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June 26, 2020

SILVER TOUCH TECHNOLOGIES INC.
200 MIDDLESEX ESSEX TUMPIKE, SUITE 306B/M
ISELIN, NJ 08830

Dear Client,

Enclosed is the 2019 Form 1120, U.S. Corporation Income Tax Return, for SILVER TOUCH TECHNOLOGIES INC. for the tax year ending March 31, 2020.

Your 2019 Form 1120, U.S. Corporation Income Tax Return, for SILVER TOUCH TECHNOLOGIES INC. will be electronically filed.

The balance due of \$295.00 should be paid by electronic funds transfer. You must notify the bank at least one business day before the payment is due.

Enclosed is the 2019 Form CBT-100, New Jersey Corporation Business Tax Return for SILVER TOUCH TECHNOLOGIES INC..

Your 2019 Form CBT-100, New Jersey Corporation Business Tax Return for SILVER TOUCH TECHNOLOGIES INC. will be electronically filed.

Your balance due of \$526.00 will be automatically withdrawn from your Checking Account on 07/15/2020.

The due dates and required payments for the 2020 New Jersey Corporation Business Tax Return estimated income tax are as follows:

Installment #1 by	07/15/20	125
Installment #2 by	09/15/20	125
Installment #3 by	12/15/20	125
Installment #4 by	03/15/21	125

Each estimated tax payment must be paid electronically. See the paragraph about making payments electronically for details.

How to Pay Electronically

New Jersey Division of Taxation Electronic Payments

Pay Electronically on state website (select Electronic Services):

see <http://www.state.nj.us/treasury/taxation/index.shtml>

For EFT visit www.nj.gov/treasury/revenue/eft1.shtml

If no internet access, call our Customer Service Center at 609-292-6400 to make a payment.

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

Form 1120 Department of the Treasury Internal Revenue Service		U.S. Corporation Income Tax Return For calendar year 2019 or tax year beginning <u>Apr 1</u> , 2019, ending <u>Mar 31</u> , 20 <u>20</u> ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.		OMB No. 1545-0123 2019
A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>		TYPE OR PRINT Name <u>SILVER TOUCH TECHNOLOGIES INC.</u> Number, street, and room or suite no. If a P.O. box, see instructions. <u>200 MIDDLESEX ESSEX TUMPIKE, SUITE 306B/M</u> City or town, state or province, country, and ZIP or foreign postal code <u>ISELIN NJ 08830</u>	B Employer identification number <u>45-4584052</u> C Date incorporated <u>01/10/2012</u> D Total assets (see instructions) \$ <u>393,086</u>	
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	<u>883,145</u>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c	<u>883,145</u>	
	2 Cost of goods sold (attach Form 1125-A)	2	<u>823,074</u>	
	3 Gross profit. Subtract line 2 from line 1c	3	<u>60,071</u>	
	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) <u>Other Income Statement</u>	10	<u>229</u>		
11 Total income. Add lines 3 through 10	11	<u>60,300</u>		
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		
	14 Repairs and maintenance	14		
	15 Bad debts	15		
	16 Rents	16		
	17 Taxes and licenses	17	<u>526</u>	
	18 Interest (see instructions)	18		
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		
	21 Depletion	21		
	22 Advertising	22		
	23 Pension, profit-sharing, etc., plans	23		
	24 Employee benefit programs	24		
	25 Reserved for future use	25		
26 Other deductions (attach statement) <u>Other Deductions Statement</u>	26	<u>58,367</u>		
27 Total deductions. Add lines 12 through 26	27	<u>58,893</u>		
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28	<u>1,407</u>		
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	<u>1,407</u>	
	31 Total tax (Schedule J, Part I, line 11)	31	<u>295</u>	
	32 2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32		
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, 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, 32, and 34, enter amount owed	35	<u>295</u>	
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36		
37 Enter amount from line 36 you want: Credited to 2020 estimated tax ▶ Refunded ▶	37			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer Use Only	Signature of officer <u>PRAKASH CHAVDA</u>		Date <u>06/26/2020</u>	PRESIDENT Title
	Print/Type preparer's name <u>PRAKASH CHAVDA</u>		Preparer's signature <u>PRAKASH CHAVDA</u>	Date <u>06/26/2020</u>
	Firm's name ▶ <u>PRAKASH CHAVDA CPA P C</u>		Firm's EIN ▶ <u>45-4768536</u>	
	Firm's address ▶ <u>256-06 Hillside Ave., 1st Floor Floral Park NY 11004</u>		Phone no. <u>(718)831-6300</u>	
Check <input type="checkbox"/> if self-employed		PTIN <u>P01069041</u>		

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	Section 965(a) inclusion		see instructions	
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 15, 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)**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions 	<input type="checkbox"/>	
2	Income tax. See instructions		2 295
3	Base erosion minimum tax amount (attach Form 8991)		3
4	Add lines 2 and 3		4 295
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7 295
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method—completed long-term contracts (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	Other (see instructions—attach statement)	9f	
10	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11 295

Part II—Section 965 Payments (see instructions)

12	2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32	12
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Part III—Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2018 overpayment credited to 2019	13
14	2019 estimated tax payments	14
15	2019 refund applied for on Form 4466	15 ()
16	Combine lines 13, 14, and 15	16
17	Tax deposited with Form 7004	17
18	Withholding (see instructions)	18
19	Total payments. Add lines 16, 17, and 18	19
20	Refundable credits from:	
a	Form 2439	20a
b	Form 4136	20b
c	Form 8827, line 5c	20c
d	Other (attach statement—see instructions)	20d
21	Total credits. Add lines 20a through 20d	21
22	2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions	22
23	Total payments, credits, and section 965 net tax liability. 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. ▶ <u>541519</u>		
b	Business activity ▶ <u>COMPUTER CONSULTING</u>		
c	Product or service ▶ <u>COMPUTER CONSULTING</u>		
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.		X
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(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.		X
7 At any time during the 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 ▶ <u>100.</u> and (b) Owner’s country ▶ <u>IN</u> (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 ▶ <u>1</u>	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 the 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?		X
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 the tax year ► \$		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?		X
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?		X
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?		X
18 Did the 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?		X
19 During the 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?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions ► \$		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
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 the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," to any, complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 14 ► \$		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		18,832.		65,858.
2a	Trade notes and accounts receivable	87,996.		322,894.	
b	Less allowance for bad debts	()	87,996.	()	322,894.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)		2,117.		3,534.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)		800.		800.
15	Total assets		109,745.		393,086.
Liabilities and Shareholders' Equity					
16	Accounts payable		83,000.		295,530.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders		734.		100.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)		11,627.		81,960.
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		13,884.		14,996.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock	()		()	
28	Total liabilities and shareholders' equity		109,745.		393,086.

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	1,112.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	295.		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 . . . \$ _____	
b	Charitable contributions . . . \$ _____		b	Charitable contributions \$ _____	
c	Travel and entertainment . . . \$ _____			_____	
6	Add lines 1 through 5	1,407.	9	Add lines 7 and 8	
			10	Income (page 1, line 28)—line 6 less line 9	1,407.

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

1	Balance at beginning of year	13,884.	5	Distributions: a Cash	
2	Net income (loss) per books	1,112.		b Stock	
3	Other increases (itemize): _____			c Property	
	_____		6	Other decreases (itemize): _____	
	_____		7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	14,996.	8	Balance at end of year (line 4 less line 7)	14,996.

(Rev. November 2018)
Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name SILVER TOUCH TECHNOLOGIES INC.		Employer identification number 45-4584052	
1	Inventory at beginning of year	1	
2	Purchases	2	823,074
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	823,074
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	823,074

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶ _____

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

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

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

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

General Instructions**Purpose of Form**

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

Who Must File

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

Inventories

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

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

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

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

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.**Uniform capitalization rules.** The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

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

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

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

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)

OMB No. 1545-0123

► Go to www.irs.gov/Form5472 for instructions and the latest information.Department of the Treasury
Internal Revenue ServiceFor tax year of the reporting corporation beginning Apr 1, 2019, and ending Mar 31, 2020**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. Number, street, and room or suite no. (if a P.O. box, see instructions) 200 MIDDLESEX ESSEX TUMPIKE, SUITE 306B/M City or town, state, and ZIP code (if a foreign address, see instructions) ISELIN, NJ 08830		1b Employer identification number 45-4584052
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. \$ 393,086.
1i Check here if this is a consolidated filing of Form 5472 <input type="checkbox"/>	1j Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472 . . . <input type="checkbox"/>	1k Country of incorporation US
1l Country(ies) under whose laws the reporting corporation files an income tax return as a resident US		1m 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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). ► ☐

1a Name and address of direct 25% foreign shareholder SILVER TOUCH TECHNOLOGIES LTD. 2nd Floor Safron, Nr. Pan AHMEDABAD, IN		
1b(1) U.S. identifying number, if any FOREIGNUS	1b(2) Reference ID number (see instructions) NA	1b(3) Foreign taxpayer identification number (FTIN), if any (see instructions)
1c Principal country(ies) where business is conducted IN	1d Country of citizenship, organization, or incorporation IN	1e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident IN
2a Name and address of direct 25% foreign shareholder		
2b(1) U.S. identifying number, if any	2b(2) Reference ID number (see instructions)	2b(3) FTIN, if any (see instructions)
2c Principal country(ies) where business is conducted	2d Country of citizenship, organization, or incorporation	2e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident
3a Name and address of ultimate indirect 25% foreign shareholder		
3b(1) U.S. identifying number, if any	3b(2) Reference ID number (see instructions)	3b(3) FTIN, if any (see instructions)
3c Principal country(ies) where business is conducted	3d Country of citizenship, organization, or incorporation	3e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident
4a Name and address of ultimate indirect 25% foreign shareholder		
4b(1) U.S. identifying number, if any	4b(2) Reference ID number (see instructions)	4b(3) FTIN, if any (see instructions)
4c Principal country(ies) where business is conducted	4d Country of citizenship, organization, or incorporation	4e 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?**1a** Name and address of related party

SILVER TOUCH TECHNOLOGIES L 2nd Floor Safron, Nr. Pan Ahmedabad, IN

1b(1) U.S. identifying number, if any
FOREIGNUS**1b(2)** Reference ID number (see instructions)
FOREIGNUS**1b(3)** FTIN, if any (see instructions)**1c** Principal business activity ► COMPUTER CONSULTING**1d** Principal business activity code ► 541519**1e** Relationship—Check boxes that apply: ☒ Related to reporting corporation ☒ Related to 25% foreign shareholder ☐ 25% foreign shareholder**1f** Principal country(ies) where business is conducted

IN

1g 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. ► ☐

1	Sales of stock in trade (inventory)	1	
2	Sales of tangible property other than stock in trade	2	
3	Platform contribution transaction payments received	3	
4	Cost-sharing transaction payments received	4	
5a	Rents received (for other than intangible property rights)	5a	
b	Royalties received (for other than intangible property rights)	5b	
6	Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	6	
7	Consideration received for technical, managerial, engineering, construction, scientific, or like services	7	
8	Commissions received	8	
9	Amounts borrowed (see instructions) a Beginning balance _____ b Ending balance or monthly average ►	9b	
10	Interest received	10	
11	Premiums received for insurance or reinsurance	11	
12	Other amounts received (see instructions)	12	
13	Total. Combine amounts on lines 1 through 12	13	
14	Purchases of stock in trade (inventory)	14	
15	Purchases of tangible property other than stock in trade	15	
16	Platform contribution transaction payments paid	16	
17	Cost-sharing transaction payments paid	17	
18a	Rents paid (for other than intangible property rights)	18a	
b	Royalties paid (for other than intangible property rights)	18b	
19	Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	19	
20	Consideration paid for technical, managerial, engineering, construction, scientific, or like services	20	823,074.
21	Commissions paid	21	
22	Amounts loaned (see instructions) a Beginning balance _____ b Ending balance or monthly average ►	22b	
23	Interest paid	23	
24	Premiums paid for insurance or reinsurance	24	
25	Other amounts paid (see instructions)	25	
26	Total. Combine amounts on lines 14 through 25	26	823,074.

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.

- 1** Does the reporting corporation import goods from a foreign related party? ☐ Yes ☒ No
- 2a** If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? ☐ Yes ☐ No
- b** If "Yes," attach a statement explaining the reason or reasons for such difference.
- c** If the answers to questions 1 and 2a 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? ☐ Yes ☐ No
- 3** During the tax year, was the foreign parent corporation a participant in any cost-sharing arrangement? ☐ Yes ☒ No
- 4** During the course of the tax year, did the foreign parent corporation become a participant in any cost-sharing arrangement? ☐ Yes ☒ No
- 5a** During the tax year, did the reporting corporation pay or accrue any interest or royalty, to the related party, for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No
- b** If "Yes," enter the total amount of the disallowed deductions \$ _____
- 6a** Does the reporting corporation claim a foreign-derived intangible income (FDII) deduction (under section 250) with respect to amounts listed in Part IV? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) of property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions \$ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions. \$ _____
- d** If "Yes," enter the amount of gross income derived from services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____

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

- 1** Amounts defined as base erosion payments under section 59A(d) \$ _____
- 2** Amount of base erosion tax benefits under section 59A(c)(2) \$ _____
- 3** Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation \$ _____
- 4** Reserved for future use ☐

Department of the Treasury
Internal Revenue ServiceFor calendar year 2019, or tax year beginning Apr 1, 2019, ending Mar 31, 20 20**2019**▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879C for the latest information.**

Name of corporation

SILVER TOUCH TECHNOLOGIES INC.

Employer identification number

45-4584052

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	60,300.
2	Taxable income (Form 1120, line 30)	2	1,407.
3	Total tax (Form 1120, line 31)	3	295.
4	Amount owed (Form 1120, line 35)	4	295.
5	Overpayment (Form 1120, line 36)	5	

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 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ to enter my PIN _____ as my signature
ERO firm name
on the corporation's 2019 electronically filed income tax return.

☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 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	1	4	3	2	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 2019 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 ▶ 06/26/2020

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

**Form 1120
Schedule L**

Other Assets

2019

Name as Shown on Return
SILVER TOUCH TECHNOLOGIES INC.

Employer Identification No.
45-4584052

Other Current Assets:	Beginning of tax year	End of tax year
DUTIES & TAXES	1,048.	1,048.
PAYROLL TAXES	1,069.	2,486.
Totals to Form 1120, Schedule L, line 6 ▶	2,117.	3,534.

Other Investments:	Beginning of tax year	End of tax year
Totals to Form 1120, Schedule L, line 9 ▶		

Other Assets:	Beginning of tax year	End of tax year
RENT DEPOSIT	300.	300.
LOAN & ADVANCES	500.	500.
PREPAID EXPENSES	0.	
Totals to Form 1120, Schedule L, line 14 ▶	800.	800.

Name
SILVER TOUCH TECHNOLOGIES INC.Employer Identification No.
45-4584052

Other Current Liabilities:	Beginning of tax year	End of tax year
Totals to Form 1120, Schedule L, line 18 ▶		

Other Liabilities:	Beginning of tax year	End of tax year
INCOME TAX PAYABLE	627.	295.
CBT PAYABLE	0.	526.
CUSTOMER ADVANCE	11,000.	80,524.
DUTIES & TAXES		615.
Totals to Form 1120, Schedule L, line 21 ▶	11,627.	81,960.

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 ▶		

Additional information from your 2019 Federal Corporation Tax Return**Form 1120: US Corporation Income Tax Return****Other Income****Continuation Statement**

Description	Amount
GOOGLE DES	229
Total	229

Form 1120: US Corporation Income Tax Return**Other Deductions****Continuation Statement**

Description	Amount
BANK CHARGES	1,154
CONSULTING FOR SOLUTION DEVELOPMENT	49,020
MARKETING EXPS.	260
MEMBERSHIP FEES	433
PROFESSIONAL FEES	7,500
Total	58,367

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150C

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

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/efl.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

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

REV 05/11/20 PRO

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

Due Date: 07/15/20 Voucher #: 1 Beginning 04/01/2020 and ending 03/31/2021
1030 2020
45-4584052 SILV

SILVER TOUCH TECHNOLOGIES I
200 MIDDLESEX ESSEX TURNPIKE
ISELIN NJ 08830

1. Amount of this installment	1.	125.00
2. Amount of overpayment credit (See instruction 5)	2.	0.00
3. Amount of this installment payment	3.	125.00
(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**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/efl.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

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

REV 05/11/20 PRO

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

Due Date: 09/15/20 Voucher #: 2 Beginning 04/01/2020 and ending 03/31/2021
1030 2020
45-4584052 SILV

SILVER TOUCH TECHNOLOGIES I
200 MIDDLESEX ESSEX TURNPIKE
ISELIN NJ 08830

1. Amount of this installment	1.	125.00
2. Amount of overpayment credit (See instruction 5)	2.	0.00
3. Amount of this installment payment	3.	125.00
(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**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/efl.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

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

REV 05/11/20 PRO

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

Due Date: 12/15/20 Voucher #: 3 Beginning 04/01/2020 and ending 03/31/2021
1030 2020
45-4584052 SILV

SILVER TOUCH TECHNOLOGIES I
200 MIDDLESEX ESSEX TUMPIKE
ISELIN NJ 08830

1. Amount of this installment	1.	125.00
2. Amount of overpayment credit (See instruction 5)	2.	0.00
3. Amount of this installment payment	3.	125.00
(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**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/eft1.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

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

REV 05/11/20 PRO

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

Due Date: 03/15/21 Voucher #: 4 Beginning 04/01/2020 and ending 03/31/2021
1030 2020
45-4584052 SILV

SILVER TOUCH TECHNOLOGIES I
200 MIDDLESEX ESSEX TUMPIKE
ISELIN NJ 08830

1. Amount of this installment	1.	125.00
2. Amount of overpayment credit (See instruction 5)	2.	0.00
3. Amount of this installment payment	3.	125.00
(Line 1 minus Line 2)		

Payments should be made electronically.

NEW JERSEY CORPORATION BUSINESS TAX RETURN

FOR TAX YEARS ENDING ON OR AFTER
JULY 31, 2019, THROUGH JUNE 30, 2020**2019**
CBT-100Tax year beginning 04/01, 2019, and ending 03/31, 2020

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 <u>01/10/2012</u>
MAILING ADDRESS 200 MIDDLESEX ESSEX TURNPIKE, SUITE 306B/M		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 <u>CORPORATION</u> at <u>256-06 HILLSIDE AVE., 1ST FLOOR, FLORAL PARK, NY 11004</u>
		Telephone Number <u>(718) 831-6300</u>
		Check if applicable (see instructions): <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Investment Company <input type="checkbox"/> Regulated Invest. Company <input type="checkbox"/> Real Estate Investment Trust <input type="checkbox"/> Federal 1120-S Filer

1. Tax Base – Enter amount from line 4 of Schedule A, Part III.....	1.	1,933.
2. Amount of Tax – Multiply line 1 by the applicable tax rate (see instructions)	2.	126.
3. Tax Credits – Enter amount from Schedule A-3, Part I, line 24 (see instructions).....	3.	0.
4. CBT TAX LIABILITY – Subtract line 3 from line 2.....	4.	126.
5. Surtax on taxable net income – Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by the applicable surtax rate (see instructions).....	5.	
6. Tax Due – Add line 5 to the greater of line 4 or minimum tax due from Schedule A-GR (see instructions).....	6.	500.
7. Installment Payment – Only applies if line 6 is \$500 or less (see instructions)	7.	
8. Professional Corporation Fees (from Schedule PC, line 7)	8.	
9. TOTAL TAX AND PROFESSIONAL CORPORATION FEES – Add lines 6, 7, and 8.....	9.	500.
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 5 (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.	500.
12. Penalty and Interest Due (see instructions)	12.	26.
13. Total Balance Due – Add line 11 and line 12	13.	526.
14. Amount Overpaid – If line 10d is greater than the sum of line 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 2020 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"/> 2019 or <input type="checkbox"/> 2020.....	17.	

CERTIFICATION OF INACTIVITY (See Instructions)	<p>If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, A-4, and A-GR must be completed. A corporate officer must sign and certify below:</p> <p><input type="checkbox"/> By marking the check box to the left, 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.</p>		
	(Date)	(Signature of Corporate Officer)	(Title)
SIGNATURE AND VERIFICATION (See Instructions)	<p>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. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.</p>		
	(Date)	(Signature of Duly Authorized Officer of Taxpayer)	(Title)
		256-06 HILLSIDE AVE., 1ST FLOOR FLORAL PARK NY 11004	P01069041
	(Date)	(Signature of Individual Preparing Return)	(Address)
	PRAKASH CHAVDA CPA P C 256-06 HILLSIDE AVE., 1ST FLOOR FLORAL PARK NY 11004	(Preparer's ID Number)	45-4768536
	(Name of Tax Preparer's Employer)	(Address)	(Employer's ID Number)

NAME AS SHOWN ON RETURN
SILVER TOUCH TECHNOLOGIES INC.

FEDERAL ID NUMBER
45-4584052

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 taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation 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 3b below. OR ☒ No.
 - (b) Was the CITT-1, *Controlling Interest Transfer Tax*, or CITT-1E, *Statement of Waiver of Transfer Tax*, filed with the Division of Taxation? ☐ Yes. Provide a rider indicating the information and include a copy of the CITT-1 or CITT-1E filed. 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. Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)? ☐ Yes. Provide a rider indicating the name, address, and FEIN of the subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are included in this return. OR ☒ No.
6. Did the taxpayer receive any deemed repatriation dividends reported under IRC §965 from a subsidiary in the taxpayer's federal tax year 2017 or 2018 for which the taxpayer files a New Jersey 2017, 2018, or 2019 tax return? ☐ Yes. Provide a rider indicating the name and FEIN of the subsidiary, the amount of deemed repatriation dividends, and indicate on which New Jersey return the income was included. OR ☒ No.
7. 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.
8. 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.
9. If the taxpayer had income from sources outside the United States, is it included in entire net income on Schedule A, Part II, line 20? ☐ Yes. OR ☒ No. 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 10, the difference between the net of such income and the amount of foreign taxes paid not previously deducted.
10. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey? ☐ Yes. OR ☒ No.
11. 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.
12. 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: _____
13. 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.
14. 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): _____
15. What percentage of the taxpayer's worldwide property, real or tangible, is inside the United States? _____
16. 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): _____
17. What percentage of the taxpayer's worldwide payroll is inside the United States? _____
18. Is 20 percent or more of either or both the taxpayer's property and payroll inside the United States? ☐ Yes. OR ☒ No.
19. 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

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.

DO NOT REFERENCE

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

SILVER TOUCH TECHNOLOGIES INC.

45-4584052

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.	883,145.
	(b) Less: returns and allowances	1b.	
	(c) Total – subtract line 1b from line 1a	1c.	883,145.
2.	Less: Cost of goods sold (from Schedule A-2, line 8)	2.	823,074.
3.	Gross profit – Subtract line 2 from line 1c	3.	60,071.
4.	(a) Dividends	4a.	
	(b) Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993)	4b.	
	(c) Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992)	4c.	
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))	10.	229.
11.	Total Income – Add lines 3 through 10	11.	60,300.
Deductions			
12.	Compensation of officers (from Schedule F)	12.	
13.	Salaries and wages (less employment credits)	13.	
14.	Repairs (Do not include capital expenditures)	14.	
15.	Bad debts	15.	
16.	Rents	16.	
17.	Taxes	17.	526.
18.	Interest	18.	
19.	Charitable contributions	19.	
20.	Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return	20.	
21.	Depletion	21.	
22.	Advertising	22.	
23.	Pension, profit-sharing plans, etc	23.	
24.	Employee benefit programs	24.	
25.	Reserved for future use	25.	
26.	Other deductions (include schedule)	26.	58,367.
27.	Total Deductions - Add lines 12 through 26	27.	58,893.
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.	1,407.

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 (above))	1.	1,407.
Additions			
2.	Reserved for future use	2.	
3.	Other federally exempt income not included in line 1 (see instructions)	3.	
4.	Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions)	4.	
5.	New Jersey State and other states taxes deducted in line 1 (see instructions)	5.	526.
6.	Related party interest addback (from Schedule G, Part I)	6.	
7.	Related party intangible expenses and costs addback (from Schedule G, Part II)	7.	
8.	I.R.C. § 965 deductions and exemptions (see instructions)	8.	
9.	Depreciation modification being added to income (from Schedule S)	9.	
10.	Other additions. Explain on separate rider (see instructions)	10.	
11.	Taxable income/(loss) with additions – Add line 1 through line 10 and enter the total	11.	1,933.

NAME AS SHOWN ON RETURN

SILVER TOUCH TECHNOLOGIES INC.

FEDERAL ID NUMBER

45-4584052

Schedule A**CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)
EVERY CORPORATION MUST COMPLETE PARTS I, II AND III OF THIS SCHEDULE****Deductions**

12.	Depreciation modification being subtracted from income (from Schedule S)	12.	
13.	Previously Taxed Dividends (from Schedule PT)	13.	
14.	(a) Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is included on line 1	14a.	
	(b) Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is included on line 1	14b.	
15.	I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/deducted elsewhere)	15.	
16.	Reserved for future use	16.	
17a.	Elimination of nonoperational activity (from Schedule O, Part I)	17a.	
17b.	Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)	17b.	
18.	Other deductions. Explain on separate rider (see instructions)	18.	
19.	Total deductions – Add line 12 through line 18 and enter the total	19.	

Taxable Net Income/(Loss) Calculation

20.	Entire Net Income/(Loss) Subtotal – Subtract line 19 from line 11	20.	1,933.
21.	Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000)	21.	1.000000
22.	Allocated entire net income/(loss) before net operating loss deductions and dividend exclusion – Multiply line 20 by line 21 and enter the result here (if zero or less, enter zero on line 31)	22.	1,933.
23.	Prior year net operating loss (PNOL) deduction (from Form 500, Section A) (Amount entered cannot be more than amount on line 22)	23.	
24.	Allocated entire net income before post allocation net operating loss deduction – Subtract line 23 from line 22 (If zero or less, enter zero here and on line 31)	24.	1,933.
25.	Post allocation net operating loss (NOL) deduction (from Form 500, Section B) (Amount entered cannot be more than amount on line 24)	25.	
26.	Allocated entire net income before allocated dividend exclusion – Subtract line 25 from line 24 (If zero or less, enter zero here and on line 31)	26.	1,933.
27.	Allocated Dividend Exclusion (from Schedule R, Part I or Part III, whichever is applicable) (see instructions)	27.	
28.	If Schedule R, Part III, was completed, enter amount from Schedule RT, Part I, line 2, if applicable ..	28.	
29.	Allocated entire net income subtotal – Subtract lines 27 and 28 from line 26	29.	1,933.
30.	Allocated dividend income from certain subsidiaries, if applicable (From Schedule R)	30.	
31.	Taxable net income – Add line 29 and line 30	31.	1,933.

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 31	1.	1,933.
2a.	Investment Company – Enter 40% of line 1	2a.	
2b.	Real Estate Investment Trust – Enter 4% of line 1	2b.	
2c.	All Others – Enter the amount from line 1	2c.	1,933.
3a.	New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero)	3a.	0.
3b.	Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero)	3b.	0.
4.	Tax Base – Add line 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1	4.	1,933.

NAME AS SHOWN ON RETURN SILVER TOUCH TECHNOLOGIES INC.	FEDERAL ID NUMBER 45-4584052
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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.	823,074.
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.	823,074.
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.	823,074.

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. EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300	4.	
OR b) Urban Enterprise Zone Investment Tax Credit from Form 301.....		
5. Redevelopment Authority Project Tax Credit from Form 302	5.	
6. Manufacturing Equipment and Employment Investment Tax Credit from Form 305	6.	
7. Research and Development Tax Credit from Form 306	7.	
8. Reserved for Future Use	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. Film Production Tax Credit from Form 318.....	15.	
16. Urban Transit Hub Tax Credit from Form 319.....	16.	
17. Grow NJ Tax Credit from Form 320.....	17.	
18. Wind Energy Facility from Form 322	18.	
19. Residential Economic Redevelopment and Growth Tax Credit from Form 323	19.	
20. Public Infrastructure Tax Credit from Form 325.....	20.	
21. Reserved for Future Use	21.	
22. Film and Digital Media Tax Credit from Form 327	22.	
23. Other Tax Credit (see instructions).....	23.	
24. Total tax credits – Add lines 1 through 23. Enter here and on page 1, line 3	24.	

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. Other Tax Credit to be refunded	4.	
5. Total amount of tax credits to be refunded. Enter here and on page 1, line 10c.....	5.	

NAME AS SHOWN ON RETURN SILVER TOUCH TECHNOLOGIES INC.	FEDERAL ID NUMBER 45-4584052
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Schedule A-4 SUMMARY SCHEDULE (See Instructions)

PNOL Deduction and Carryover 1. Form 500, Section A, line 5 minus line 7 ...	1.	0.	Net Operational Income Information 8. Schedule O, Part III, line 31.....	8.	0.
NOL Deduction and Carryover 2. Form 500, Section B, line 6 minus line 8...	2.	0.	Schedule A-GR Information 9. Schedule A-GR, line 6.....	9.	0.
Interest and Intangible Costs and Expenses 3. Schedule G, Part I, line b.....	3.	0.	Dividend Exclusion Information 10. Schedule R, Part I, line 6 or Part III, line 7, as applicable.....	10.	0.
4. Schedule G, Part II, line b.....	4.	0.	11. Schedule R, Part I, line 8 or Part III, line 9, as applicable.....	11.	0.
Schedule J Information 5. Schedule J, line 1(f).....	5.	0.	12. Schedule R, Part I, line 10 or Part III, line 11, as applicable.....	12.	0.
6. Schedule J, line 1(g).....	6.	0.	Schedule P Information 13. Schedule P, Part III, line 1.....	13.	0.
7. Schedule J, line 1(h).....	7.	0.000000	14. Schedule P, Part III, line 2.....	14.	0.

Schedule A-GR COMPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See Instructions)

Complete this schedule only if the amount reported on page 1, line 4 is less than \$2,000.

1. Enter sales of tangible personal property shipped to points within New Jersey.....	1.	
2. Enter services if the benefit of the service is received in New Jersey.....	2.	
3. Enter rentals of property situated in New Jersey.....	3.	
4. Enter royalties for the use in New Jersey of patents, copyrights, and trademarks.....	4.	
5. Enter all other business receipts earned in New Jersey.....	5.	
6. Total New Jersey Gross Receipts.....	6.	
7. Enter minimum tax per instructions. Include here and on page 1, line 6.....	7.	500.

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Schedule B**BALANCE SHEET AS OF** MARCH 31, 2020

Figures appearing below must be the same as year-end figures shown on the taxpayer's books. If not, explain and reconcile on rider. Consolidated information is not permitted on single returns. See instructions. Where applicable, data must match amounts reported on Schedule L of the federal pro forma or federal return, whichever is applicable.

Assets	Beginning of Tax Year	End of Tax Year
1. Cash	18,832.	65,858.
2. Trade notes and accounts receivable	87,996.	322,894.
(a) Reserve for bad debts	() ()	() ()
3. Loans to stockholders/affiliates		
4. Stock of subsidiaries		
5. Corporate stocks		
6. Bonds, mortgages, and notes		
7. New Jersey state and local government obligations		
8. All other government obligations		
9. Patents and copyrights		
10. Deferred charges		
11. Goodwill		
12. All other intangible personal property (itemize) SEE LINE 12 STMT	2,917.	4,334.
13. <i>Total intangible personal property</i> (total lines 1 to 12)	109,745.	393,086.
14. Land		
15. Buildings and other improvements		
(a) Less accumulated depreciation	() ()	() ()
16. Machinery and equipment		
(a) Less accumulated depreciation	() ()	() ()
17. Inventories		
18. All other tangible personalty (net) (itemize on rider)		
19. <i>Total real and tangible personal property</i> (total lines 14 to 18)		
20. Total assets (add lines 13 and 19)	109,745.	393,086.
Liabilities and Stockholder's Equity		
21. Accounts payable	83,000.	295,530.
22. Mortgages, notes, bonds payable in less than 1 year (incl. schedule)		
23. Other current liabilities (include schedule)		
24. Loans from stockholders/affiliates	734.	100.
25. Mortgages, notes, bonds payable in 1 year or more (include schedule)		
26. Other liabilities (include schedule) SEE LINE 26 STMT	11,627.	81,960.
27. Capital stock: (a) Preferred stock		
(b) Common stock	500.	500.
28. Paid-in or capital surplus		
29. Retained earnings – appropriated (include schedule)		
30. Retained earnings – unappropriated	13,884.	14,996.
31. Adjustments to shareholders' equity (include schedule)		
32. Less cost of treasury stock		
33. Total liabilities and stockholder's equity (total lines 21 to 32)	109,745.	393,086.

NAME AS SHOWN ON RETURN
SILVER TOUCH TECHNOLOGIES INC.

FEDERAL ID NUMBER
45-4584052

RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN (See Instructions)

Data must match amounts reported on Schedule M-1 of the federal pro forma or federal return, whichever is applicable.

If the taxpayer completed federal Schedule M-3 (Form 1120/1120-F), include a copy.

Schedule C

1. Net income per books	1,112.	7. Income recorded on books this year not included in this return (itemize)	
2. Federal income tax per books	295.	(a) Tax-exempt interest \$	
3. Excess of capital losses over capital gains		(b)	
4. Income subject to tax not recorded on books this year (itemize)		(c)	
5. Expenses recorded on books this year not deducted in this return (itemize)		8. Deductions in this tax return not charged against book income this year (itemize)	
(a) Depreciation \$		(a) Depreciation \$	
(b) Contributions Carryover \$		(b) Contributions Carryover \$	
(c) Other (itemize) \$		9. Total of lines 7 and 8	
6. Total of lines 1 through 5	1,407.	10. Income (Schedule A, Part I, line 28) – line 6 less 9	1,407.

ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (See Instructions)

Data must match amounts reported on Schedule M-2 of the federal pro forma or federal return, whichever is applicable.

Schedule C-1

1. Balance at beginning of year	13,884.	5. Distributions	
2. Net income per books	1,112.	(a) Cash \$	
3. Other increases (itemize)		(b) Stock \$	
		(c) Property \$	
		6. Other decreases (itemize)	
		7. Total of lines 5 and 6	
4. Total of lines 1, 2, and 3	14,996.	8. Balance end of year (line 4 less 7)	14,996.

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.

Schedule F

(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).....							

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Schedule G – Part I INTEREST (See Instructions)

1. Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income?

☐ Yes. Fill out the following schedule. ☒ No.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Amounts
(a) Total amount of interest deducted			
(b) Subtract: Exceptions (see instructions)			()
(c) Related Party Interest Expenses Disallowed for New Jersey Purposes (include here and on Schedule A, Part II, line 6)			

Schedule G – Part II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COSTS (See Instr.)

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income? ☐ Yes. Fill out the following schedule. ☒ No.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Amounts
(a) Total amount of intangible expenses and costs deducted				
(b) Subtract: Exceptions (see instructions)				()
(c) Related Party Intangible Expenses and Costs addback (include here and on Schedule A, Part II, line 7)...				

NOTE: For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

REV 05/11/20 PRO

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

SILVER TOUCH TECHNOLOGIES INC.

45-4584052

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	526 .					526 .
2. Other States & U.S. Possessions						
3. City and Local Taxes						
4. Taxes Paid to Foreign Countries*						
5. Total	526 .					526 .
6. Combine lines 5(a) and 5(b)		526 .				
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7		526 .				
9. Federal Taxes						
10. Total (Combine line 5 and line 9)	526 .					526 .

* 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 20, Form CBT-100, must complete Schedule J. This schedule can be omitted if the taxpayer does not have receipts outside New Jersey, in which case the allocation factor will be 100% (1.000000).

For tax years ending on and after July 31, 2019, services are sourced based on market sourcing not cost of performance.

1. Receipts:	AMOUNTS (omit cents)
(a) From sales of tangible personal property shipped to points within New Jersey	a.
(b) From services if the benefit of the service is received in New Jersey	b.
(c) From rentals of property situated in New Jersey	c.
(d) From royalties for the use in New Jersey of patents, copyrights, and trademarks	d.
(e) All other business receipts earned in New Jersey (See instructions)	e.
(f) Total New Jersey receipts (Total of lines 1(a) to 1(e), inclusive)	f.
(g) Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere	g.
(h) Allocation Factor (Percentage in New Jersey (line 1(f)) divided by line 1(g)). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part II, line 21	h.

NOTE: Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC §250(a) deductions, in the allocation factor. The net amount of GILTI (i.e., the GILTI reduced by the I.R.C. § 250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.

NAME AS SHOWN ON RETURN
SILVER TOUCH TECHNOLOGIES INC.

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Schedule P-1

PARTNERSHIP INVESTMENT ANALYSIS (See Instructions)

Part I – Partnership Information

(1) Partnership, LLC, or Other Entity Information		(2) Date and State where Organized	(3) Percentage of Ownership	(4) Limited Partner General Partner		(5) Tax Accounting Method		(6) New Jersey Nexus		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
Name	Federal ID Number					Flow Through	Separate Accounting*	Yes	No	

Enter total of Column 7 here and on page 1, line 10b.....

*Taxpayers using a separate accounting method must complete Part II.

Part II – Separate Accounting of Nonunitary Partnership Income

(1) Nonunitary Partnership's Federal ID Number	(2) Distributive Share of Income/Loss from Nonunitary Partnership	(3) Partnership's Allocation Factor (See Instructions)	(4) Taxpayer's Share of Income Allocated to New Jersey (Multiply Column 2 by Column 3)
1.			
2.			
3.			
4.	Total Column 2. Enter amount here and Schedule A, Part II, line 17(b).....		
5.	Total Column 4. Enter amount here and Schedule A, Part III, line 3(b).....		

If additional space is needed, include a rider.

Schedule PC

PER CAPITA LICENSED PROFESSIONAL FEE (See Instructions)

- Is the corporation a Professional Corporations (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? ☐ Yes. This schedule must be included with the return. ☐ No.
- How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? ☐ 2 or less, complete Part I. ☐ More than 2, complete Part I and Part II (if additional space is needed, include a rider).

Part I – Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.

Name	Address	FID/SSN
1.		
2.		
3.		
4.		
5.		

Part II – Complete only if there are more than 2 licensed professional listed above.

1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150	1.	
2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC	2.	
3. Total Fee Due – Add line 1 and line 2.....	3.	
4. Installment Payment – 50% of line 3	4.	
5. Total Fee Due (line 3 plus line 4).....	5.	
6. Less prior year 50% installment payment and credit (if applicable)	6.	()
7. Balance of Fee Due (line 5 minus line 6). If the result is zero or above, include the amount here and on Form CBT-100, page 1, line 8	7.	
8. Credit to next year's Professional Corporation Fee (if line 7 is below zero, enter the amount here)	8.	

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PART II 80% OR MORE OWNED SUBSIDIARY DIVIDENDS SUBJECT TO SPECIAL ALLOCATION – For Tax Years Beginning Before January 1, 2019

Section A

1. Special Allocation Factor
 - (a) Enter the allocation factor previously reported on the 2014 Schedule J
 - (b) Enter the allocation factor previously reported on the 2015 Schedule J
 - (c) Enter the allocation factor previously reported on the 2016 Schedule J
 - (d) Average allocation (see instructions)
 - (e) Enter the lesser of the average allocation (line 1d) or 3.5%
2. Enter amount from Schedule A, Part II, line 29
3. Is the line 2 amount zero or a negative number? ☐ Yes. Complete Section C. ☐ No. Complete Section B.

1a.	
1b.	
1c.	
1d.	
1e.	
2.	

Section B (Complete only if Schedule R, Part II, Section A, line 2 is a positive number)

1. Enter amount from Schedule P, Part III, line 3
2. Enter the amount from Schedule RT, Part III, line 3 (if applicable)
3. Subtract line 2 from line 1 (if zero or less, enter zero)
4. Multiply line 3 by 5% (0.05)
5. Special allocation factor – enter amount from Schedule R, Part II, Section A, line 1(e)
6. Allocated dividends – multiply line 4 by line 5
7. Enter the amount from Schedule RT, Part I, line 2, if applicable
8. Subtract line 7 from line 6 (include here and on Schedule A, Part II, line 30 ONLY if greater than zero)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Section C (Complete only if Schedule R, Part II, Section A, line 2 is a negative number)

1. Enter amount from Schedule P, Part III, line 3
2. Enter amount from Schedule RT, Part III, line 3, if applicable
3. Subtract line 2 from line 1 (if zero or less, enter zero)
4. Multiply line 3 by 5% (0.05)
5. Multiply line 4 by allocation factor from current Schedule J
6. Enter amount from Schedule R, Part I, line 12
7. Enter amount from Schedule A, Part II, line 26 (if zero or a negative number, enter zero)
8. Subtract line 7 from line 6
9. Subtract line 8 from line 5 (if zero or less, enter zero)
10. Special allocation factor – enter amount from Schedule R, Part II, Section A, line 1(e)
11. Multiply line 9 by line 10
12. Allocated dividends – divide line 11 by allocation factor from current Schedule J
13. Enter the amount from Schedule RT, Part I, line 2, if applicable
14. Subtract line 13 from line 12 (include here and on Schedule A, Part II, line 30 ONLY if greater than zero)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

PART III DIVIDEND EXCLUSION – For Tax Years Beginning on and After January 1, 2019

1. Enter the total dividends and deemed dividends reported on Schedule A
2. Enter amount from Schedule PT, Section D, line 3
3. Dividends eligible for dividend exclusion – Subtract line 2 from line 1
4. Enter amount from Schedule P, Part III, line 3
5. Multiply line 4 by .95
6. Subtract line 4 from line 3
7. Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock (do not incl. amounts subtracted on line 2)
8. Subtract line 7 from line 6
9. Multiply line 8 by 50%
10. Enter the amount from Schedule RT, Part III, line 3 (if applicable)
11. DIVIDEND EXCLUSION: Add lines 5, 9 and 10
12. Allocation factor from current Schedule J (if all receipts are derived from only NJ sources, enter 1.000000)
13. ALLOCATED DIVIDEND EXCLUSION: Multiply line 11 by line 12 (include here and on Schedule A, Part II, line 27) ..

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NAME AS SHOWN ON RETURN
SILVER TOUCH TECHNOLOGIES INC.

FEDERAL ID NUMBER
45-4584052

Schedule S – Part I DEPRECIATION AND SAFE HARBOR LEASING (See Instructions)

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

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part II, line 9 or line 12 – Depreciation and Certain Safe Harbor Lease Transactions

Additions

8. Amounts from lines 3, 4, 5, and 6 above	8.	
9. Special Depreciation Allowance from line 2 above	9.	
10. Distributive share of the special depreciation allowance from a partnership	10.	
11. Distributive share of ACRS, MACRS, and other depreciation from a partnership	11.	
12. Deductions on federal return resulting from an election made pursuant to IRC § 168(f)(8) exclusive of elections made with respect to mass commuting vehicles		
(a) Interest	12a.	
(b) Rent	12b.	
(c) Amortization of Transactional Costs	12c.	
(d) Other Deductions	12d.	
13. IRC § 179 depreciation in excess of New Jersey allowable deduction	13.	
14. Other additions (include an explanation/reconciliation)	14.	
15. Total lines 8 through 14	15.	

Deductions

16. New Jersey depreciation	16.	
17. Recomputed depreciation attributable to distributive share of recovery property from a partnership	17.	
18. Any income included in the return with respect to property solely as a result of an IRC § 168(f)(8) election ..	18.	
19. The lessee/user should enter the amount of depreciation which would have been allowable under the Internal Revenue Code on December 31, 1980, had there been no safe harbor lease election	19.	
20. Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property (include computations)	20.	
21. Other deductions (include an explanation/reconciliation)	21.	
22. Total lines 16 through 21	22.	
23. ADJUSTMENT – Subtract line 22 from line 15 and enter the result. (If line 23 is positive, enter at Schedule A, Part II, line 9. If line 23 is negative, enter as a positive number at Schedule A, Part II, line 12)	23.	

Schedule S – 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 4(a) plus line 4(b) less line 4(c))	4d.	
5. New Jersey Depreciation – Divide line 4(d) 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 23 (see instructions)	6b.	
7. Total Adjustment – Add lines 6(a) and 6(b) and enter the result. (If line 7 is positive, enter at Schedule A, Part II, line 9. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 12)	7.	

CBT-160-AN.J. Division of Taxation
(2-20)**Underpayment of Estimated N.J. Corporation Business Tax**For Taxpayers With Gross Receipts of Less Than \$50 Million
Submit with your tax return (Form CBT-100 or CBT-100S)

Name as Shown on Return SILVER TOUCH TECHNOLOGIES INC.	Federal ID Number 45-4584052	Unitary ID Number, if applicable NU 0400-4631-53
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CBT-100U filers do not need to complete this form for 2019 returns. See instructions.**PART I How to Calculate Your Underpayment****Note:** If you meet any of the exceptions that eliminate the underpayment charge for **any** quarter, complete Part II.

1. Amount of 2019 tax – See instructions for line 1 on reverse side	500 .
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)	450 .
3. Prior year's tax – Enter the amount from line 15, page 1 of the 2018 CBT-100 or line 6, page 1 of the 2018 CBT-100S	1,000 .
4. Enter the lesser of lines 2 or 3	450 .

	(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	07/15/2019	09/16/2019	12/16/2019	03/16/2020
6. Enter 25% of line 4 in columns (a) through (d)	113 .	113 .	113 .	113 .
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)	113 .	113 .	113 .	113 .

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	113 .	113 .	113 .	113 .
14. Enter same installment dates used above at line 5	07/15/2019	09/16/2019	12/16/2019	03/16/2020
15. Enter the date of payment or the 15th day of the fourth month after the close of the tax year, whichever is earlier	07/15/2020	07/15/2020	07/15/2020	07/15/2020
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.)	12	10	7	4
17. Interest..... SEE WORKSHEET	9 .	8 .	6 .	3 .
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 or CBT-100S	26 .			

**Form CBT-100
Schedule B**

Other Assets

2019

Name SILVER TOUCH TECHNOLOGIES INC.	Employer Identification No. 45-4584052
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All other intangible personal property:	Beginning of tax year	End of tax year
DUTIES & TAXES	1,048.	1,048.
PAYROLL TAXES	1,069.	2,486.
RENT DEPOSIT	300.	300.
LOAN & ADVANCES	500.	500.
PREPAID EXPENSES	0.	
Totals to Form CBT-100, Schedule B, line 12. ▶	2,917.	4,334.

All other tangible personalty (net):	Beginning of tax year	End of tax year
Totals to Form CBT-100, Schedule B, line 18. ▶		

Name SILVER TOUCH TECHNOLOGIES INC.		Employer Identification No. 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
Totals to Form CBT-100, Schedule B, line 23 ▶		
Mortgages, notes, bonds payable in 1 year or more:	Beginning of tax year	End of tax year
Totals to Form CBT-100, Schedule B, line 25 ▶		

Other liabilities:	Beginning of tax year	End of tax year
INCOME TAX PAYABLE	627.	295.
CBT PAYABLE	0.	526.
CUSTOMER ADVANCE	11,000.	80,524.
DUTIES & TAXES		615.
Totals to Form CBT-100, Schedule B, line 26 ▶	11,627.	81,960.

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 ▶		

- ▶ 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
07/15/19	Amount due	113.	113.	6	7.25	4.10	4.
01/01/20	Rate change		113.	6	8.25	4.66	5.
07/15/20	Filing date	113.	0.				
Total first quarter							9.

Second Quarter

[illegible]

Third Quarter

[illegible]

Fourth Quarter

[illegible]

Additional information from your 2019 New Jersey Corporation Tax Return**CBT-100: Corporation Business Return****Sch A, Other Income Statement****Continuation Statement**

Desc	Amt
GOOGLE DES	229.
Total	229.

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

Desc	Amt
BANK CHARGES	1,154.
CONSULTING FOR SOLUTION DEVELOPMENT	49,020.
MARKETING EXPS.	260.
MEMBERSHIP FEES	433.
PROFESSIONAL FEES	7,500.
Total	58,367.