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July 9, 2025

SILVER TOUCH TECHNOLOGIES INC.
 1149 GREEN STREET
 ISELIN, NJ 08830

Dear Client,

Enclosed is the 2024 Form 1120, U.S. Corporation Income Tax Return, for SILVER TOUCH TECHNOLOGIES INC. for the tax year ending March 31, 2025.

Your 2024 Form 1120, U.S. Corporation Income Tax Return, for SILVER TOUCH TECHNOLOGIES INC. will be electronically filed.

No payment is due with this return.

Enclosed is the 2024 Form CBT-100, New Jersey Corporation Business Tax Return for SILVER TOUCH TECHNOLOGIES INC..

Your 2024 Form CBT-100, New Jersey Corporation Business Tax Return for SILVER TOUCH TECHNOLOGIES INC. will be electronically filed.

Your balance due of \$2,538.00 will be automatically withdrawn from your Checking Account on 07/15/2025.

The due dates and required payments for the 2025 New Jersey Corporation Business Tax Return estimated income tax are as follows:

Installment #1	.....	07/15/25	.....	\$	590
Installment #2	.....	09/15/25	.....	\$	590
Installment #3	.....	12/15/25	.....	\$	590
Installment #4	.....	03/16/26	.....	\$	589

Enclosed is the 2024 Form CT-1120, Connecticut Corporation Business Tax Return for SILVER TOUCH TECHNOLOGIES INC..

Your 2024 Form CT-1120, Connecticut Corporation Business Tax Return for SILVER TOUCH TECHNOLOGIES INC. will be electronically filed.

Your balance due of \$250.00 will be automatically withdrawn from your Checking Account on 07/15/2025.

Enclosed is the 2024 Form 4891, Michigan Corporate Income Tax Annual Return for SILVER TOUCH TECHNOLOGIES INC..

Your 2024 Form 4891, Michigan Corporate Income Tax Annual Return for SILVER TOUCH TECHNOLOGIES INC. will be electronically filed.

No payment is due with this return.

Enclosed is the 2024 Form RCT-101, Pennsylvania Corporate Tax Return for SILVER TOUCH TECHNOLOGIES INC.

Your 2024 Form RCT-101, Pennsylvania Corporate Tax Return for SILVER TOUCH TECHNOLOGIES INC will be electronically filed.

No payment is due with this return.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

PRAKASH CHAVDA, CPA



July 9, 2025

SILVER TOUCH TECHNOLOGIES INC.
1149 GREEN STREET
ISELIN, NJ 08830

Dear Client,

This letter is to confirm our understanding of the terms of our agreement and outline the nature and extent of services we will provide. Based upon the information you furnish to us, we will prepare your Federal and applicable state income tax returns for 2024.

We will not audit or verify the data you submit to us, although we may ask you for clarification when necessary. All the information you submit to us will, to the best of your knowledge, be correct and complete and include all other information necessary for the completion of your tax return.

We will also prepare 2025 estimated tax vouchers if required, based on your income taxes for 2024. If you anticipate a substantial change in income taxes for 2025, please advise us as soon as possible. We will then determine whether an adjustment should be made to your tax estimates.

Your returns are subject to review by the taxing authorities. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available upon request to represent you, or to review the results of any examination. Billing for these additional services will be at our standard rates.

The charges for our services are based on our fee schedule and the complexity of the returns.

You have the final responsibility for your income tax returns. Please review them carefully before you sign and mail or authorize us to electronically file them.

If the above is in accordance with your understanding of the terms and conditions of our agreement, please sign and return a copy of this letter.

PRAKASH CHAVDA, CPA

Accepted by:

Client signature

Date

E-file Authorization for Corporations

For calendar year 20____, or tax year beginning Apr 1, 2024, ending Mar 31, 2025

(Rev. December 2024)

For use with Form 1120 series returns.

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879CORP for the latest information.

Name of corporation

SILVER TOUCH TECHNOLOGIES INC.

Employer identification number

45-4584052

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	1,181,724.
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	
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 acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN

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 as my signature on the corporation's electronically filed income tax return.
ERO firm name
do not enter all zeros

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

Officer's signature _____ Date _____ Title PRESIDENT

Part III Certification and Authentication

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

1	2	6	8	0	7	5	4	3	2	1
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

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

ERO's signature _____ Date 07/09/2025

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

A Check if:		TYPE OR PRINT	Name	B Employer identification number
1a Consolidated return (attach Form 851) <input type="checkbox"/>	SILVER TOUCH TECHNOLOGIES INC.		45-4584052	
b Life/nonlife consolidated return <input type="checkbox"/>	Number, street, and room or suite no. If a P.O. box, see instructions.		C Date incorporated	
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>	1149 GREEN STREET		01/10/2012	
3 Personal service corp. (see instructions) <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code	D Total assets (see instructions)	\$ 1,441,493	
4 Schedule M-3 attached <input type="checkbox"/>	E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a Gross receipts or sales	1a	2,858,837
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	2,858,837
	2 Cost of goods sold (attach Form 1125-A)	2	1,706,276
	3 Gross profit. Subtract line 2 from line 1c	3	1,152,561
	4 Dividends and inclusions (Schedule C, line 23)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10 Other income (see instructions—attach statement) Other Income Statement	10	29,163	
11 Total income. Add lines 3 through 10	11	1,181,724	

Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	437,110
	14 Repairs and maintenance	14	
	15 Bad debts	15	
	16 Rents	16	
	17 Taxes and licenses	17	44,084
	18 Interest (see instructions)	18	124,776
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	36,380
	21 Depletion	21	
	22 Advertising	22	
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	1,878
	25 Energy efficient commercial buildings deduction (attach Form 7205)	25	
	26 Other deductions (attach statement) Other Deductions Statement	26	541,929
	27 Total deductions. Add lines 12 through 26	27	1,186,157
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28	-4,433
29a Net operating loss deduction (see instructions)	29a		
b Special deductions (Schedule C, line 24)	29b		
c Add lines 29a and 29b	29c		

Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	-4,433
	31 Total tax (Schedule J, line 12)	31	0
	32 Reserved for future use	32	
	33 Total payments and credits (Schedule J, line 23)	33	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34	
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35	
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36	0
37 Enter amount from line 36 you want: Credited to 2025 estimated tax Refunded	37		

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

Sign Here	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PRAKASH CHAVDA, CPA	PRAKASH CHAVDA, CPA	07/09/2025		P01069041
	Firm's name	Firm's EIN		45-4768536	
	Firm's address	Phone no.		(718)831-6300	

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

Schedule J Tax Computation and Payment (see instructions)

1a	Income tax (see instructions)	1a	0	
b	Tax from Form 1120-L (see instructions)	1b		
c	Section 1291 tax from Form 8621	1c		
d	Tax adjustment from Form 8978	1d		
e	Additional tax under section 197(f)	1e		
f	Base erosion minimum tax from Form 8991	1f		
g	Amount from Form 4255, Part I, line 3, column (q)	1g		
z	Other chapter 1 tax	1z		
2	Total income tax. Add lines 1a through 1z	2		0
3	Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626)	3		
4	Add lines 2 and 3	4		0
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (see instructions—attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
f	Adjustment from Form 8978	5f		
6	Total credits. Add lines 5a through 5f	6		
7	Subtract line 6 from line 4	7		0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8		
9a	Amount from Form 4255, Part I, line 3, column (r)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Completed long-term contract look-back interest due (attach Form 8697)	9c		
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under section 453A(c)	9f		
g	Interest/tax due under section 453(l)	9g		
z	Other (see instructions—attach statement)	9z		
10	Total. Add lines 9a through 9z	10		
11a	Total tax before deferred taxes. Add lines 7, 8, and 10	11a	0	
b	Deferred tax on the corporation's share of undistributed earnings of a qualified electing fund	11b		
c	Deferred LIFO recapture tax (section 1363(d))	11c		
12	Total tax. Subtract the sum of lines 11b and 11c from 11a. Enter here and on page 1, line 31	12		0
13	Preceding year's overpayment credited to the current year	13		
14	Current year's estimated tax payments	14		
15	Current year's refund applied for on Form 4466	15	()	
16	Reserved for future use	16		
17	Tax deposited with Form 7004	17		
18	Withholding (see instructions)	18		
19	Total payments. Combine lines 13 through 18	19		
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
c	Credit for tax withheld under chapter 3 or 4 from Form 1042-S, Form 8805, or Form 8288 (attach the applicable form)	20c		
z	Other (attach statement—see instructions)	20z		
21	Total credits. Add lines 20a through 20z	21		
22	Elective payment election amount from Form 3800	22		
23	Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23		

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. 541519		
b	Business activity COMPUTER CONSULTING		
c	Product or service COMPUTER CONSULTING		
3	Is the corporation a subsidiary in an affiliated group or a parent–subsidiary controlled group? If “Yes,” enter name and EIN of the parent corporation _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation’s stock entitled to vote? If “Yes,” complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation’s stock entitled to vote? If “Yes,” complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions If “Yes,” complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

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

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

6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation’s current and accumulated earnings and profits? See sections 301 and 316 If “Yes,” file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.	Yes	No
			X
7	At any time during this tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation’s stock entitled to vote or at least 25% of the total value of all classes of the corporation’s stock? For rules of attribution, see section 318. If “Yes,” enter: (a) Percentage owned 100 and (b) Owner’s country IN (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached 1	X	
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during this tax year \$ _____		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) \$ _____		

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		<input checked="" type="checkbox"/>
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during this tax year \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		<input checked="" type="checkbox"/>
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments that would require it to file Form(s) 1099?		<input checked="" type="checkbox"/>
b If "Yes," did or will the corporation file required Form(s) 1099?		
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		<input checked="" type="checkbox"/>
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		<input checked="" type="checkbox"/>
18 Did this corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		<input checked="" type="checkbox"/>
19 During this corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		<input checked="" type="checkbox"/>
20 Is the corporation operating on a cooperative basis?		<input checked="" type="checkbox"/>
21 During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		<input checked="" type="checkbox"/>
If "Yes," enter the total amount of the disallowed deductions \$ _____		
22 Does this corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3).) If "Yes," complete and attach Form 8991.		<input checked="" type="checkbox"/>
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during this tax year? See instructions		<input checked="" type="checkbox"/>
24 Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions		<input checked="" type="checkbox"/>
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		<input checked="" type="checkbox"/>
If "Yes," enter amount from Form 8996, line 15 \$ _____		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		<input checked="" type="checkbox"/>
Percentage: By Vote _____ By Value _____		
27 At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		<input checked="" type="checkbox"/>
28 Is the corporation a member of a controlled group?		<input checked="" type="checkbox"/>
If "Yes," attach Schedule O (Form 1120). See instructions.		
29 Corporate Alternative Minimum Tax:		
a Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year?		<input checked="" type="checkbox"/>
If "Yes," go to question 29b. If "No," skip to question 29c.		
b Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an applicable corporation in the prior tax year?		
If "Yes," complete and attach Form 4626. If "No," continue to question 29c.		
c Does the corporation meet the requirements of the safe harbor method as provided under section 59(k)(3)(A) for the current tax year? See instructions		<input checked="" type="checkbox"/>
If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626.		
30 Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):		
a Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)?		<input checked="" type="checkbox"/>
b Under the applicable foreign corporation rules?		<input checked="" type="checkbox"/>
c Under the covered surrogate foreign corporation rules?		<input checked="" type="checkbox"/>
If "Yes" to either 30a, 30b, or 30c, complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		
31 Is this a consolidated return with gross receipts or sales of \$1 billion or more and a subchapter K basis adjustment, as described in the instructions, of \$10 million or more?		<input checked="" type="checkbox"/>
If "Yes," attach a statement. See instructions.		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		73,676.		76,837.
2a	Trade notes and accounts receivable	308,452.		364,782.	
b	Less allowance for bad debts	()	308,452.	()	364,782.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)		249,883.		412,801.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	172,730.		176,501.	
b	Less accumulated depreciation	(48,829.)	123,901.	(76,436.)	100,065.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	778,734.		778,734.	
b	Less accumulated amortization	(194,684.)	584,050.	(292,026.)	486,708.
14	Other assets (attach statement)		300.		300.
15	Total assets		1,340,262.		1,441,493.
Liabilities and Shareholders' Equity					
16	Accounts payable		286,290.		130,797.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)		136,962.		292,944.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		844,293.		937,621.
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock	500.	500.	500.	500.
23	Additional paid-in capital				
24	Retained earnings—Appropriated (attach statement)				
25	Retained earnings—Unappropriated		72,217.		79,631.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		1,340,262.		1,441,493.

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

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

1	Net income (loss) per books	6,207.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	0.		Tax-exempt interest \$ _____	
3	Excess of capital losses over capital gains			_____	
4	Income subject to tax not recorded on books this year (itemize): _____			_____	
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation \$ 10,640.	
b	Charitable contributions \$ _____		b	Charitable contributions \$ _____	
c	Travel and entertainment \$ _____			_____	10,640.
6	Add lines 1 through 5	6,207.	9	Add lines 7 and 8	10,640.
			10	Income (page 1, line 28)—line 6 less line 9	-4,433.

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

1	Balance at beginning of year	72,217.	5	Distributions: a Cash	
2	Net income (loss) per books	6,207.		b Stock	
3	Other increases (itemize): _____			c Property	
	OTHER INCREASE _____		6	Other decreases (itemize): _____	
	_____	1,207.	7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	79,631.	8	Balance at end of year (line 4 less line 7)	79,631.

Cost of Goods Sold

Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name SILVER TOUCH TECHNOLOGIES INC.		Employer identification number 45-4584052
1	Inventory at beginning of year	1
2	Purchases	2 1,706,276
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6 1,706,276
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2, or the appropriate line of your tax return. See instructions	8 1,706,276
9a	Check all methods used for valuing closing inventory. See instructions. (i) <input type="checkbox"/> Cost (ii) <input type="checkbox"/> Lower of cost or market (iii) <input type="checkbox"/> Other (specify method used and attach explanation) _____ For certain small business taxpayers, alternative methods of accounting for inventories: (iv) <input type="checkbox"/> Non-incidental materials and supplies method (v) <input type="checkbox"/> AFS method (vi) <input type="checkbox"/> Non-AFS method	
b	Check if there was a writedown of subnormal goods	<input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	<input type="checkbox"/>
d	(i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO	9d(i) _____
	(ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve	9d(ii) _____
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

What's New

Small business taxpayers. For tax years beginning after December 31, 2023, if filing Form 1125-A for a small business taxpayer that uses an alternative method of accounting for inventories, check the applicable box on line 9a(iv) through 9a(vi). See the instructions for line 9.

General Instructions

Purpose of Form

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

Who Must File

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

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of merchandise is an income-producing factor. See Regulations section 1.471-1(a).

If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for small business taxpayers. A small business taxpayer can account for inventory by treating the inventory as non-incidental materials and supplies (line 9a(iv)), or conforming to its treatment of inventory in an applicable financial statement (as defined in section 451(b)(3)) (line 9a(v)). If it does not have an applicable financial statement, a small business taxpayer can use the method of accounting used in its books and records prepared according to its accounting procedures (line 9a(vi)).

See the discussion on small business taxpayers in the instructions for your tax return. Also see sections 448(c) and 471(c).

For additional guidance on methods of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing methods of accounting, see Form 3115, Application for Change in Accounting Method, and the Instructions for Form 3115.

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

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

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

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business and Pub. 225, Farmer's Tax Guide.

Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business (Under Sections 6038A and 6038C of the Internal Revenue Code)

Go to www.irs.gov/Form5472 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

For tax year of the reporting corporation beginning Apr 1, 2024, and ending Mar 31, 2025

Note: Enter all information in English and money items in U.S. dollars.

Part I Reporting Corporation (see instructions). All reporting corporations must complete Part I.

1a Name of reporting corporation
SILVER TOUCH TECHNOLOGIES INC.

1b Employer identification number
45-4584052

Number, street, and room or suite no. (If a P.O. box, see instructions.)
1149 GREEN STREET
City or town, state, and ZIP code (If a foreign address, see instructions.)
ISELIN, NJ 08830

1c Total assets
\$ 1,441,493.

1d Principal business activity COMPUTER CONSULTING

1e Principal business activity code 541519

1f Total value of gross payments made or received reported on **this** Form 5472. See instructions.
\$

1g Total number of Forms 5472 filed for the tax year
1

1h Total value of gross payments made or received reported on **all** Forms 5472. See instructions.
\$

1i Check here if this is a consolidated filing of Form 5472

1j Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472

1k Total number of Parts VIII attached to Form 5472
0

1l Country of incorporation
US

1m Date of incorporation

1n Country(ies) under whose laws the reporting corporation files an income tax return as a resident
US

1o Principal country(ies) where business is conducted
US

2 Check here if, at any time during the tax year, any foreign person owned, directly or indirectly, at least 50% of (a) the total voting power of all classes of the stock of the reporting corporation entitled to vote, or (b) the total value of all classes of stock of the reporting corporation

3 Check here if the reporting corporation is a foreign-owned domestic disregarded entity (foreign-owned U.S. DE) treated as a corporation for purposes of section 6038A. See instructions

Part II 25% Foreign Shareholder (see instructions)

Check here if any direct (or ultimate indirect) 25% foreign shareholder listed in Part II is a surrogate foreign corporation under section 7874(a)(2)(B).

4a Name and address of direct 25% foreign shareholder
SILVER TOUCH TECHNOLOGIES LTD. 2nd Floor Safron, Nr. Pan AHMEDABAD, IN

4b(1) U.S. identifying number, if any
FOREIGNUS

4b(2) Reference ID number (see instructions)
NA

4b(3) Foreign taxpayer identification number (FTIN), if any (see instructions)

4c Principal country(ies) where business is conducted
IN

4d Country of citizenship, organization, or incorporation
IN

4e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident
IN

5a Name and address of direct 25% foreign shareholder

5b(1) U.S. identifying number, if any

5b(2) Reference ID number (see instructions)

5b(3) FTIN, if any (see instructions)

5c Principal country(ies) where business is conducted

5d Country of citizenship, organization, or incorporation

5e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident

6a Name and address of ultimate indirect 25% foreign shareholder

6b(1) U.S. identifying number, if any

6b(2) Reference ID number (see instructions)

6b(3) FTIN, if any (see instructions)

6c Principal country(ies) where business is conducted

6d Country of citizenship, organization, or incorporation

6e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident

7a Name and address of ultimate indirect 25% foreign shareholder

7b(1) U.S. identifying number, if any

7b(2) Reference ID number (see instructions)

7b(3) FTIN, if any (see instructions)

7c Principal country(ies) where business is conducted

7d Country of citizenship, organization, or incorporation

7e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident

Part III Related Party (see instructions). All reporting corporations must complete this question and the rest of Part III. Check applicable box: Is the related party a foreign person or U.S. person?

8a Name and address of related party
SILVER TOUCH TECHNOLOGIES L 2nd Floor Safron, Nr. Pan Ahmedabad, IN
8b(1) U.S. identifying number, if any FOREIGNUS **8b(2)** Reference ID number (see instructions) FOREIGNUS **8b(3)** FTIN, if any (see instructions)
8c Principal business activity COMPUTER CONSULTING **8d** Principal business activity code 541519
8e Relationship—Check boxes that apply: Related to reporting corporation Related to 25% foreign shareholder 25% foreign shareholder
8f Principal country(ies) where business is conducted IN **8g** Country(ies) under whose laws the related party files an income tax return as a resident IN

Part IV Monetary Transactions Between Reporting Corporations and Foreign Related Party (see instructions) **Caution:** Part IV must be completed if the “foreign person” box is checked in the heading for Part III. If estimates are used, check here.

9 Sales of stock in trade (inventory)	9	
10 Sales of tangible property other than stock in trade	10	
11 Platform contribution transaction payments received	11	
12 Cost sharing transaction payments received	12	
13a Rents received (for other than intangible property rights)	13a	
b Royalties received (for other than intangible property rights)	13b	
14 Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	14	
15 Consideration received for technical, managerial, engineering, construction, scientific, or like services	15	
16 Commissions received	16	
17 Amounts borrowed (see instructions) a Beginning balance _____ b Ending balance or monthly average	17b	
18 Interest received	18	
19 Premiums received for insurance or reinsurance	19	
20 Loan guarantee fees received	20	
21 Other amounts received (see instructions)	21	
22 Total. Combine amounts on lines 9 through 21	22	
23 Purchases of stock in trade (inventory)	23	
24 Purchases of tangible property other than stock in trade	24	
25 Platform contribution transaction payments paid	25	
26 Cost sharing transaction payments paid	26	
27a Rents paid (for other than intangible property rights)	27a	
b Royalties paid (for other than intangible property rights)	27b	
28 Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	28	
29 Consideration paid for technical, managerial, engineering, construction, scientific, or like services	29	1,706,276.
30 Commissions paid	30	
31 Amounts loaned (see instructions) a Beginning balance _____ b Ending balance or monthly average	31b	
32 Interest paid	32	
33 Premiums paid for insurance or reinsurance	33	
34 Loan guarantee fees paid	34	
35 Other amounts paid (see instructions)	35	
36 Total. Combine amounts on lines 23 through 35	36	1,706,276.

Part V Reportable Transactions of a Reporting Corporation That Is a Foreign-Owned U.S. DE (see instructions) Describe on an attached separate sheet any other transaction as defined by Regulations section 1.482-1(i)(7), such as amounts paid or received in connection with the formation, dissolution, acquisition, and disposition of the entity, including contributions to and distributions from the entity, and check here.

Part VI Nonmonetary and Less-Than-Full Consideration Transactions Between the Reporting Corporation and the Foreign Related Party (see instructions) Describe these transactions on an attached separate sheet and check here.

Part VII Additional Information. All reporting corporations must complete Part VII.

- 37 Does the reporting corporation import goods from a foreign related party?
38a If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods?
b If "Yes," attach a statement explaining the reason or reasons for such difference.
c If the answers to questions 37 and 38a are "Yes," were the documents used to support this treatment of the imported goods in existence and available in the United States at the time of filing Form 5472?
39 During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement (CSA)?
40a During the tax year, did the reporting corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A?
b If "Yes," enter the total amount of the disallowed deductions
41a Is the reporting corporation claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign related party?
b Enter the amount of gross receipts derived from all sales of general property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI).
c Enter the amount of gross receipts derived from all sales of intangible property to the foreign related party that the reporting corporation included in its computation of FDDEI.
d Enter the amount of gross receipts derived from all services provided to the foreign related party that the reporting corporation included in its computation of FDDEI.
42a Did the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the relevant safe-haven range (100% to 130% of the applicable Federal rate (AFR) for the relevant term)?
b Did the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest outside the relevant safe-haven range (100% to 130% of the AFR for the relevant term)?
43a Did the reporting corporation issue a covered debt instrument in any of the transactions described in Regulations section 1.385-3(b)(2) during the tax year with respect to a related party that is a corporation, or, did the reporting corporation issue or refinance indebtedness owed to a related party that is a corporation during the 36 months before or after the date of a distribution or acquisition described in Regulations section 1.385-3(b)(3)(i) made by the reporting corporation, and either the issuance or refinance of indebtedness, or the distribution or acquisition, occurred during the tax year?
b If the answer to question 43a is "Yes," provide the following.
(1) The amount of such transaction(s), distribution(s), and acquisition(s)
(2) The amount of such related party indebtedness

Part VIII Cost Sharing Arrangement (CSA)

Note: Complete a separate Part VIII for each CSA in which the reporting corporation was a participant during the tax year. Report all amounts in U.S. dollars. (See instructions.)

- 44 Provide a brief description of the CSA with respect to which this Part VIII is being completed.
45 During the course of the tax year, did the reporting corporation become a participant in the CSA?
46 Was the CSA in effect before January 5, 2009?
47 What was the reporting corporation's share of reasonably anticipated benefits for the CSA?
48a Enter the total amount of stock-based compensation deductions claimed by the reporting corporation
b Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and is directly identified with, or reasonably allocable to, the intangible development activity under the CSA
c Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity?
49a Enter the total amount of intangible development costs for the CSA
b Enter the amount of intangible development costs allocable to the reporting corporation based on the reporting corporation's reasonably anticipated benefits share

Part IX Base Erosion Payments and Base Erosion Tax Benefits Under Section 59A (see instructions)

- 50 Amounts defined as base erosion payments under section 59A(d)
51 Amount of base erosion tax benefits under section 59A(c)(2)
52 Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation
53 Reserved for future use

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: SILVER TOUCH TECHNOLOGIES INC., Form 1120 COMPUTER CONSULTING, 45-4584052

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.

Table with 5 columns for lines 1-13. Line 1: 1,220,000. Line 3: 3,050,000. Line 13: 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.)

Table with 2 columns for lines 14-16. Line 14: 14, Line 15: 15, Line 16: 16

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

Section A

Table with 2 columns for lines 17-18. Line 17: 35,999. Line 18: 18

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, and residential/nonresidential rental property.

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

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 12 yrs., (f) 30 yrs., (g) 40 yrs., (h) MM, (i) S/L

Part IV Summary (See instructions.)

Table with 2 columns for lines 21-23. Line 21: 21, Line 22: 36,380, Line 23: 23

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.)

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				43	97,342.
44 Total. Add amounts in column (f). See the instructions for where to report				44	97,342.

Name
SILVER TOUCH TECHNOLOGIES INC.

Employer Identification No.
45-4584052

Other Current Liabilities:	Beginning of tax year	End of tax year
INCOME TAX PAYABLE	1,208.	
CUSTOMER ADVANCE	16,380.	24,380.
PROVISION EXP	108,300.	255,000.
DEPOSIT	100.	100.
PAYROLL TAX PAYABLE	9,775.	7,742.
SALES TAX PAYABLE	1,199.	5,722.
Totals to Form 1120, Schedule L, line 18 ▶	136,962.	292,944.
Other Liabilities:	Beginning of tax year	End of tax year
Totals to Form 1120, Schedule L, line 21 ▶		
Retained Earnings – Appropriated:	Beginning of tax year	End of tax year
Totals to Form 1120, Schedule L, line 24 ▶		
Adjustments to Shareholders' Equity:	Beginning of tax year	End of tax year
Totals to Form 1120, Schedule L, line 26 ▶		

Name SILVER TOUCH TECHNOLOGIES INC.	Employer Identification Number 45-4584052
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Important Information
Tax Cuts and Jobs Act (TCJA)

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

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

NOL Carryover Year	A Carryover	B Less Carrybacks	C Adjusted Carryover
2023			
2022			
2021			
2020			
2019			
2018			
Totals			

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

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

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

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

SILVER TOUCH TECHNOLOGIES INC.

45-4584052

Net Operating Loss Summary

NOL C/O Year	A NOL Carryover Available	B Deduction Allowed in Current Year	C Adjustment Under Section 172(b)(2)	D Remaining Carryover 20 Years	E Remaining Carryover Indefinite	F Remaining Carryover 15 Years*
2023 .						
2022 .						
2021 .						
2020 .						
2019 .						
2018 .						
2017 .						
2016 .						
2015 .						
2014 .						
2013 .						
2012 .						
2011 .						
2010 .						
2009 .						
2008 .						
2007 .						
2006 .						
2005 .						
2004 .						
Totals						

Less: Carryover expiring due to 20-year limitation	
Less: Carryover expiring due to 15-year limitation	
Add: Current year net operating loss	4,433.
Less: Carryback of current year net operating loss	
Net operating loss carryover to next year	4,433.

Additional Information From 2024 Federal Corporation Tax Return

Form 1120: US Corporation Income Tax Return

Other Income

Continuation Statement

Description	Amount
OTHER INCOME	29,163
Total	29,163

Form 1120: US Corporation Income Tax Return

Other Deductions

Continuation Statement

Description	Amount
CONSULTING DEVELOPMENT	293,610
BANK CHARGES	2,369
EXHIBITION EXPENSE	1,575
INSURANCE EXPENSE	20,103
LEGAL FEES	50,206
AMORTIZATION	97,342
MARKETING EXPENSE	14,086
TELEPHONE EXPENSE	2,147
OFFICE EXPENSES	852
PAYROLL PROCESSING FEES	454
POSTAGE & DELIVERY	179
PROFESSIONAL FEES	9,271
SAP PARTNER EDGE FEES	4,717
SAP TRAINING EXPENSE	1,200
SERVICE FEES	23
STATIONARY EXPENSE	39
SUBSCRIPTION FEES	13,480
TRAVEL EXPENSE	27,591
VISA CHARGES	2,685
Total	541,929

2024
CBT-100

DO NOT MAIL THIS FORM

New Jersey Corporation Business Tax Return For Tax Years Ending On or After July 31, 2024, Through June 30, 2025

Tax year beginning 04/01, 2024, and ending 03/31, 2025

Federal Employer I.D. Number 45-4584052	N.J. Corporation Number 0400-4631-53	State and date of incorporation NJ 01/10/2012
Corporation name SILVER TOUCH TECHNOLOGIES INC.		Date authorized to do business in New Jersey 01/10/2012
Mailing Address 1149 GREEN STREET		Federal business activity code 541519
City ISELIN	State NJ	ZIP Code 08830
Check applicable return type: <input type="checkbox"/> Initial <input type="checkbox"/> Amended		Corporation books are in the care of CORPORATION
Enter Amended code: <input type="checkbox"/> <input type="checkbox"/> If code 10, enter reason: _____		at 256-06 HILLSIDE AVE., 1ST FLOOR, FLORAL PARK, NY 11004
		Phone Number (<u>718</u>) <u>831-6300</u>
		Check if applicable (see instructions):
		<input type="checkbox"/> Investment Company <input type="checkbox"/> Professional Corporation
		<input type="checkbox"/> Regulated Investment Company <input type="checkbox"/> Real Estate Investment Trust
		<input type="checkbox"/> Hybrid Corporation (see instructions) <input type="checkbox"/> Claiming P.L. 86-272
		<input type="checkbox"/> Financial Business Corporation <input type="checkbox"/> Banking Corporation

1. Tax Base – Enter amount from line 4 of Schedule A, Part III.....	1.	36,299.
2. a. Amount of Tax – Multiply line 1 by the applicable tax rate (see instructions).....	2a.	2,359.
b. Enter the total minimum tax (see instructions)	2b.	2,000.
3. Tax Credits – Enter amount from Schedule A-3, Part I, line 33 (see instructions).....	3.	0.
4. CBT TAX LIABILITY – Subtract line 3 from the greater of line 2a or line 2b	4.	2,359.
5. a. Surtax on taxable net income for privilege periods beginning before January 1, 2024 – Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by 2.5% (see instructions)	5a.	
b. Pass-Through Business Alternative Income Tax Credit from Form 329 (see instructions) (Amount entered cannot be more than amount on line 5a)	5b.	
c. Balance of surtax – Subtract line 5b from line 5a.....	5c.	
d. Corporate Transit Fee for privilege periods beginning on and after January 1, 2024 – Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by 2.5% (see instructions)	5d.	
6. Tax Due – Add line 4 and either line 5c or line 5d, if applicable (see instructions).....	6.	2,359.
7. Installment Payment – Only applies if line 6 is \$1,500 or less (see instructions)	7.	
8. Professional Corporation Fees (from Schedule PC, Part II, line 7).....	8.	
9. Total Tax and Professional Corporation Fees – Add lines 6, 7, and 8	9.	2,359.
10. a. Payments and Credits (see instructions)	10a.	
b. Payments made by partnerships on behalf of taxpayer (include copies of all NJK-1s).....	10b.	
c. Refundable Tax Credits from Schedule A-3, Part II, line 6 (see instructions)	10c.	
d. Total Payments and Credits – Add lines 10a, 10b, and 10c.....	10d.	
11. Balance of Tax Due – If line 10d is less than line 9, subtract line 10d from line 9.....	11.	2,359.
12. Penalty and Interest Due (see instructions)	12.	179.
13. Total Balance Due – Add line 11 and line 12	13.	2,538.
14. Amount Overpaid – If line 10d is greater than the sum of lines 9 and 12, enter amount of overpayment.....	14.	
15. Amount of line 14 to be Refunded.....	15.	
16. Amount of line 14 to be Credited to 2025 Tax Return.....	16.	
17. Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied <input type="checkbox"/> 2024 or <input type="checkbox"/> 2025	17.	
	Unitary ID Number NU	

CERTIFICATION OF INACTIVITY (See Instructions)	If the corporation is inactive , page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 must be completed. A corporate officer must sign and certify below:		
	<input type="checkbox"/> By checking the box, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.		
(Date)	(Signature of Corporate Officer)	(Title)	

SIGNATURE AND VERIFICATION (See Instructions)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, forms, and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that pursuant to N.J.S.A. 54:10A-14(a) and N.J.A.C. 18:7-11.17A, I must include copies of the federal return(s), forms, and schedules with my New Jersey return. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.		
	(Date)	(Signature of Duly Authorized Officer of Taxpayer) 256 JERICHO TPKE PRAKASH CHAVDA, CPA FLORAL PARK NY 11001	(Title) PRESIDENT P01069041
	(Date)	(Signature of Individual Preparing Return) PRAKASH CHAVDA, CPA PC 256 JERICHO TPKE	(Address) FLORAL PARK NY 11001 (Preparer's ID Number) 45-4768536
	(Name of Tax Preparer's Employer)	(Address) REV 01/23/25 PRO	(Employer's ID Number)

NAME AS SHOWN ON RETURN SILVER TOUCH TECHNOLOGIES INC.	FEDERAL ID NUMBER 45-4584052
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Annual General Questionnaire (See Instructions)**Part I** All taxpayers must answer the following questions. Riders must be provided where necessary.

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

NAME AS SHOWN ON RETURN SILVER TOUCH TECHNOLOGIES INC.	FEDERAL ID NUMBER 45-4584052
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Annual General questionnaire (Continued)**Part II Regulated Investment Companies** (Riders must be provided where necessary)

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

Securities and Exchange Commission Information

Registration Number	Registration Date

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

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

REV 01/23/25 PRO

REFERRAL ONLY

NAME AS SHOWN ON RETURN SILVER TOUCH TECHNOLOGIES INC.	FEDERAL ID NUMBER 45-4584052
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Schedule A **Calculation of New Jersey Taxable Net Income (See instructions)**
Every corporation must complete Parts I, II, and III of this schedule.

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

Income		
1. a. Gross receipts or sales	1a.	2,858,837.
b. Less: Returns and allowances	1b.	
c. Total – Subtract line 1b from line 1a.....	1c.	2,858,837.
2. Less: Cost of goods sold (from Schedule A-2, line 8)	2.	1,706,276.
3. Gross profit – Subtract line 2 from line 1c	3.	1,152,561.
4. Dividends and other inclusions.....	4.	
5. Interest.....	5.	
6. Gross rents.....	6.	
7. Gross royalties.....	7.	
8. Capital gain net income (include a copy of federal Schedule D).....	8.	
9. Net gain or (loss) (from federal Form 4797, include a copy).....	9.	
10. Other income (include schedule(s))..... See Statement	10.	29,163.
11. Total Income – Add lines 3 through 10.....	11.	1,181,724.
Deductions		
12. Compensation of officers (from Schedule F)	12.	
13. Salaries and wages (less employment credits).....	13.	437,110.
14. Repairs (Do not include capital expenditures)	14.	
15. Bad debts	15.	
16. Rents	16.	
17. Taxes	17.	44,084.
18. Interest.....	18.	124,776.
19. Charitable contributions.....	19.	
20. Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return.....	20.	36,380.
21. Depletion	21.	
22. Advertising.....	22.	
23. Pension, profit-sharing plans, etc	23.	
24. Employee benefit programs.....	24.	1,878.
25. Energy efficient commercial buildings deduction (from federal Form 7205, include a copy).....	25.	
26. Other deductions (include schedule)	26.	541,929.
27. Total Deductions – Add lines 12 through 26.....	27.	1,186,157.
28. Taxable income before federal net operating loss deductions and federal special deductions – Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions)	28.	-4,433.

Part II – New Jersey Modifications to Entire Net Income

1. Taxable income/(loss) before federal net operating loss deductions and special deductions (from Schedule A, Part I, line 28).....	1.	-4,433.
Additions		
2. Other federally exempt income (see instructions)	2.	
3. Interest on federal, state, municipal, and other obligations	3.	
4. New Jersey State and other states' taxes deducted in line 1 (see instructions).....	4.	4,352.
5. Depreciation modification being added to income (from Schedule S).....	5.	36,380.
6. Other additions. Explain on separate rider (see instructions)	6.	
7. Taxable Income/(Loss) – Add lines 1 through 6	7.	36,299.
Deductions		
8. Dividend Exclusion (from Schedule R, line 9)	8.	0.
9. Depreciation modification being subtracted from income (from Schedule S).....	9.	
10. Previously Taxed Dividends (from Schedule PT)	10.	
11. International Banking Facility Deduction (IBF)	11.	
12. I.R.C. § 78 Gross-up (not deducted/subtracted elsewhere)	12.	
13. a. Elimination of nonoperational activity (from Schedule O, Part I)	13a.	
b. Elimination of nonunitary partnership activity (from Schedule P-1, Part II, line 4).....	13b.	
14. Cannabis Licensee Deduction.....	14.	
15. Other deductions. Explain on a separate rider (see instructions).....	15.	
16. Total deductions – Add line 8 through line 15.....	16.	0.

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Schedule A

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

Taxable Net Income/(Loss) Calculation

17. Entire net income/(loss) for New Jersey purposes – Subtract line 16 from line 7.....	17.	36,299.
18. Allocation factor from Schedule J, line 8 (if all receipts were derived from only New Jersey sources, enter 1.000000).....	18.	1.000000
19. Allocated entire net income/(loss) before net operating loss deductions – Multiply line 17 by line 18 (if zero or less, enter zero on line 21).....	19.	36,299.
20. Net operating loss (NOL) deduction (from Form 500, Section C, line 3) (Amount entered cannot be more than amount on line 19).....	20.	0.
21. Taxable net income – Subtract line 20 from line 19	21.	36,299.

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

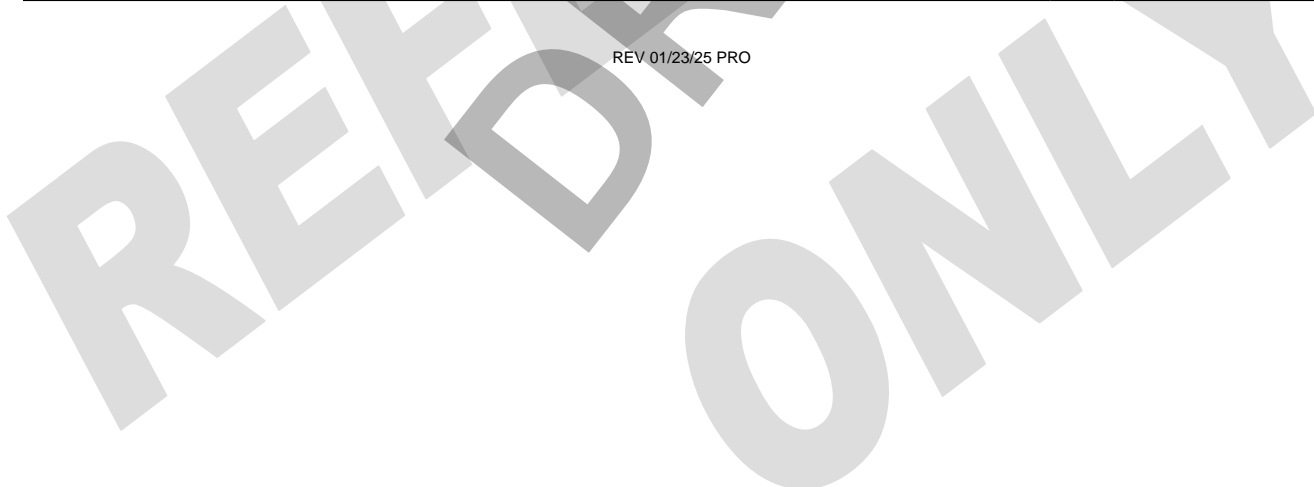
Part III – Computation of New Jersey Tax Base

1. Enter taxable net income from Schedule A, Part II, line 21	1.	36,299.
2. a. Investment Company – Enter 40% of line 1	2a.	
b. Real Estate Investment Trust – Enter 4% of line 1.....	2b.	
c. All Others – Enter the amount from line 1	2c.	36,299.
3. a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero).....	3a.	0.
b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero).....	3b.	0.
4. Tax Base – Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1.....	4.	36,299.

Schedule A-2

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

1. Inventory at beginning of year	1.	
2. Purchases.....	2.	1,706,276.
3. Cost of labor	3.	
4. Additional section 263A costs.....	4.	
5. Other costs (include schedule).....	5.	
6. Total – Add lines 1 through 5.....	6.	1,706,276.
7. Inventory at end of year.....	7.	
8. Cost of goods sold – Subtract line 7 from line 6. Include here and on Schedule A, Part I, line 2.....	8.	1,706,276.



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

Part I – Tax Credits Used Against Liability

1. New Jobs Investment Tax Credit from Form 304	1.	
2. Angel Investor Tax Credit from Form 321	2.	
3. Business Employment Incentive Program Tax Credit from Form 324	3.	
4. Pass-Through Business Alternative Income Tax Credit from Form 329	4.	
5. Urban Enterprise Zone Investment Tax Credit from Form 301	5.	
6. Redevelopment Authority Project Tax Credit from Form 302	6.	
7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305	7.	
8. Research and Development Tax Credit from Form 306	8.	
9. Neighborhood Revitalization State Tax Credit from Form 311	9.	
10. Effluent Equipment Tax Credit from Form 312	10.	
11. Economic Recovery Tax Credit from Form 313	11.	
12. AMA Tax Credit from Form 315	12.	
13. Business Retention and Relocation Tax Credit from Form 316	13.	
14. Sheltered Workshop Tax Credit from Form 317	14.	
15. Urban Transit Hub Tax Credit from Form 319	15.	
16. Grow NJ Tax Credit from Form 320	16.	
17. Wind Energy Facility Tax Credit from Form 322	17.	
18. Residential Economic Redevelopment and Growth Tax Credit from Form 323	18.	
19. Public Infrastructure Tax Credit from Form 325	19.	
20. Drug Donation Program Tax Credit from Form 326	20.	
21. Film and Digital Media Tax Credit from Form 327	21.	
22. Tax Credit for Employers of Employees With Impairments from Form 328	22.	
23. Apprenticeship Program Tax Credit from Form 330	23.	
24. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331	24.	
25. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332	25.	
26. Innovation Evergreen Fund Tax Credit from Form 334	26.	
27. Unit Concrete Products Tax Credit from Form 335	27.	
28. Food Desert Relief Tax Credit from Form 336	28.	
29. Low Embodied Carbon Concrete Tax Credit from Form 337	29.	
30. Historic Property Reinvestment Tax Credit from Form 338	30.	
31. Emerge Program Tax Credit from Form 339	31.	
32. Other Tax Credit (see instructions)	32.	
33. Total tax credits – Add lines 1 through 32. Enter here and on page 1, line 3	33.	

Part II – Refundable Tax Credits

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

Schedule A-4 Summary Schedule (See Instructions)

PNOL Deduction Carryover 1. Form 500, Section A, line 5 minus line 7..	1.	0.	Schedule O Information 6. New Jersey's Taxable Portion from Schedule O, Part III, line 31	6.	0.
Post Allocation NOL Carryover 2. Form 500, Section B, line 6 minus line 15	2.	0.	Dividend Exclusion Information 7. Dividends from 80% or more owned subsidiaries from Schedule R, line 4...	7.	0.
Schedule J Information 3. Total New Jersey receipts from Schedule J, line 6	3.	2,858,837.	8. Dividends from 50% to below 80% subsidiaries from Schedule R, line 6...	8.	0.
4. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere from Schedule J, line 7	4.	2,858,837.	9. 5% Claw-back from Schedule R, line 8	9.	0.
5. Allocation Factor from Schedule J, line 8	5.	1.000000	10. Dividend Exclusion from Schedule R, line 9	10.	0.

NAME AS SHOWN ON RETURN SILVER TOUCH TECHNOLOGIES INC.	FEDERAL ID NUMBER 45-4584052
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Schedule F Corporate Officers – General Information and Compensation (See Instructions)

Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

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

Schedule H Taxes (See Instructions)

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

	(a) Corporation Franchise Business Taxes	(b) Corporation Business/ Occupancy Taxes	(c) Property Taxes	(d) U.C.C. or Payroll Taxes	(e) Other Taxes/ Licenses (include schedule)	(f) Total
1. New Jersey Taxes	4,352.				289.	4,641.
2. Other States & U.S. Possessions						
3. City and Local Taxes						
4. Taxes Paid to Foreign Countries*						
5. Total	4,352.				289.	4,641.
6. Combine lines 5(a) and 5(b)		4,352.				
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7		4,352.				
9. Federal Taxes				39,443.		39,443.
10. Total (combine line 5 and line 9)	4,352.			39,443.	289.	44,084.

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

Schedule J COMPUTATION OF ALLOCATION FACTOR (See Instructions)

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

Services are sourced based on market sourcing.

Receipts	Amounts (omit cents)
1. From sales of tangible personal property shipped to points within New Jersey	1.
2. From services if the benefit of the service is received in New Jersey	2.
3. From rentals of property situated in New Jersey	3.
4. From royalties for the use in New Jersey of patents, copyrights, and trademarks.....	4.
5. All other business receipts earned in New Jersey (See instructions)	5. 2,858,837.
6. Total New Jersey receipts (Total of lines 1 through 5).....	6. 2,858,837.
7. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere.....	7. 2,858,837.
8. Allocation Factor (Percentage in New Jersey) (Divide line 6 by line 7). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part II, line 18	8. 1.000000

NAME AS SHOWN ON RETURN SILVER TOUCH TECHNOLOGIES INC.	FEDERAL ID NUMBER 45-4584052
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Schedule R Dividend Exclusion (See Instructions)

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

Schedule S Depreciation and Safe Harbor Leasing (See Instructions)

Part I – From Federal Form 4562

1. IRC § 179 Deduction.....	1.	
2. Special Depreciation Allowance – for qualified property placed in service during the tax year.....	2.	
3. MACRS.....	3.	36,380.
4. ACRS.....	4.	
5. Other Depreciation.....	5.	
6. Listed Property.....	6.	
7. Total federal depreciation claimed in arriving at Schedule A, Part II, line 1.....	7.	36,380.

Include Federal Form 4562 and Federal Depreciation Worksheet

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

8. Prior year New Jersey depreciation (see instructions).....	8.	
9. Current year New Jersey depreciation. Enter total from Depreciation Worksheet I, line 10.....	9.	
10. Total New Jersey depreciation. Add lines 8 and 9.....	10.	
11. IRC § 179 limitation – Enter the lesser of line 1 or \$25,000.....	11.	
12. Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property. Enter total from Depreciation Worksheet II.....	12.	
13. Other additions (include an explanation/reconciliation).....	13.	
14. Affordable housing depreciation (include an explanation/reconciliation).....	14.	
15. Other deductions (include an explanation/reconciliation).....	15.	
16. ADJUSTMENT – Add lines 7 and 13. Subtract lines 10, 11, 14, and 15. If line 12 is positive, add line 12 to the result. If line 12 is negative, subtract line 12 from the result. (If line 16 is positive, enter at Schedule A, Part II, line 5. If line 16 is negative, enter at Schedule A, Part II, line 9).....	16.	36,380.

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

1. Total depreciation claimed in arriving at Schedule A, Part II, line 1.....	1.	
2. Federal depreciation for assets placed in service after January 1, 1998.....	2.	
3. Net – Subtract line 2 from line 1.....	3.	
4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998)		
a. Total adjusted federal depreciable basis as of December 31, 1997.....	4a.	
b. Excess book depreciable basis over federal tax basis as of December 31, 1997.....	4b.	
c. Less accumulated federal basis for all Single Asset Account property sold, retired or disposed of to date...	4c.	
d. Total (line 4a plus line 4b less line 4c).....	4d.	
5. New Jersey Depreciation – Divide line 4d by 30.....	5.	
6. New Jersey Adjustment		
a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 – Subtract line 5 from line 3 ...	6a.	
b. Special bonus depreciation adjustment from Schedule S, Part I, line 16 (see instructions).....	6b.	
7. Total Adjustment – Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part II, line 5. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 9).....	7.	

NAME AS SHOWN ON RETURN SILVER TOUCH TECHNOLOGIES INC.	FEDERAL ID NUMBER 45-4584052
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New Jersey Depreciation Worksheet I (See instructions)

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

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

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

CBT-160-A

NJ Division of Taxation
(10-24)

Underpayment of Estimated NJ Corporation Business Tax

For Taxpayers With Gross Receipts of Less Than \$50 Million
Submit with your tax return (Form CBT-100, CBT-100S, or CBT-100U)

Name as Shown on Return SILVER TOUCH TECHNOLOGIES INC.	Federal ID Number 45-4584052	Unitary ID Number, if applicable NU
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Part I How to Calculate Your Underpayment

1. Amount of 2024 tax – See instructions for line 1 on reverse side	2,359.
2. 90% of line 1 – If you were qualified and elected to make a single payment in lieu of paying installments of estimated tax, enter zero (see instructions)	2,123.
3. Prior year's tax – Enter the amount from line 6, page 1 of the 2023 CBT-100, or line 4, page 1 of the 2023 CBT-100S, or line 5, page 1 of the 2023 CBT-100U	2,644.
4. Enter the lesser of lines 2 or 3	2,123.

	(a)	(b)	(c)	(d)
5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year	07/15/2024	09/16/2024	12/16/2024	03/17/2025
6. Enter 25% of line 4 in columns (a) through (d)	531.	531.	531.	531.
7. (a) Amount paid or credited for each period	0.	0.	0.	0.
(b) Overpayment of previous installment (enter any overpayment shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment)				
8. Add lines 7a and 7b	0.	0.	0.	0.
9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8)	531.	531.	531.	531.

Part II Exceptions (See Instructions)

10. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year	0.	0.	0.	0.
11. Exception 1 – Tax based on the facts shown on the prior year's return but using current year's rates. See instructions regarding periods of less than one year	25% of tax	50% of tax	75% of tax	100% of tax
	22.5% of tax	45% of tax	67.5% of tax	90% of tax
12. Exception 2 – Tax based on annualized tax				

Part III Installment Interest Due (See Instructions)

13. Amount of underpayment from line 9	531.	531.	531.	531.
14. Enter same installment dates used above at line 5	07/15/2024	09/16/2024	12/16/2024	03/17/2025
15. Enter the date of payment or the 15th day of the fifth month after the close of the tax year, whichever is earlier	08/15/2025	08/15/2025	08/15/2025	08/15/2025
16. Number of months from the date on line 14 to the date on line 15. (A part of a month is deemed to be a full month.)	13	11	8	5
17. Interest..... SEE WORKSHEET	64.	53.	38.	24.
18. Installment interest due – Add columns (a), (b), (c), and (d) of line 17. Enter the total here and on page 1, line 12, of Form CBT-100, page 1, line 12, of CBT-100S, or page 1, line 14, of CBT-100U	179.			

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150C

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

DO NOT CUT THIS PAGE – DO NOT MAIL – FOR REFERENCE ONLY

REV 01/23/25 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150C

Due Date: 07/15/25 Voucher #: 1 Beginning 04/01/2025 and ending 03/31/2026
1030
45-4584052

SILVER TOUCH TECHNOLOGIES INC.
1149 GREEN STREET
ISELIN NJ 08830

1. Amount of this installment	1.	590.00
2. Amount of overpayment credit (See instruction 5)	2.	0.00
3. Amount of this installment payment	3.	590.00
(Line 1 minus Line 2)		

Payments should be made electronically.

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150C

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

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REV 01/23/25 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150C

Due Date: 09/15/25 Voucher #: 2 Beginning 04/01/2025 and ending 03/31/2026
1030
45-4584052

SILVER TOUCH TECHNOLOGIES INC.
1149 GREEN STREET
ISELIN NJ 08830

1. Amount of this installment	1.	590.00
2. Amount of overpayment credit (See instruction 5)	2.	0.00
3. Amount of this installment payment	3.	590.00
(Line 1 minus Line 2)		

Payments should be made electronically.

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150C

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

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REV 01/23/25 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150C

Due Date: 12/15/25 Voucher #: 3 Beginning 04/01/2025 and ending 03/31/2026
1030
45-4584052

SILVER TOUCH TECHNOLOGIES INC.
1149 GREEN STREET
ISELIN NJ 08830

1. Amount of this installment	1.	590.00
2. Amount of overpayment credit (See instruction 5)	2.	0.00
3. Amount of this installment payment	3.	590.00
(Line 1 minus Line 2)		

Payments should be made electronically.

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150C

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

DO NOT CUT THIS PAGE – DO NOT MAIL – FOR REFERENCE ONLY

REV 01/23/25 PRO

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150C

Due Date: 03/16/26 Voucher #: 4 Beginning 04/01/2025 and ending 03/31/2026
1030
45-4584052

SILVER TOUCH TECHNOLOGIES INC.
1149 GREEN STREET
ISELIN NJ 08830

1. Amount of this installment	1.	589.00
2. Amount of overpayment credit (See instruction 5)	2.	0.00
3. Amount of this installment payment	3.	589.00
(Line 1 minus Line 2)		

Payments should be made electronically.

Name SILVER TOUCH TECHNOLOGIES INC.	Federal ID Number 45-4584052
--	---------------------------------

Mortgages, Notes, Bonds Payable in less than 1 year:	Beginning of tax year	End of tax year
Totals to Form CBT-100, Schedule B, line 22 ▶		

Other Current Liabilities:	Beginning of tax year	End of tax year
INCOME TAX PAYABLE	1,208.	
CUSTOMER ADVANCE	16,380.	
PROVISION EXP	108,300.	
DEPOSIT	100.	
PAYROLL TAX PAYABLE	9,775.	
SALES TAX PAYABLE	1,199.	
Totals to Form CBT-100, Schedule B, line 23 ▶	136,962.	

Mortgages, Notes, Bonds Payable in 1 year or more:	Beginning of tax year	End of tax year
	844,293.	
Totals to Form CBT-100, Schedule B, line 25 ▶	844,293.	

Other Liabilities:	Beginning of tax year	End of tax year
Totals to Form CBT-100, Schedule B, line 26 ▶		

Retained Earnings - Appropriated:	Beginning of tax year	End of tax year
Totals to Form CBT-100, Schedule B, line 29 ▶		

Adjustments to shareholders equity:	Beginning of tax year	End of tax year
Totals to Form CBT-100, Schedule B, line 31 ▶		

Computation of Interest on Underpayment of Estimated Tax

▶ Attach to your return

Name as Shown on Return SILVER TOUCH TECHNOLOGIES INC	Employer Identification No. 45-4584052
--	---

First Quarter

Date	Description	Amount	Balance	Mos.	Rate	Penalty	Total
07/15/24	Amount due	531.	531.	6	11.50	30.53	31.
01/01/25	Rate change		531.	7	10.75	33.30	33.
08/15/25	Filing date	531.	0.				
Total first quarter							64.

Second Quarter

Date	Description	Amount	Balance	Mos.	Rate	Penalty	Total
09/16/24	Amount due	531.	531.	4	11.50	20.35	20.
01/01/25	Rate change		531.	7	10.75	33.30	33.
08/15/25	Filing date	531.	0.				
Total second quarter							53.

Third Quarter

Date	Description	Amount	Balance	Mos.	Rate	Penalty	Total
12/16/24	Amount due	531.	531.	1	11.50	5.09	5.
01/01/25	Rate change		531.	7	10.75	33.30	33.
08/15/25	Filing date	531.	0.				
Total third quarter							38.

Fourth Quarter

Date	Description	Amount	Balance	Mos.	Rate	Penalty	Total
03/17/25	Amount due	531.	531.	5	10.75	23.78	24.
08/15/25	Filing date	531.	0.				
Total fourth quarter							24.

Total for all quarters							179.
----------------------------------	--	--	--	--	--	--	------

Additional Information From 2024 New Jersey Corporation Tax Return

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

Continuation Statement

Desc	Amt
OTHER INCOME	29,163.
Total	29,163.

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

Continuation Statement

Desc	Amt
CONSULTING DEVELOPMENT	293,610.
BANK CHARGES	2,369.
EXHIBITION EXPENSE	1,575.
INSURANCE EXPENSE	20,103.
LEGAL FEES	50,206.
AMORTIZATION	97,342.
MARKETING EXPENSE	14,086.
TELEPHONE EXPENSE	2,147.
OFFICE EXPENSES	852.
PAYROLL PROCESSING FEES	454.
POSTAGE & DELIVERY	179.
PROFESSIONAL FEES	9,271.
SAP PARTNER EDGE FEES	4,717.
SAP TRAINING EXPENSE	1,200.
SERVICE FEES	23.
STATIONARY EXPENSE	39.
SUBSCRIPTION FEES	13,480.
TRAVEL EXPENSE	27,591.
VISA CHARGES	2,685.
Total	541,929.

Do not send this sheet with your return.

Checklist for filing your Connecticut Corporation Business Tax Return:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send “Draft” or “Unapproved” versions of your return. This will delay or stop the processing of your return.
5. Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your CTID (optional) and “**2024 Form CT-1120**” on your check.
8. File returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return with payment to:	Mail paper return without payment to:
Department of Revenue Services	Department of Revenue Services
State of Connecticut	State of Connecticut
PO Box 2974	PO Box 150406
Hartford CT 06103-2974	Hartford CT 06103-150406
9. Verify that all fields print completely and are legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

11201224V011030



Form CT-1120

Corporation Business Tax Return

(Rev. 12/24)

2024

NAICS code

Enter Income Year Beginning ▶ 04012024 and Ending ▶ 03312025 ▶ 454584052 ▶ 541519

▶ SILVER TOUCH TECHNOLOGIES INC. ▶ 107570833000

▶ 1149 GREEN STREET ▶ Total assets ▶ 1441493

▶ ISELIN ▶ NJ ▶ 08830 - ▶ Amount from federal Form 1120, Line 11 ▶ 1181724

Student Loan Payment tax credit refund request? ▶ N Amount of credit to be issued in the form of a refund requested: ▶

R & D tax credit exchange? ▶ N Amount of credit to be issued in the form of a refund requested: ▶

Schedule C - Computation of Amount Payable (Minimum Tax \$250)

1a. Tax: Greater of Schedule A, Line 6; Schedule B, Line 6; or \$250.	1a. ▶	250
1b. Surtax: Line 1a multiplied by 10%. If federal Form 1120, Line 11 is less than \$100,000,000 or Line 1a is \$250 enter zero ("0").	1b. ▶	0
1c. Recapture of tax credits	1c. ▶	
1. Total tax: Enter the total of Lines 1a through Line 1c. If no tax credits claimed, enter also on Line 6.	1. ▶	250
2. Multiply Line 1 by 49.99% (0.4999).	2. ▶	125
3. Enter the greater of Line 2 or \$250.	3. ▶	250
4. Tax credit limitation: Subtract Line 3 from Line 1.	4. ▶	0
5a. Tax credits from Form CT-1120K, Part II, Line 9. Do not exceed amount on Line 4.	5a. ▶	0
5b. Excess credit utilization from Form CT-1120K, Part II, Line 12.	5b. ▶	
5. Total tax credits: Add Line 5a and Line 5b.	5. ▶	0
6. Balance of tax before PE credit: Subtract Line 5 from Line 1.	6. ▶	250
7. PE credit from Form CT-1120PE, Line 2.	7. ▶	
8. Balance of tax payable: Subtract Line 7 from Line 6, but not less than zero ("0").	8. ▶	250
9a. Paid with application for extension from Form CT-1120 EXT.	9a. ▶	
9b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, and ESD.	9b. ▶	
9c. Overpayment from prior year.	9c. ▶	
9d. Amended filers only. Amounts paid with original return, plus additional tax paid after original return was filed. (No P&I.)	9d. ▶	
9. Tax payments: Enter the total of Lines 9a, 9b, 9c, and 9d.	9. ▶	
10a. Amended filers only. Overpayment, if any, as shown on original return or as previously adjusted. All others enter zero ("0").	10a. ▶	0
10b. Subtract Line 10a from Line 9.	10b. ▶	0
10. Balance of tax due (overpaid): Subtract Line 10b from Line 8.	10. ▶	250
11a. Penalty.	11a. ▶	
11b. Interest.	11b. ▶	
11c. Form CT-1120I Interest.	11c. ▶	
11. Total penalty and interest: Enter the total of Lines 11a, 11b, and Line 11c.	11. ▶	
12a. Amount to be credited to 2025 estimated tax.	12a. ▶	
12b. Amount to be refunded.	12b. ▶	
12c. Acct. type ▶ N Ck. ▶ N Sv. 12d. Rout. # ▶ 12e. Acct. # ▶		
12f. Refund going to a bank account outside the U.S. ▶ N 12g. ▶		
12. Total to be credited or refunded: Enter the total of Line 12a and Line 12b.	12. ▶	
13. Balance due with this return: Add Line 10 and Line 11.	13. ▶	250 .00

For faster refund, use Direct Deposit by completing Lines 12c, 12d, and 12e.



1030

11201224V011030

REV 01/25/25 PRO



Schedule A – Computation of Tax on Net Income

1. Net income: Enter amount from <i>Schedule D</i> , Line 25. If 100% Connecticut, enter also on Line 3.	1. ▶	-81
2. Apportionment fraction: Carry to six places.	2. ▶	0.000000
3. Connecticut net income: Multiply Line 1 by Line 2.	3. ▶	0
4. Operating loss carryover from Form CT-1120 ATT , <i>Schedule H</i> , Line 22, Column E. Do not exceed 50% of Line 3.	4. ▶	0
5. Income subject to tax: Subtract Line 4 from Line 3.	5. ▶	0
6. Tax: Multiply Line 5 by 7.5% (.075).	6. ▶	0

Schedule B – Computation of Minimum Tax on Capital

1. Minimum tax base from <i>Schedule E</i> , Line 6, Column C. If 100% Connecticut, enter also on Line 3.	1. ▶	76424
2. Apportionment fraction: Carry to six places.	2. ▶	1.000000
3. Multiply Line 1 by Line 2.	3. ▶	76424
4. Number of months covered by this return.	4. ▶	12
5. Multiply Line 3 by Line 4, divide the result by 12.	5. ▶	76424
6. Tax (2 and 6/10 mills per dollar): Multiply Line 5 by .0026. Maximum tax for <i>Schedule B</i> is \$1,000,000.	6. ▶	199

Schedule D – Computation of Net Income

1. Federal taxable income (loss) before net operating loss and special deductions.	1. ▶	-4433
2. Interest income wholly exempt from federal tax.	2. ▶	
3. State and local income taxes.	3. ▶	4352
4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1.	4. ▶	
5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 3.	5. ▶	
6. Federal bonus depreciation	6. ▶	
7. Business interest expense carried forward under IRC § 163(j) and deducted for federal tax purposes in the current year.	7. ▶	
8. 80% of IRC § 179 deduction.	8. ▶	
9. Other.	9. ▶	
10. Total: Add Lines 1 through 9.	10. ▶	-81
11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 4.	11. ▶	
12. Capital loss carryover (if not deducted in computing federal capital gain).	12. ▶	
13. Capital gain from sale of preserved land.	13. ▶	
14. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 26.	14. ▶	
15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1.	15. ▶	
16. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2.	16. ▶	
17. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3.	17. ▶	
18. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB , Part II B, Line 1.	18. ▶	
19. 25% of IRC § 179 deduction added back in the preceding four years.	19. ▶	
20. IRC § 163(j) business interest deduction disallowed for federal tax purposes.	20. ▶	
21. Contributions from Connecticut or its municipalities included in <i>Schedule D</i> , Line 1.	21. ▶	
22. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes.	22. ▶	
23. Other.	23. ▶	
24. Total: Add Lines 11 through 23.	24. ▶	
25. Net income: Subtract Line 24 from Line 10. Enter here and on <i>Schedule A</i> , Line 1.	25. ▶	-81



Schedule E – Computation of Minimum Tax Base

	Column A Beginning of Year	Column B End of Year	Column C
1. Capital stock from federal Schedule L, Line 22a and Line 22b.	500	500	
2. Surplus and undivided profits from federal Schedule L, Lines 23, 24, and 25.	72217	79631	(Column A plus Column B) Divided by 2
3. Surplus reserves: Attach schedule.			
4. Total: Add Lines 1, 2, and 3. Enter average in Column C.	72717	80131	76424
5. Holdings of stock of private corporations: Attach schedule. Enter average in Column C.			
6. Balance: Subtract Line 5, Column C, from Line 4, Column C. Enter here and on <i>Schedule B</i> , Line 1.			76424

Schedule G – Additional Required Information

Attach a schedule of corporate officers' names, titles, and addresses. See Statement

- In which Connecticut (CT) town(s) does the corporation own or lease, as lessee, real or tangible personal property, or perform services?
HAMDEN
- (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning CT real property?
If **Yes**, enter: Entity name N FEIN
- (b) Was there a direct or indirect transfer of a controlling interest in your company owning CT real property?
If **Yes**, enter: Transferor name N FEIN/SSN
- (c) If the answer to either 2(a) or 2(b) is **Yes**, enter: Transferee(s) name
Date of transfer , and attach a list of addresses for all Connecticut real property transferred.
- Did any corporation at any time during the year own a majority of the voting stock of this corporation?
If **Yes**, enter: Corporation name N FEIN
- Last taxable year this corporation was audited by the Internal Revenue Service
Were adjustments reported to CT? N (If **No**, attach explanation).



Check All Applicable Boxes:

1. Address change 2. Return status: Initial Amended Final Short period

Reason for amending, if applicable: IRS adjustments/federal Form 1120X. Final determination date:
 CT corp business tax credit change CT apportionment change CT net operating loss change
 Other. Specify:

3. If this is a final return, has the corporation: Dissolved Withdrawn

Merged/reorganized: Enter survivor's CT Tax Reg. #

4. Federal return was filed on: 1120 1120-H 1120-REIT 1120-RIC

Other:

Consolidated basis: Parent co. name Parent co. FEIN

5. Did this company file as part of a Form CT-1120CU for the previous year?

6. Does this company file as part of a Form CT-1120CU and is filing this return to report non-unitary business income?

If Yes, enter the CT Tax Reg. # of the group's designated taxable member:

7. Is the principal place of business located in CT? If No, enter principal place of business location: NJ

State of incorporation: NJ Date of organization: 01102012 Date qualified in CT: 01012024 Date business began in CT: 01012024

8. Is this corporation exempt from CT Corporation Business tax? (If Yes, attach explanation of exemption including statutory cite).

9. Did this corporation use the annualized method to calculate its estimated tax installments? (If Yes, attach Form CT-1120I).

10. Does this corporation pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member?

(If Yes, attach Form CT-1120AB).

DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Corporate officer's name (print)

JIGNESH PATEL

Corporate officer's email address

Corporate officer's signature

Date

Title

PRESIDENT

May DRS contact the preparer shown below about this return? Y

Telephone number

7188316300

Paid preparer's name (print)

PRAKASH CHAVDA, CPA

Paid preparer's signature

Date

07092025

Preparer's SSN or PTIN

P01069041

Firm's name, address, and ZIP code

PRAKASH CHAVDA, CPA PC 256 JERICHO TPKE FLORAL PARK NY 11001

Firm's FEIN

454768536

Telephone number

7188316300

Sign Here

Keep a copy for your records.

Additional Information From 2024 Connecticut Corporation Business Tax Return

CT-1120: Corporation Business Tax Return
Schedule G: Corporate Officers Statement

Continuation Statement

Officer Name	Address	Title
JIGNESH PATEL	1149 GREEN STREET, ISELIN, NJ 08830	OFFICE

DRAFT

2024 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

		MM-DD-YYYY			MM-DD-YYYY
1. Return is for calendar year 2024 or for tax year beginning:		04-01-2024	and ending:		03-31-2025
2. Taxpayer Name (print or type) SILVER TOUCH TECHNOLOGIES INC.			3. Federal Employer Identification Number (FEIN) 45-4584052		
4. Street Address 1149 GREEN STREET					
City ISELIN		State NJ	ZIP/Postal Code 08830	Country Code	
5. NAICS (North American Industry Classification System) Code 541519		6. If a Final Return, Enter Effective End Date		8. <input type="checkbox"/> Check if a special sourcing formula for transportation services is used in the sourcing of Sales to Michigan.	
7a. <input type="checkbox"/> Check if Filing Michigan Unitary Business Group Return. (Include Form 4896, if applicable, and Form 4897.)		7b. Affiliated Group Election year (MM-DD-YYYY)			

Important: If the tax liability on line 41 is less than or equal to \$100, or the gross receipts on line 11 are less than \$350,000, you are not required to file this return or pay the tax; however, there may be other reasons to file this form. Short period filers, gross receipts threshold amount differs, see instructions.

9. Apportionment Calculation — If any amount in line 9a through 9e is zero, enter zero. **All lines must be completed.**

a. Michigan sales of the corporation/Unitary Business Group (UBG) (if no Michigan sales, enter zero)	9a.	0	00
b. Proportionate Michigan sales from unitary Flow-Through Entities (FTEs) (include Form 4900)	9b.		00
c. Michigan sales. Add lines 9a and 9b	9c.	0	00
d. Total sales of the corporation/UBG	9d.	2,858,837	00
e. Proportionate total sales from unitary FTEs (include Form 4900)	9e.		00
f. Total sales. Add lines 9d and 9e	9f.	2,858,837	00
g. Apportionment percentage. Divide line 9c by line 9f	9g.	0.0000	%

10. a. Gross receipts from corporate activities (see instructions)	10a.	2,888,000	00
10. b. Apportioned gross receipts from FTEs	10b.		00

11. REQUIRED: Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b	11.	0	00
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PART 1: CORPORATE INCOME TAX

Unitary Business Groups: Amounts reported for all members on Form 4897 must be summed and carried to the corresponding line on Form 4891.

12. Federal taxable income. (Amount includes agricultural activities. See instructions.)	12.	-4,433	00
13. Miscellaneous (see instructions)	13.		00
14. Adjustments due to decoupling of Michigan depreciation from IRC § 168(k). If adjustment is negative, enter as negative:			
a. Net bonus depreciation adjustment	14a.	111	00
b. Gain/loss adjustment on sale of eligible depreciable asset(s)	14b.		00
c. Add lines 14a and 14b. If negative, enter as negative	14c.	111	00
15. Add lines 12, 13 and 14c. If negative, enter as negative	15.	-4,322	00
16. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero	16.	0	00
17. Business Income. Subtract line 16 from line 15. (UBGs, see instructions.) If negative, enter as negative	17.	-4,322	00

Additions to Business Income

18. Interest income and dividends derived from obligations or securities of states other than Michigan	18.		00
19. Taxes on or measured by net income including tax imposed under CIT	19.	4,352	00
20. Any carryback or carryover of a federal net operating loss (enter as a positive number)	20.		00
21. Royalty, interest, and other expenses paid to a related person that is not a UBG member of this taxpayer	21.		00
22. Expenses from the production of oil and gas, and/or minerals (see instructions)	22.		00
23. Miscellaneous (see instructions)	23.		00
24. Total Additions to Income. Add lines 18 through 23	24.	4,352	00
25. Corporate Income Tax Base After Additions. Add lines 17 and 24. If negative, enter as negative	25.	30	00

PART 1: CORPORATE INCOME TAX (Continued)

Subtractions from Business Income

26. Income from non-unitary FTEs (Enter loss as negative; include Form 4898; see instructions)	26.		00
27. Dividends and royalties received from persons other than U.S. persons and foreign operating entities	27.		00
28. Interest income derived from United States obligations	28.		00
29. Income from the production of oil and gas, and/or minerals (see instructions)	29.		00
30. Miscellaneous (see instructions)	30.		00
31. Total Subtractions from Income. Add lines 26 through 30	31.		00
32. Corporate Income Tax Base. Subtract line 31 from line 25. If negative, enter as negative	32.	30	00
33. Apportioned Corporate Income Tax Base. Multiply line 32 by percentage on line 9g	33.	0	00
34. Apportioned Income from non-unitary FTEs from Form 4898 (see instructions).....	34.		00
35. Total apportioned Corporate Income Tax Base. Add line 33 and line 34	35.	0	00
36a. Available CIT business loss carryforward (see instructions). Enter as positive.....	36a.		00
36b. <input type="checkbox"/> Check if any loss on line 36a was acquired in this filing period in an IRC 381(a)(1) or (2) transaction (see instructions)			
37. Subtract line 36a from line 35. If negative, enter here as negative. A negative number here is the available business loss carryforward to the next filing period (see instructions)	37.	0	00
38. Corporate Income Tax Before Credit. Multiply line 37 by 6% (0.06). If less than zero, enter zero	38.	0	00

PART 2: TOTAL CORPORATE INCOME TAX

39. Small Business Alternative Credit (SBAC) from Form 4893, line 14 or line 18, whichever applies.....	39.		00
40. Tax Liability after SBAC. Subtract line 39 from line 38	40.	0	00
41. Tax Liability after CIT Historic Preservation Credit from Form 5793, line 11. If less than or equal to \$100, enter zero. If apportioned or allocated gross receipts are less than \$350,000, enter zero (see instr.)..	41.	0	00
42. Total Recapture of Certain Business Tax Credits from Form 4902.....	42.		00
43. Total Tax Liability. Add lines 41 and 42	43.	0	00

PART 3: PAYMENTS AND TAX DUE

UBGs include on lines 44 through 47 payments from all members as reported on Form 4897.

44. Overpayment credited from prior period return (MBT or CIT)	44.		00
45. Estimated tax payments	45.		00
46. Tax paid with request for extension	46.		00
47. Michigan tax withheld or Flow-Through Entity credit (see instructions).....	47.		00
48. Payment total. Add lines 44 through 47.....	48.		00
49. TAX DUE. Subtract line 48 from line 43. If less than zero, leave blank.....	49.		00
50. Underpaid estimate penalty and interest from Form 4899, line 38.....	50.		00
51. Annual Return Penalty (see instructions)	51.		00
52. Annual Return Interest (see instructions)	52.		00
53. PAYMENT DUE. If line 49 is blank, go to line 54. Otherwise, add lines 49 through 52.....	53.	0	00

PART 4: REFUND OR CREDIT FORWARD

54. Overpayment. Subtract lines 43, 50, 51 and 52 from line 48. If less than zero, leave blank (see instructions) ..	54.		00
55. CREDIT FORWARD. Amount on line 54 to be credited forward and used as an estimate for next CIT tax year...	55.		00
56. REFUND. Subtract line 55 from line 54.....	56.		00

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN P01069041	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type) PRAKASH CHAVDA, CPA PC	
Authorized Signer's Name (print or type) JIGNESH PATEL	Date 07-09-2025	Preparer's Business Address and Telephone Number (print or type) 256 JERICHO TPKE FLORAL PARK NY 11001 718-831-6300	
Title PRESIDENT	Telephone Number 718-831-6300		

Return is due April 30 or on or before the last day of the 4th month after the close of the tax year.

WITHOUT PAYMENT. Mail return to:
Michigan Department of Treasury,
PO Box 30803, Lansing MI 48909

WITH PAYMENT. Pay amount on line 53. Mail check and return to: Michigan Department of Treasury,
PO Box 30804, Lansing MI 48909. Make check payable to "State of Michigan." Print taxpayer's FEIN, the tax year, and "CIT" on the front of the check. Do not staple the check to the return.



DEPARTMENT USE ONLY

RCT-101 09-24 PAGE 1 OF 4 PA CORPORATE NET INCOME TAX REPORT 2024

STEP A:

Tax Year Beginning 04012024 Tax Year Ending 03312025

STEP B:

Economic Nexus N
Federal EIN 454584052 Parent Corporation FEIN
NAICS code 541519
Corporation Name SILVER TOUCH TECHNOLOGIES INC
Address Line 1 1149 GREEN STREET
Address Line 2
City ISELIN
State NJ
ZIP 08830
Province
Country Code
Foreign Postal Code
Address Change N

IRS Filing Type A = 1120 B = 1120S C = Other A

STEP C:

N Initial Report N S Corp filing as C Corp
N Final Report (must include REV-861 and REV-181, where applicable) N KOZ
N Amended Report N Royalty/Related Interest Add-Back (Act 52 of 2013)
N File Period Change N S Corp Taxable Built-in Gains
N Change Fed Group N Section 381/382/Merger NOLs
N 52-53 Week Filer N Alternative Apportionment
N Claiming P.L. 86-272 Protection

SECTION A: GENERAL INFORMATION QUESTIONNAIRE

1. State of Incorporation: NJ
2. Date of Incorporation: (MMDDYYYY) 01102012
3. Date Commenced Doing Business in PA:
4. Describe corporate activity in PA: COMPUTER CONSULTING
5. Describe corporate activity outside PA:
6. Other states in which taxpayer has activity:

7. Does this corporation own all or a majority of stock in other corporations? N If yes, include the REV-798, Schedule X.
8. Has the federal government changed taxable income as originally reported for any period for which reports of change have not been filed? N If yes, file the RCT-128C.

REV 01/09/25 PRO



FEIN TAX YEAR END 03312025 NAME SILVER TOUCH TECHNOLOGIES RCT-101 09-24 PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2024

SECTION B: SCHEDULE C-1: APPORTIONMENT SCHEDULE FOR CORPORATE NET INCOME TAX (Include RCT-106.)

Table with columns: Sales Factor, Special Apportionment, Numerator, Denominator, Special Apportionment. Values include 0.000000 and 0.000000.

USE WHOLE DOLLARS ONLY

SECTION C: PA CORPORATE NET INCOME TAX

Main table with 20 rows of tax items, line numbers, and dollar amounts. Includes items like 'Income or loss from federal return', 'DEDUCTIONS', 'ADDITIONS', and 'Total Due/Overpayment'.



1010024425

FEIN
TAX YEAR END 03312025 NAME SILVER TOUCH TECHNOLOGIES
RCT-101 09-24 PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2024

SECTION G: CORPORATE OFFICER (Must sign affirmation below.)

CORPORATE OFFICERS

(See instructions.)

SSN

Last Name

First Name

MI

Must provide requested information for all filled officer positions.

President/Managing Partner

PATEL

JIGNESH

Vice President

Secretary

Treasurer/Tax Manager

NAME JIGNESH PATEL

PHONE 7188316300

EMAIL

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Corporate Officer Signature

Date

PREPARER'S INFORMATION

Firm FEIN

454768536

Firm Name

PRAKASH CHAVDA, CPA PC

Preparer's Name

PRAKASH CHAVDA, CPA

Preparer's SSN/PTIN

P01069041

Phone

7188316300

Email

PRAKASHCHAVDACPA@GMAIL.COM

Address Line 1

256 JERICHO TPKE

Address Line 2

City

FLORAL PARK

State

NY

ZIP

11001

Province

Country Code

Foreign Postal Code

FORM

BARCODE

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

Tax Preparer's Signature

Date

07092025

REV 01/09/25 PRO



1010024425

1010024425



1060024101

RCT-106 (SU) 03-24
**DETERMINATION OF
APPORTIONMENT PERCENTAGE**
INSERT SHEET
FILE WITH RCT-101

Corporation Name

SILVER TOUCH TECHNOLOGIES INC

FEIN 454584052	Tax Year Beginning 04012024	Tax Year Ending 03312025
-------------------	--------------------------------	-----------------------------

SALES FACTOR	Description	Inside PA	Inside and Outside PA
1. Sales (net of returns and allowances)		0.	2858837.
2. Interest, Rents, Royalties		0.	0.
3. Gross Receipts from the Sale of Other Business Assets (except securities, unless you are a securities dealer)		0.	0.
4. Other Sales (receipts only)		0.	0.
5. Partner's Share of Sales from Partnerships		0.	0.
6. Total Sales		(A) 0.	(B) 2858837.

(C) Sales Factor (Divide A by B; calculate to six decimal places.) (C) 0.000000 Carry (A), (B), and (C) to RCT-101, Schedule C-1, Lines 1A, 1B, and 1C.

SPECIAL APPORTIONMENT

Special apportionment to be completed only by railroad, truck, bus, airline, or qualified air freight forwarding companies; pipeline or natural gas companies; water transportation companies; or satellite television services providers. Refer to instructions.

(A) NUMERATOR 0.
(B) DENOMINATOR 0. = (C) 0. Carry (A), (B), and (C) to RCT-101, Schedule C-1, Lines 2A, 2B, and 2C.

(C) Special Apportionment (Divide A by B; calculate to six decimal places.)

REV 01/09/25 PRO



1060024101



PA-8879 C (SU) 06-24

e-file Signature Authorization for RCT-101, PA Corporate Net Income Tax Report

2024

See instructions.

For calendar year 2024 or tax year beginning, Apr 1, 2024, ending, Mar 31, 2025

Name of Corporation: SILVER TOUCH TECHNOLOGIES INC; Federal Employer Identification Number (FEIN): 454584052; Corporation Address: 1149 GREEN STREET; City: ISELIN; State: NJ; ZIP Code: 08830

SECTION I TAX REPORT INFORMATION (Use whole dollars only.)

Table with 3 rows: 1. Income or Loss from Federal Return on a Separate Company Basis (From RCT-101, Section C, Line 1) -4433; 2. PA Taxable Income or Loss (From RCT-101, Section C, Line 12) 0; 3. PA Corporate Net Income Tax Due (From RCT-101, Section C, Line 16) 0.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF OFFICER (Keep a copy of the corporation's tax report.)

Under penalties of perjury, I declare I am an officer of the above-named corporation and I examined a copy of the corporation's 2024 electronic tax report, accompanying schedules, and statements, and to the best of my knowledge and belief they are true, correct, and complete.

Officer's Federal Self-Select PIN (Check one box only.):

[X] I authorize PRAKASH CHAVDA, CPA PC to enter my federal self-select PIN 84052 as my signature on the corporation's electronically filed tax report.

[] As an officer of the corporation, I will enter my federal self-select PIN as my signature on the corporation's electronically filed tax report.

Signature of Officer, Date, Title, Social Security number, Address, City, State, ZIP Code

SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN (Enter your six-digit EFIN followed by your five-digit federal self-select PIN.): 12680754321

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my federal self-select PIN, which is my signature on the tax year 2024 electronically filed PA corporate net income tax report for the taxpayer(s) indicated above.

ERO's Signature Date 07092025

Electronic Return Originators (EROs) must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Appendix for PA-8879 C

PA-8879 C APP (SU) 06-24

e-file Signature Authorization for RCT-101, PA Corporate Net Income Tax Report

ELECTRONIC SIGNATURE SPECIFICATIONS

The Perjury Statement, Consent to Disclosure, and Electronic Funds Withdrawal Consent used to develop jurat language statements for electronic filing tax preparation software where the practitioner federal self-select PIN method is selected. The software must provide the capability to incorporate these elements into the appropriate text for presentation to a taxpayer for review.

PERJURY STATEMENT

Under penalties of perjury, I declare I am an officer of the above-named corporation; I have examined a copy of the corporation's 2024 electronic RCT-101, PA Corporate Net Income Tax Report, accompanying schedules, and statements; and to the best of my knowledge and belief they are true, correct, and complete.

CONSENT TO DISCLOSURE

I consent to allow my electronic return originator (ERO) or transmitter to send the corporation's return/report to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue.

ELECTRONIC FUNDS WITHDRAWAL CONSENT

I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to my financial institution account designated in the electronic payment portion of my 2024 RCT-101 for payment of my Pennsylvania taxes owed; and my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. To revoke a payment, I must contact my financial

institution account indicated in the tax preparation software for payment of the corporation state taxes.

OFFICER'S SIGNATURE

I am signing this tax return/report and Electronic Funds Withdrawal Consent, if applicable, by entering my federal self-select PIN below.

Officer's PIN: 8 4 0 5 2

Date: 07092025

ERO DECLARATION

I declare the information in this electronic tax return/report is the information furnished to me by the corporation. If the corporation furnished me a completed tax return/report, I declare that the information contained in this electronic tax return/report is identical to that contained in the return/report provided by the corporation. If the furnished return/report was signed by a paid preparer, I declare I entered the paid preparer's identifying information in the appropriate portion of this electronic return/report. If I am the paid preparer, under penalties of perjury, I declare I examined this electronic return/report, and to the best of my knowledge and belief it is true, correct, and complete.

ERO SIGNATURE

I am signing this tax return/report by entering my federal self-select PIN below.

ERO's EFIN: 1 2 6 8 0 7 (EFIN)

and PIN: 5 4 3 2 1 (PIN)