in less than 1 year .....    |     |                       |            |                 |                |
| <b>18</b> Other current liabilities (attach statement) <b>Stmt 4</b>   |     |                       |            |                 | <b>63</b>      |
| <b>19</b> Loans from shareholders .....                                |     |                       |            |                 |                |
| <b>20</b> Mortgages, notes, bonds payable in 1 year or more .....      |     |                       |            |                 |                |
| <b>21</b> Other liabilities (attach statement) .....                   |     |                       |            |                 |                |
| <b>22</b> Capital stock .....                                          |     |                       |            |                 |                |
| <b>23</b> Additional paid-in capital .....                             |     |                       |            |                 |                |
| <b>24</b> Retained earnings .....                                      |     |                       |            |                 | <b>100,965</b> |
| <b>25</b> Adjustments to shareholders' equity (attach statement) ..... |     |                       |            |                 |                |
| <b>26</b> Less cost of treasury stock .....                            | ( ) |                       | ( )        |                 |                |
| <b>27</b> Total liabilities and shareholders' equity ..                |     | <b>0</b>              |            |                 | <b>101,028</b> |

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

|                                                                                                                                |               |                                                                                                                                |               |
|--------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>1</b> Net income (loss) per books                                                                                           | <b>16,679</b> | <b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):                          |               |
| <b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): |               | <b>a</b> Tax-exempt interest \$                                                                                                |               |
| <b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):              |               | <b>6</b> Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize): |               |
| <b>a</b> Depreciation \$                                                                                                       |               | <b>a</b> Depreciation \$                                                                                                       |               |
| <b>b</b> Travel and entertainment \$                                                                                           | <b>589</b>    |                                                                                                                                |               |
|                                                                                                                                | <b>589</b>    | <b>7</b> Add lines 5 and 6                                                                                                     |               |
| <b>4</b> Add lines 1 through 3                                                                                                 | <b>17,268</b> | <b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4                                                      | <b>17,268</b> |

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

|                                                                  | (a) Accumulated adjustments account | (b) Shareholders' undistributed taxable income previously taxed | (c) Accumulated earnings and profits | (d) Other adjustments account |
|------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|--------------------------------------|-------------------------------|
| <b>1</b> Balance at beginning of tax year                        |                                     |                                                                 |                                      |                               |
| <b>2</b> Ordinary income from page 1, line 22                    | <b>18,043</b>                       |                                                                 |                                      |                               |
| <b>3</b> Other additions <b>Stmt 5</b>                           | <b>84,286</b>                       |                                                                 |                                      |                               |
| <b>4</b> Loss from page 1, line 22                               | ( )                                 |                                                                 |                                      |                               |
| <b>5</b> Other reductions <b>Stmt 6</b>                          | ( <b>1,364</b> )                    |                                                                 |                                      | ( )                           |
| <b>6</b> Combine lines 1 through 5                               | <b>100,965</b>                      |                                                                 |                                      |                               |
| <b>7</b> Distributions                                           |                                     |                                                                 |                                      |                               |
| <b>8</b> Balance at end of tax year. Subtract line 7 from line 6 | <b>100,965</b>                      |                                                                 |                                      |                               |

Form **1120-S** (2024)

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**Attachment  
Sequence No. **179**

Name(s) shown on return

Identifying number

Business or activity to which this form relates

**Regular Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 1,220,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            | 3,050,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2023 Form 4562                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12                                                             | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 |  |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                   |    |   |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2024                                                  | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |   |

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                                   |    |        |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                        | 21 | 19,500 |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 19,500 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                           | 23 |        |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)



**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                                                                                                                   |                                  |                                                  |                            |                                                                    |                                    |                                               |                                  |                                    |  |                                                |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|----------------------------|--------------------------------------------------------------------|------------------------------------|-----------------------------------------------|----------------------------------|------------------------------------|--|------------------------------------------------|------------------------------------|
| <b>24a</b> Do you have evidence to support the business/investment use claimed?                                                                                                   |                                  |                                                  |                            | <input checked="" type="checkbox"/> <b>Yes</b>                     | <input type="checkbox"/> <b>No</b> | <b>24b</b> If "Yes," is the evidence written? |                                  |                                    |  | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| (a)<br>Type of property<br>(list vehicles first)                                                                                                                                  | (b)<br>Date placed<br>in service | (c)<br>Business/<br>investment use<br>percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period          | (g)<br>Method/<br>Convention                  | (h)<br>Depreciation<br>deduction | (i)<br>Elected section 179<br>cost |  |                                                |                                    |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions |                                  |                                                  |                            |                                                                    |                                    |                                               | <b>25</b>                        |                                    |  |                                                |                                    |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                |                                  |                                                  |                            |                                                                    |                                    |                                               |                                  |                                    |  |                                                |                                    |
| <b>Auto</b>                                                                                                                                                                       | <b>01/01/23</b>                  | <b>100.00%</b>                                   | <b>108,359</b>             | <b>108,359</b>                                                     | <b>5.0</b>                         | <b>200DBHY</b>                                | <b>19,500</b>                    |                                    |  |                                                |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                                    |                                               |                                  |                                    |  |                                                |                                    |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                  |                                  |                                                  |                            |                                                                    |                                    |                                               |                                  |                                    |  |                                                |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                                    | S/L-                                          |                                  |                                    |  |                                                |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                                    | S/L-                                          |                                  |                                    |  |                                                |                                    |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1                                                                                       |                                  |                                                  |                            |                                                                    |                                    |                                               | <b>28</b>                        | <b>19,500</b>                      |  |                                                |                                    |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1                                                                                                    |                                  |                                                  |                            |                                                                    |                                    |                                               |                                  |                                    |  | <b>29</b>                                      |                                    |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                          |                  |                  |                  |                  |                  |                  |
|----------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                                                                                          | (a)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>Vehicle 6 |
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) |                  |                  |                  |                  |                  |                  |
| <b>31</b> Total commuting miles driven during the year                                                   |                  |                  |                  |                  |                  |                  |
| <b>32</b> Total other personal (noncommuting) miles driven                                               |                  |                  |                  |                  |                  |                  |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32                                    |                  |                  |                  |                  |                  |                  |
| <b>34</b> Was the vehicle available for personal use during off-duty hours?                              | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?                      |                  |                  |                  |                  |                  |                  |
| <b>36</b> Is another vehicle available for personal use?                                                 |                  |                  |                  |                  |                  |                  |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

|                                                                                                                                                                                                                                  |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                        | <b>Yes</b> | <b>No</b> |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |            | <b>X</b>  |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?                                                                                                                                                         |            | <b>X</b>  |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?                                                   |            | <b>X</b>  |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions                                                                                                                       |            | <b>X</b>  |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.                                                                                                                |            |           |

**Part VI**

**Amortization**

|                                                                                             |                                    |                           |                     |                                                |                                   |
|---------------------------------------------------------------------------------------------|------------------------------------|---------------------------|---------------------|------------------------------------------------|-----------------------------------|
| (a)<br>Description of costs                                                                 | (b)<br>Date amortization<br>begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization<br>period or<br>percentage | (f)<br>Amortization for this year |
| <b>42</b> Amortization of costs that begins during your 2024 tax year (see instructions):   |                                    |                           |                     |                                                |                                   |
|                                                                                             |                                    |                           |                     |                                                |                                   |
| <b>43</b> Amortization of costs that began before your 2024 tax year                        |                                    |                           |                     |                                                | <b>43</b>                         |
| <b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report |                                    |                           |                     |                                                | <b>44</b>                         |

Section 199A Information Worksheet

Form 1120-S

2024

For calendar year 2024 or tax year beginning , ending

|      |                                |
|------|--------------------------------|
| Name | Employer Identification Number |
|      |                                |

|          | Activity Description | Pass-Through<br>Entity EIN | PTP | Aggregated | SSTB |
|----------|----------------------|----------------------------|-----|------------|------|
| Column A | Page 1 Activity      |                            |     |            | X    |
| Column B |                      |                            |     |            |      |
| Column C |                      |                            |     |            |      |
| Column D |                      |                            |     |            |      |
| Column E |                      |                            |     |            |      |

| QBI or Qualified PTP items:                | Column A | Column B | Column C | Column D | Column E |
|--------------------------------------------|----------|----------|----------|----------|----------|
| Ordinary business income (loss)            | 18,043   |          |          |          |          |
| Net rental real estate income (loss)       |          |          |          |          |          |
| Other net rental income (loss)             |          |          |          |          |          |
| Royalty income (loss)                      |          |          |          |          |          |
| Section 1231 gain (loss)                   |          |          |          |          |          |
| Other income (loss)                        |          |          |          |          |          |
| Section 179 deduction                      |          |          |          |          |          |
| Other deductions                           |          |          |          |          |          |
| W-2 wages                                  | 54,000   |          |          |          |          |
| Qualified property                         | 108,359  |          |          |          |          |
| Other Information:                         |          |          |          |          |          |
| QBI allocable to cooperative pmts received |          |          |          |          |          |
| W-2 wages allocable to qualified payments  |          |          |          |          |          |
| Section 199A(g) deduction                  |          |          |          |          |          |

Section 199A REIT dividends

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**Federal Statements**

FYE: 12/31/2024

**Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions**

| Description          | Amount           |
|----------------------|------------------|
| Accounting           | \$ 1,000         |
| Automobile Expenses  | 5,911            |
| Continuing Education | 55               |
| Insurance            | 2,732            |
| Internet             | 945              |
| Office expense       | 3,600            |
| Postage              | 473              |
| Software             | 150              |
| Supplies             | 354              |
| Telephone            | 1,200            |
| Travel               | 3,619            |
| 50% of Meals         | 589              |
| Total                | <u>\$ 20,628</u> |

**Statement 2 - Form 1120-S, Page 3, Schedule K, Line 12a - Cash Contributions**

| Description | Cash<br>Contrib 60% | Cash<br>Contrib 30% | Total         |
|-------------|---------------------|---------------------|---------------|
|             | \$ 775              |                     | \$ 775        |
| Total       | <u>\$ 775</u>       | <u>\$ 0</u>         | <u>\$ 775</u> |

**Statement 3 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts**

| Description                                 | Amount |
|---------------------------------------------|--------|
| Section 199A Information - See Attached Wrk | \$     |

**Statement 4 - Form 1120-S, Page 4, Schedule L, Line 18 - Other Current Liabilities**

| Description         | Beginning<br>of Year | End<br>of Year |
|---------------------|----------------------|----------------|
| Payroll Liabilities | \$                   | \$ 63          |
| Total               | <u>\$ 0</u>          | <u>\$ 63</u>   |

**Statement 5 - Form 1120-S, Page 5, Schedule M-2, Line 3(a) - Other Additions**

| Description         | Amount           |
|---------------------|------------------|
| Contributed Capital | \$ 84,286        |
| Total               | <u>\$ 84,286</u> |



**Federal Statements**

FYE: 12/31/2024

**Statement 6 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions**

| Description              | Amount          |
|--------------------------|-----------------|
| Travel & Entertainment   | \$ 589          |
| Charitable Contributions | 775             |
| Total                    | <u>\$ 1,364</u> |

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Schedule K-1, Box 16, Code C - Nondeductible Expenses

| Description  | Shareholder<br>Amount |
|--------------|-----------------------|
| Page 1 Meals | \$ 589                |
| Total        | \$ 589                |

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|                                                       |                                                                                      |             |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|-------------|
| Form <b>1120-S</b><br><b>Schedule K-1</b>             | <b>Schedule K-1, Box 17, Code V</b><br><b>Shareholder's Section 199A Information</b> | <b>2024</b> |
| For calendar year 2024 or tax year beginning , ending |                                                                                      |             |

|      |                                |
|------|--------------------------------|
| Name | Taxpayer Identification Number |
|      |                                |

|          | Activity Description | Pass-Through<br>Entity EIN | PTP | Aggregated | SSTB |
|----------|----------------------|----------------------------|-----|------------|------|
| Column A | Page 1 Activity      |                            |     |            | X    |
| Column B |                      |                            |     |            |      |
| Column C |                      |                            |     |            |      |
| Column D |                      |                            |     |            |      |
| Column E |                      |                            |     |            |      |

|                                            | Column A | Column B | Column C | Column D | Column E |
|--------------------------------------------|----------|----------|----------|----------|----------|
| <b>QBI or Qualified PTP items:</b>         |          |          |          |          |          |
| Ordinary business income (loss)            | 18,043   |          |          |          |          |
| Net rental real estate income (loss)       |          |          |          |          |          |
| Other net rental income (loss)             |          |          |          |          |          |
| Royalty income (loss)                      |          |          |          |          |          |
| Section 1231 gain (loss)                   |          |          |          |          |          |
| Other income (loss)                        |          |          |          |          |          |
| Section 179 deduction                      |          |          |          |          |          |
| Other deductions                           |          |          |          |          |          |
| <b>W-2 wages</b>                           | 54,000   |          |          |          |          |
| <b>Qualified property</b>                  | 108,359  |          |          |          |          |
| <b>Other Information:</b>                  |          |          |          |          |          |
| QBI allocable to cooperative pmts received |          |          |          |          |          |
| W-2 wages allocable to qualified payments  |          |          |          |          |          |
| Section 199A(g) deduction                  |          |          |          |          |          |
| <b>Section 199A REIT dividends</b>         |          |          |          |          |          |

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Year Ending: December 31, 2024

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

CA Asset Report

FYE: 12/31/2024

Form 1120-S, Page 1

| Asset                             | Description | Date<br>In Service | Cost    | Basis<br>for Depr | CA<br>Prior | CA<br>Current | Federal<br>Current | Difference<br>Fed - CA |
|-----------------------------------|-------------|--------------------|---------|-------------------|-------------|---------------|--------------------|------------------------|
| <b>Listed Property:</b>           |             |                    |         |                   |             |               |                    |                        |
| 1                                 | Auto        | 1/01/23            | 108,359 | 108,359           | 0           | 6,100         | 19,500             | 13,400                 |
|                                   |             |                    | 108,359 | 108,359           | 0           | 6,100         | 19,500             | 13,400                 |
| <b>Grand Totals</b>               |             |                    | 108,359 | 108,359           | 0           | 6,100         | 19,500             | 13,400                 |
| <b>Less: Dispositions</b>         |             |                    | 0       | 0                 | 0           | 0             | 0                  | 0                      |
| <b>Less: Start-up/Org Expense</b> |             |                    | 0       | 0                 | 0           | 0             | 0                  | 0                      |
| <b>Net Grand Totals</b>           |             |                    | 108,359 | 108,359           | 0           | 6,100         | 19,500             | 13,400                 |

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CA AMT Asset Report

FYE: 12/31/2024

Form 1120-S, Page 1

| Asset                                   | Description | Date<br>In Service | Cost    | Bus<br>% | Sec<br>179 | Bonus | Basis<br>for Depr | PerConv | Meth     | Prior | Current |
|-----------------------------------------|-------------|--------------------|---------|----------|------------|-------|-------------------|---------|----------|-------|---------|
| <b>Listed Property:</b>                 |             |                    |         |          |            |       |                   |         |          |       |         |
| 1                                       | Auto        | 1/01/23            | 108,359 |          |            |       | 108,359           | 5       | HY 150DB | 3,860 | 6,100   |
|                                         |             |                    | 108,359 |          |            |       | 108,359           |         |          | 3,860 | 6,100   |
| <b>Grand Totals</b>                     |             |                    | 108,359 |          |            |       | 108,359           |         |          | 3,860 | 6,100   |
| <b>Less: Dispositions and Transfers</b> |             |                    | 0       |          |            |       | 0                 |         |          | 0     | 0       |
| <b>Net Grand Totals</b>                 |             |                    | 108,359 |          |            |       | 108,359           |         |          | 3,860 | 6,100   |

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[REDACTED]

CA Future Depreciation Report

FYE: 12/31/25

FYE: 12/31/2024

Form 1120-S, Page 1

| Asset                   | Description | Date In Service | Cost    | CA    | CA AMT |
|-------------------------|-------------|-----------------|---------|-------|--------|
| <b>Listed Property:</b> |             |                 |         |       |        |
| 1                       | Auto        | 1/01/23         | 108,359 | 3,650 | 3,650  |
|                         |             |                 | 108,359 | 3,650 | 3,650  |
| Grand Totals            |             |                 | 108,359 | 3,650 | 3,650  |

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|                                                 |                               |                                        |  |             |
|-------------------------------------------------|-------------------------------|----------------------------------------|--|-------------|
| Form <b>100/100S/100W</b>                       |                               | <b>CA Financial Transaction Record</b> |  | <b>2024</b> |
| For calendar year 2024 or fiscal year beginning |                               | and ending                             |  |             |
| Name                                            | California Corporation Number | Employer Identification Number         |  |             |
| [REDACTED]                                      | [REDACTED]                    | [REDACTED]                             |  |             |

**Electronic Funds Withdrawal or Direct Deposit**

This record is included with the California electronic file for taxpayers who elect to pay their tax balance by electronic funds withdrawal or who choose to have their refund deposited directly into their bank account

|                                            |                                     |
|--------------------------------------------|-------------------------------------|
| Electronic Funds Withdrawal (Direct Debit) | <input checked="" type="checkbox"/> |
| Direct Deposit of Refund                   | <input type="checkbox"/>            |
| Routing Transit Number                     | [REDACTED]                          |
| Bank Account Number                        | [REDACTED]                          |
| Type of Account                            | CHECKING                            |
| Taxpayer Phone Number                      | [REDACTED]                          |
| Requested Payment Date                     | 03/17/25                            |
| Amount of Tax Payment                      | 638                                 |
| Refund to be Deposited                     |                                     |

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|                                                                                                |                               |                                                 |  |             |
|------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|--|-------------|
| Form <b>100-ES</b>                                                                             |                               | <b>CA Estimate Financial Transaction Record</b> |  | <b>2025</b> |
| For calendar year 2025 or fiscal year beginning <b>01/01/2025</b> and ending <b>12/31/2025</b> |                               |                                                 |  |             |
| Name                                                                                           | California Corporation Number | Employer Identification Number                  |  |             |
|                                                                                                |                               |                                                 |  |             |

**Electronic Funds Withdrawal**

This record is included with the California electronic file for taxpayers who elect to pay their estimated taxes by electronic funds withdrawal

|                                 |          |
|---------------------------------|----------|
| Quarter                         | 1        |
| Routing Transit Number          |          |
| Bank Account Number             |          |
| Type of Account                 | CHECKING |
| Taxpayer Phone Number           |          |
| Requested Payment Date          | 04/15/25 |
| Amount of Estimated Tax Payment | 800      |

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Form 100S, Side 6, Schedule K, Line 16c - California Nondeductible Expenses

| Description                | Amount    |
|----------------------------|-----------|
| Book Expenses Not Deducted | \$ 13,400 |
| Meals and Entertainment    | 589       |
| State Taxes                | 9,733     |
| Total                      | \$ 23,722 |

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TAXABLE YEAR

2024

Resident and Nonresident  
Withholding Statement

CALIFORNIA FORM

592

Amended: ☐Prior Year Distribution ☐Due Date: ☐☐ April 15, 2024☐ June 17, 2024☐ September 16, 2024☒ January 15, 2025

## Part I Withholding Agent Information

Business name

☐ SSN or ITIN☒ FEIN☐ CA Corp no.☐ CA SOS file no.

First name

Initial

Last name

Telephone

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)

State

CA

ZIP code

95687

Total Number of Payees 1

## Part II Type of Income

Check all that apply. ☒A ☐ Payments to Independent ContractorsD ☐ Distributions to Domestic NonresidentF ☐ Elective WithholdingB ☐ Trust Distributions

Partners/Members/Beneficiaries/

S Corporation Shareholders

G ☐ Elective Withholding by Indian TribeC ☐ Rents or RoyaltiesE ☐ Estate DistributionsI ☒ Other PASS THROUGH

## Part III Tax Withheld

- 1 Total tax withheld from Schedule of Payees, excluding backup withholding (Side 2 and any additional pages) ☒ 1 9,733.00
- 2 Total backup withholding (Side 2 and any additional pages) ☒ 2
- 3 Add line 1 and line 2. This is the total amount of tax withheld ☒ 3 9,733.00
- 4 Amount of prior payments not previously distributed ☒ 4
- 5 Amount withheld by another entity and being distributed ☒ 5 9,733.00
- 6 Add line 4 and line 5. This is the total amount of payments ☒ 6 9,733.00
- 7 Total Withholding Amount Due. Subtract line 6 from line 3. Remit the withholding payment with Form 592-V, along with Form 592. ☒ 7 0.00

Sign  
HerePreparer's  
Use Only

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](https://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](https://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this form, 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 withholding agent) is based on all information of which preparer has any knowledge.

Print or type withholding agent's name

Telephone

Withholding agent's signature

Date

Print or type preparer's name

Preparer's PTIN

Preparer's signature

Date

03/15/25

Preparer's address

Telephone



Withholding Agent Name: \_\_\_\_\_

Withholding Agent TIN: \_\_\_\_\_

**Schedule of Payees** (Enter business or individual name, not both.)**PRINT CLEARLY**

|                                                         |         |                                                                        |                               |                                      |                                          |
|---------------------------------------------------------|---------|------------------------------------------------------------------------|-------------------------------|--------------------------------------|------------------------------------------|
| Business name                                           |         |                                                                        | <input type="checkbox"/> FEIN | <input type="checkbox"/> CA Corp no. | <input type="checkbox"/> CA SOS file no. |
| First name                                              | Initial | Last name                                                              | SSN or ITIN                   |                                      |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| Address (apt./ste., room, PO box, or PMB no.)           |         |                                                                        |                               |                                      |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| City (If you have a foreign address, see instructions.) |         |                                                                        | State                         | ZIP code                             |                                          |
|                                                         |         |                                                                        | CA                            | 95687                                |                                          |
| Total income                                            |         | <input type="checkbox"/> If <b>backup withholding</b> , check the box. |                               | Amount of tax withheld               |                                          |
| 139,046.00                                              |         |                                                                        |                               | 9,733.00                             |                                          |

|                                                         |         |                                                                        |                               |                                      |                                          |
|---------------------------------------------------------|---------|------------------------------------------------------------------------|-------------------------------|--------------------------------------|------------------------------------------|
| Business name                                           |         |                                                                        | <input type="checkbox"/> FEIN | <input type="checkbox"/> CA Corp no. | <input type="checkbox"/> CA SOS file no. |
| First name                                              | Initial | Last name                                                              | SSN or ITIN                   |                                      |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| Address (apt./ste., room, PO box, or PMB no.)           |         |                                                                        |                               |                                      |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| City (If you have a foreign address, see instructions.) |         |                                                                        | State                         | ZIP code                             |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| Total income                                            |         | <input type="checkbox"/> If <b>backup withholding</b> , check the box. |                               | Amount of tax withheld               |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |

|                                                         |         |                                                                        |                               |                                      |                                          |
|---------------------------------------------------------|---------|------------------------------------------------------------------------|-------------------------------|--------------------------------------|------------------------------------------|
| Business name                                           |         |                                                                        | <input type="checkbox"/> FEIN | <input type="checkbox"/> CA Corp no. | <input type="checkbox"/> CA SOS file no. |
| First name                                              | Initial | Last name                                                              | SSN or ITIN                   |                                      |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| Address (apt./ste., room, PO box, or PMB no.)           |         |                                                                        |                               |                                      |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| City (If you have a foreign address, see instructions.) |         |                                                                        | State                         | ZIP code                             |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| Total income                                            |         | <input type="checkbox"/> If <b>backup withholding</b> , check the box. |                               | Amount of tax withheld               |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |

|                                                         |         |                                                                        |                               |                                      |                                          |
|---------------------------------------------------------|---------|------------------------------------------------------------------------|-------------------------------|--------------------------------------|------------------------------------------|
| Business name                                           |         |                                                                        | <input type="checkbox"/> FEIN | <input type="checkbox"/> CA Corp no. | <input type="checkbox"/> CA SOS file no. |
| First name                                              | Initial | Last name                                                              | SSN or ITIN                   |                                      |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| Address (apt./ste., room, PO box, or PMB no.)           |         |                                                                        |                               |                                      |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| City (If you have a foreign address, see instructions.) |         |                                                                        | State                         | ZIP code                             |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |
| Total income                                            |         | <input type="checkbox"/> If <b>backup withholding</b> , check the box. |                               | Amount of tax withheld               |                                          |
|                                                         |         |                                                                        |                               |                                      |                                          |



TAXABLE YEAR

2024

Resident and Nonresident Withholding  
Tax Statement

CALIFORNIA FORM

592-B

Amended

## Part I Withholding Agent Information

|                                                              |       |                                          |                          |                 |
|--------------------------------------------------------------|-------|------------------------------------------|--------------------------|-----------------|
| Name of withholding agent (from Form 592, 592-PTE, or 592-F) |       |                                          | SSN or ITIN              |                 |
| [REDACTED]                                                   |       |                                          | [REDACTED]               |                 |
| Address (apt./ste., room, PO box, or PMB no.)                |       | <input checked="" type="checkbox"/> FEIN | CA Corp no.              | CA SOS file no. |
| [REDACTED]                                                   |       |                                          | [REDACTED]               | [REDACTED]      |
| City (If you have a foreign address, see instructions.)      | State | ZIP code                                 | Daytime telephone number |                 |
| [REDACTED]                                                   | CA    | 95687                                    | [REDACTED]               |                 |

## Part II Payee Information

|                                                         |       |          |             |                 |
|---------------------------------------------------------|-------|----------|-------------|-----------------|
| Name of payee                                           |       |          | SSN or ITIN |                 |
| [REDACTED]                                              |       |          | [REDACTED]  |                 |
| Address (apt./ste., room, PO box, or PMB no.)           |       | FEIN     | CA Corp no. | CA SOS file no. |
| [REDACTED]                                              |       |          |             |                 |
| City (If you have a foreign address, see instructions.) | State | ZIP code |             |                 |
| [REDACTED]                                              | CA    | 95687    |             |                 |

## Part III Type of Income Subject to Withholding. Check the applicable box(es)

|                                                                                                                 |                                            |                                                                         |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|
| <b>A</b> Payments to Independent Contractors                                                                    | <b>E</b> Estate Distributions              | <b>H</b> Allocations to Foreign (non-U.S.) Nonresident Partners/Members |
| <b>B</b> Trust Distributions                                                                                    | <b>F</b> Elective Withholding              | <b>I</b> <input checked="" type="checkbox"/> Other <u>PASS THROUGH</u>  |
| <b>C</b> Rents or Royalties                                                                                     | <b>G</b> Elective Withholding/Indian Tribe |                                                                         |
| <b>D</b> Distributions to Domestic (U.S.) Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders |                                            |                                                                         |

## Part IV Tax Withheld

|                                                                                       |   |            |
|---------------------------------------------------------------------------------------|---|------------|
| 1 Total income subject to withholding .....                                           | 1 | 139,046.00 |
| 2 Total resident and/or nonresident tax withheld (excluding backup withholding) ..... | 2 | 9,733.00   |
| 3 Total backup withholding .....                                                      | 3 |            |



Schedule K-1  
(Form 1120-S)

Department of the Treasury  
Internal Revenue Service

2024

For calendar year 2024, or tax year

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

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

|    |                                                       |          |                                                              |
|----|-------------------------------------------------------|----------|--------------------------------------------------------------|
| 1  | Ordinary business income (loss)<br>18,043             | 13       | Credits                                                      |
| 2  | Net rental real estate income (loss)                  |          |                                                              |
| 3  | Other net rental income (loss)                        |          |                                                              |
| 4  | Interest income                                       |          |                                                              |
| 5a | Ordinary dividends                                    |          |                                                              |
| 5b | Qualified dividends                                   | 14       | Schedule K-3 is attached if checked <input type="checkbox"/> |
| 6  | Royalties                                             | 15       | Alternative minimum tax (AMT) items                          |
| 7  | Net short-term capital gain (loss)                    |          |                                                              |
| 8a | Net long-term capital gain (loss)                     |          |                                                              |
| 8b | Collectibles (28%) gain (loss)                        |          |                                                              |
| 8c | Unrecaptured section 1250 gain                        |          |                                                              |
| 9  | Net section 1231 gain (loss)                          | 16<br>C* | Items affecting shareholder basis<br>589                     |
| 10 | Other income (loss)                                   |          |                                                              |
|    |                                                       |          |                                                              |
|    |                                                       |          |                                                              |
|    |                                                       |          |                                                              |
|    |                                                       | 17<br>V* | Other information<br>STMT                                    |
| 11 | Section 179 deduction                                 |          |                                                              |
| 12 | Other deductions<br>775                               |          |                                                              |
| 18 | More than one activity for at-risk purposes*          |          |                                                              |
| 19 | More than one activity for passive activity purposes* |          |                                                              |

\* See attached statement for additional information.

Part I Information About the Corporation

A Corporation's employer identification number  
[REDACTED]

B Corporation's name, address, city, state, and ZIP code  
[REDACTED]

C IRS Center where corporation filed return  
e-file

D Corporation's total number of shares  
Beginning of tax year \_\_\_\_\_  
End of tax year \_\_\_\_\_

Part II Information About the Shareholder

E Shareholder's identifying number  
[REDACTED]

F1 Shareholder's name, address, city, state, and ZIP code  
[REDACTED]

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:  
TIN \_\_\_\_\_  
Name \_\_\_\_\_

F3 What type of entity is this shareholder? \_\_\_\_\_

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares  
Beginning of tax year \_\_\_\_\_  
End of tax year \_\_\_\_\_

I Loans from shareholder  
Beginning of tax year \$ 0  
End of tax year \$ 0

For IRS Use Only



Schedule K-1  
(Form 1120-S)

Department of the Treasury  
Internal Revenue Service

2025

For calendar year 2025, or tax year

☐ Final K-1

☐ Amended K-1

beginning  ending

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

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

|                                                      |                                                                                |     |                                                              |
|------------------------------------------------------|--------------------------------------------------------------------------------|-----|--------------------------------------------------------------|
| 1                                                    | Ordinary business income (loss)                                                | 13  | Credits                                                      |
|                                                      | 94,726                                                                         |     |                                                              |
| 2                                                    | Net rental real estate income (loss)                                           |     |                                                              |
| 3                                                    | Other net rental income (loss)                                                 |     |                                                              |
| 4                                                    | Interest income                                                                |     |                                                              |
| 5a                                                   | Ordinary dividends                                                             |     |                                                              |
| 5b                                                   | Qualified dividends                                                            | 14  | Schedule K-3 is attached if checked <input type="checkbox"/> |
| 6                                                    | Royalties                                                                      | 15  | Alternative minimum tax (AMT) items                          |
| 7                                                    | Net short-term capital gain (loss)                                             |     |                                                              |
| 8a                                                   | Net long-term capital gain (loss)                                              |     |                                                              |
| 8b                                                   | Collectibles (28%) gain (loss)                                                 |     |                                                              |
| 8c                                                   | Unrecaptured section 1250 gain                                                 |     |                                                              |
| 9                                                    | Net section 1231 gain (loss)                                                   | 16  | Items affecting shareholder basis                            |
|                                                      |                                                                                | D   | 79,503                                                       |
| 10                                                   | Other income (loss)                                                            |     |                                                              |
|                                                      |                                                                                |     |                                                              |
|                                                      |                                                                                |     |                                                              |
|                                                      |                                                                                |     |                                                              |
|                                                      |                                                                                | 17  | Other information                                            |
|                                                      |                                                                                | V*  | STMT                                                         |
| 11                                                   | Section 179 deduction                                                          | AC* | STMT                                                         |
| 12                                                   | Other deductions                                                               |     |                                                              |
| A                                                    | 300                                                                            |     |                                                              |
|                                                      |                                                                                |     |                                                              |
|                                                      |                                                                                |     |                                                              |
|                                                      |                                                                                |     |                                                              |
| 18                                                   | <input type="checkbox"/> More than one activity for at-risk purposes*          |     |                                                              |
| 19                                                   | <input type="checkbox"/> More than one activity for passive activity purposes* |     |                                                              |
| * See attached statement for additional information. |                                                                                |     |                                                              |

Part I Information About the Corporation

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code

C IRS Center where corporation filed return  
e-file

D Corporation's total number of shares  
Beginning of tax year 100  
End of tax year 100

Part II Information About the Shareholder

E Shareholder's identifying number

F1 Shareholder's name, address, city, state, and ZIP code

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:  
TIN  
Name

F3 What type of entity is this shareholder?

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares  
Beginning of tax year 100  
End of tax year 100

I Loans from shareholder  
Beginning of tax year \$ 0  
End of tax year \$ 0

For IRS Use Only

Schedule K-1  
(Form 1120-S)

Department of the Treasury  
Internal Revenue Service

2024

For calendar year 2024, or tax year

☐ Final K-1

☐ Amended K-1

beginning

ending

Shareholder's Share of Income, Deductions,  
Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code

C IRS Center where corporation filed return

e-file

D Corporation's total number of shares

Beginning of tax year .....

End of tax year .....

Part II Information About the Shareholder

E Shareholder's identifying number

F1 Shareholder's name, address, city, state, and ZIP code

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:

TIN .....

Name .....

F3 What type of entity is this shareholder? .....

G Current year allocation percentage ..... 100.000000 %

H Shareholder's number of shares

Beginning of tax year .....

End of tax year .....

I Loans from shareholder

Beginning of tax year ..... \$ 0

End of tax year ..... \$ 0

For IRS Use Only

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

|    |                                                                                |    |                                                              |
|----|--------------------------------------------------------------------------------|----|--------------------------------------------------------------|
| 1  | Ordinary business income (loss)                                                | 13 | Credits                                                      |
|    | 18,043                                                                         |    |                                                              |
| 2  | Net rental real estate income (loss)                                           |    |                                                              |
| 3  | Other net rental income (loss)                                                 |    |                                                              |
| 4  | Interest income                                                                |    |                                                              |
| 5a | Ordinary dividends                                                             |    |                                                              |
| 5b | Qualified dividends                                                            | 14 | Schedule K-3 is attached if checked <input type="checkbox"/> |
| 6  | Royalties                                                                      | 15 | Alternative minimum tax (AMT) items                          |
| 7  | Net short-term capital gain (loss)                                             |    |                                                              |
| 8a | Net long-term capital gain (loss)                                              |    |                                                              |
| 8b | Collectibles (28%) gain (loss)                                                 |    |                                                              |
| 8c | Unrecaptured section 1250 gain                                                 |    |                                                              |
| 9  | Net section 1231 gain (loss)                                                   | 16 | Items affecting shareholder basis                            |
|    |                                                                                | C* | 589                                                          |
| 10 | Other income (loss)                                                            |    |                                                              |
|    |                                                                                |    |                                                              |
|    |                                                                                |    |                                                              |
|    |                                                                                | 17 | Other information                                            |
|    |                                                                                | V* | STMT                                                         |
| 11 | Section 179 deduction                                                          |    |                                                              |
| 12 | Other deductions                                                               |    |                                                              |
| A  | 775                                                                            |    |                                                              |
|    |                                                                                |    |                                                              |
|    |                                                                                |    |                                                              |
|    |                                                                                |    |                                                              |
| 18 | <input type="checkbox"/> More than one activity for at-risk purposes*          |    |                                                              |
| 19 | <input type="checkbox"/> More than one activity for passive activity purposes* |    |                                                              |

\* See attached statement for additional information.



[REDACTED]

March 15, 2026

**CONFIDENTIAL**

[REDACTED]

Dear [REDACTED]

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)  
California S Corporation Franchise or Income Tax Return (Form 100S)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your 2025 Form 1120-S shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120-S to the IRS it will delay processing of your return.

***Important: Your return will not be filed with the IRS until the signed Form 8879-CORP, E-file Authorization for Corporations has been received by this office.***

**California Filing Instructions**

Your 2025 Form 100S shows a total overpayment of \$6,757, of which \$3,757 is to be direct deposited into your checking account at Chase and the balance of \$3,000 is to be credited to your estimated tax liability for the coming year. Please keep this filing instruction as a reminder of the amount to be deposited into your account.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 100S to the California Franchise Tax Board it will delay processing of your return.

Your electronically filed return is not complete without your signature. Form 8453-C, California e-file Return Authorization for Corporations, should be signed and dated by an authorized officer of the corporation.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at [REDACTED] at least two working days prior to the date of withdrawal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

A solid black rectangular box used to redact a signature.

Form **8879-CORP****E-file Authorization for Corporations**

(Rev. December 2024)

For calendar year 2025, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

For use with Form 1120 series returns.

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.

Name of corporation

Employer identification number

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

|   |                                                 |   |         |
|---|-------------------------------------------------|---|---------|
| 1 | Total income (Form 1120, line 11)               | 1 |         |
| 2 | Total income (Form 1120-F, Section II, line 11) | 2 |         |
| 3 | Total income (loss) (Form 1120-S, line 6)       | 3 | 289,367 |
| 4 | Total income (Form 1120, line _____)            | 4 |         |

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

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

**Officer's PIN: check one box only**

☒ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name do not enter all zeros  
on the corporation's electronically filed income tax return.

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

Officer's signature

Date

03/16/26

Title

President**Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.\_\_\_\_\_  
do not enter all zeros

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

ERO's signature

Date

03/16/26

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

Form **1120-S**Department of the Treasury  
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**Do not file this form unless the corporation has filed or  
is attaching Form 2553 to elect to be an S corporation.  
Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.

OMB No. 1545-0123

**2025**

For calendar year 2025 or tax year beginning , ending

|                                                               |                                                                   |                                                        |
|---------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|
| A S election effective date<br><b>01/01/24</b>                | Name<br>[REDACTED]                                                | D Employer identification number<br>[REDACTED]         |
| B Business activity code<br>number (see instr.)<br>[REDACTED] | Number and street, if a P.O. box, see instructions.<br>[REDACTED] | Room or suite no.<br>[REDACTED]                        |
| C Check if Sch. M-3<br>attached <input type="checkbox"/>      | City or town<br>[REDACTED]                                        | State or province<br><b>CA</b>                         |
|                                                               | Country<br>[REDACTED]                                             | ZIP or foreign postal code<br><b>95687</b>             |
|                                                               |                                                                   | F Total assets (see instructions)<br>\$ <b>139,972</b> |

- G** Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No
- H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination
- I** Enter the number of shareholders who were shareholders during any part of the tax year **1**
- J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purpose (2) ☐ Grouped activities for section 469 passive activity purposes

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

|                                                                                                               |                                                                                                                |                                      |                  |            |                |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------|------------|----------------|
| <b>Income</b>                                                                                                 | <b>1a</b> Gross receipts or sales <b>289,367</b>                                                               | <b>b</b> Less returns and allowances | <b>c</b> Balance | <b>1c</b>  | <b>289,367</b> |
|                                                                                                               | <b>2</b> Cost of goods sold (attach Form 1125-A)                                                               |                                      |                  | <b>2</b>   |                |
|                                                                                                               | <b>3</b> Gross profit. Subtract line 2 from line 1c                                                            |                                      |                  | <b>3</b>   | <b>289,367</b> |
|                                                                                                               | <b>4</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)                                   |                                      |                  | <b>4</b>   |                |
|                                                                                                               | <b>5</b> Other income (loss) (see instructions—attach statement)                                               |                                      |                  | <b>5</b>   |                |
|                                                                                                               | <b>6</b> <b>Total income (loss).</b> Add lines 3 through 5                                                     |                                      |                  | <b>6</b>   | <b>289,367</b> |
| <b>Deductions (see instructions for limitations)</b>                                                          | <b>7</b> Compensation of officers (see instructions—attach Form 1125-E)                                        |                                      |                  | <b>7</b>   | <b>96,000</b>  |
|                                                                                                               | <b>8</b> Salaries and wages (less employment credits)                                                          |                                      |                  | <b>8</b>   |                |
|                                                                                                               | <b>9</b> Repairs and maintenance                                                                               |                                      |                  | <b>9</b>   |                |
|                                                                                                               | <b>10</b> Bad debts                                                                                            |                                      |                  | <b>10</b>  |                |
|                                                                                                               | <b>11</b> Rents                                                                                                |                                      |                  | <b>11</b>  |                |
|                                                                                                               | <b>12</b> Taxes and licenses                                                                                   |                                      |                  | <b>12</b>  | <b>27,055</b>  |
|                                                                                                               | <b>13</b> Interest (see instructions)                                                                          |                                      |                  | <b>13</b>  |                |
|                                                                                                               | <b>14</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)     |                                      |                  | <b>14</b>  | <b>11,700</b>  |
|                                                                                                               | <b>15</b> Depletion (do not deduct oil and gas depletion)                                                      |                                      |                  | <b>15</b>  |                |
|                                                                                                               | <b>16</b> Advertising                                                                                          |                                      |                  | <b>16</b>  |                |
|                                                                                                               | <b>17</b> Pension, profit-sharing, etc., plans                                                                 |                                      |                  | <b>17</b>  | <b>24,000</b>  |
|                                                                                                               | <b>18</b> Employee benefit programs                                                                            |                                      |                  | <b>18</b>  | <b>6,594</b>   |
|                                                                                                               | <b>19</b> Energy efficient commercial buildings deduction (attach Form 7205)                                   |                                      |                  | <b>19</b>  |                |
|                                                                                                               | <b>20</b> Other deductions (attach statement) <b>See Stmt 1</b>                                                |                                      |                  | <b>20</b>  | <b>29,292</b>  |
|                                                                                                               | <b>21</b> <b>Total deductions.</b> Add lines 7 through 20                                                      |                                      |                  | <b>21</b>  | <b>194,641</b> |
|                                                                                                               | <b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 6                                 |                                      |                  | <b>22</b>  | <b>94,726</b>  |
| <b>Tax and Payments</b>                                                                                       | <b>23a</b> Excess net passive income or LIFO recapture tax (see instructions)                                  | <b>23a</b>                           |                  |            |                |
|                                                                                                               | <b>b</b> Tax from Schedule D (Form 1120-S)                                                                     | <b>23b</b>                           |                  |            |                |
|                                                                                                               | <b>c</b> Add lines 23a and 23b (see instructions for additional taxes)                                         |                                      |                  | <b>23c</b> |                |
|                                                                                                               | <b>24a</b> Current year's estimated tax payments and preceding year's overpayment credited to the current year | <b>24a</b>                           |                  |            |                |
|                                                                                                               | <b>b</b> Tax deposited with Form 7004                                                                          | <b>24b</b>                           |                  |            |                |
|                                                                                                               | <b>c</b> Credit for federal tax paid on fuels (attach Form 4136)                                               | <b>24c</b>                           |                  |            |                |
|                                                                                                               | <b>d</b> Elective payment election amount from Form 3800                                                       | <b>24d</b>                           |                  |            |                |
|                                                                                                               | <b>z</b> Add lines 24a through 24d                                                                             |                                      |                  | <b>24z</b> |                |
|                                                                                                               | <b>25</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>    |                                      |                  | <b>25</b>  |                |
|                                                                                                               | <b>26</b> <b>Amount owed.</b> If line 24z is smaller than the total of lines 23c and 25, enter amount owed     |                                      |                  | <b>26</b>  |                |
| <b>27</b> <b>Overpayment.</b> If line 24z is larger than the total of lines 23c and 25, enter amount overpaid |                                                                                                                |                                      | <b>27</b>        |            |                |
| <b>28</b> Enter amount from line 27: <b>a</b> Credited to 2026 estimated tax <b>b</b> Refunded                |                                                                                                                |                                      | <b>28b</b>       |            |                |
| <b>c</b> Routing number                                                                                       | <b>d</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                              |                                      |                  |            |                |
| <b>e</b> Account number                                                                                       |                                                                                                                |                                      |                  |            |                |

**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 taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No**President****Paid Preparer Use Only**

|                                    |                                    |                                                 |
|------------------------------------|------------------------------------|-------------------------------------------------|
| Signature of officer<br>[REDACTED] | Date<br>[REDACTED]                 | Title<br><b>President</b>                       |
| Preparer's name<br>[REDACTED]      | Preparer's signature<br>[REDACTED] | Date<br>[REDACTED]                              |
| Firm's name<br>[REDACTED]          | Firm's EIN<br>[REDACTED]           | Check <input type="checkbox"/> if self-employed |
| Firm's address<br>[REDACTED]       | Phone no.<br>[REDACTED]            | PTIN<br>[REDACTED]                              |

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2025)

DAA



|   |                                                                                                                                                                                                                                                                 |                                                  |                                    |         |     |    |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|---------|-----|----|
| 1 | Check accounting method:                                                                                                                                                                                                                                        | a <input checked="" type="checkbox"/> Cash       | b <input type="checkbox"/> Accrual |         | Yes | No |
|   |                                                                                                                                                                                                                                                                 | c <input type="checkbox"/> Other (specify) ..... |                                    |         |     |    |
| 2 | See the instructions and enter the:                                                                                                                                                                                                                             |                                                  |                                    |         |     |    |
|   | a Business activity                                                                                                                                                                                                                                             | Consulting                                       | b Product or service               | Medical |     |    |
| 3 | At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation .....                  |                                                  |                                    |         |     |    |
|   |                                                                                                                                                                                                                                                                 |                                                  |                                    |         |     | X  |
| 4 | At the end of the tax year, did the corporation:                                                                                                                                                                                                                |                                                  |                                    |         |     |    |
|   | a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below ..... |                                                  |                                    |         |     |    |
|   |                                                                                                                                                                                                                                                                 |                                                  |                                    |         |     | X  |

|                                                                                                                                                                                                                                                                                                                                                                                     |  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|
| <p><b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below</p> |  |          |
|                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>X</b> |

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|
| <b>5a</b> | At the end of the tax year, did the corporation have any outstanding shares of restricted stock? .....                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>X</b> |
|           | If "Yes," complete lines (i) and (ii) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |          |
|           | (i) Total shares of restricted stock .....                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |          |
|           | (ii) Total shares of non-restricted stock .....                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |          |
| <b>b</b>  | At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? .....                                                                                                                                                                                                                                                                                                                                                                             |  | <b>X</b> |
|           | If "Yes," complete lines (i) and (ii) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |          |
|           | (i) Total shares of stock outstanding at the end of the tax year .....                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |          |
|           | (ii) Total shares of stock outstanding if all instruments were executed .....                                                                                                                                                                                                                                                                                                                                                                                                                           |  |          |
| <b>6</b>  | Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? .....                                                                                                                                                                                                                                                                                                                            |  | <b>X</b> |
| <b>7</b>  | Check this box if the corporation issued publicly offered debt instruments with original issue discount ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                  |  |          |
|           | If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.                                                                                                                                                                                                                                                                                                                                                            |  |          |
| <b>8</b>  | If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions ..... \$ ..... |  |          |
| <b>9</b>  | Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions .....                                                                                                                                                                                                                                                                                                                         |  | <b>X</b> |
| <b>10</b> | Does the corporation satisfy one or more of the following? See instructions .....                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>X</b> |
| <b>a</b>  | The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.                                                                                                                                                                                                                                                                                                                                                                                     |  |          |
| <b>b</b>  | The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$31 million and the corporation has business interest expense.                                                                                                                                                                                                                                                                            |  |          |
| <b>c</b>  | The corporation is a tax shelter and the corporation has business interest expense.<br>If "Yes," complete and attach <b>Form 8990</b> , Limitation on Business Interest Expense Under Section 163(j).                                                                                                                                                                                                                                                                                                   |  |          |
| <b>11</b> | Does the corporation satisfy both of the following conditions? .....                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>X</b> |
| <b>a</b>  | The corporation's total receipts (see instructions) for the tax year were less than \$250,000.                                                                                                                                                                                                                                                                                                                                                                                                          |  |          |
| <b>b</b>  | The corporation's total assets at the end of the tax year were less than \$250,000.<br>If "Yes," the corporation is not required to complete Schedules L and M-1.                                                                                                                                                                                                                                                                                                                                       |  |          |

**Schedule B Other Information** (see instructions) (continued)

|                                                                                                                                                                                                                                                                            | Yes | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>12</b> During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....                                                                        |     | <b>X</b> |
| If "Yes," enter the amount of principal reduction .....                                                                                                                                                                                                                    |     |          |
| <b>13</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .....                                                                                                                                    |     | <b>X</b> |
| <b>14a</b> Did the corporation make any payments that would require it to file Form(s) 1099? .....                                                                                                                                                                         |     | <b>X</b> |
| <b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? .....                                                                                                                                                                                           |     |          |
| <b>15</b> Does the corporation intend to self-certify as a Qualified Opportunity Fund? .....                                                                                                                                                                               |     | <b>X</b> |
| If "Yes," complete and attach Form 8996. Enter the amount (if any) from Form 8996, line 15 .....                                                                                                                                                                           |     |          |
| <b>16</b> At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions ..... |     | <b>X</b> |
| <b>17</b> Reserved for future use .....                                                                                                                                                                                                                                    |     |          |

**Schedule K Shareholders' Pro Rata Share Items**

|                                            |                                                                                                                                                                                             | Total amount      |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Income (Loss)</b>                       | <b>1</b> Ordinary business income (loss) (page 1, line 22) .....                                                                                                                            | <b>1</b> 94,726   |
|                                            | <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> Interest income .....                                                                                                                                                              | <b>4</b>          |
|                                            | <b>5</b> Dividends: <b>a</b> Ordinary dividends .....                                                                                                                                       | <b>5a</b>         |
|                                            | <b>b</b> Qualified dividends .....                                                                                                                                                          | <b>5b</b>         |
|                                            | <b>6</b> Royalties .....                                                                                                                                                                    | <b>6</b>          |
|                                            | <b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....                                                                                                         | <b>7</b>          |
| <b>Deductions</b>                          | <b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....                                                                                                         | <b>8a</b>         |
|                                            | <b>b</b> Collectibles (28%) gain (loss) .....                                                                                                                                               | <b>8b</b>         |
|                                            | <b>c</b> Unrecaptured section 1250 gain (attach statement) .....                                                                                                                            | <b>8c</b>         |
|                                            | <b>9</b> Net section 1231 gain (loss) (attach Form 4797) .....                                                                                                                              | <b>9</b>          |
|                                            | <b>10</b> Other income (loss) (see instructions) .....                                                                                                                                      | <b>10</b>         |
|                                            | <b>11</b> Section 179 deduction (attach Form 4562) .....                                                                                                                                    | <b>11</b>         |
|                                            | <b>12a</b> Cash charitable contributions .....                                                                                                                                              | <b>12a</b> 300    |
|                                            | <b>b</b> Noncash charitable contributions .....                                                                                                                                             | <b>12b</b>        |
|                                            | <b>c</b> Investment interest expense .....                                                                                                                                                  | <b>12c</b>        |
|                                            | <b>d</b> Section 59(e)(2) expenditures .....                                                                                                                                                | <b>12d</b>        |
| <b>Credits</b>                             | <b>e</b> Other deductions (see instructions) .....                                                                                                                                          | <b>12e</b>        |
|                                            | <b>13a</b> Low-income housing credit (section 42(j)(5)) .....                                                                                                                               | <b>13a</b>        |
|                                            | <b>b</b> Low-income housing credit (other) .....                                                                                                                                            | <b>13b</b>        |
|                                            | <b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....                                                                                 | <b>13c</b>        |
|                                            | <b>d</b> Other rental real estate credits (see instructions) .....                                                                                                                          | <b>13d</b>        |
|                                            | <b>e</b> Other rental credits (see instructions) .....                                                                                                                                      | <b>13e</b>        |
|                                            | <b>f</b> Biofuel producer credit (attach Form 6478) .....                                                                                                                                   | <b>13f</b>        |
| <b>Inter-national</b>                      | <b>g</b> Other credits (see instructions) .....                                                                                                                                             | <b>13g</b>        |
|                                            | <b>14a</b> Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ..... |                   |
| <b>Alternative Minimum Tax (AMT) Items</b> | <b>b</b> Check this box if you qualified for an exception to filing Schedule K-2 (Form 1120-S) .....                                                                                        |                   |
|                                            | <b>15a</b> Post-1986 depreciation adjustment .....                                                                                                                                          | <b>15a</b>        |
|                                            | <b>b</b> Adjusted gain or loss .....                                                                                                                                                        | <b>15b</b>        |
|                                            | <b>c</b> Depletion (other than oil and gas) .....                                                                                                                                           | <b>15c</b>        |
|                                            | <b>d</b> Oil, gas, and geothermal properties – gross income .....                                                                                                                           | <b>15d</b>        |
|                                            | <b>e</b> Oil, gas, and geothermal properties – deductions .....                                                                                                                             | <b>15e</b>        |
| <b>Items Affecting Shareholder Basis</b>   | <b>f</b> Other AMT items (attach statement) .....                                                                                                                                           | <b>15f</b>        |
|                                            | <b>16a</b> Tax-exempt interest income .....                                                                                                                                                 | <b>16a</b>        |
|                                            | <b>b</b> Other tax-exempt income .....                                                                                                                                                      | <b>16b</b>        |
|                                            | <b>c</b> Nondeductible expenses .....                                                                                                                                                       | <b>16c</b>        |
|                                            | <b>d</b> Distributions (attach statement if required) (see instructions) .....                                                                                                              | <b>16d</b> 79,503 |
|                                            | <b>e</b> Repayment of loans from shareholders .....                                                                                                                                         | <b>16e</b>        |
|                                            | <b>f</b> Foreign taxes paid or accrued .....                                                                                                                                                | <b>16f</b>        |

**Schedule K** Shareholders' Pro Rata Share Items (continued)

| Other Information |                                                                                                                                                                                 | Total amount |               |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|
|                   |                                                                                                                                                                                 | 17a          |               |
|                   | <b>17a</b> Investment income .....                                                                                                                                              |              |               |
|                   | <b>b</b> Investment expenses .....                                                                                                                                              | <b>17b</b>   |               |
|                   | <b>c</b> Dividend distributions paid from accumulated earnings and profits .....                                                                                                | <b>17c</b>   |               |
|                   | <b>d</b> Other items and amounts (attach statement) ..... <b>See Statement 3</b>                                                                                                |              |               |
| Reconciliation    | <b>18 Income (loss) reconciliation.</b> Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12e and 16f ..... | <b>18</b>    | <b>94,426</b> |
|                   |                                                                                                                                                                                 |              |               |

**Schedule L** Balance Sheets per Books

|                                             |                                                                  | Beginning of tax year |                | End of tax year   |                |
|---------------------------------------------|------------------------------------------------------------------|-----------------------|----------------|-------------------|----------------|
| Assets                                      |                                                                  | (a)                   | (b)            | (c)               | (d)            |
| <b>1</b>                                    | Cash .....                                                       |                       | <b>29,945</b>  |                   | <b>80,589</b>  |
| <b>2a</b>                                   | Trade notes and accounts receivable .....                        |                       |                |                   |                |
| <b>b</b>                                    | Less allowance for bad debts .....                               | ( )                   |                | ( )               |                |
| <b>3</b>                                    | Inventories .....                                                |                       |                |                   |                |
| <b>4</b>                                    | U.S. government obligations .....                                |                       |                |                   |                |
| <b>5</b>                                    | Tax-exempt securities (see instructions) .....                   |                       |                |                   |                |
| <b>6</b>                                    | Other current assets (attach statement) .....                    |                       |                |                   |                |
| <b>7</b>                                    | Loans to shareholders .....                                      |                       |                |                   |                |
| <b>8</b>                                    | Mortgage and real estate loans .....                             |                       |                |                   |                |
| <b>9</b>                                    | Other investments (attach statement) .....                       |                       |                |                   |                |
| <b>10a</b>                                  | Buildings and other depreciable assets .....                     | <b>108,359</b>        |                | <b>108,359</b>    |                |
| <b>b</b>                                    | Less accumulated depreciation .....                              | ( <b>37,276</b> )     | <b>71,083</b>  | ( <b>48,976</b> ) | <b>59,383</b>  |
| <b>11a</b>                                  | Depletable assets .....                                          |                       |                |                   |                |
| <b>b</b>                                    | Less accumulated depletion .....                                 | ( )                   |                | ( )               |                |
| <b>12</b>                                   | Land (net of any amortization) .....                             |                       |                |                   |                |
| <b>13a</b>                                  | Intangible assets (amortizable only) .....                       |                       |                |                   |                |
| <b>b</b>                                    | Less accumulated amortization .....                              | ( )                   |                | ( )               |                |
| <b>14</b>                                   | Other assets (attach statement) .....                            |                       |                |                   |                |
| <b>15</b>                                   | Total assets .....                                               |                       | <b>101,028</b> |                   | <b>139,972</b> |
| <b>Liabilities and Shareholders' Equity</b> |                                                                  |                       |                |                   |                |
| <b>16</b>                                   | Accounts payable .....                                           |                       |                |                   |                |
| <b>17</b>                                   | Mortgages, notes, bonds payable in less than 1 year .....        |                       |                |                   |                |
| <b>18</b>                                   | Other current liabilities (attach statement) <b>Stmt 4</b> ..... |                       | <b>63</b>      |                   | <b>24,084</b>  |
| <b>19</b>                                   | Loans from shareholders .....                                    |                       |                |                   |                |
| <b>20</b>                                   | Mortgages, notes, bonds payable in 1 year or more .....          |                       |                |                   |                |
| <b>21</b>                                   | Other liabilities (attach statement) .....                       |                       |                |                   |                |
| <b>22</b>                                   | Capital stock .....                                              |                       |                |                   |                |
| <b>23</b>                                   | Additional paid-in capital .....                                 |                       |                |                   |                |
| <b>24</b>                                   | Retained earnings .....                                          |                       | <b>100,965</b> |                   | <b>115,888</b> |
| <b>25</b>                                   | Adjustments to shareholders' equity (attach statement) .....     |                       |                |                   |                |
| <b>26</b>                                   | Less cost of treasury stock .....                                | ( )                   |                | ( )               |                |
| <b>27</b>                                   | Total liabilities and shareholders' equity .....                 |                       | <b>101,028</b> |                   | <b>139,972</b> |

**Schedule M 1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

|                                                                                                                                |               |                                                                                                                                |               |
|--------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>1</b> Net income (loss) per books                                                                                           | <b>94,426</b> | <b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):                          |               |
| <b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): |               | <b>a</b> Tax-exempt interest \$                                                                                                |               |
| <b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):              |               | <b>6</b> Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize): |               |
| <b>a</b> Depreciation \$                                                                                                       |               | <b>a</b> Depreciation \$                                                                                                       |               |
| <b>b</b> Travel and entertainment \$                                                                                           |               | <b>7</b> Add lines 5 and 6                                                                                                     |               |
| <b>4</b> Add lines 1 through 3                                                                                                 | <b>94,426</b> | <b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4                                                      | <b>94,426</b> |

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

|                                                                  | (a) Accumulated adjustments account | (b) Shareholders' undistributed taxable income previously taxed | (c) Accumulated earnings and profits | (d) Other adjustments account |
|------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|--------------------------------------|-------------------------------|
| <b>1</b> Balance at beginning of tax year                        | <b>100,965</b>                      |                                                                 |                                      |                               |
| <b>2</b> Ordinary income from page 1, line 22                    | <b>94,726</b>                       |                                                                 |                                      |                               |
| <b>3</b> Other additions                                         |                                     |                                                                 |                                      |                               |
| <b>4</b> Loss from page 1, line 22                               | ( )                                 |                                                                 |                                      |                               |
| <b>5</b> Other reductions <b>stmt 5</b>                          | ( <b>300</b> )                      |                                                                 |                                      | ( )                           |
| <b>6</b> Combine lines 1 through 5                               | <b>195,391</b>                      |                                                                 |                                      |                               |
| <b>7</b> Distributions                                           | <b>79,503</b>                       |                                                                 |                                      |                               |
| <b>8</b> Balance at end of tax year. Subtract line 7 from line 6 | <b>115,888</b>                      |                                                                 |                                      |                               |

Form **1120-S** (2025)





Form **4562**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2025**Attachment  
Sequence No. **179**

Identifying number

**Regular Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 2,500,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            | 4,000,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2024 Form 4562                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12                                                             | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 |  |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                                            |    |   |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2025                                                                           | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |   |

**Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System**

| (a) Classification of property (see instructions) | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property                               |                                      |                                                                            |                     |                |            |                            |
| b 5-year property                                 |                                      |                                                                            |                     |                |            |                            |
| c 7-year property                                 |                                      |                                                                            |                     |                |            |                            |
| d 10-year property                                |                                      |                                                                            |                     |                |            |                            |
| e 15-year property                                |                                      |                                                                            |                     |                |            |                            |
| f 20-year property                                |                                      |                                                                            |                     |                |            |                            |
| g 25-year property                                |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h 50-year property                                |                                      |                                                                            | 50 yrs.             | MM             | S/L        |                            |
| i Residential rental property                     |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| j Nonresidential real property                    |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |
| e 50-year      |  |  | 50 yrs. | MM | S/L |  |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2025)

**Part IV Summary** (See instructions.)

|                                                                                                                                                                                                                                                                                             |            |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
| <b>21</b> Listed property. Enter amount from line 28                                                                                                                                                                                                                                        | <b>21</b>  | <b>11,700</b> |
| <b>22 Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions                                                                        | <b>22</b>  | <b>11,700</b> |
| <b>23a</b> For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)                                               | <b>23a</b> |               |
| <b>b</b> For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f) | <b>23b</b> |               |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                            |                                                |                                                                               |
|--------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------|
| <b>24a</b> Do you have evidence to support the business/investment use claimed?            | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b>                                            |
| <b>b</b> If "Yes," is the evidence written?                                                | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b>                                            |
| <b>c</b> Do you own, lease, or charter an aircraft? Check all that apply. See instructions | <input type="checkbox"/> <b>Own</b>            | <input type="checkbox"/> <b>Lease</b> <input type="checkbox"/> <b>Charter</b> |

| (a)<br>Type of property<br>(list vehicles first)                                                                                                                                  | (b)<br>Date placed<br>in service | (c)<br>Business/<br>investment use<br>percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected section 179<br>cost |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|----------------------------|--------------------------------------------------------------------|---------------------------|------------------------------|----------------------------------|------------------------------------|
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions |                                  |                                                  |                            |                                                                    | <b>25</b>                 |                              |                                  |                                    |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                |                                  |                                                  |                            |                                                                    |                           |                              |                                  |                                    |
| <b>Auto</b>                                                                                                                                                                       | 01/01/23                         | 100.00 %                                         | 108,359                    | 108,359                                                            | 5.0                       | 200DBHY                      | 11,700                           |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                           |                              |                                  |                                    |
| <b>27</b> Property used 50% or less in a qualified business use :                                                                                                                 |                                  |                                                  |                            |                                                                    |                           |                              |                                  |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                           | S/L-                         |                                  |                                    |
|                                                                                                                                                                                   |                                  | %                                                |                            |                                                                    |                           | S/L-                         |                                  |                                    |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21                                                                                               |                                  |                                                  |                            |                                                                    | <b>28</b>                 |                              | <b>11,700</b>                    |                                    |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7                                                                                                            |                                  |                                                  |                            |                                                                    |                           |                              | <b>29</b>                        |                                    |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                          | (a)<br>Vehicle 1 |           | (b)<br>Vehicle 2 |           | (c)<br>Vehicle 3 |           | (d)<br>Vehicle 4 |           | (e)<br>Vehicle 5 |           | (f)<br>Vehicle 6 |           |
|----------------------------------------------------------------------------------------------------------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|-----------|
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) |                  |           |                  |           |                  |           |                  |           |                  |           |                  |           |
| <b>31</b> Total commuting miles driven during the year                                                   |                  |           |                  |           |                  |           |                  |           |                  |           |                  |           |
| <b>32</b> Total other personal (noncommuting) miles driven                                               |                  |           |                  |           |                  |           |                  |           |                  |           |                  |           |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32                                    |                  |           |                  |           |                  |           |                  |           |                  |           |                  |           |
| <b>34</b> Was the vehicle available for personal use during off-duty hours?                              | <b>Yes</b>       | <b>No</b> | <b>Yes</b>       | <b>No</b> | <b>Yes</b>       | <b>No</b> | <b>Yes</b>       | <b>No</b> | <b>Yes</b>       | <b>No</b> | <b>Yes</b>       | <b>No</b> |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?                      |                  |           |                  |           |                  |           |                  |           |                  |           |                  |           |
| <b>36</b> Is another vehicle available for personal use?                                                 |                  |           |                  |           |                  |           |                  |           |                  |           |                  |           |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) (continued)**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

|                                                                                                                                                                                                                                        | Yes | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....                                                                                        |     | <b>X</b> |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners ..... |     | <b>X</b> |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? .....                                                                                                                                                         |     | <b>X</b> |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....                                                   |     | <b>X</b> |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions .....                                                                                                                       |     | <b>X</b> |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs                                                                | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2025 tax year (see instructions):  |                                 |                           |                     |                                          |                                   |
|                                                                                            |                                 |                           |                     |                                          |                                   |
| <b>43</b> Amortization of costs that began before your 2025 tax year .....                 |                                 |                           |                     |                                          | <b>43</b>                         |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report ..... |                                 |                           |                     |                                          | <b>44</b>                         |



## Federal Statements

FYE: 12/31/2025

**Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions**

| Description          | Amount           |
|----------------------|------------------|
| Automobile Expenses  | \$ 5,550         |
| Continuing Education | 75               |
| Dues & Subscriptions | 213              |
| Insurance            | 11,124           |
| Internet             | 950              |
| Office expense       | 3,600            |
| Postage              | 373              |
| Professional Fees    | 3,764            |
| Supplies             | 2,443            |
| Telephone            | 1,200            |
| Total                | <u>\$ 29,292</u> |

**Statement 2 - Form 1120-S, Page 3, Schedule K, Line 12a - Cash Contributions**

| Description | Cash<br>Contrib 60% | Cash<br>Contrib 30% | Total         |
|-------------|---------------------|---------------------|---------------|
|             | \$ 300              | \$                  | \$ 300        |
| Total       | <u>\$ 300</u>       | <u>\$ 0</u>         | <u>\$ 300</u> |

**Statement 3 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts**

| Description                                 | Amount |
|---------------------------------------------|--------|
| Section 199A Information - See Attached Wrk | \$     |

**Statement 4 - Form 1120-S, Page 4, Schedule L, Line 18 - Other Current Liabilities**

| Description         | Beginning<br>of Year | End<br>of Year   |
|---------------------|----------------------|------------------|
| Payroll Liabilities | \$ 63                | \$ 84            |
| Pension Payable     |                      | 24,000           |
| Total               | <u>\$ 63</u>         | <u>\$ 24,084</u> |

**Form 1120-S, Page 5, Schedule M-2, Line 3(a) - Other Additions**

| Description         | Amount      |
|---------------------|-------------|
| Contributed Capital | \$          |
| Total               | <u>\$ 0</u> |

## Federal Statements

FYE: 12/31/2025

**Statement 5 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions**

| <u>Description</u>       | <u>Amount</u>        |
|--------------------------|----------------------|
| Charitable Contributions | \$ 300               |
| Total                    | <u><u>\$ 300</u></u> |

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[REDACTED]

Federal Statements

FYE: 12/31/2025

[REDACTED]

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

| Description                  | Shareholder<br>Amount |
|------------------------------|-----------------------|
| 8990 Gross Receipts for 2024 | 140,336               |

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**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.



FYE: 12/31/2025

**Federal Asset Report**  
**Form 1120-S, Page 1**

| Asset                                   | Description | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | PerConv Meth | Prior         | Current       |
|-----------------------------------------|-------------|--------------------|----------------|----------|------------------|-------------------|--------------|---------------|---------------|
| <b>Listed Property:</b>                 |             |                    |                |          |                  |                   |              |               |               |
| I                                       | Auto        | 1/01/2023          | 108,359        |          |                  | 108,359           | 5 HY 200DB   | 37,276        | 11,700        |
|                                         |             |                    | <u>108,359</u> |          |                  | <u>108,359</u>    |              | <u>37,276</u> | <u>11,700</u> |
| <b>Grand Totals</b>                     |             |                    | 108,359        |          |                  | 108,359           |              | 37,276        | 11,700        |
| <b>Less: Dispositions and Transfers</b> |             |                    | 0              |          |                  | 0                 |              | 0             | 0             |
| <b>Less: Start-up/Org Expense</b>       |             |                    | 0              |          |                  | 0                 |              | 0             | 0             |
| <b>Less: Domestic R &amp; E Expense</b> |             |                    | 0              |          |                  | 0                 |              | 0             | 0             |
| <b>Net Grand Totals</b>                 |             |                    | <u>108,359</u> |          |                  | <u>108,359</u>    |              | <u>37,276</u> | <u>11,700</u> |

FYE: 12/31/2025

**ACE Asset Report**  
**Form 1120-S, Page 1**

| Asset                                   | Description | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | PerConv Meth | Prior         | Current       |
|-----------------------------------------|-------------|--------------------|----------------|----------|------------------|-------------------|--------------|---------------|---------------|
| <b>Listed Property:</b>                 |             |                    |                |          |                  |                   |              |               |               |
| I                                       | Auto        | 1/01/2023          | 108,359        |          |                  | 108,359           | 5 HY 200DB   | 31,700        | 11,700        |
|                                         |             |                    | <u>108,359</u> |          |                  | <u>108,359</u>    |              | <u>31,700</u> | <u>11,700</u> |
| <b>Grand Totals</b>                     |             |                    | 108,359        |          |                  | 108,359           |              | 31,700        | 11,700        |
| <b>Less: Dispositions and Transfers</b> |             |                    | <u>0</u>       |          |                  | <u>0</u>          |              | <u>0</u>      | <u>0</u>      |
| <b>Net Grand Totals</b>                 |             |                    | <u>108,359</u> |          |                  | <u>108,359</u>    |              | <u>31,700</u> | <u>11,700</u> |

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**Future Depreciation Report****FYE: 12/31/2026**

FYE: 12/31/2025

**Form 1120-S, Page 1**

| Asset                   | Description | Date In Service | Cost           | Tax          | AMT          |
|-------------------------|-------------|-----------------|----------------|--------------|--------------|
| <b>Listed Property:</b> |             |                 |                |              |              |
| 1                       | Auto        | 1/01/2023       | 108,359        | 6,960        | 6,960        |
|                         |             |                 | <u>108,359</u> | <u>6,960</u> | <u>6,960</u> |
| <b>Grand Totals</b>     |             |                 | <u>108,359</u> | <u>6,960</u> | <u>6,960</u> |

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|                    |                                             |                        |
|--------------------|---------------------------------------------|------------------------|
| Form <b>1120-S</b> | <b>Two Year Comparison Worksheet Page 1</b> | <b>2024 &amp; 2025</b> |
|--------------------|---------------------------------------------|------------------------|

Name \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

|                         |                                                                | 2024     | 2025     | Differences |
|-------------------------|----------------------------------------------------------------|----------|----------|-------------|
| <b>Income</b>           | Gross profit percentage .....                                  | 100.0000 | 100.0000 |             |
|                         | Net receipts .....                                             | 140,336  | 289,367  | 149,031     |
|                         | Cost of goods sold .....                                       |          |          |             |
|                         | Gross profit .....                                             | 140,336  | 289,367  | 149,031     |
|                         | Net gain (loss) from Form 4797 .....                           |          |          |             |
|                         | Other income (loss) .....                                      |          |          |             |
|                         | <b>Total income (loss)</b> .....                               | 140,336  | 289,367  | 149,031     |
| <b>Deductions</b>       | Compensation of officers .....                                 | 54,000   | 96,000   | 42,000      |
|                         | Salaries and wages less employment credits .....               |          |          |             |
|                         | Repairs and maintenance .....                                  |          |          |             |
|                         | Bad debts .....                                                |          |          |             |
|                         | Rents .....                                                    |          |          |             |
|                         | Taxes and licenses .....                                       | 14,514   | 27,055   | 12,541      |
|                         | Interest .....                                                 |          |          |             |
|                         | Depreciation .....                                             | 19,500   | 11,700   | -7,800      |
|                         | Depletion .....                                                |          |          |             |
|                         | Advertising .....                                              |          |          |             |
|                         | Pension, profit-sharing, etc., plans .....                     | 13,500   | 24,000   | 10,500      |
|                         | Employee benefit programs .....                                | 151      | 6,594    | 6,443       |
|                         | Energy efficient commercial buildings deduction .....          |          |          |             |
|                         | Other deductions .....                                         | 20,628   | 29,292   | 8,664       |
|                         | <b>Total deductions</b> .....                                  | 122,293  | 194,641  | 72,348      |
|                         | <b>Ordinary business income (loss)</b> .....                   | 18,043   | 94,726   | 76,683      |
| <b>Tax and Payments</b> | Excess net passive income or LIFO recapture tax .....          |          |          |             |
|                         | Tax from Schedule D .....                                      |          |          |             |
|                         | <b>Total tax</b> .....                                         | 0        | 0        | 0           |
|                         | Estimated tax and prior year overpayment credited .....        |          |          |             |
|                         | Tax deposited with Form 7004 .....                             |          |          |             |
|                         | Credit for federal tax paid on fuels .....                     |          |          |             |
|                         | Refund applied for on Form 4466 .....                          | ( )      | ( )      |             |
|                         | Elective payment election amount from Form 3800 .....          |          |          |             |
|                         | <b>Total payments and credits</b> .....                        |          |          |             |
|                         | <b>Tax due (overpayment)</b> .....                             | 0        | 0        | 0           |
|                         | Estimated tax penalty from Form 2220 .....                     |          |          |             |
|                         | Penalties and interest .....                                   |          |          |             |
|                         | <b>Net tax due (overpayment)</b> .....                         | 0        | 0        | 0           |
|                         | <b>Overpayment credited to next year's estimated tax</b> ..... |          |          |             |
|                         | <b>Overpayment refunded</b> .....                              |          |          |             |



|                    |                                             |                        |
|--------------------|---------------------------------------------|------------------------|
| Form <b>1120-S</b> | <b>Two Year Comparison Worksheet Page 2</b> | <b>2024 &amp; 2025</b> |
|--------------------|---------------------------------------------|------------------------|

Name \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

|                                  |                                                                  | 2024   | 2025   | Differences |
|----------------------------------|------------------------------------------------------------------|--------|--------|-------------|
| <b>Income (Loss)</b>             | Ordinary business income (loss) .....                            | 18,043 | 94,726 | 76,683      |
|                                  | Net rental real estate income (loss) .....                       |        |        |             |
|                                  | Other net rental income (loss) .....                             |        |        |             |
|                                  | Interest income .....                                            |        |        |             |
|                                  | Dividends .....                                                  |        |        |             |
|                                  | Royalties .....                                                  |        |        |             |
|                                  | Net short-term capital gain (loss) .....                         |        |        |             |
|                                  | Net long-term capital gain (loss) .....                          |        |        |             |
|                                  | Net Section 1231 gain (loss) .....                               |        |        |             |
|                                  | Other income (loss) .....                                        |        |        |             |
| <b>Deductions</b>                | Section 179 deduction .....                                      |        |        |             |
|                                  | Cash charitable contributions .....                              | 775    | 300    | -475        |
|                                  | Noncash charitable contributions .....                           |        |        |             |
|                                  | Investment interest expense .....                                |        |        |             |
|                                  | Section 59(e)(2) expenditures .....                              |        |        |             |
|                                  | Other deductions .....                                           |        |        |             |
| <b>Credits</b>                   | Low-income housing credit (Section 42(j)(5)) .....               |        |        |             |
|                                  | Low-income housing credit (other) .....                          |        |        |             |
|                                  | Qualified rehabilitation expenditures (rental real estate) ..... |        |        |             |
|                                  | Other rental real estate credits .....                           |        |        |             |
|                                  | Other rental credits .....                                       |        |        |             |
|                                  | Biofuel producer credit .....                                    |        |        |             |
|                                  | Other credits .....                                              |        |        |             |
| <b>AMT Items</b>                 | Post-1986 depreciation adjustment .....                          |        |        |             |
|                                  | Adjusted gain or loss .....                                      |        |        |             |
|                                  | Depletion (other than oil and gas) .....                         |        |        |             |
|                                  | Oil, gas, and geothermal properties-gross income .....           |        |        |             |
|                                  | Oil, gas, and geothermal properties-deductions .....             |        |        |             |
|                                  | Other AMT items .....                                            |        |        |             |
| <b>Items Affecting S/H Basis</b> | Tax-exempt interest income .....                                 |        |        |             |
|                                  | Other tax-exempt income .....                                    |        |        |             |
|                                  | Nondeductible expenses .....                                     | 589    |        | -589        |
|                                  | Distributions .....                                              |        | 79,503 | 79,503      |
|                                  | Repayment of loans from shareholders .....                       |        |        |             |
|                                  | Foreign taxes paid or accrued .....                              |        |        |             |
| <b>Other Information</b>         | Investment income .....                                          |        |        |             |
|                                  | Investment expenses .....                                        |        |        |             |
|                                  | Dividend distributions paid from accumulated E&P .....           |        |        |             |
|                                  | Income (loss) (if Schedule M-1 is required) .....                | 17,268 | 94,426 | 77,158      |

|                    |                                             |                        |
|--------------------|---------------------------------------------|------------------------|
| Form <b>1120-S</b> | <b>Two Year Comparison Worksheet Page 3</b> | <b>2024 &amp; 2025</b> |
|--------------------|---------------------------------------------|------------------------|

|      |                                |
|------|--------------------------------|
| Name | Employer Identification Number |
|------|--------------------------------|

|                             |                                          | 2024    | 2025    | Differences |
|-----------------------------|------------------------------------------|---------|---------|-------------|
| <b>Schedule L</b>           | Beginning assets .....                   |         | 101,028 | 101,028     |
|                             | Beginning liabilities and equity .....   |         | 101,028 | 101,028     |
|                             | Ending assets .....                      | 101,028 | 139,972 | 38,944      |
|                             | Ending liabilities and equity .....      | 101,028 | 139,972 | 38,944      |
| <b>Schedule M-1</b>         | Net income (loss) per books .....        | 16,679  | 94,426  | 77,747      |
|                             | Taxable income not on books .....        |         |         |             |
|                             | Book expenses not deducted .....         | 589     |         | -589        |
|                             | Income on books not on return .....      |         |         |             |
|                             | Return deductions not on books .....     |         |         |             |
|                             | Income (loss) per return .....           | 17,268  | 94,426  | 77,158      |
| <b>Schedule M-2 AAA</b>     | Balance at beginning of year .....       |         | 100,965 | 100,965     |
|                             | Ordinary income (loss) from page 1 ..... | 18,043  | 94,726  | 76,683      |
|                             | Other additions .....                    | 84,286  |         | -84,286     |
|                             | Other reductions .....                   | 1,364   | 300     | -1,064      |
|                             | Distributions .....                      |         | 79,503  | 79,503      |
|                             | Balance at end of year .....             | 100,965 | 115,888 | 14,923      |
| <b>Schedule M-2 PTI</b>     | Balance at beginning of year .....       |         |         |             |
|                             | Distributions .....                      |         |         |             |
|                             | Balance at end of year .....             |         |         |             |
| <b>Schedule M-2 E&amp;P</b> | Balance at beginning of year .....       |         |         |             |
|                             | Distributions .....                      |         |         |             |
|                             | Balance at end of year .....             |         |         |             |
| <b>Schedule M-2 OAA</b>     | Balance at beginning of year .....       |         |         |             |
|                             | Other additions .....                    |         |         |             |
|                             | Other reductions .....                   |         |         |             |
|                             | Distributions .....                      |         |         |             |
|                             | Balance at end of year .....             |         |         |             |
| <b>Schedule M-3</b>         | Total income (loss) items:               |         |         |             |
|                             | Income (loss) per income statement ..... |         |         |             |
|                             | Temporary difference .....               |         |         |             |
|                             | Permanent difference .....               |         |         |             |
|                             | Income (loss) per tax return .....       |         |         |             |
|                             | Total expense/deduction items:           |         |         |             |
|                             | Expense per income statement .....       |         |         |             |
|                             | Temporary difference .....               |         |         |             |
|                             | Permanent difference .....               |         |         |             |
|                             | Deduction per tax return .....           |         |         |             |
|                             | Other items with no differences:         |         |         |             |
|                             | Income (loss) per income statement ..... |         |         |             |
|                             | Income (loss) per tax return .....       |         |         |             |
|                             | Reconciliation totals:                   |         |         |             |
|                             | Income (loss) per income statement ..... |         |         |             |
|                             | Temporary difference .....               |         |         |             |
|                             | Permanent difference .....               |         |         |             |
|                             | Income (loss) per tax return .....       |         |         |             |

**Federal Statements**

FYE: 12/31/2025

**Form 1120-S, Page 1, Line 1a - Gross Receipts or Sales**

| <u>Description</u> | <u>Amount</u>     |
|--------------------|-------------------|
|                    | \$ 289,367        |
| Total              | <u>\$ 289,367</u> |

**Form 1120-S, Page 1, Line 12 - Taxes and Licenses**

| <u>Description</u>           | <u>Amount</u>    |
|------------------------------|------------------|
| Business License and permits | \$ 120           |
| State taxes                  | 19,220           |
| Payroll taxes                | 7,715            |
| Total                        | <u>\$ 27,055</u> |

**Form 1120-S, Page 1, Line 18 - Employee Benefit Programs**

| <u>Description</u>       | <u>Amount</u>   |
|--------------------------|-----------------|
| Employee Benefit Program | \$ 6,594        |
| Total                    | <u>\$ 6,594</u> |

# Form 1120-S Return Summary

For calendar year 2025 or tax year beginning , ending

## Ordinary Business Income (Loss)

|                                        |         |               |
|----------------------------------------|---------|---------------|
| Total income                           | 289,367 |               |
| Total deductions                       | 194,641 |               |
| <b>Ordinary business income (loss)</b> |         | <b>94,726</b> |
| <b>Total S Corporation taxes</b>       |         | <b>0</b>      |

## Schedule K, Line 18

|                                                           |        |               |
|-----------------------------------------------------------|--------|---------------|
| Ordinary business income (loss)                           | 94,726 |               |
| Net rental real estate income (loss)                      |        |               |
| Other net rental income (loss)                            |        |               |
| Interest income                                           |        |               |
| Dividends                                                 |        |               |
| Royalties                                                 |        |               |
| Short-term capital gain (loss)                            |        |               |
| Long-term capital gain (loss)                             |        |               |
| Net Section 1231 gain (loss)                              |        |               |
| Other income (loss)                                       |        |               |
| Section 179 deduction                                     |        |               |
| Contributions                                             | 300    |               |
| Investment interest expense                               |        |               |
| Section 59(e)(2) expenditures                             |        |               |
| Other deductions                                          |        |               |
| Foreign taxes paid or accrued                             |        |               |
| <b>Income (loss) reconciliation (Schedule K, Line 18)</b> |        | <b>94,426</b> |

## Schedule L

|             | Prior Year | Current Year |
|-------------|------------|--------------|
| Assets      | 101,028    | 139,972      |
| Liabilities | 101,028    | 139,972      |
| Difference  | 0          | 0            |

## Schedule M-1

|                     |        |
|---------------------|--------|
| Schedule M-1        | 94,426 |
| Schedule K, Line 18 | 94,426 |
| Difference          | 0      |

## Retained Earnings

|        | Schedule L | RE Reconciliation Worksheet |
|--------|------------|-----------------------------|
| AAA    | 115,888    | 115,888                     |
| UTI    |            |                             |
| E&P    |            |                             |
| OAA    |            |                             |
| Timing |            |                             |
| Total  | 115,888    | 115,888                     |

## Schedule M-3

|                                     |                   |
|-------------------------------------|-------------------|
| Schedule M-3                        |                   |
| Schedule K, Line 18                 |                   |
| Difference                          | 0                 |
| <b>Total number of shareholders</b> | <b>1</b>          |
| <b>Total ownership percentage</b>   | <b>100.000000</b> |



**CA Nonresident Withholding Received**Form **592B****2025**

For calendar year 2025 or fiscal year beginning

and ending

☐ Amended**Part I Withholding Agent Information**

|                                                              |       |                                          |                          |                 |
|--------------------------------------------------------------|-------|------------------------------------------|--------------------------|-----------------|
| Name of withholding agent (from Form 592, 592-PTE, or 592-F) |       |                                          | SSN or ITIN              |                 |
| [REDACTED]                                                   |       |                                          | [REDACTED]               |                 |
| Address (apt./ste., room, PO box, or PMB no.)                |       | <input checked="" type="checkbox"/> FEIN | CA Corp no.              | CA SOS file no. |
| [REDACTED]                                                   |       | [REDACTED]                               |                          |                 |
| City (If you have a foreign address, see instructions.)      | State | ZIP code                                 | Daytime telephone number |                 |
| [REDACTED]                                                   | GA    | 30009                                    |                          |                 |

**Part II Payee Information**

|                                                         |       |                                          |             |                 |
|---------------------------------------------------------|-------|------------------------------------------|-------------|-----------------|
| Name of payee                                           |       |                                          | SSN or ITIN |                 |
| [REDACTED]                                              |       |                                          | [REDACTED]  |                 |
| Address (apt./ste., room, PO box, or PMB no.)           |       | <input checked="" type="checkbox"/> FEIN | CA Corp no. | CA SOS file no. |
| [REDACTED]                                              |       | [REDACTED]                               |             |                 |
| City (If you have a foreign address, see instructions.) | State | ZIP code                                 |             |                 |
| [REDACTED]                                              | CA    | 95687                                    |             |                 |

**Part III Type of Income Subject to Withholding. Check the applicable box(es)**

|                                                                                                                 |                                            |                                                                         |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|
| <b>A</b> <input checked="" type="checkbox"/> Payments to Independent Contractors                                | <b>E</b> Estate Distributions              | <b>H</b> Allocations to Foreign (non-U.S.) Nonresident Partners/Members |
| <b>B</b> Trust Distributions                                                                                    | <b>F</b> Elective Withholding              | <b>I</b> Other _____                                                    |
| <b>C</b> Rents or Royalties                                                                                     | <b>G</b> Elective Withholding/Indian Tribe |                                                                         |
| <b>D</b> Distributions to Domestic (U.S.) Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders |                                            |                                                                         |

**Part IV Tax Withheld**

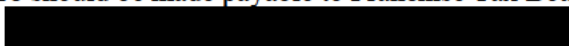
|                                                                                 |   |            |
|---------------------------------------------------------------------------------|---|------------|
| 1 Total income subject to withholding                                           | 1 | 111,171.00 |
| 2 Total resident and/or nonresident tax withheld (excluding backup withholding) | 2 | 7,782.00   |
| 3 Total backup withholding                                                      | 3 |            |

## Filing Instructions



### Form 3893 (PTE) - Pass-Through Entity Elective Tax Payment Voucher

**Date Due:** March 16, 2026

**Remittance:** A check in the amount of \$1,318 should be made payable to Franchise Tax Board and included with Form 3893. 

**Mail To:**



Voucher at bottom of page

Client Copy

**Payment 2 – Calendar year filers — File and Pay by March 16, 2026**

**Note:** The PTE may not make an election if the initial payment is not made by June 15th during the taxable year of the election.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**Pay online:** Go Green! Enjoy the ease and secure options for online payments:

- **Web Pay for businesses.** PTE's can make an immediate payment or schedule payments for up to a year in advance

- **Credit Card** (service fee)

Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

Do not mail this voucher if you pay online. U.S. financial institution.



**Where to pay:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and [REDACTED] the check or money order. Detach voucher below. Enclose, but **do not** staple the check or money order with voucher and mail to:



Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER.

DETACH HERE

**CAUTION:** You may be required to pay electronically, see instructions.

Payment 2

TAXABLE YEAR

**Pass-Through Entity**

CALIFORNIA FORM

**2025**

**Elective Tax Payment Voucher**

**3893 (PTE)**

[REDACTED PAYMENT INFORMATION]

Amount of Payment 1318 .

## Filing Instructions



### Form 3893 (PTE) - Estimated/Additional Pass-Through Entity Elective Tax Payment Voucher

**Instructions:** Your required estimated/additional tax payments are as follows:

**Due Date:** June 15, 2026

**Remittance:** \$6,000

**Due Date:** March 16, 2027

**Remittance:** \$0

Each payment should be accompanied by a completed voucher. Make each check payable to Franchise Tax Board, and write [REDACTED] on the check.

**Mail To:**



Voucher at bottom of page ■

Client Copy

**Payment 1 – Calendar year filers — File and Pay by June 15, 2026**

**Note:** The qualified PTE may still make an election even if the initial payment is not made or is less than the amount due by June 15 during the taxable year of the election.  
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**Pay online:** Go Green! Enjoy the ease and secure options for online payments.

- **Web Pay for businesses.** Qualified PTEs can make an immediate payment or schedule payments up to a year in advance
- **Credit Card** (service fee)

Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

Do not mail this voucher if you pay online. U.S. financial institution.



**Where to pay:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and [REDACTED] on the check or money order. Detach voucher below. Enclose, but **do not** staple the check or money order with voucher and mail to:

[REDACTED]

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

— — — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — — — — DETACH HERE — — —

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**Pass-Through Entity  
Elective Tax Payment Voucher**

**2026**

Payment 1

CALIFORNIA FORM

**3893 (PTE)**

[REDACTED]

Amount of Payment 6000 .



TAXABLE YEAR

2025

# California S Corporation Franchise or Income Tax Return

FORM

100S

RP

## Schedule Q Questions (continued on Side 3)

A 1. FINAL RETURN? ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election

Enter date (mm/dd/yyyy) .....

.....

2. Is the S corporation deferring any income from the disposition of assets? ..... ☐ Yes ☒ No

If "Yes" enter the year of disposition (yyyy) .....

.....

3. Is the S corporation reporting previously deferred income from: ..... ☐ Installment sale ☐ IRC §1031 ☐ IRC §1033 ☐ Other

B 1. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity?

If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes** ☐ Yes ☒ No

2. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries?

If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term?

**If yes to both questions, answer yes.** .....

..... ☐ Yes ☒ No

3. Has California real property (i.e., land, buildings) transferred to the corporation that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?

If yes, during this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes.** ☐ Yes ☒ No

(Yes requires filing of BOE-100-B statement, penalties may apply – see instructions.)

|                   |   |                                                                                                                                                                                                                                                                |   |         |    |
|-------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|----|
| State Adjustments | 1 | Ordinary income (loss) from trade or business activities from Schedule F (Form 100S, Side 4), line 22 or federal Form 1120-S, line 22. If Schedule F (Form 100S, Side 4) was not completed, attach federal Form 1120-S, page 1, and supporting schedules ..... | 1 | 94,726  | 00 |
|                   | 2 | Foreign or domestic tax based on income or profits and California franchise or income tax deducted .....                                                                                                                                                       | 2 | 19,220  | 00 |
|                   | 3 | Interest on government obligations .....                                                                                                                                                                                                                       | 3 |         | 00 |
|                   | 4 | Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions .....                                                                                                                                               | 4 |         | 00 |
|                   | 5 | Depreciation and amortization adjustments. Attach Schedule B (100S) .....                                                                                                                                                                                      | 5 | 8,050   | 00 |
|                   | 6 | Portfolio income .....                                                                                                                                                                                                                                         | 6 |         | 00 |
|                   | 7 | Other additions. Attach schedule(s) .....                                                                                                                                                                                                                      | 7 |         | 00 |
|                   | 8 | Total. Add line 1 through line 7 .....                                                                                                                                                                                                                         | 8 | 121,996 | 00 |

|                                                                                  |     |                                                                                                                      |     |         |    |
|----------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------|-----|---------|----|
| State Adjustments (cont)                                                         | 9   | Dividends received deduction. Attach Schedule H (100S)                                                               | 9   |         | 00 |
|                                                                                  | 10  | Water's-edge dividend deduction. Attach Schedule H (100S)                                                            | 10  |         | 00 |
|                                                                                  | 11  | Charitable contributions. See instructions                                                                           | 11  | 300     | 00 |
|                                                                                  | 12  | Other deductions. Attach schedule(s)                                                                                 | 12  |         | 00 |
|                                                                                  | 13  | Total. Add line 9 through line 12                                                                                    | 13  | 300     | 00 |
| CA Net Income                                                                    | 14  | Net income (loss) after state adjustments. Subtract line 13 from Side 1, line 8                                      | 14  | 121,696 | 00 |
|                                                                                  | 15  | Net income (loss) for state purposes. Use Schedule R if apportioning or allocating income                            | 15  | 121,696 | 00 |
|                                                                                  | 16  | R&TC Section 23802(e) deduction. See instructions                                                                    | 16  |         | 00 |
|                                                                                  | 17  | Net operating loss (NOL) deduction. See instructions                                                                 | 17  |         | 00 |
|                                                                                  | 18  | EZ, TTA, or LAMBRA NOL carryover deduction. See instructions                                                         | 18  |         | 00 |
| Taxes                                                                            | 19  | Disaster loss deduction. See instructions                                                                            | 19  |         | 00 |
|                                                                                  | 20  | Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15                       | 20  | 121,696 | 00 |
|                                                                                  | 21  | Tax. <u>1.500</u> % x line 20 (at least minimum franchise tax, if applicable). See instructions                      | 21  | 1,825   | 00 |
|                                                                                  | 22  | Credit name _____ code ● _____ amount _____                                                                          | 22  |         | 00 |
|                                                                                  | 23  | Credit name _____ code ● _____ amount _____                                                                          | 23  |         | 00 |
| Payments                                                                         | 24  | To claim more than two credits, see instructions                                                                     | 24  |         | 00 |
|                                                                                  | 25  | Add line 22 through line 24. Attach Schedule C (100S)                                                                | 25  | 0       | 00 |
|                                                                                  | 26  | Balance. Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annual tax(es), if applicable) | 26  | 1,825   | 00 |
|                                                                                  | 27  | Tax from Schedule D (100S). Attach Schedule D (100S). See instructions                                               | 27  |         | 00 |
|                                                                                  | 28  | Excess net passive income tax. See instructions                                                                      | 28  |         | 00 |
| Refund or Amount Due                                                             | 29  | Pass-through entity elective tax. See instructions                                                                   | 29  | 11,318  | 00 |
|                                                                                  | 30  | Total tax. Add line 26 through line 29                                                                               | 30  | 13,143  | 00 |
|                                                                                  | 31  | Overpayment from prior year allowed as a credit                                                                      | 31  |         | 00 |
|                                                                                  | 32  | 2025 Estimated tax/QSub payments. See instructions                                                                   | 32  | 800     | 00 |
|                                                                                  | 33  | 2025 Withholding (Forms 592-B and/or 593). See instructions                                                          | 33  | 7,782   | 00 |
| Refund or Amount Due                                                             | 34  | Amount paid with extension of time to file tax return                                                                | 34  |         | 00 |
|                                                                                  | 35  | Amounts paid for pass-through entity elective tax                                                                    | 35  | 11,318  | 00 |
|                                                                                  | 36  | Total payments. Add line 31 through line 35                                                                          | 36  | 19,900  | 00 |
|                                                                                  | 37  | Use tax. This is not a total line. See instructions                                                                  | 37  |         | 00 |
|                                                                                  | 38  | Payments balance. If line 36 is more than line 37, subtract line 37 from line 36                                     | 38  | 19,900  | 00 |
| Refund or Amount Due                                                             | 39  | Use tax balance. If line 37 is more than line 36, subtract line 36 from line 37                                      | 39  |         | 00 |
|                                                                                  | 40  | Franchise or income tax due. If line 30 is more than line 38, subtract line 38 from line 30                          | 40  | 0       | 00 |
|                                                                                  | 41  | Overpayment. If line 38 is more than line 30, subtract line 30 from line 38                                          | 41  | 6,757   | 00 |
|                                                                                  | 42  | Amount of line 41 to be credited to 2026 estimated tax                                                               | 42  | 3,000   | 00 |
|                                                                                  | 43  | Refund. Subtract line 42 from line 41                                                                                | 43  | 3,757   | 00 |
| See instructions to have the refund directly deposited.                          |     |                                                                                                                      |     |         |    |
| <input checked="" type="checkbox"/> Checking<br><input type="checkbox"/> Savings |     |                                                                                                                      |     |         |    |
| 43a. ● Routing number    43b. ● Type    43c. ● Account number                    |     |                                                                                                                      |     |         |    |
| Refund or Amount Due                                                             | 44a | Penalties and interest                                                                                               | 44a |         | 00 |
|                                                                                  | 45  | Total amount due. Add line 39, line 40, line 42, and line 44a. Then, subtract line 41 from the result                | 45  | 0       | 00 |

**C** Principal business activity code. **Do not** leave blank  
Business activity CONSULTING Product or service [REDACTED]

**D** Is this S corporation filing on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 for the current taxable year? ☐ Yes ☒ No

**E** Does this tax return include Qualified Subchapter S Subsidiaries? ☐ Yes ☒ No

**F** Date incorporated (mm/dd/yyyy) 01/01/2024 Where: ☐ State CA Country [REDACTED]

**G** Maximum number of shareholders in the S corporation at any time during the year. **Do not** leave blank 1

**H** Date business began in California or date income was first derived from California sources (mm/dd/yyyy) 01/01/2024

**I** Was the S corporation an inactive business both within and outside of California during the taxable year? ☐ Yes ☒ No

**J** Is the S corporation under audit by the IRS or has it been audited in a prior year? ☐ Yes ☒ No

**K** Effective date of federal S election (mm/dd/yyyy) 01/01/2024

**L** Accounting method ☒ (1) ☒ Cash ☐ (2) ☐ Accrual ☐ (3) ☐ Other

**M** Location of principal accounting records SEE STMT 1

**N** "Doing business as" (DBA) name. See instructions [REDACTED]

**O** Have all required information returns (e.g., federal Forms 1099, 8300, and state Forms 592, 592-B etc.) been filed with the Franchise Tax Board? ☒ N/A ☐ Yes ☐ No

**P** Is this S corporation apportioning or allocating income to California using Schedule R? ☐ Yes ☒ No

**Q** Has the S corporation included a reportable transaction or listed transaction within this return? See instructions for definitions ☐ Yes ☒ No  
If "Yes," complete and attach federal Form 8886, for each transaction.

**R** Did this S corporation file the federal Schedule M-3 (Form 1120-S)? ☐ Yes ☒ No

**S** Is form FTB 3544, Side 2, Part B, List of Assigned Credit Received and/or Claimed by Assignee, attached to the return? ☐ Yes ☒ No

**T** Check if corporation: ☐ (1) Aggregated activities for IRC Section 465 at-risk purposes  
☐ (2) Grouped activities for IRC Section 469 passive activity purposes

**U** (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ☐ Yes ☒ No  
(2) If "Yes," when was the last report filed? (mm/dd/yyyy) [REDACTED] (3) Amount last remitted \$ [REDACTED]

**Schedule J Add-On Taxes and Recapture of Tax Credits.** See instructions.

|   |                                                                                                                                                                         |    |    |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 1 | LIFO recapture due to S corporation election (IRC Section 1363(d) deferral \$ <u>[REDACTED]</u> )                                                                       | 1  | 00 |
| 2 | Interest computed under the look-back method for completed long-term contracts (attach form FTB 3834)                                                                   | 2  | 00 |
| 3 | Interest on tax attributable to installment <b>a)</b> Sales of certain timeshares and residential lots                                                                  | 3a | 00 |
|   | <b>b)</b> Method for nondealer installment obligations                                                                                                                  | 3b | 00 |
| 4 | IRC Section 197(f)(9)(B)(ii) election                                                                                                                                   | 4  | 00 |
| 5 | Credit recapture name                                                                                                                                                   | 5  | 00 |
| 6 | Combine line 1 through line 5. Revise the amount on Side 2, line 40 or line 41, whichever applies, by this amount. Write "Schedule J" to the left of line 40 or line 41 | 6  | 00 |

|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                        |                        |                                                 |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------|-------------------------------|
| <b>Sign Here</b>                                                                                                                                    | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                        |                                                 |                               |
|                                                                                                                                                     | Signature of officer <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                 | Title <u>PRESIDENT</u> | Date <u>[REDACTED]</u>                          | Telephone <u>[REDACTED]</u>   |
| Officer's email address (optional) <u>[REDACTED]</u>                                                                                                |                                                                                                                                                                                                                                                                                                                        |                        |                                                 |                               |
| <b>Paid Preparer's Use Only</b>                                                                                                                     | Preparer's name <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                      |                        |                                                 |                               |
|                                                                                                                                                     | Preparer's signature <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                 | Date <u>03/15/26</u>   | Check if self-employed <input type="checkbox"/> | PTIN <u>[REDACTED]</u>        |
|                                                                                                                                                     | Firm's name (or yours, if self-employed) and address <u>[REDACTED]</u>                                                                                                                                                                                                                                                 |                        |                                                 | Firm's FEIN <u>[REDACTED]</u> |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                        |                        |                                                 | Telephone <u>[REDACTED]</u>   |
| May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                        |                        |                                                 |                               |

**5 Computation of Trade or Business Income.** See instructions.

|            |                                                                                                                      |                                                             |            |                                         |  |            |        |         |    |
|------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------|-----------------------------------------|--|------------|--------|---------|----|
| Income     | 1                                                                                                                    | a) Gross receipts or sales                                  | 289,367    | b) Less returns and allowances          |  | c) Balance | 1c     | 289,367 | 00 |
|            | 2                                                                                                                    | Cost of goods sold from Schedule V, line 8                  |            |                                         |  |            | 2      |         | 00 |
|            | 3                                                                                                                    | Gross profit. Subtract line 2 from line 1c                  |            |                                         |  |            | 3      | 289,367 | 00 |
|            | 4                                                                                                                    | Net gain (loss). Attach schedule                            |            |                                         |  |            | 4      |         | 00 |
|            | 5                                                                                                                    | Other income (loss). Attach schedule                        |            |                                         |  |            | 5      |         | 00 |
|            | 6                                                                                                                    | <b>Total income (loss).</b> Combine line 3 through line 5   |            |                                         |  |            | 6      | 289,367 | 00 |
| Deductions | 7                                                                                                                    | Compensation of officers. Attach schedule. See instructions | SEE STMT 2 |                                         |  |            | 7      | 96,000  | 00 |
|            | 8                                                                                                                    | Salaries and wages                                          |            |                                         |  |            | 8      |         | 00 |
|            | 9                                                                                                                    | Repairs and maintenance                                     |            |                                         |  |            | 9      |         | 00 |
|            | 10                                                                                                                   | Bad debts                                                   |            |                                         |  |            | 10     |         | 00 |
|            | 11                                                                                                                   | Rents                                                       |            |                                         |  |            | 11     |         | 00 |
|            | 12                                                                                                                   | Taxes                                                       |            |                                         |  |            | 12     | 27,055  | 00 |
|            | 13                                                                                                                   | Interest                                                    |            |                                         |  |            | 13     |         | 00 |
|            | 14                                                                                                                   | a) Depreciation                                             | 11,700     | b) Less depreciation reported elsewhere |  | c) Balance | 14c    | 11,700  | 00 |
|            | 15                                                                                                                   | Depletion                                                   |            |                                         |  |            | 15     |         | 00 |
|            | 16                                                                                                                   | Advertising                                                 |            |                                         |  |            | 16     |         | 00 |
|            | 17                                                                                                                   | Pension, profit-sharing plans, etc                          |            |                                         |  |            | 17     | 24,000  | 00 |
|            | 18                                                                                                                   | Employee benefit programs                                   |            |                                         |  |            | 18     | 6,594   | 00 |
|            | 19                                                                                                                   | a) Total travel and entertainment                           |            | b) Deductible amount                    |  |            | 19b    |         | 00 |
|            | 20                                                                                                                   | Other deductions. Attach schedule                           | SEE STMT 3 |                                         |  |            | 20     | 29,292  | 00 |
|            | 21                                                                                                                   | <b>Total deductions.</b> Add line 7 through line 20         |            |                                         |  |            | 21     | 194,641 | 00 |
| 22         | <b>Ordinary income (loss) from trade or business.</b> Subtract line 21 from line 6. Enter here and on Side 1, line 1 |                                                             |            |                                         |  | 22         | 94,726 | 00      |    |

The corporation may not be required to complete Schedule L and Schedule M-1. See Schedule L and Schedule M-1 instructions for reporting requirements.

| Schedule L Balance Sheet                               |          | Beginning of taxable year |          | End of taxable year |  |
|--------------------------------------------------------|----------|---------------------------|----------|---------------------|--|
|                                                        | (a)      | (b)                       | (c)      | (d)                 |  |
| <b>Assets</b>                                          |          |                           |          |                     |  |
| 1 Cash                                                 |          | 29,945                    |          | 80,589              |  |
| 2 a Trade notes and accounts receivable                |          |                           |          |                     |  |
| b Less allowance for bad debts                         | (        | )                         | (        | )                   |  |
| 3 Inventories                                          |          |                           |          |                     |  |
| 4 Federal and state government obligations             |          |                           |          |                     |  |
| 5 Other current assets. Attach schedule(s)             |          |                           |          |                     |  |
| 6 Loans to shareholders. Attach schedule(s)            |          |                           |          |                     |  |
| 7 Mortgage and real estate loans                       |          |                           |          |                     |  |
| 8 Other investments. Attach schedule(s)                |          |                           |          |                     |  |
| 9 a Buildings and other fixed depreciable assets       | 108,359  |                           | 108,359  |                     |  |
| b Less accumulated depreciation                        | ( 37,276 | 71,083                    | ( 48,976 | 59,383              |  |
| 10 a Depletable assets                                 |          |                           |          |                     |  |
| b Less accumulated depletion                           | (        | )                         | (        | )                   |  |
| 11 Land (net of any amortization)                      |          |                           |          |                     |  |
| 12 a Intangible assets (amortizable only)              |          |                           |          |                     |  |
| b Less accumulated amortization                        | (        | )                         | (        | )                   |  |
| 13 Other assets. Attach schedule(s)                    |          |                           |          |                     |  |
| 14 <b>Total assets</b>                                 |          | 101,028                   |          | 139,972             |  |
| <b>Liabilities and shareholders' equity</b>            |          |                           |          |                     |  |
| 15 Accounts payable                                    |          |                           |          |                     |  |
| 16 Mortgages, notes, bonds payable in less than 1 year |          |                           |          |                     |  |
| 17 Other current liabilities. Attach schedule(s)       | STMT 4   | 63                        |          | 24,084              |  |
| 18 Loans from shareholders. Attach schedule(s)         |          |                           |          |                     |  |
| 19 Mortgages, notes, bonds payable in 1 year or more   |          |                           |          |                     |  |
| 20 Other liabilities. Attach schedule(s)               |          |                           |          |                     |  |
| 21 Capital stock                                       |          |                           |          |                     |  |
| 22 Paid-in or capital surplus                          |          |                           |          |                     |  |
| 23 Retained earnings                                   |          | 100,965                   |          | 115,888             |  |
| 24 Adjustments. Attach schedule(s)                     |          |                           |          |                     |  |
| 25 Less cost of treasury stock                         |          | (                         |          | (                   |  |
| 26 <b>Total liabilities and shareholders' equity</b>   |          | 101,028                   |          | 139,972             |  |



**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.**If the S corporation completed federal **Schedule M-3 (Form 1120-S)**. See instructions.

|                                                                                                      |         |                                                                                                                   |         |
|------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------|---------|
| 1 Net income per books                                                                               | 94,426  | 5 Income recorded on books this year not included on Schedule K, line 1 through line 10b (itemize)                |         |
| 2 Income included on Schedule K, line 1 through line 10b, not recorded on books this year (itemize)  |         | a Tax-exempt interest \$                                                                                          |         |
| 3 Expenses recorded on books this year not included on Schedule K, line 1 through line 12f (itemize) |         | b Other \$                                                                                                        |         |
| a Depreciation \$                                                                                    |         | c Total. Add line 5a and line 5b                                                                                  |         |
| b State taxes \$ 19,220                                                                              |         | 6 Deductions included on Schedule K, line 1 through line 12f, not charged against book income this year (itemize) |         |
| c Travel and entertainment \$                                                                        |         | a Depreciation \$                                                                                                 |         |
| d Other \$ 8,050                                                                                     |         | b State tax refunds \$                                                                                            |         |
| e Total. Add line 3a through line 3d STMT 5                                                          | 27,270  | c Other \$                                                                                                        |         |
| 4 Total. Add line 1 through line 3e                                                                  | 121,696 | d Total. Add line 6a through line 6c                                                                              |         |
|                                                                                                      |         | 7 Total. Add line 5c and line 6d                                                                                  |         |
|                                                                                                      |         | 8 Income (loss) (Schedule K, line 19, col. d).                                                                    |         |
|                                                                                                      |         | Subtract line 7 from line 4                                                                                       | 121,696 |

**Schedule M-2 CA Accumulated Adjustments Account, Other Adjustments Account, and Other Retained Earnings.** See instructions.**Important: Use California figures and federal procedures.**

|                                                                                                    | (a)<br>Accumulated<br>adjustments account | (b)<br>Other adjustments<br>account | (c)<br>Other retained earnings<br>(see instructions) |
|----------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|------------------------------------------------------|
| 1 Balance at beginning of year                                                                     | 100,965                                   | 0                                   | 0                                                    |
| 2 Ordinary income from Form 100S, Side 1, line 1                                                   | 94,726                                    |                                     |                                                      |
| 3 Other additions SEE STMT 6                                                                       | 27,270                                    |                                     |                                                      |
| 4 Loss from Form 100S, Side 1, line 1                                                              | ( )                                       |                                     |                                                      |
| 5 Other reductions SEE STMT 7                                                                      | (27,570)                                  | ( )                                 | ( )                                                  |
| 6 Combine line 1 through line 5                                                                    | 195,391                                   | 0                                   | 0                                                    |
| 7 Distributions other than dividend distributions                                                  | 79,503                                    |                                     |                                                      |
| 8 Balance at end of year. Subtract line 7 from line 6                                              | 115,888                                   | 0                                   |                                                      |
| 9 Retained earnings at end of year. Add line 8, column (a) through column (c)                      |                                           |                                     | 115,888                                              |
| 10 If the corp. has C corp. E&P at the end of the taxable year, enter the amount. See instructions |                                           |                                     |                                                      |

**Schedule V Cost of Goods Sold**

|                                                   |   |    |
|---------------------------------------------------|---|----|
| 1 Inventory at beginning of year                  | 1 | 00 |
| 2 Purchases                                       | 2 | 00 |
| 3 Cost of labor                                   | 3 | 00 |
| 4 Other IRC Section 263A costs. Attach schedule   | 4 | 00 |
| 5 Other costs. Attach schedule                    | 5 | 00 |
| 6 Total. Add line 1 through line 5                | 6 | 00 |
| 7 Inventory at end of year                        | 7 | 00 |
| 8 Cost of goods sold. Subtract line 7 from line 6 | 8 | 00 |

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

If "Yes," attach an explanation. Enter California seller's permit number, if any

Method of inventory valuation

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory computed under LIFO



**Schedule K S Corporation Shareholder's Shares of Income, Deductions, Credits, etc.**

|                                                               | (a)<br>Pro-rata share items                                                                                                                                                                               | (b)<br>Amount from<br>federal K (1120-S)                                  | (c)<br>California<br>Adjustment | (d)<br>Total amounts using<br>California law |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|----------------------------------------------|
| <b>Income (Loss)</b>                                          | 1 Ordinary business income (loss)                                                                                                                                                                         | 1 94,726                                                                  | 27,270                          | 121,996                                      |
|                                                               | 2 Net rental real estate income (loss). Attach federal Form 8825                                                                                                                                          | 2                                                                         |                                 |                                              |
|                                                               | 3 a Other gross rental income (loss)                                                                                                                                                                      | 3a                                                                        |                                 |                                              |
|                                                               | b Expenses from other rental activities. Att. sch.                                                                                                                                                        | 3b                                                                        |                                 |                                              |
|                                                               | c Other net rental income (loss). Subtract line 3b from line 3a                                                                                                                                           | 3c                                                                        |                                 |                                              |
|                                                               | 4 Interest income                                                                                                                                                                                         | 4                                                                         |                                 |                                              |
|                                                               | 5 Dividends. See instructions                                                                                                                                                                             | 5                                                                         |                                 |                                              |
|                                                               | 6 Royalties                                                                                                                                                                                               | 6                                                                         |                                 |                                              |
|                                                               | 7 Net short-term capital gain (loss). Attach Schedule D (100S)                                                                                                                                            | 7                                                                         |                                 |                                              |
| <b>Other Inc (Loss)</b>                                       | 8 Net long-term capital gain (loss). Attach Schedule D (100S)                                                                                                                                             | 8                                                                         |                                 |                                              |
|                                                               | 9 Net IRC Section 1231 gain (loss)                                                                                                                                                                        | 9                                                                         |                                 |                                              |
|                                                               | 10 a Other portfolio income (loss). Attach schedule                                                                                                                                                       | 10a                                                                       |                                 |                                              |
|                                                               | b Other income (loss). Attach schedule.                                                                                                                                                                   | 10b                                                                       |                                 |                                              |
|                                                               | 11 IRC Section 179 expense deduction. Attach Schedule B (100S).                                                                                                                                           | 11                                                                        |                                 |                                              |
|                                                               | 12 a Cash charitable contributions SEE STMT 8                                                                                                                                                             | 12a 300                                                                   |                                 | 300                                          |
|                                                               | b Noncash charitable contributions                                                                                                                                                                        | 12b                                                                       |                                 |                                              |
|                                                               | c Investment interest expense                                                                                                                                                                             | 12c                                                                       |                                 |                                              |
|                                                               | d 1 IRC Section 59(e)(2) expenditures                                                                                                                                                                     | 12d1                                                                      |                                 |                                              |
| <b>Deductions</b>                                             | 2 Type of expenditures                                                                                                                                                                                    | 12d2                                                                      |                                 |                                              |
|                                                               | e Deductions-portfolio. Attach schedule                                                                                                                                                                   | 12e                                                                       |                                 |                                              |
|                                                               | f Other deductions. Attach schedule                                                                                                                                                                       | 12f                                                                       |                                 |                                              |
|                                                               | 13 a Low-income housing credit. See instructions                                                                                                                                                          | 13a                                                                       |                                 |                                              |
|                                                               | b Credits related to rental real estate activities. Attach schedule                                                                                                                                       | 13b                                                                       |                                 |                                              |
|                                                               | c Credits related to other rental activities. See instructions. Attach schedule                                                                                                                           | 13c                                                                       |                                 |                                              |
|                                                               | d Other credits. Attach schedule SEE STMT 9                                                                                                                                                               | 13d                                                                       |                                 | 11,318                                       |
|                                                               | 14 Total withholding allocated to all shareholders                                                                                                                                                        | 14                                                                        |                                 |                                              |
|                                                               | <b>Credits</b>                                                                                                                                                                                            | 15 a Depreciation adjustment on property placed in service after 12/31/86 | 15a                             |                                              |
| b Adjusted gain or loss. See instructions                     |                                                                                                                                                                                                           | 15b                                                                       |                                 |                                              |
| c Depletion (other than oil and gas)                          |                                                                                                                                                                                                           | 15c                                                                       |                                 |                                              |
| d Gross income from oil, gas, and geothermal properties       |                                                                                                                                                                                                           | 15d                                                                       |                                 |                                              |
| e Deductions allocable to oil, gas, and geothermal properties |                                                                                                                                                                                                           | 15e                                                                       |                                 |                                              |
| f Other AMT items                                             |                                                                                                                                                                                                           | 15f                                                                       |                                 |                                              |
| <b>Alternative Minimum Tax (AMT) Items</b>                    | 16 a Tax-exempt interest income                                                                                                                                                                           | 16a                                                                       |                                 |                                              |
|                                                               | b Other tax-exempt income                                                                                                                                                                                 | 16b                                                                       |                                 |                                              |
|                                                               | c Nondeductible expenses                                                                                                                                                                                  | 16c                                                                       | 27,270                          | 27,270                                       |
|                                                               | d Total property distributions (including cash) other than dividends distribution reported on line 17c                                                                                                    | 16d 79,503                                                                |                                 | 79,503                                       |
| <b>Items Affecting Shareholder Basis</b>                      | 17 a Investment income. See instructions                                                                                                                                                                  | 17a                                                                       |                                 |                                              |
|                                                               | b Investment expenses. See instructions                                                                                                                                                                   | 17b                                                                       |                                 |                                              |
|                                                               | c Total dividend distributions paid from accumulated earnings and profits                                                                                                                                 | 17c                                                                       |                                 |                                              |
|                                                               | d Other items and amounts not included in lines 1 - 17b and lines 18a-e that are required to be reported separately to shareholders. Attach schedule SEE STMT 10                                          | 17d                                                                       |                                 | 289,367                                      |
| <b>Other Information</b>                                      | 18 a Type of income                                                                                                                                                                                       | 18a                                                                       |                                 |                                              |
|                                                               | b Name of state                                                                                                                                                                                           | 18b                                                                       |                                 |                                              |
|                                                               | c Total gross income from sources outside California. Attach schedule                                                                                                                                     | 18c                                                                       |                                 |                                              |
|                                                               | d Total applicable deductions and losses. Attach schedule                                                                                                                                                 | 18d                                                                       |                                 |                                              |
|                                                               | e Total other state taxes. Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Accrued                                                                                                      | 18e                                                                       |                                 |                                              |
| <b>Other State Taxes</b>                                      | 19 Income (loss) (required only if Schedule M-1 must be completed). Combine line 1, line 2, and line 3c through line 10b. From the result, subtract the sum of lines 11, 12a, 12b, 12c, 12d1, 12e and 12f | 19 94,426                                                                 | 27,270                          | 121,696                                      |
| <b>Reconciliation</b>                                         |                                                                                                                                                                                                           |                                                                           |                                 |                                              |

## ALL FEDERAL DEPRECIATION

**TAXABLE YEAR** **S Corporation Depreciation**  
**2025 and Amortization**

CALIFORNIA SCHEDULE

**B (100S)**

For use by S corporations only. Attach to Form 100S.

|                                |                                             |
|--------------------------------|---------------------------------------------|
| Corporation name<br>[REDACTED] | California corporation number<br>[REDACTED] |
|--------------------------------|---------------------------------------------|

**Part I Depreciation.** Use additional sheets if necessary.

|                                                                                                                                                                            |          |        |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|----|
| <b>1</b> Enter federal depreciation from federal Form 4562, line 22.<br>IRC Section 179 expense deduction is not included on this line. Get federal Form 4562 instructions | <b>1</b> | 11,700 | 00 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|----|

## California depreciation:

| (a)<br>Description of property | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or other basis | (d)<br>Depreciation allowed or<br>allowable in earlier years | (e)<br>Depreciation<br>method | (f)<br>Life or<br>rate | (g)<br>Depreciation<br>for this year |
|--------------------------------|--------------------------------------|----------------------------|--------------------------------------------------------------|-------------------------------|------------------------|--------------------------------------|
| <b>2</b>                       |                                      |                            |                                                              |                               |                        |                                      |
| SEE STATEMENT 11               |                                      |                            |                                                              |                               |                        | 3,650                                |
|                                |                                      |                            |                                                              |                               |                        |                                      |
|                                |                                      |                            |                                                              |                               |                        |                                      |
|                                |                                      |                            |                                                              |                               |                        |                                      |

|                                                                                                                                         |          |       |    |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|-------|----|
| <b>3</b> Add the amounts on line 2, column (g)                                                                                          | <b>3</b> | 3,650 | 00 |
| <b>4</b> Subtract line 3 from line 1. If negative, use brackets. Enter here and on the applicable line of Form 100S, Side 6, Schedule K | <b>4</b> | 8,050 | 00 |
| <b>5</b> Enter IRC Section 179 expense deduction here and on Form 100S, Side 2, line 12. Do not enter more than \$25,000                | <b>5</b> | 0     | 00 |

**Part II Amortization.** Use additional sheets if necessary.

|                                                                     |          |   |    |
|---------------------------------------------------------------------|----------|---|----|
| <b>1</b> Enter federal amortization from federal Form 4562, line 44 | <b>1</b> | 0 | 00 |
|---------------------------------------------------------------------|----------|---|----|

## California amortization:

| (a)<br>Description of property | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or other basis | (d)<br>Amortization allowed or<br>allowable in earlier years | (e)<br>Code Section | (f)<br>Period or<br>percentage | (g)<br>Amortization<br>for this year |
|--------------------------------|--------------------------------------|----------------------------|--------------------------------------------------------------|---------------------|--------------------------------|--------------------------------------|
| <b>2</b>                       |                                      |                            |                                                              |                     |                                |                                      |
|                                |                                      |                            |                                                              |                     |                                | 0                                    |
|                                |                                      |                            |                                                              |                     |                                |                                      |
|                                |                                      |                            |                                                              |                     |                                |                                      |

|                                                                                                                                                                             |          |  |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|----|
| <b>3</b> Add the amounts on line 2, column (g)                                                                                                                              | <b>3</b> |  | 00 |
| <b>4</b> California amortization adjustment. Subtract line 3 from line 1. If negative, use brackets. Enter here and on the applicable line of Form 100S, Side 6, Schedule K | <b>4</b> |  | 00 |

**Part III Depreciation and Amortization Adjustment**

|                                                                                                                                                                                         |          |       |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|----|
| <b>1</b> Combine the amounts on Part I, line 4, and Part II, line 4. Enter here (if negative, use brackets) and on Form 100S, Side 1, line 5. For passive activities, see instructions. | <b>1</b> | 8,050 | 00 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|----|

**TAXABLE YEAR** **Shareholder's Share of Income,**  
**2025 Deductions, Credits, etc.**

CALIFORNIA SCHEDULE

**K-1 (100S)**

TYB 01-01-2025 TYE 12-31-2025

- A** Current year allocation percentage ..... •  %
- B** Shareholder's number of shares: ..... Beginning  and Ending
- C** Loans from shareholder: ..... Beginning \$  and Ending \$
- D** Reportable transaction or tax shelter registration number(s)
- E** Check here if this is: ..... • (1) ☐ A final Schedule K-1 (2) ☐ An amended Schedule K-1
- F(1)** What type of entity is this shareholder? • (a) ☒ Individual (b) ☐ Estate/trust (c) ☐ Qualified exempt organization (d) ☐ Single member LLC
- F(2)** If the shareholder above is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:
- TIN: \_\_\_\_\_ • Name: \_\_\_\_\_
- G** Is this shareholder a resident of California? ..... • ☒ Yes ► ☐ No
- H** Corporation's total number of shares: ..... Beginning  and Ending

Shareholder's name

Shareholder's identifying number

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

|                                        | (a)<br>Pro-rata share items                                                                                        | (b)<br>Amount from<br>federal Schedule K-1<br>(Form 1120-S) | (c)<br>California<br>adjustment | (d)<br>Total amounts<br>using California law.<br>Combine col. (b) and col. (c)<br>where applicable | (e)<br>California<br>source amounts<br>and credits |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Income (Loss)                          | 1 Ordinary business income (loss) .....                                                                            | 94,726                                                      | 27,270                          | ● 121,996                                                                                          | ▶ 121,996                                          |
|                                        | 2 Net rental real estate income (loss) .....                                                                       |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | 3 Other net rental income (loss) .....                                                                             |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | 4 Interest income .....                                                                                            |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | 5 Dividends. See instructions .....                                                                                |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | 6 Royalties .....                                                                                                  |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | 7 Net short-term capital gain (loss) .....                                                                         |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | 8 Net long-term capital gain (loss) .....                                                                          |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | 9 Net IRC Section 1231 gain (loss) .....                                                                           |                                                             |                                 | ●                                                                                                  | ▶                                                  |
| Other<br>Income<br>(Loss)              | 10 a Other portfolio income (loss).<br>Attach schedule .....                                                       |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | b Other income (loss) .....                                                                                        |                                                             |                                 | ●                                                                                                  | ▶                                                  |
| Deductions                             | 11 IRC Section 179 expense deduction.<br>Attach schedules .....                                                    |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | 12 a Cash charitable contributions STMT 1 .....                                                                    | 300                                                         |                                 | ⊙ 300                                                                                              |                                                    |
|                                        | b Noncash charitable contributions .....                                                                           |                                                             |                                 | ⊙                                                                                                  |                                                    |
|                                        | c Investment interest expense .....                                                                                |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | d 1 IRC Section 59(e)(2) expenditures .....                                                                        |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | 2 Type of expenditures .....                                                                                       |                                                             |                                 |                                                                                                    |                                                    |
|                                        | e Deductions-portfolio .....                                                                                       |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | f Other deductions .....                                                                                           |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
| Credits                                | 13 a Low-income housing credit. See instructions. Attach schedule .....                                            |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | b Credits related to rental real estate activities other<br>than on line 13(a). Attach schedule .....              |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | c Credits related to other rental activities.<br>See instructions. Attach schedule .....                           |                                                             |                                 | ●                                                                                                  | ▶                                                  |
|                                        | d Other credits. Attach schedule STMT 2 .....                                                                      |                                                             |                                 | ● 11,318                                                                                           | ▶ 11,318                                           |
|                                        | 14 Total withholding (equals amount on Form 592-B<br>if calendar year) .....                                       |                                                             |                                 | ●                                                                                                  | ▶                                                  |
| Alternative Minimum Tax (AMT)<br>Items | 15 a Depreciation adjustment on property placed in<br>service after 12/31/86 .....                                 |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | b Adjusted gain or loss .....                                                                                      |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | c Depletion (other than oil and gas) .....                                                                         |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | d Gross income from oil, gas, and<br>geothermal properties .....                                                   |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | e Deductions allocable to oil, gas, and<br>geothermal properties .....                                             |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | f Other AMT items. Attach schedule .....                                                                           |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
| Items Affecting<br>Shareholder Basis   | 16 a Tax-exempt interest income .....                                                                              |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | b Other tax-exempt income .....                                                                                    |                                                             |                                 | ⊙                                                                                                  | ⊙                                                  |
|                                        | c Nondeductible expenses .....                                                                                     |                                                             | 27,270                          | ⊙ 27,270                                                                                           | ⊙ 27,270                                           |
|                                        | d Total property distributions (including cash)<br>other than dividends distribution reported<br>on line 17c ..... | 79,503                                                      |                                 | ● 79,503                                                                                           | ▶ 79,503                                           |
|                                        | e Repayment of loans from shareholders .....                                                                       |                                                             |                                 | ●                                                                                                  | ▶                                                  |

## Shareholder's name

## Shareholder's identifying number

**Caution:** Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

|                          | (a)<br>Pro-rata share items                                                                                     | (b)<br>Amount from<br>federal Schedule K-1<br>(Form 1120-S) | (c)<br>California<br>adjustment | (d)<br>Total amounts<br>using California law.<br>Combine col. (b) and col. (c)<br>where applicable | (e)<br>California<br>source amounts<br>and credits |
|--------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Other Information</b> | <b>17 a</b> Investment income. See instructions                                                                 |                                                             |                                 | <input checked="" type="radio"/>                                                                   | <input checked="" type="radio"/>                   |
|                          | <b>b</b> Investment expenses. See instructions                                                                  |                                                             |                                 | <input checked="" type="radio"/>                                                                   | <input checked="" type="radio"/>                   |
|                          | <b>c</b> Total taxable dividend distribution paid<br>from accumulated earnings and profits.<br>See instructions |                                                             |                                 | <input type="radio"/>                                                                              | <input type="radio"/>                              |
|                          | <b>d</b> Other information.<br>See instructions <u>STMT 3</u>                                                   |                                                             |                                 | <input checked="" type="radio"/> 289,367                                                           |                                                    |
| <b>Other State Taxes</b> | <b>18 a</b> Type of income                                                                                      |                                                             |                                 |                                                                                                    |                                                    |
|                          | <b>b</b> Name of state                                                                                          |                                                             |                                 |                                                                                                    |                                                    |
|                          | <b>c</b> Total gross income from sources outside California.<br>Attach schedule                                 |                                                             |                                 | <input checked="" type="radio"/>                                                                   | <input checked="" type="radio"/>                   |
|                          | <b>d</b> Total applicable deductions and losses.<br>Attach schedule                                             |                                                             |                                 | <input checked="" type="radio"/>                                                                   | <input checked="" type="radio"/>                   |
|                          | <b>e</b> Total other state taxes. Check one:<br><input type="checkbox"/> Paid <input type="checkbox"/> Accrued  |                                                             |                                 | <input type="radio"/>                                                                              | <input type="radio"/>                              |

**19** ☐ More than one activity for at-risk purposes. See instructions.

**20** ☐ More than one activity for passive activity purposes. See instructions.

**Table 1 — Each shareholder's share of nonbusiness income from intangibles. See instructions.**

Interest \$ \_\_\_\_\_ Royalties \$ \_\_\_\_\_ Dividends \$ \_\_\_\_\_  
 IRC Section 1231 Gains/Losses \$ \_\_\_\_\_ Capital Gains/Losses \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.**

**Table 2 — Shareholder's pro-rata share of business income and factors. See instructions.**

A. Shareholder's share of the S corporation's business income \$ \_\_\_\_\_

B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:

Capital Gains/Losses \$ \_\_\_\_\_ Rents/Royalties \$ \_\_\_\_\_

IRC Section 1231 Gains/Losses \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

C. Shareholder's share of the S corporation's property, payroll, and sales:

| Factors             | Total within and outside California | Total within California |
|---------------------|-------------------------------------|-------------------------|
| Property: Beginning | \$                                  | \$                      |
| Ending              | \$                                  | \$                      |
| Annual Rent Expense | \$                                  | \$                      |
| Payroll             | \$                                  | \$                      |
| Sales               | \$                                  | \$                      |



TAXABLE YEAR

**2025****Pass-Through Entity  
Elective Tax Calculation**

CALIFORNIA FORM

**3804**

Attach to Form 100S, Form 565, or Form 568.

Electing Qualified PTE Business name (as shown on tax return)

☒ FEIN☐ CA Corp no.☐ CA SOS file no.**Part I Elective Tax**

|          |                                                                                                                                                                                          |                                  |          |         |    |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|---------|----|
| <b>1</b> | Total qualified net income from all qualified taxpayers (combine all box a amounts from the Schedule of Qualified Taxpayers below, Side 2, and any additional pages)                     | <input checked="" type="radio"/> | <b>1</b> | 121,696 | 00 |
| <b>2</b> | Elective tax rate                                                                                                                                                                        |                                  | <b>2</b> | 9.3 %   |    |
| <b>3</b> | <b>Multiply line 1 by line 2.</b> This is the total amount of elective tax. Enter the result here and on Form 100S, line 29; or Form 565, line 25; or Form 568, line 4. See instructions | <input checked="" type="radio"/> | <b>3</b> | 11,318  | 00 |

**Part II Schedule of Qualified Taxpayers** (SMLLCs, estates, and trusts, see instructions.)(If there are more than seven qualified taxpayers, use Side 2 to continue. **Do not** attach Side 2 of the Schedule of Qualified Taxpayers, if blank.)

|          |                                                                                                   |                                             |                                               |                                                                               |    |
|----------|---------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------|----|
| <b>1</b> | First name<br><input checked="" type="radio"/>                                                    | Initial<br><input checked="" type="radio"/> | Last name<br><input checked="" type="radio"/> | <input checked="" type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN |    |
|          | a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income | <input checked="" type="radio"/>            | <b>a</b>                                      | 121,696                                                                       | 00 |
|          | b. Elective tax credit amount (Multiply box a by 9.3% and enter the result.)                      | <input checked="" type="radio"/>            | <b>b</b>                                      | 11,318                                                                        | 00 |
| <b>2</b> | First name<br><input checked="" type="radio"/>                                                    | Initial<br><input checked="" type="radio"/> | Last name<br><input checked="" type="radio"/> | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN            |    |
|          | a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income | <input checked="" type="radio"/>            | <b>a</b>                                      |                                                                               | 00 |
|          | b. Elective tax credit amount (Multiply box a by 9.3% and enter the result.)                      | <input checked="" type="radio"/>            | <b>b</b>                                      |                                                                               | 00 |
| <b>3</b> | First name<br><input checked="" type="radio"/>                                                    | Initial<br><input checked="" type="radio"/> | Last name<br><input checked="" type="radio"/> | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN            |    |
|          | a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income | <input checked="" type="radio"/>            | <b>a</b>                                      |                                                                               | 00 |
|          | b. Elective tax credit amount (Multiply box a by 9.3% and enter the result.)                      | <input checked="" type="radio"/>            | <b>b</b>                                      |                                                                               | 00 |
| <b>4</b> | First name<br><input checked="" type="radio"/>                                                    | Initial<br><input checked="" type="radio"/> | Last name<br><input checked="" type="radio"/> | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN            |    |
|          | a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income | <input checked="" type="radio"/>            | <b>a</b>                                      |                                                                               | 00 |
|          | b. Elective tax credit amount (Multiply box a by 9.3% and enter the result.)                      | <input checked="" type="radio"/>            | <b>b</b>                                      |                                                                               | 00 |
| <b>5</b> | First name<br><input checked="" type="radio"/>                                                    | Initial<br><input checked="" type="radio"/> | Last name<br><input checked="" type="radio"/> | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN            |    |
|          | a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income | <input checked="" type="radio"/>            | <b>a</b>                                      |                                                                               | 00 |
|          | b. Elective tax credit amount (Multiply box a by 9.3% and enter the result.)                      | <input checked="" type="radio"/>            | <b>b</b>                                      |                                                                               | 00 |
| <b>6</b> | First name<br><input checked="" type="radio"/>                                                    | Initial<br><input checked="" type="radio"/> | Last name<br><input checked="" type="radio"/> | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN            |    |
|          | a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income | <input checked="" type="radio"/>            | <b>a</b>                                      |                                                                               | 00 |
|          | b. Elective tax credit amount (Multiply box a by 9.3% and enter the result.)                      | <input checked="" type="radio"/>            | <b>b</b>                                      |                                                                               | 00 |
| <b>7</b> | First name<br><input checked="" type="radio"/>                                                    | Initial<br><input checked="" type="radio"/> | Last name<br><input checked="" type="radio"/> | <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN            |    |
|          | a. Sum of pro-rata or distributive share and guaranteed payments included in qualified net income | <input checked="" type="radio"/>            | <b>a</b>                                      |                                                                               | 00 |
|          | b. Elective tax credit amount (Multiply box a by 9.3% and enter the result.)                      | <input checked="" type="radio"/>            | <b>b</b>                                      |                                                                               | 00 |

California Statements

FYE: 12/31/2025

Statement 1 - Form 100S, Side 3, Question M - Location of Principal Accounting Records

Address

City

State

Zip Code

Country

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California Statements

FYE: 12/31/2025

Statement 2 - Form 100S, Side 4, Schedule F, Line 7 - Compensation of Officers

| Name<br>(a) |  |            |            |            |            |            |               |                |                     |  |  |
|-------------|--|------------|------------|------------|------------|------------|---------------|----------------|---------------------|--|--|
| Address     |  | City       | State      | Zip Code   | Position   | SSN<br>(b) | % Time<br>(c) | % Stock<br>(d) | Compensation<br>(f) |  |  |
| [REDACTED]  |  | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |               | 100.000        | \$ 96,000           |  |  |
| Total       |  |            |            |            |            |            |               |                | \$ 96,000           |  |  |

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## California Statements

FYE: 12/31/2025

**Statement 3 - Form 100S, Side 4, Schedule F, Line 20 - Other Deductions**

| Description          | Amount           |
|----------------------|------------------|
| Automobile Expenses  | \$ 5,550         |
| Continuing Education | 75               |
| Dues & Subscriptions | 213              |
| Insurance            | 11,124           |
| Internet             | 950              |
| Office expense       | 3,600            |
| Postage              | 373              |
| Professional Fees    | 3,764            |
| Supplies             | 2,443            |
| Telephone            | 1,200            |
| Total                | <u>\$ 29,292</u> |

**Statement 4 - Form 100S, Side 4, Schedule L, Line 17 - Other Current Liabilities**

| Description         | Beginning<br>of Year | End<br>of Year   |
|---------------------|----------------------|------------------|
| Payroll Liabilities | \$ 63                | \$ 84            |
| Pension Payable     |                      | 24,000           |
| Total               | <u>\$ 63</u>         | <u>\$ 24,084</u> |

**Statement 5 - Form 100S, Side 5, Schedule M-1, Line 3d - Books Expenses Not Included On Return**

| Description  | Amount          |
|--------------|-----------------|
| Depreciation | \$ 8,050        |
| Total        | <u>\$ 8,050</u> |

**Statement 6 - Form 100S, Side 5, Schedule M-2 - Accumulated Adjustments Account Other Additions**

| Description             | Amount           |
|-------------------------|------------------|
| Contributed Capital     | \$               |
| Fed/CA Depr & Amort Adj | 8,050            |
| State Taxes             | 19,220           |
| Total                   | <u>\$ 27,270</u> |

## California Statements

FYE: 12/31/2025

**Statement 7 - Form 100S, Side 5, Schedule M-2 - Accumulated Adjustments Account Other Reductions**

| Description              | Amount           |
|--------------------------|------------------|
| Depreciation             | \$ 8,050         |
| Charitable Contributions | 300              |
| State Taxes              | 19,220           |
| Total                    | <u>\$ 27,570</u> |

**Statement 8 - Form 100S, Side 6, Schedule K, Line 12a - Cash Charitable Contributions**

| Description | Cash<br>50%   | Cash<br>30% | California<br>Adj | Total         |
|-------------|---------------|-------------|-------------------|---------------|
|             | \$ 300        | \$          | \$                | \$ 300        |
| Total       | <u>\$ 300</u> | <u>\$ 0</u> | <u>\$ 0</u>       | <u>\$ 300</u> |

**Statement 9 - Form 100S, Side 6, Schedule K, Line 13d - Other Credits**

| Description                | California<br>Amount |
|----------------------------|----------------------|
| Pass-through Entity Tax Cr | \$ 11,318            |
| Total                      | <u>\$ 11,318</u>     |

**Statement 10 - Form 100S, Side 6, Schedule K, Line 17d - Other Items and Amounts**

| Description | Amount            |
|-------------|-------------------|
| Gross Sales | \$ 289,367        |
| Total       | <u>\$ 289,367</u> |



## California Statements

FYE: 12/31/2025

## Regular Depreciation

Statement 11 - Form 100S, Schedule B, Part I, Line 2 - California Depreciation (All)

| Description | Date<br>Acquired | Cost              | Accum<br>Depr   | Method | Life | Current<br>Depr |
|-------------|------------------|-------------------|-----------------|--------|------|-----------------|
| Auto        | 1/01/2023        | \$ 108,359        | \$ 6,100        | MACRS  | 5.0  | \$ 3,650        |
| Total       |                  | <u>\$ 108,359</u> | <u>\$ 6,100</u> |        |      | <u>\$ 3,650</u> |

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FYE: 12/31/2025

## California Statements

**Statement 1 - Form 100S, Schedule K-1, Line 12a - Cash Charitable Contributions - 50% Limitation**

| Description | Federal<br>Schedule K-1 | California<br>Adjustment | California<br>Amount | California<br>Source |
|-------------|-------------------------|--------------------------|----------------------|----------------------|
|             | \$ 300                  | \$ 0                     | \$ 300               | \$ 300               |
| Total       | \$ 300                  | \$                       | \$ 300               | \$ 300               |

**Statement 2 - Form 100S, Schedule K-1, Line 13d - Other Credits**

| Description                | California<br>Amount | California<br>Source |
|----------------------------|----------------------|----------------------|
| Pass-through Entity Tax Cr | 11,318               | 11,318               |

## California Statements

FYE: 12/31/2025

**Statement 3 - Form 100S, Schedule K-1, Line 17d - Other Information**

| <u>Description</u>                                   | <u>Amount</u> |
|------------------------------------------------------|---------------|
| Aggregate Gross Receipts less Returns and Allowances | 289,367       |

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FYE: 12/31/2025

**CA Asset Report**  
**Form 1120-S, Page 1**

| Asset                                   | Description | Date<br>In Service | Cost           | Basis<br>for Depr | CA<br>Prior  | CA<br>Current | Federal<br>Current | Difference<br>Fed - CA |
|-----------------------------------------|-------------|--------------------|----------------|-------------------|--------------|---------------|--------------------|------------------------|
| <b>Listed Property:</b>                 |             |                    |                |                   |              |               |                    |                        |
| I                                       | Auto        | 1/01/2023          | 108,359        | 108,359           | 6,100        | 3,650         | 11,700             | 8,050                  |
|                                         |             |                    | <u>108,359</u> | <u>108,359</u>    | <u>6,100</u> | <u>3,650</u>  | <u>11,700</u>      | <u>8,050</u>           |
| <b>Grand Totals</b>                     |             |                    | 108,359        | 108,359           | 6,100        | 3,650         | 11,700             | 8,050                  |
| <b>Less: Dispositions</b>               |             |                    | 0              | 0                 | 0            | 0             | 0                  | 0                      |
| <b>Less: Start-up/Org Expense</b>       |             |                    | 0              | 0                 | 0            | 0             | 0                  | 0                      |
| <b>Less: Domestic R &amp; E Expense</b> |             |                    | 0              | 0                 | 0            | 0             | 0                  | 0                      |
| <b>Net Grand Totals</b>                 |             |                    | <u>108,359</u> | <u>108,359</u>    | <u>6,100</u> | <u>3,650</u>  | <u>11,700</u>      | <u>8,050</u>           |

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FYE: 12/31/2025

**CA AMT Asset Report**  
**Form 1120-S, Page 1**

| Asset                                   | Description | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | PerConv Meth | Prior        | Current      |
|-----------------------------------------|-------------|--------------------|----------------|----------|------------------|-------------------|--------------|--------------|--------------|
| <b>Listed Property:</b>                 |             |                    |                |          |                  |                   |              |              |              |
| I                                       | Auto        | 1/01/2023          | 108,359        |          |                  | 108,359           | 5 HY 150DB   | 9,960        | 3,650        |
|                                         |             |                    | <u>108,359</u> |          |                  | <u>108,359</u>    |              | <u>9,960</u> | <u>3,650</u> |
| <b>Grand Totals</b>                     |             |                    | 108,359        |          |                  | 108,359           |              | 9,960        | 3,650        |
| <b>Less: Dispositions and Transfers</b> |             |                    | <u>0</u>       |          |                  | <u>0</u>          |              | <u>0</u>     | <u>0</u>     |
| <b>Net Grand Totals</b>                 |             |                    | <u>108,359</u> |          |                  | <u>108,359</u>    |              | <u>9,960</u> | <u>3,650</u> |



**CA Future Depreciation Report****FYE: 12/31/2026**

FYE: 12/31/2025

**Form 1120-S, Page 1**

| Asset                   | Description | Date In Service | Cost           | CA           | CA AMT       |
|-------------------------|-------------|-----------------|----------------|--------------|--------------|
| <b>Listed Property:</b> |             |                 |                |              |              |
| 1                       | Auto        | 1/01/2023       | 108,359        | 2,175        | 2,175        |
|                         |             |                 | <u>108,359</u> | <u>2,175</u> | <u>2,175</u> |
| <b>Grand Totals</b>     |             |                 | <u>108,359</u> | <u>2,175</u> | <u>2,175</u> |

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|                                                 |                                                        |                                |             |
|-------------------------------------------------|--------------------------------------------------------|--------------------------------|-------------|
| <b>Form 100S</b>                                | <b>CA Charitable Contributions Allowable Worksheet</b> |                                | <b>2025</b> |
| For calendar year 2025 or fiscal year beginning |                                                        | and ending                     |             |
| Name                                            | California Corporation Number                          | Employer Identification Number |             |
| [REDACTED]                                      | [REDACTED]                                             | [REDACTED]                     |             |

|    |                                                                                                               |    |         |
|----|---------------------------------------------------------------------------------------------------------------|----|---------|
| 1  | Ordinary income (loss) from trade or business activities from Schedule F or federal form 1120S, line 21       | 1  | 94,726  |
| 2  | Foreign or domestic tax based on income or profits and California franchise or income tax deducted            | 2  | 19,220  |
| 3  | Interest on government obligations                                                                            | 3  |         |
| 4  | Net capital gain from Schedule D (100S), Section A & Section B                                                | 4  |         |
| 5  | Depreciation and amortization adjustments from Schedule B (100S)                                              | 5  | 8,050   |
| 6  | Portfolio income                                                                                              | 6  |         |
| 7  | Other additions                                                                                               | 7  |         |
| 8  | Total. Add line 1 through line 7                                                                              | 8  | 121,996 |
| 9  | Dividends received deduction                                                                                  | 9  |         |
| 10 | Water's-edge dividend deduction                                                                               | 10 |         |
| 11 | Other deductions                                                                                              | 11 |         |
| 12 | Total. Add line 9 through line 11                                                                             | 12 |         |
| 13 | Net income (loss) after state adjustments (without regard to contributions). Subtract line 12 from line 8     | 13 | 121,996 |
| 14 | Deduction for dividends received                                                                              | 14 |         |
| 15 | Net income for contribution calculation purposes. Add line 13 and line 14                                     | 15 | 121,996 |
| 16 | Contributions. Multiply line 15 by 10% (.10)                                                                  | 16 | 12,200  |
| 17 | Enter the amount actually contributed (current year plus carryover amount)                                    | 17 | 300     |
| 18 | Charitable contributions allowed for CA (enter the smaller of line 16 or line 17 here and on Side 2, line 11) | 18 | 300     |

|                                                 |                                                                 |                                |             |
|-------------------------------------------------|-----------------------------------------------------------------|--------------------------------|-------------|
| <b>Form 100S</b>                                | <b>CA Page 1 Depreciation/Amortization Adjustment Worksheet</b> |                                | <b>2025</b> |
| For calendar year 2025 or fiscal year beginning |                                                                 | and ending                     |             |
| Name                                            | California Corporation Number                                   | Employer Identification Number |             |
| [REDACTED]                                      | [REDACTED]                                                      | [REDACTED]                     |             |

- |                                                                                                                                                                                                                                    |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1. Federal depreciation from federal Form 4562, line 22, for assets included on Form 100S, Side 1, line 1 .....                                                                                                                    | 11,700 |
| 2. California depreciation for assets included on federal Form 1120S, Page 1, line 21, ordinary income, plus<br>California depreciation on non-passive activities <b>not</b> reported on federal Form 1120S, page 1, line 21 ..... | 3,650  |
| 3. California depreciation adjustment. Subtract line 2 from line 1. ....                                                                                                                                                           | 8,050  |
|                                                                                                                                                                                                                                    |        |
| 4. Federal amortization from federal Form 4562, line 44, for assets included on Form 100S, Side 1, line 1 .....                                                                                                                    |        |
| 5. California amortization for assets included on federal Form 1120S, Page 1, line 21, ordinary income, plus<br>California amortization on non-passive activities <b>not</b> reported on federal Form 1120S, page 1, line 21 ..... |        |
| 6. California amortization adjustment. Subtract line 5 from line 4. ....                                                                                                                                                           | 0      |
|                                                                                                                                                                                                                                    |        |
| 7. Line 3 plus line 6. This is the depreciation/amortization adjustment on Form 100S, Side 1, line 5. ....                                                                                                                         | 8,050  |

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|                  |                                                      |                                                 |                                |
|------------------|------------------------------------------------------|-------------------------------------------------|--------------------------------|
| Form <b>100S</b> | <b>CA Retained Earnings Reconciliation Worksheet</b> |                                                 | <b>2025</b>                    |
| Name             |                                                      | For calendar year 2025 or fiscal year beginning | and ending                     |
|                  |                                                      |                                                 |                                |
| Name             |                                                      | California Corporation Number                   | Employer Identification Number |
|                  |                                                      |                                                 |                                |

### Schedule L - Retained Earnings

|                                             |             |
|---------------------------------------------|-------------|
| Accumulated Adjustments Account             | 115,888     |
| Other Adjustments Account                   | 0           |
| Other Retained Earnings                     | 0           |
| Accumulated Earnings and Profits            | 0           |
| Timing Differences                          | 0           |
| <br>Schedule L, Line 23 - Retained Earnings | <br>115,888 |

### Schedule M-2 - Retained Earnings

|                              | Accumulated<br>Adjustments<br>Account | Other<br>Adjustments<br>Account | Other<br>Retained<br>Earnings | Accumulated<br>Earnings<br>and Profits | Timing<br>Differences | Total<br>Retained<br>Earnings |
|------------------------------|---------------------------------------|---------------------------------|-------------------------------|----------------------------------------|-----------------------|-------------------------------|
| Beginning Year Balance       | 100,965                               |                                 |                               |                                        |                       | 100,965                       |
| Ordinary Income (Loss)       | 94,726                                |                                 |                               |                                        |                       | 94,726                        |
| Other Additions              | 27,270                                |                                 |                               |                                        |                       | 27,270                        |
| Other Reductions             | 27,570                                |                                 |                               |                                        |                       | 27,570                        |
| Balance Before Distributions | 195,391                               |                                 |                               |                                        |                       | 195,391                       |
| Distributions                | 79,503                                |                                 |                               |                                        |                       | 79,503                        |
| Ending Year Balance          | 115,888                               | 0                               | 0                             | 0                                      | 0                     | 115,888                       |

## California Statements

FYE: 12/31/2025

**Form 100S, Retained Earnings Reconciliation Wrk, Other Adjustments Account - Other Additions**

| Description             | Amount    |
|-------------------------|-----------|
| Contributed Capital     | \$        |
| Fed/CA Depr & Amort Adj | 8,050     |
| State Taxes             | 19,220    |
| Total                   | \$ 27,270 |

**Form 100S, Retained Earnings Reconciliation Wrk, Other Adjustments Account - Other Reductions**

| Description              | Amount    |
|--------------------------|-----------|
| Depreciation             | \$ 8,050  |
| Charitable Contributions | 300       |
| State Taxes              | 19,220    |
| Total                    | \$ 27,570 |



## CA Schedule K Adjustment Worksheet

Form **100S****2025**

For calendar year 2025 or fiscal year beginning

and ending

Name

California Corporation Number

Employer Identification Number

**Ordinary Income (Loss) from Trade or Business**Amount from federal Schedule K (1120S) 94,726**California adjustments:**

Adjustment entered on Screen CAK \_\_\_\_\_

Alcohol fuel credit \_\_\_\_\_ ( )

Biodiesel fuel credit \_\_\_\_\_ ( )

Built-In Gains tax Fed-CA difference \_\_\_\_\_

Capitalized orphan drug credit \_\_\_\_\_

Capitalized research credit \_\_\_\_\_

Depreciation and amortization Fed-CA difference (Page 1, COGS, Farm, & Oil/Gas) 8,050

Disabled access credit \_\_\_\_\_ ( )

Employer childcare credit \_\_\_\_\_ ( )

Employer pension plan credit \_\_\_\_\_ ( )

Employer tip credit reduction \_\_\_\_\_ ( )

Employment credit wages \_\_\_\_\_ ( )

Energy efficient home credit \_\_\_\_\_ ( )

Entertainment expenses \_\_\_\_\_ ( )

Hiring credit (Enterprise Zone, LAMBRA) \_\_\_\_\_

Interest expense Fed-CA difference (Page 1, Farm) \_\_\_\_\_

Low sulfur diesel fuel credit \_\_\_\_\_ ( )

Ordinary gain (loss) Fed 4797-CA Sch D-1 difference \_\_\_\_\_

Orphan drug credit \_\_\_\_\_ ( )

Pass-through entity (Sch K-1) Fed-CA difference \_\_\_\_\_

Research credit Fed-CA difference \_\_\_\_\_

Section 179/280F recapture (Page 1, Farm) \_\_\_\_\_ ( )

Start-up expense difference (Page 1, COGS, Farm) \_\_\_\_\_

State tax refunds \_\_\_\_\_ ( )

State taxes 19,220

Tax bond holder credit \_\_\_\_\_ ( )

California amount 121,996**Net Income (Loss) from Rental Real Estate**

Amount from federal Schedule K (1120S) \_\_\_\_\_

Form 8825 Fed-CA difference \_\_\_\_\_

Pass-through entity (Sch K-1) Fed-CA difference \_\_\_\_\_

California amount \_\_\_\_\_

**Gross Income from Other Rental Activities**

Amount from federal Schedule K (1120S) \_\_\_\_\_

Rent &amp; royalty worksheet Fed-CA difference \_\_\_\_\_

Pass-through entity (Sch K-1) Fed-CA difference \_\_\_\_\_

California amount \_\_\_\_\_

**Expense from Other Rental Activities**

Amount from federal Schedule K (1120S) \_\_\_\_\_

Rent &amp; royalty worksheet Fed-CA difference \_\_\_\_\_

California amount \_\_\_\_\_

**Royalty Income**

Amount from federal Schedule K (1120S) \_\_\_\_\_

Rent &amp; royalty worksheet income Fed-CA difference \_\_\_\_\_

Pass-through entity (Sch K-1) Fed-CA difference \_\_\_\_\_

California amount \_\_\_\_\_

|                                                                        |                                        |                                |             |
|------------------------------------------------------------------------|----------------------------------------|--------------------------------|-------------|
| Form <b>100/100S/100W</b>                                              | <b>CA Financial Transaction Record</b> |                                | <b>2025</b> |
| For calendar year 2025 or fiscal year beginning _____ and ending _____ |                                        |                                |             |
| Name                                                                   | California Corporation Number          | Employer Identification Number |             |
|                                                                        |                                        |                                |             |

**Electronic Funds Withdrawal or Direct Deposit**

This record is included with the California electronic file for taxpayers who elect to pay their tax balance by electronic funds withdrawal or who choose to have their refund deposited directly into their bank account

|                                                  |                                     |                 |
|--------------------------------------------------|-------------------------------------|-----------------|
| Electronic Funds Withdrawal (Direct Debit) ..... | <input type="checkbox"/>            |                 |
| Direct Deposit of Refund .....                   | <input checked="" type="checkbox"/> |                 |
| Routing Transit Number .....                     |                                     |                 |
| Bank Account Number .....                        |                                     |                 |
| Type of Account .....                            |                                     | <b>CHECKING</b> |
| Taxpayer Phone Number .....                      |                                     |                 |
| Requested Payment Date .....                     |                                     | <b>03/16/26</b> |
| Amount of Tax Payment .....                      |                                     |                 |
| Refund to be Deposited .....                     |                                     | <b>3,757</b>    |

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|                                                                             |                                                |                                                                                                                                                                                 |             |
|-----------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Form <b>100S</b><br><b>Schedule K-1</b>                                     | <b>CA Shareholder's Basis Worksheet Page 1</b> |                                                                                                                                                                                 | <b>2025</b> |
| Name <span style="background-color: black; color: black;">[REDACTED]</span> |                                                | For calendar year 2025 or fiscal year beginning _____ and ending _____<br>Taxpayer Identification Number <span style="background-color: black; color: black;">[REDACTED]</span> |             |

**Stock Basis**

|                                                                                                                 |         |
|-----------------------------------------------------------------------------------------------------------------|---------|
| 1. Beginning of year stock basis .....                                                                          | 100,965 |
| 2. Capital contributions .....                                                                                  |         |
| <b>Additions:</b>                                                                                               |         |
| 3. Ordinary business income .....                                                                               | 121,996 |
| 4. Net rental income .....                                                                                      |         |
| 5. Interest, dividends, royalties and net capital gains .....                                                   |         |
| 6. Net section 1231 gain .....                                                                                  |         |
| 7. Tax-exempt interest and other income .....                                                                   |         |
| 8. Other income .....                                                                                           |         |
| 9. Gain on disposal of Section 179 assets .....                                                                 | 121,996 |
| 10. Other increases .....                                                                                       |         |
| 11. Subtotal (Add line 1 through line 10) .....                                                                 | 222,961 |
| <b>Subtractions:</b>                                                                                            |         |
| 12. Distributions .....                                                                                         | 79,503  |
| 13. Total losses and deductions applied against stock basis (See CA Shareholder's Basis Worksheet Page 2) ..... | 27,570  |
| 14. Other decreases .....                                                                                       |         |
| 15. Amount used to restore loan basis .....                                                                     |         |
| 16. End of year stock basis (Subtract the sum of lines 12 through 15 from line 11) .....                        | 115,888 |

**Loan Basis**

|                                                                                                                |         |
|----------------------------------------------------------------------------------------------------------------|---------|
| 17. Beginning of year loan basis .....                                                                         |         |
| 18. Loans to corporation .....                                                                                 |         |
| 19. Loan basis restored - amount used in prior years to offset losses .....                                    |         |
| 20. Other increases .....                                                                                      |         |
| 21. Loan repayments .....                                                                                      |         |
| 22. Total losses and deductions applied against loan basis (See CA Shareholder's Basis Worksheet Page 2) ..... |         |
| 23. Other decreases .....                                                                                      |         |
| 24. End of year loan basis (Subtract the sum of lines 21 through 23 from the sum of lines 17 through 20) ..... | 0       |
| 25. End of year stock and loan basis (Add line 16 and line 24) .....                                           | 115,888 |

Principal amount of loan owed to shareholder at end of the year ..... 0

**Gain Recognized on Excess Distributions**

|                                                                                   |         |
|-----------------------------------------------------------------------------------|---------|
| 26. Distributions .....                                                           | 79,503  |
| 27. Stock basis before distributions and loss items .....                         | 222,961 |
| 28. Gain recognized on excess distributions (Subtract line 27 from line 26) ..... | * 0     |

**Gain Recognized on Repayment of Shareholder Loan**

|                                                                                                |  |
|------------------------------------------------------------------------------------------------|--|
| 29. Loan basis at beginning of tax year .....                                                  |  |
| 30. Loan basis restored - amount used in prior years to offset losses .....                    |  |
| 31. Loan basis before loan repayment (Add line 29 and line 30) .....                           |  |
| 32. Shareholder loan at beginning of tax year .....                                            |  |
| 33. Loan repayments to shareholder during tax year .....                                       |  |
| 34. Nontaxable return of loan basis ((Line 31 divided by line 32) multiplied by line 33) ..... |  |
| 35. Gain recognized on repayment of shareholder loan (Subtract line 34 from line 33) .....     |  |

**\* NO GAIN RECOGNIZED IN CURRENT YEAR.**

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

## CA Shareholder's Basis Worksheet Page 2

Form **100S**  
**Schedule K-1**

For calendar year 2025 or fiscal year beginning

and ending

**2025**

Name

Taxpayer Identification Number

**Loss Allocated to Stock and Loan Basis**

|                                   | Suspended<br>Losses | Current<br>Year Loss | Total<br>Loss | Percent | Allowed Stock<br>Loss | Disallowed<br>Stock<br>Loss | Percent | Allowed Loan<br>Loss | Disallowed<br>Loss to<br>Carryforward | Total<br>Allowed Loss |
|-----------------------------------|---------------------|----------------------|---------------|---------|-----------------------|-----------------------------|---------|----------------------|---------------------------------------|-----------------------|
| Nondeductible noncap expenses     |                     | 27,270               | 27,270        | 100.00  | 27,270                |                             |         |                      |                                       | 27,270                |
| Deductible items:                 |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Ordinary business loss            |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Net rental real estate loss       |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Other net rental loss             |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Short-term capital loss           |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Long-term capital loss            |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Net section 1231 loss             |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Other portfolio loss              |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Other losses                      |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Section 179 expense               |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Cash contributions (50%)          |                     | 300                  | 300           | 100.00  | 300                   |                             |         |                      |                                       | 300                   |
| Cash contributions (30%)          |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Noncash contributions (50%)       |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Qual conserv contrib (50%)        |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Noncash contributions (30%)       |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Cap gain prop 50% org (30%)       |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Cap gain prop (20%)               |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Qual conserv contrib (100%)       |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Portfolio deductions (2% floor)   |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Portfolio deductions (other)      |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Investment interest expense       |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Deductions-royalty income         |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Section 59(e)(2) expend           |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Preproductive period exp          |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Reforestation expense ded         |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Other deductions                  |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Foreign taxes                     |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Loss on disposal of 179 assets    |                     |                      |               |         |                       |                             |         |                      |                                       |                       |
| Total deductible items            |                     | 300                  | 300           | 100.00  | 300                   |                             |         |                      |                                       | 300                   |
| Total nonded and deductible items |                     | 27,570               | 27,570        |         | 27,570                |                             |         |                      |                                       | 27,570                |

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

| Form <b>100S</b>                   |                                                            | <b>CA Two Year Comparison Worksheet Page 1</b> |                                | <b>2024 &amp; 2025</b> |
|------------------------------------|------------------------------------------------------------|------------------------------------------------|--------------------------------|------------------------|
| Name                               |                                                            | California Corporate Number                    | Employer Identification Number |                        |
|                                    |                                                            |                                                |                                |                        |
|                                    |                                                            | <b>2024</b>                                    | <b>2025</b>                    | <b>Differences</b>     |
| <b>State<br/>Adjustments</b>       | Ordinary income (loss) from trade or business              | 18,043                                         | 94,726                         | 76,683                 |
|                                    | Foreign or domestic tax deducted                           | 9,733                                          | 19,220                         | 9,487                  |
|                                    | Interest on government obligations                         |                                                |                                |                        |
|                                    | Net CA capital gain from Schedule D, Section A & Section B |                                                |                                |                        |
|                                    | Depreciation and amortization adjustments                  | 13,400                                         | 8,050                          | -5,350                 |
|                                    | Portfolio income                                           |                                                |                                |                        |
|                                    | Other additions                                            |                                                |                                |                        |
|                                    | <b>Total</b>                                               | <b>41,176</b>                                  | <b>121,996</b>                 | <b>80,820</b>          |
|                                    | Dividends received deduction (Schedule H)                  |                                                |                                |                        |
|                                    | Water's-edge dividend deduction (Schedule H)               |                                                |                                |                        |
|                                    | Contributions                                              | 775                                            | 300                            | -475                   |
|                                    | Other deductions                                           |                                                |                                |                        |
|                                    | <b>Total</b>                                               | <b>775</b>                                     | <b>300</b>                     | <b>-475</b>            |
|                                    | <b>Net income (loss) after state adjustments</b>           | <b>40,401</b>                                  | <b>121,696</b>                 | <b>81,295</b>          |
| <b>Net<br/>Income</b>              | Average apportionment percentage (Schedule R)              | 100.0000                                       | 100.0000                       | 0.0000                 |
|                                    | Net income (loss) for state purposes                       | 40,401                                         | 121,696                        | 81,295                 |
|                                    | R&TC Section 23802(e) deduction                            |                                                |                                |                        |
|                                    | Net operating loss carryover deduction                     |                                                |                                |                        |
|                                    | Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL c/o ded     |                                                |                                |                        |
|                                    | Disaster loss carryover deduction                          |                                                |                                |                        |
| <b>Net income for tax purposes</b> | <b>40,401</b>                                              | <b>121,696</b>                                 | <b>81,295</b>                  |                        |
| <b>Tax and<br/>Payments</b>        | Tax                                                        | 606                                            | 1,825                          | 1,219                  |
|                                    | Credits                                                    |                                                |                                |                        |
|                                    | Balance                                                    | 606                                            | 1,825                          | 1,219                  |
|                                    | Tax from Schedule D                                        |                                                |                                |                        |
|                                    | Excess net passive income tax                              |                                                |                                |                        |
|                                    | Pass-through entity elective tax                           |                                                | 11,318                         | 11,318                 |
|                                    | <b>Total tax</b>                                           | <b>606</b>                                     | <b>13,143</b>                  | <b>12,537</b>          |
|                                    | Prior year overpayment applied                             |                                                |                                |                        |
|                                    | Estimated/QSub tax payments                                |                                                | 800                            | 800                    |
|                                    | Withholding                                                |                                                | 7,782                          | 7,782                  |
|                                    | Amount paid with extension                                 |                                                |                                |                        |
|                                    | Amount paid with form FTB 3893                             |                                                | 11,318                         | 11,318                 |
|                                    | <b>Total payments</b>                                      |                                                | <b>19,900</b>                  | <b>19,900</b>          |
|                                    | Add-on taxes and recapture of tax credits                  |                                                |                                |                        |
|                                    | <b>Tax due</b>                                             | <b>606</b>                                     |                                | <b>-606</b>            |
|                                    | Penalties and interest                                     | 32                                             |                                | -32                    |
|                                    | Use tax                                                    |                                                |                                |                        |
| Overpayment                        |                                                            | 6,757                                          | 6,757                          |                        |
| <b>Balance due</b>                 | <b>638</b>                                                 |                                                | <b>-638</b>                    |                        |



| Form <b>100S</b>                                 |                                                             | <b>CA Two Year Comparison Worksheet Page 2</b> |                                | <b>2024 &amp; 2025</b>       |
|--------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|--------------------------------|------------------------------|
| Name                                             |                                                             | California Corporate Number                    | Employer Identification Number |                              |
|                                                  |                                                             |                                                |                                |                              |
| <b>Schedule<br/>M-1</b>                          | Net income per books .....                                  | <b>2024</b><br>16,679                          | <b>2025</b><br>94,426          | <b>Differences</b><br>77,747 |
|                                                  | Taxable income not on books .....                           |                                                |                                |                              |
|                                                  | Book expenses not deducted .....                            | 23,722                                         | 27,270                         | 3,548                        |
|                                                  | Income on books not on return .....                         |                                                |                                |                              |
|                                                  | Return deductions not on books .....                        |                                                |                                |                              |
|                                                  | Income per return .....                                     | 40,401                                         | 121,696                        | 81,295                       |
| <b>Schedule<br/>M-2<br/>AAA</b>                  | Balance at beginning of year .....                          |                                                | 100,965                        | 100,965                      |
|                                                  | Ordinary income (loss) from Form 100S, Side 1, line 1 ..... | 18,043                                         | 94,726                         | 76,683                       |
|                                                  | Other additions .....                                       | 107,419                                        | 27,270                         | -80,149                      |
|                                                  | Other reductions .....                                      | 24,497                                         | 27,570                         | 3,073                        |
|                                                  | Distributions other than dividends .....                    |                                                | 79,503                         | 79,503                       |
|                                                  | <b>Balance at end of year</b> .....                         | 100,965                                        | 115,888                        | 14,923                       |
| <b>Schedule<br/>M-2<br/>OAA</b>                  | Balance at beginning of year .....                          |                                                |                                |                              |
|                                                  | Other additions .....                                       |                                                |                                |                              |
|                                                  | Other reductions .....                                      |                                                |                                |                              |
|                                                  | Distributions other than dividends .....                    |                                                |                                |                              |
|                                                  | <b>Balance at end of year</b> .....                         |                                                |                                |                              |
| <b>Schedule<br/>M-2<br/>RE</b>                   | Balance at beginning of year .....                          |                                                |                                |                              |
|                                                  | Other additions .....                                       |                                                |                                |                              |
|                                                  | Other reductions .....                                      |                                                |                                |                              |
|                                                  | Distributions other than dividends .....                    |                                                |                                |                              |
|                                                  | <b>Balance at end of year</b> .....                         |                                                |                                |                              |
| <b>Retained earnings at end of year</b> .....    |                                                             | 100,965                                        | 115,888                        | 14,923                       |
| <b>End of year C corporation E &amp; P</b> ..... |                                                             |                                                |                                |                              |

| Form <b>100S</b>                   |                                                                       | <b>CA Two Year Comparison Worksheet Page 3</b> |                                | <b>2024 &amp; 2025</b> |
|------------------------------------|-----------------------------------------------------------------------|------------------------------------------------|--------------------------------|------------------------|
| Name                               |                                                                       | California Corporate Number                    | Employer Identification Number |                        |
|                                    |                                                                       |                                                |                                |                        |
|                                    |                                                                       | <b>2024</b>                                    | <b>2025</b>                    | <b>Differences</b>     |
| <b>Income<br/>(Loss)</b>           | Ordinary business income (loss) .....                                 | <b>41,176</b>                                  | <b>121,996</b>                 | <b>80,820</b>          |
|                                    | Net rental real estate income (loss) .....                            |                                                |                                |                        |
|                                    | Other net rental income (loss) .....                                  |                                                |                                |                        |
|                                    | Interest income .....                                                 |                                                |                                |                        |
|                                    | Dividends .....                                                       |                                                |                                |                        |
|                                    | Royalties .....                                                       |                                                |                                |                        |
|                                    | Net short-term capital gain (loss) .....                              |                                                |                                |                        |
|                                    | Net long-term capital gain (loss) .....                               |                                                |                                |                        |
|                                    | Net Section 1231 gain (loss) .....                                    |                                                |                                |                        |
|                                    | Other portfolio income (loss) .....                                   |                                                |                                |                        |
|                                    | Other income (loss) .....                                             |                                                |                                |                        |
| <b>Deductions</b>                  | Expense deduction for recovery property (Schedule B) .....            |                                                |                                |                        |
|                                    | Charitable contributions .....                                        | <b>775</b>                                     | <b>300</b>                     | <b>-475</b>            |
|                                    | Investment interest expense .....                                     |                                                |                                |                        |
|                                    | Section 59(e)(2) expenditures .....                                   |                                                |                                |                        |
|                                    | Deductions - portfolio .....                                          |                                                |                                |                        |
|                                    | Other deductions .....                                                |                                                |                                |                        |
| <b>Credits</b>                     | Low-income housing credit .....                                       |                                                |                                |                        |
|                                    | Credits related to rental r.e. activities other than low income ..... |                                                |                                |                        |
|                                    | Credits related to other rental activities .....                      |                                                |                                |                        |
|                                    | Other credits .....                                                   |                                                | <b>11,318</b>                  | <b>11,318</b>          |
|                                    | Total withholding allocated to all shareholders .....                 | <b>9,733</b>                                   |                                | <b>-9,733</b>          |
| <b>AMT<br/>Items</b>               | Depreciation adjustment on property after 1986 .....                  |                                                |                                |                        |
|                                    | Adjusted gain or loss .....                                           |                                                |                                |                        |
|                                    | Depletion (other than oil and gas) .....                              |                                                |                                |                        |
|                                    | Gross income from oil, gas and geothermal properties .....            |                                                |                                |                        |
|                                    | Deductions allocable to oil, gas and geothermal properties .....      |                                                |                                |                        |
|                                    | Other AMT items .....                                                 |                                                |                                |                        |
| <b>Shareholder<br/>Basis Items</b> | Tax-exempt interest income .....                                      |                                                |                                |                        |
|                                    | Other tax-exempt income .....                                         |                                                |                                |                        |
|                                    | Nondeductible expenses .....                                          | <b>23,722</b>                                  | <b>27,270</b>                  | <b>3,548</b>           |
|                                    | Total property distributions .....                                    |                                                | <b>79,503</b>                  | <b>79,503</b>          |
| <b>Other<br/>Information</b>       | Investment income .....                                               |                                                |                                |                        |
|                                    | Investment expenses .....                                             |                                                |                                |                        |
|                                    | Total dividend distributions paid from accumulated E&P .....          |                                                |                                |                        |
| <b>Other<br/>State<br/>Taxes</b>   | Total gross income from sources outside California .....              |                                                |                                |                        |
|                                    | Total applicable deductions and losses .....                          |                                                |                                |                        |
|                                    | Total other state taxes .....                                         |                                                |                                |                        |
| <b>Reconcile</b>                   | Income (loss) (if Schedule M-1 is required)                           | <b>40,401</b>                                  | <b>121,696</b>                 | <b>81,295</b>          |

Form 100S, Side 6, Schedule K, Line 16c - California Nondeductible Expenses

| Description                | Amount    |
|----------------------------|-----------|
| Book Expenses Not Deducted | \$ 8,050  |
| State Taxes                | 19,220    |
| Total                      | \$ 27,270 |

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TAXABLE YEAR

FORM

**2025****California e-file Return Authorization for Corporations****8453-C**

Corporation name

California Corporation No., CA SOS file no., or FEIN

**Part I Tax Return Information** (whole dollars only)

|                                                                                                      |   |         |
|------------------------------------------------------------------------------------------------------|---|---------|
| 1 Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)         | 1 | 121,996 |
| 2 Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)   | 2 | 121,696 |
| 3 Refund (Form 100, line 43; Form 100S, line 43; Form 100W, line 40 or Form 100X, line 32)           | 3 | 3,757   |
| 4 Total amount due (Form 100, line 45; Form 100S, line 45; Form 100W, line 42 or Form 100X, line 31) | 4 |         |

**Part II Settle the Account Electronically for Taxable Year 2025**5 ☒ Direct deposit of refund (For Forms 100, 100S, and 100W only.)6 ☐ Electronic funds withdrawal

6a Tax amount

6b Withdrawal date (mm/dd/yyyy)

6c PTE amount (for Form 100S only)

6d Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2026**

(These are not installment payments for the current amount the corporation owes.)

|                                | First Payment | Second Payment | Third Payment | Fourth Payment |
|--------------------------------|---------------|----------------|---------------|----------------|
| 7 Amount                       |               |                |               |                |
| 8 Withdrawal Date (mm/dd/yyyy) |               |                |               |                |

**Part IV Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2026** (for Form 100S only)

|                                 | First Payment |
|---------------------------------|---------------|
| 9 Amount                        |               |
| 10 Withdrawal date (mm/dd/yyyy) |               |

**Part V Banking Information** (Have you verified the corporation's banking information?)

11 Routing number

12 Account number

13 Type of account: ☒ Checking ☐ Savings**Part VI Declaration of Officer**

I authorize the corporate account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part V for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a, line 6c, any estimate payment amounts listed on Part III, line 7, and the amount listed on Part IV, line 9 from the bank account specified in Part V.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2025 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign  
Here

Signature of officer

03/16/2026  
DatePRESIDENT  
Title

(continued on next page)

**Part VII Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                      |                                                       |            |                                                                 |                                                 |             |
|----------------------|-------------------------------------------------------|------------|-----------------------------------------------------------------|-------------------------------------------------|-------------|
| <b>ERO Must Sign</b> | ERO's signature ▶                                     | Date       | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN  |
|                      |                                                       | 03/16/2026 |                                                                 |                                                 |             |
|                      | Firm's name (or yours if self-employed) and address ▶ |            |                                                                 |                                                 | Firm's FEIN |
|                      |                                                       |            |                                                                 |                                                 | ZIP code    |

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

|                                |                                                       |      |                                                 |                      |
|--------------------------------|-------------------------------------------------------|------|-------------------------------------------------|----------------------|
| <b>Paid Preparer Must Sign</b> | Paid preparer's signature ▶                           | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
|                                |                                                       |      |                                                 |                      |
|                                | Firm's name (or yours if self-employed) and address ▶ |      |                                                 |                      |
|                                |                                                       |      |                                                 | Firm's FEIN          |
|                                |                                                       |      |                                                 | ZIP code             |



**CA Consent to Disclosure**Form **8453-C****2025**

For calendar year 2025 or fiscal year beginning

and ending

Name

California Corporation Number

Employer Identification Number

[REDACTED]

[REDACTED]

[REDACTED]

I consent to allow my ERO, Intermediate Service Provider, and/or my Transmitter to send this business return to the FTB. Additionally, I consent to allow FTB to send my ERO, Intermediate Service Provider, and/or my Transmitter an acknowledgment of receipt of transmission and an indication of whether or not this business return is accepted, and, if rejected the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the FTB to disclose to my Intermediate Service Provider and/or Transmitter the reason(s) for the delay, or when the refund was sent.

By using this system to prepare and submit this tax return, I consent to the disclosure to the FTB of all information pertaining to my use of this system, including the Internet Provider address.

Filed Copy

# California Form 100S Return Summary

For calendar year 2025 or fiscal year beginning

and ending

## Taxable Income

|                                            |        |                |
|--------------------------------------------|--------|----------------|
| Net income (loss) before state adjustments | 94,726 |                |
| Total additions                            | 27,270 |                |
| Total deductions                           | 300    |                |
| Business income                            |        |                |
| Apportioned income                         |        |                |
| California non-business income             |        |                |
| R&TC 23802(e)                              |        |                |
| NOL deduction                              |        |                |
| <b>Taxable income</b>                      |        | <b>121,696</b> |

## Tax Computation

|                                  |        |               |
|----------------------------------|--------|---------------|
| Tax                              | 1,825  |               |
| Tax credits                      |        |               |
| Schedule D tax                   |        |               |
| Excess net passive income tax    |        |               |
| Pass-through entity elective tax | 11,318 |               |
| <b>Total tax</b>                 |        | <b>13,143</b> |

## Payments / Penalties

|                                   |        |               |
|-----------------------------------|--------|---------------|
| Payments                          | 19,900 |               |
| 5806 penalty                      |        |               |
| Interest                          |        |               |
| Failure to file penalty           |        |               |
| Failure to pay penalty            |        |               |
| <b>Total payments / penalties</b> |        | <b>19,900</b> |

**Overpayment credited to next year's estimated tax** **3,000**

**Use tax**

**Refund** **3,757**

**Tax due** **0**

## Composite taxable income

## Composite income tax

### Next Year's Estimates

|              |  |
|--------------|--|
| 1st quarter  |  |
| 2nd quarter  |  |
| 3rd quarter  |  |
| 4th quarter  |  |
| <b>Total</b> |  |

### Apportionment Percentage

|          |            |
|----------|------------|
| Property |            |
| Payroll  |            |
| Sales    |            |
| Average  | 100.000000 |