

**PRAKASH CHAVDA, CPA P.C.**  
**25606 Hillside Ave 1st fl**  
**Glen Oaks, NY 11004-1618**  
**(718) 831-6300**  
**prakash@kpcpgroup.com**

June 10, 2016

SILVER TOUCH TECHNOLOGIES INC.  
256-06 HILLSIDE AVE. 1ST FLOOR  
FLORAL PARK, NY 11004

Dear Client,

Enclosed is the 2015 Form 1120, U.S. Corporation Income Tax Return, for SILVER TOUCH TECHNOLOGIES INC. for the tax year ending March 31, 2016.

Your 2015 Form 1120, U.S. Corporation Income Tax Return, for SILVER TOUCH TECHNOLOGIES INC. will be electronically filed.

Your balance due of \$407.00 will be automatically withdrawn from your Checking Account on 06/15/2016.

Enclosed is the 2015 Form CBT-100, New Jersey Corporation Business Tax Return for SILVER TOUCH TECHNOLOGIES INC..

Your 2015 Form CBT-100, New Jersey Corporation Business Tax Return for SILVER TOUCH TECHNOLOGIES INC. will be electronically filed.

Your balance due of \$750.00 will be automatically withdrawn from your Checking Account on 06/15/2016.

The due dates and required payments for the 2016 New Jersey Corporation Business Tax Return estimated income tax are as follows:

Installment #1 by	07/15/16	188
Installment #2 by	09/15/16	188
Installment #3 by	12/15/16	187
Installment #4 by	03/15/17	187

Estimated tax payments should be made by check or money order and sent to:

State of New Jersey, Division of Taxation  
Revenue Processing Center  
PO Box 193

Trenton, NJ 08646-0193

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

Form **1120**Department of the Treasury  
Internal Revenue Service**U.S. Corporation Income Tax Return**For calendar year 2015 or tax year beginning Apr 1, 2015, ending Mar 31, 2016► Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No. 1545-0123

**2015**

<b>A Check if:</b> <b>1 a</b> Consolidated return (attach Form 851) <input type="checkbox"/> <b>b</b> Life/nonlife consolidated return <input type="checkbox"/> <b>2</b> Personal holding co. (attach Sch. PH) <input type="checkbox"/> <b>3</b> Personal service corp. (see instrs) <input type="checkbox"/> <b>4</b> Schedule M-3 attached <input type="checkbox"/>		<b>TYPE OR PRINT</b>	<b>Name</b> SILVER TOUCH TECHNOLOGIES INC. <b>Number, street, and room or suite number. If a P.O. box, see instructions.</b> 256-06 HILLSIDE AVE. 1ST FLOOR <b>City or town, state, or province, country and ZIP or foreign postal code</b> FLORAL PARK NY 11004	<b>B Employer identification number</b> 45-4584052 <b>C Date incorporated</b> 01/10/2012 <b>D Total assets (see instructions)</b> \$ 51,271.	<b>E Check if:</b> (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input checked="" type="checkbox"/> Address change
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<b>I N C O M E</b>	1 a Gross receipts or sales	1 a	197,404.	
	b Returns and allowances	1 b		
	c Balance. Subtract line 1b from line 1a	1 c	197,404.	
	2 Cost of goods sold (attach Form 1125-A)	2	141,000.	
	3 Gross profit. Subtract line 2 from line 1c	3	56,404.	
	4 Dividends (Schedule C, line 19)	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) See Other Income Statement	10	1,479.		
11 <b>Total income.</b> Add lines 3 through 10	11	57,883.		
<b>D E D U C T I O N S  I N S T R U C T I O N S</b>	12 Compensation of officers (see instructions — attach Form 1125-E)	12		
	13 Salaries and wages (less employment credits)	13	33,686.	
	14 Repairs and maintenance	14		
	15 Bad debts	15		
	16 Rents	16	3,600.	
	17 Taxes and licenses	17	9,456.	
	18 Interest	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 Domestic production activities deduction (attach Form 8903)	25		
	26 Other deductions (attach statement) See Other Deductions Statement	26	8,428.	
	27 <b>Total deductions.</b> Add lines 12 through 26	27	55,170.	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	2,713.	
	29 a Net operating loss deduction (see instructions)	29 a		
b Special deductions (Schedule C, line 20)	29 b			
c Add lines 29a and 29b	29 c			
<b>T X, C R S, A N D R E F U N D A B L E</b>	30 <b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)	30	2,713.	
	31 Total tax (Schedule J, Part I, line 11)	31	407.	
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32		
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33		
	34 <b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	407.	
	35 <b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		
	36 Enter amount from line 35 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	36		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer _____ Date _____ Title <u>PRESIDENT</u>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>PRAKASH CHAVDA, CPA</u>	Preparer's signature <u>PRAKASH CHAVDA, CPA</u>	Date <u>06/10/16</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01069041</u>
	Firm's name ► <u>PRAKASH CHAVDA, CPA P.C.</u>	Firm's EIN ► <u>45-4768536</u>			
	Firm's address ► <u>25606 Hillside Ave 1st fl</u> <u>Glen Oaks NY 11004-1618</u>	Phone no. <u>(718) 831-6300</u>			

BAA For Paperwork Reduction Act Notice, see separate instructions.

CPCA0212 08/25/15

Form 1120 (2015)

**Schedule C Dividends and Special Deductions**  
(see instructions)

	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) . . . . .		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) . . . . .		80	
3 Dividends on debt-financed stock of domestic and foreign corporations . . . . .		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities . . . . .		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities . . . . .		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs . . . . .		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . . . .		80	
8 Dividends from wholly owned foreign subsidiaries . . . . .		100	
9 <b>Total.</b> Add lines 1 through 8. See instructions for limitation . . . . .			
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 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 . . . . .			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471) . . . . .			
15 Foreign dividend gross-up . . . . .			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3 . . . . .			
17 Other dividends . . . . .			
18 Deduction for dividends paid on certain preferred stock of public utilities . . . . .			
19 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4. . . . . ▶			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. 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)) . . . . .	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions) . . . . .	<input type="checkbox"/>	407.
3	Alternative minimum tax (attach Form 4626) . . . . .		
4	Add lines 2 and 3. . . . .		407.
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	<b>Total credits.</b> Add lines 5a through 5e. . . . .	6	
7	Subtract line 6 from line 4. . . . .	7	407.
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	<b>Total.</b> Add lines 9a through 9f . . . . .	10	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31. . . . .	11	407.

**Part II – Payments and Refundable Credits**

12	2014 overpayment credited to 2015. . . . .	12	
13	2015 estimated tax payments. . . . .	13	
14	2015 refund applied for on Form 4466 . . . . .	14	
15	Combine lines 12, 13, and 14. . . . .	15	
16	Tax deposited with Form 7004 . . . . .	16	
17	Withholding (see instructions). . . . .	17	
18	<b>Total payments.</b> Add lines 15, 16 and 17 . . . . .	18	
19	Refundable credits from:		
a	Form 2439 . . . . .	19a	
b	Form 4136 . . . . .	19b	
c	Form 8827, line 8c . . . . .	19c	
d	Other (attach statement — see instructions) . . . . .	19d	
20	<b>Total credits.</b> Add lines 19a through 19d. . . . .	20	
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32 . . . . .	21	

**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

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

<b>5</b> At the end of the tax year, did the corporation:	<b>Yes</b>	<b>No</b>
<b>a</b> 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 <b>Form 851</b> , Affiliations Schedule? For rules of constructive ownership, see instructions . . . . .		X
If 'Yes,' complete (i) through (iv) below.		
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
<b>b</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 . . . . .		
		X
If 'Yes,' complete (i) through (iv) below.		
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization
<b>6</b> 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 <b>Form 5452</b> , Corporate Report of Nondividend Distributions.		X
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary		
<b>7</b> At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? . . . . .		
For rules of attribution, see section 318. If 'Yes,' enter:		X
(i) Percentage owned ▶ <u>100.00</u> and (ii) Owner's country ▶ <u>IN</u>		
(c) The corporation may have to file <b>Form 5472</b> , 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>		
<b>8</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/>		
If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.		
<b>9</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ <u>                    </u>		
<b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>                    </u>		
<b>11</b> If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here . . . . . <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.		
<b>12</b> Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ <u>                    </u>		
<b>13</b> 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? . . . . .		
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 ▶ \$ <u>                    </u>		X
<b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? . . . . .		
If 'Yes,' complete and attach Schedule UTP.		X
<b>15a</b> Did the corporation make any payments in 2015 that would require it to file Form(s) 1099? . . . . .		
<b>b</b> If 'Yes,' did or will the corporation file required Forms 1099? . . . . .		X
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash . . . . .		9,473.		13,302.
2a	Trade notes and accounts receivable . . . . .	38,463.		37,452.	
b	Less allowance for bad debts . . . . .		38,463.		37,452.
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) Ln 6 Stmt.		69.		217.
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) . . Ln 14 Stmt.		0.		300.
15	Total assets . . . . .		48,005.		51,271.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .		41,748.		39,909.
17	Mortgages, notes, bonds payable in less than 1 year . . . . .				
18	Other current liabilities (attach stmt) . . . . .				
19	Loans from shareholders . . . . .		100.		100.
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach statement) . . Ln 21 Stmt.				2,909.
22	Capital stock: a Preferred stock . . . . .				
	b Common stock . . . . .	500.	500.	500.	500.
23	Additional paid-in capital . . . . .				
24	Retained earnings — Approp (att stmt) . . . . .				
25	Retained earnings — Unappropriated . . . . .		5,657.		7,853.
26	Adjmt to shareholders' equity (att stmt) . . . . .				
27	Less cost of treasury stock . . . . .				
28	Total liabilities and shareholders' equity . . . . .		48,005.		51,271.

**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 . . . . .	2,196.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books . . . . .	407.		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 contribns \$ _____	
c	Travel & entertainment . . . . \$ 110.			_____	
	_____			_____	
	110.		9	Add lines 7 and 8. . . . .	
6	Add lines 1 through 5. . . . .	2,713.	10	Income (page 1, line 28) — line 6 less line 9 . . . . .	2,713.

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

1	Balance at beginning of year . . . . .	5,657.	5	Distributions . . . . . a Cash . . . . .	
2	Net income (loss) per books . . . . .	2,196.		b Stock _____ c Property . . . . .	
3	Other increases (itemize): _____		6	Other decreases (itemize): _____	
	_____			_____	
	_____		7	Add lines 5 and 6. . . . .	
4	Add lines 1, 2, and 3 . . . . .	7,853.	8	Balance at end of year (line 4 less line 7) . . . . .	7,853.

**Cost of Goods Sold**▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, or 1065-B.**▶ **Information about Form 1125-A and its instructions is at [www.irs.gov/form1125a](http://www.irs.gov/form1125a).**

OMB No. 1545-2225

Name <b>SILVER TOUCH TECHNOLOGIES INC.</b>		Employer identification number <b>45-4584052</b>
<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>
<b>2</b>	Purchases . . . . .	<b>2</b> 141,000.
<b>3</b>	Cost of labor . . . . .	<b>3</b>
<b>4</b>	Additional section 263A costs (attach schedule) . . . . .	<b>4</b>
<b>5</b>	Other costs (attach schedule) . . . . .	<b>5</b>
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b> 141,000.
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions) . . . . .	<b>8</b> 141,000.
<b>9 a</b> Check all methods used for valuing closing inventory:		
(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) . . . ▶		
<b>b</b> Check if there was a writedown of subnormal goods . . . . . ▶ <input type="checkbox"/>		
<b>c</b> Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . . ▶ <input type="checkbox"/>		
<b>d</b> If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . . .		<b>9d</b>
<b>e</b> If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f</b> Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**BAA For Paperwork Reduction Act Notice, see instructions.**Form **1125-A** (Rev 12-2012)



Form **5472**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service**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)

**Information about Form 5472 and its separate instructions is at [www.irs.gov/form5472](http://www.irs.gov/form5472).**For tax year of the reporting corporation beginning Apr 1, 2015, and ending Mar 31, 2016

OMB No. 1545-0805

**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.

<b>1 a</b> Name of reporting corporation <b>SILVER TOUCH TECHNOLOGIES INC.</b>		<b>1 b</b> Employer identification number <b>45-4584052</b>	
Number, street, and room or suite number (if a P.O. box, see instructions) <b>256-06 HILLSIDE AVE. 1ST FLOOR</b>		<b>1 c</b> Total assets	
City or town, state, and ZIP code (if a foreign address, see instructions) <b>FLORAL PARK NY 11004</b>		\$ <b>51,271.</b>	
<b>1 d</b> Principal business activity ▶ <b>COMPUTER CONSULTING</b>		<b>1 e</b> Principal business activity code ▶ <b>541519</b>	
<b>1 f</b> Total value of gross payments made or received (see instructions) reported on <b>this</b> Form 5472 \$	<b>1 g</b> Total number of Forms 5472 filed for the tax year <b>1</b>	<b>1 h</b> Total value of gross payments made or received (see instructions) reported on <b>all</b> Forms 5472 \$	
<b>1 i</b> Check here if this is a consolidated filing of Form 5472 . . . ▶ <input type="checkbox"/>	<b>1 j</b> Country of incorporation <b>US</b>	<b>1 k</b> Country(ies) under whose laws the reporting corporation files an income tax return as a resident <b>US</b>	<b>1 l</b> Principal country(ies) where business is conducted <b>US</b>
<b>2</b> 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"/>			

**Part II 25% Foreign Shareholder** (see instructions)

<b>1 a</b> Name and address of direct 25% foreign shareholder  <b>SILVER TOUCH TECHNOLOGIES PVT. LTD., 2nd Floor Safron, Nr. Panchwati Circle, Ambawadi, IN</b>		<b>1 b 1</b> U.S. identifying number, if any <b>FOREIGNUS</b>	
		<b>1 b 2</b> Reference ID number (see instructions) <b>NA</b>	
<b>1 c</b> Principal country(ies) where business is conducted <b>IN</b>	<b>1 d</b> Country of citizenship, organization, or incorporation <b>IN</b>	<b>1 e</b> Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident <b>IN</b>	
<b>2 a</b> Name and address of direct 25% foreign shareholder		<b>2 b 1</b> U.S. identifying number, if any	
		<b>2 b 2</b> Reference ID number (see instructions)	
<b>2 c</b> Principal country(ies) where business is conducted	<b>2 d</b> Country of citizenship, organization, or incorporation	<b>2 e</b> Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident	
<b>3 a</b> Name and address of ultimate indirect 25% foreign shareholder		<b>3 b 1</b> U.S. identifying number, if any	
		<b>3 b 2</b> Reference ID Number (see instructions)	
<b>3 c</b> Principal country(ies) where business is conducted	<b>3 d</b> Country of citizenship, organization, or incorporation	<b>3 e</b> Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident	
<b>4 a</b> Name and address of ultimate indirect 25% foreign shareholder		<b>4 b 1</b> U.S. identifying number, if any	
		<b>4 b 2</b> Reference ID number (see instructions)	
<b>4 c</b> Principal country(ies) where business is conducted	<b>4 d</b> Country of citizenship, organization, or incorporation	<b>4 e</b> Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident	

**BAA For Paperwork Reduction Act Notice, see instructions.**Form **5472** (Rev 12-2012)

**Part III Related Party** (see instructions)Check applicable box: Is the related party a ☒ foreign person or ☐ U.S. person?

All reporting corporations must complete this question and the rest of Part III.

<b>1 a</b> Name and address of related party  SILVER TOUCH TECHNOLOGIES LTD. 2nd Floor Safron, Nr. Panchwati Circle, Ambawadi, Ahmedabad, IN		<b>1 b 1</b> U.S. identifying number, if any FOREIGNUS <b>1 b 2</b> Reference ID number (see instructions) NA
<b>1 c</b> Principal business activity ▶ COMPUTER CONSULTING		<b>1 d</b> Principal business activity code ▶ 541519
<b>1 e</b> Relationship — Check boxes that apply: <input checked="" type="checkbox"/> Related to reporting corporation <input checked="" type="checkbox"/> Related to 25% foreign shareholder <input type="checkbox"/> 25% foreign shareholder		
<b>1 f</b> Principal country(ies) where business is conducted  IN	<b>1 g</b> 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	
5 a Rents received (for other than intangible property rights) . . . . .	5 a	
b Royalties received (for other than intangible property rights) . . . . .	5 b	
6 Sales, leases, licenses, etc., of intangible property rights (e.g., 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 . . . . . ▶	9 b	
10 Interest received . . . . .	10	
11 Premiums received for insurance or reinsurance . . . . .	11	
12 Other amounts received (see instructions) . . . . .	12	
13 <b>Total.</b> 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	
18 a Rents paid (for other than intangible property rights) . . . . .	18 a	
b Royalties paid (for other than intangible property rights) . . . . .	18 b	
19 Purchases, leases, licenses, etc., of intangible property rights (e.g., patents, trademarks, secret formulas) . . . . .	19	
20 Consideration paid for technical, managerial, engineering, construction, scientific, or like services . . . . .	20	141,000.
21 Commissions paid . . . . .	21	
22 Amounts loaned (see instructions)    a Beginning balance . . . . .    b Ending balance or monthly average . . . . . ▶	22 b	
23 Interest paid . . . . .	23	
24 Premiums paid for insurance or reinsurance . . . . .	24	
25 Other amounts paid (see instructions) . . . . .	25	
26 <b>Total.</b> Combine amounts on lines 14 through 25 . . . . .	26	141,000.

**Part V 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 VI Additional Information** All reporting corporations must complete Part VI.

1 Does the reporting corporation import goods from a foreign related party? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2 a If 'Yes,' is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No,' do not complete b and c below.		
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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4 During the course of the tax year, did the foreign parent corporation become a participant in any cost sharing arrangement? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For calendar year **2015**, or tax year beginning **Apr 1** , **2015**, ending **Mar 31** , **2016**

OMB No. 1545-0123

# 2015

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

► Information about Form 8879-C and its instructions is at [www.irs.gov/form8879c](http://www.irs.gov/form8879c).

Name of corporation

SILVER TOUCH TECHNOLOGIES INC.

Employer identification number

45-4584052

<b>Part I</b>	<b>Tax Return Information</b> (Whole dollars only)
---------------	--

1	Total income (Form 1120, line 11)	1	57,883.
2	Taxable income (Form 1120, line 30)	2	2,713.
3	Total tax (Form 1120, line 31)	3	407.
4	Amount owed (Form 1120, line 34)	4	407.
5	Overpayment (Form 1120, line 35)	5	

<b>Part II</b>	<b>Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)</b>
----------------	---

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 2015 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 do not enter all zeros  
on the corporation's 2015 electronically filed income tax return.

☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2015 electronically filed income tax return.

Officer's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_ Title ► PRESIDENT

<b>Part III</b>	<b>Certification and Authentication</b>
-----------------	---

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN . . . . . 12143254321  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 ► 06/10/16

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

**BAA** For Paperwork Reduction Act Notice, see instructions.

Form 8879-C (2015)

Form 1120, Page 1, Line 10

**Other Income Statement**

APPLE ITUNE	65.
GOOGLE DES	1,414.
Total	1,479.

Form 1120, Page 1, Line 26

**Other Deductions Statement**

TRAVEL EXPS.	170.
BANK CHARGES	1,002.
TELEPHONE & INTERNET EXPS.	3,244.
MARKETING EXPS.	279.
MISC EXPS.	123.
OFFICE EXPS.	2,064.
INSURANCE EXPS.	1,407.
MEALS AND ENTERTAINMENT (50%)	110.
STATIONERY EXPS.	29.
Total	8,428.

Form 1120, Page 5, Schedule L, Line 6

**Ln 6 Stmt**

<b>Other Current Assets:</b>	Beginning of tax year	End of tax year
LOANS & ADVANCES	69.	
DUTIES & TAXES		217.
Total	69.	217.

Form 1120, Page 5, Schedule L, Line 14

**Ln 14 Stmt**

<b>Other Assets:</b>	Beginning of tax year	End of tax year
RENT DEPOSIT	0.	300.
Total	0.	300.

Form 1120, Page 5, Schedule L, Line 18

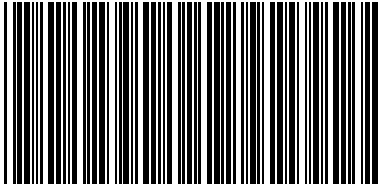
**Ln 18 Stmt**

<b>Other Current Liabilities:</b>	Beginning of tax year	End of tax year
PROFESSIONAL FEES PAYABLE		
Total		

Form 1120, Page 5, Schedule L, Line 21

**Ln 21 Stmt**

<b>Other Liabilities:</b>	<b>Beginning of tax year</b>	<b>End of tax year</b>
Federal/FICA/Medicare Payable		1,061.
State Withholding Payable		318.
State Unemployment Tax Payable		581.
FUTA Tax Payable		42.
Income Tax Payable		407.
CBT PAYABLE		500.
Total		<u><u>2,909.</u></u>



**CORPORATION BUSINESS TAX  
ESTIMATED PAYMENT VOUCHER**

**CBT-150C**

**Payment by E-Check, Electronic Funds Transfer (EFT), and Credit Card**

You may pay your 2015 New Jersey Corporation Business taxes and estimated tax for 2016 electronically by e-check or electronic funds transfer (EFT), or by credit card. Go to the Division of Taxation's website at [www.nj.gov/treasury/taxation/](http://www.nj.gov/treasury/taxation/) and select 'Electronic Services'. Taxpayers who do not have access to the internet may call Taxation's Customer Service Center at 609-292-6400.

If you are not currently enrolled in the Electronic Funds Transfer program with the Division of Revenue, visit their website at: [www.nj.gov/treasury/revenue/enrolleft.shtml](http://www.nj.gov/treasury/revenue/enrolleft.shtml)

**ESTIMATED PAYMENTS FOR TAX YEAR 2016 CANNOT BE MADE BY CHECK AND MUST BE PAID ELECTRONICALLY.**

**DO NOT USE THE CBT-100-V, CBT-100S-V, CBT-150C, CBT-150S, CBT-200-TC, or CBT-200-TS IF USING ONE OF THE ABOVE METHODS FOR PAYMENT.**

**DO NOT CUT THIS PAGE**

NJCZ1001 03/23/16

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

**Due Date** 07/15/16      **Voucher #** 1      Beginning 04/01/2016      and ending 03/31/2017  
1030      2016  
454-584-052/000      SILV

SILVER TOUCH TECHNOLOGIES INC.  
256-06 HILLSIDE AVE. 1ST FLOOR  
FLORAL PAR NY 11004

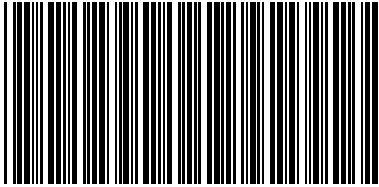
Make check payable to 'State of New Jersey - CBT'  
Write your Federal ID# and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 193  
Trenton, NJ 08646-0193

1	Amount of this installment	1	188.00
2	Amount of overpayment credit (See instruction 5)	2	0.00
3	Amount of this installment payment	3	188.00
(Line 1 minus Line 2)			



021024545840520003SILV16030100000018800



**CORPORATION BUSINESS TAX  
ESTIMATED PAYMENT VOUCHER**

**CBT-150C**

**Payment by E-Check, Electronic Funds Transfer (EFT), and Credit Card**

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**ESTIMATED PAYMENTS FOR TAX YEAR 2016 CANNOT BE MADE BY CHECK AND MUST BE PAID ELECTRONICALLY.**

**DO NOT USE THE CBT-100-V, CBT-100S-V, CBT-150C, CBT-150S, CBT-200-TC, or CBT-200-TS IF USING ONE OF THE ABOVE METHODS FOR PAYMENT.**

**DO NOT CUT THIS PAGE**

NJCZ1002 03/23/16

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

**Due Date** 09/15/16      **Voucher #** 2      Beginning 04/01/2016      and ending 03/31/2017  
1030      2016  
454-584-052/000      SILV

SILVER TOUCH TECHNOLOGIES INC.  
256-06 HILLSIDE AVE. 1ST FLOOR  
FLORAL PAR NY 11004

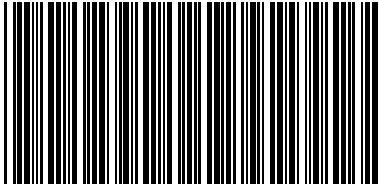
Make check payable to 'State of New Jersey - CBT'  
Write your Federal ID# and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 193  
Trenton, NJ 08646-0193

1	Amount of this installment	1	188.00
2	Amount of overpayment credit (See instruction 5)	2	0.00
3	Amount of this installment payment	3	188.00
(Line 1 minus Line 2)			



021024545840520003SILV16030100000018800



**CORPORATION BUSINESS TAX  
ESTIMATED PAYMENT VOUCHER**

**CBT-150C**

**Payment by E-Check, Electronic Funds Transfer (EFT), and Credit Card**

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If you are not currently enrolled in the Electronic Funds Transfer program with the Division of Revenue, visit their website at: [www.nj.gov/treasury/revenue/enrolleft.shtml](http://www.nj.gov/treasury/revenue/enrolleft.shtml)

**ESTIMATED PAYMENTS FOR TAX YEAR 2016 CANNOT BE MADE BY CHECK AND MUST BE PAID ELECTRONICALLY.**

**DO NOT USE THE CBT-100-V, CBT-100S-V, CBT-150C, CBT-150S, CBT-200-TC, or CBT-200-TS IF USING ONE OF THE ABOVE METHODS FOR PAYMENT.**

**DO NOT CUT THIS PAGE**

NJCZ1003 03/23/16

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

**Due Date** 12/15/16      **Voucher #** 3      Beginning 04/01/2016      and ending 03/31/2017  
1030      2016  
454-584-052/000      SILV

SILVER TOUCH TECHNOLOGIES INC.  
256-06 HILLSIDE AVE. 1ST FLOOR  
FLORAL PAR NY 11004

Make check payable to 'State of New Jersey - CBT'  
Write your Federal ID# and tax year on your check.

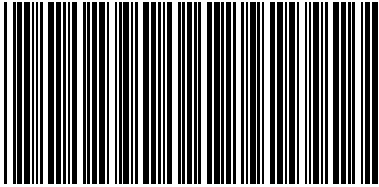
State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 193  
Trenton, NJ 08646-0193

1	Amount of this installment	1	187.00
2	Amount of overpayment credit (See instruction 5)	2	0.00
3	Amount of this installment payment	3	187.00
(Line 1 minus Line 2)			



021024545840520000SILV16030100000018700





**CORPORATION BUSINESS TAX  
ESTIMATED PAYMENT VOUCHER**

**CBT-150C**

**Payment by E-Check, Electronic Funds Transfer (EFT), and Credit Card**

You may pay your 2015 New Jersey Corporation Business taxes and estimated tax for 2016 electronically by e-check or electronic funds transfer (EFT), or by credit card. Go to the Division of Taxation's website at [www.nj.gov/treasury/taxation/](http://www.nj.gov/treasury/taxation/) and select 'Electronic Services'. Taxpayers who do not have access to the internet may call Taxation's Customer Service Center at 609-292-6400.

If you are not currently enrolled in the Electronic Funds Transfer program with the Division of Revenue, visit their website at: [www.nj.gov/treasury/revenue/enrolleft.shtml](http://www.nj.gov/treasury/revenue/enrolleft.shtml)

**ESTIMATED PAYMENTS FOR TAX YEAR 2016 CANNOT BE MADE BY CHECK AND MUST BE PAID ELECTRONICALLY.**

**DO NOT USE THE CBT-100-V, CBT-100S-V, CBT-150C, CBT-150S, CBT-200-TC, or CBT-200-TS IF USING ONE OF THE ABOVE METHODS FOR PAYMENT.**

**DO NOT CUT THIS PAGE**

NJCZ1004 03/23/16

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

**Due Date** 03/15/17      **Voucher #** 4      Beginning 04/01/2016      and ending 03/31/2017  
1030      2016  
454-584-052/000      SILV

SILVER TOUCH TECHNOLOGIES INC.  
256-06 HILLSIDE AVE. 1ST FLOOR  
FLORAL PAR NY 11004

Make check payable to 'State of New Jersey - CBT'  
Write your Federal ID# and tax year on your check.

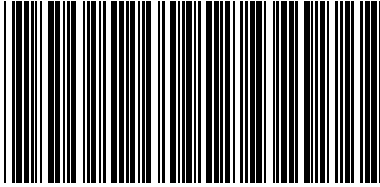
State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 193  
Trenton, NJ 08646-0193

1	Amount of this installment	1	187.00
2	Amount of overpayment credit (See instruction 5)	2	0.00
3	Amount of this installment payment	3	187.00
(Line 1 minus Line 2)			



021024545840520000SILV16030100000018700

CBT-100  
2015  
Taxpayer  
Information



NEW JERSEY CORPORATION BUSINESS TAX RETURN

For taxable years ending on or after July 31, 2015 through June 30, 2016  
Taxable year beginning 04/01/2015 and ending 03/31/2016

DIVISION USE:

RP NP A R

NJCA0801 12/01/15

454-584-052/000 0400-4631-53 FAC 541519 VC 1030

SILVER TOUCH TECHNOLOGIES INC.

256-06 HILLSIDE AVE. 1ST FLOOR

FLORAL PARK NY 11004

STATE AND DATE OF INCORPORATION: NJ 01102012

DATE AUTHORIZED TO DO BUSINESS IN NJ: 01102012

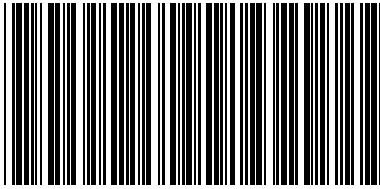
CORPORATION BOOKS ARE IN CARE OF: CORPORATION

CORPORATION BOOKS ARE AT: 256-06 HILLSIDE AVE., 1ST FLOOR, FLORAL PAR

TELEPHONE NUMBER: 7188316300



DATE	SIGNATURE	TITLE
PAID PREPARER'S SIGNATURE	ADDRESS	FEDERAL IDENTIFICATION NUMBER
PRAKASH CHAVDA, CPA		P01069041
FIRM'S NAME	ADDRESS	FEDERAL EMPLOYER'S ID NUMBER
PRAKASH CHAVDA, CPA P.C.	Glen Oaks NY 11004-1618	45-4768536



SILVER TOUCH TECHNOLOGIES INC.

VC	1030	A0010	1479	A3018	0
FID	454584052000	A0011	57883	A3019	0
CBT	0400463153	A0012	0	A3020	0
BEG	04	A0013	33686	A4001	0
END	03	A0014	0	A4002	0
INITR	0	A0015	0	A4003	0
1120S	0	A0016	3600	A4J2f	0
INACT	0	A0017	9456	A4J2g	0
FAC	541519	A0018	0	A4J2h	1000000
PPFID	P01069041	A0019	0	A4O31	0
FFEIN	454768536	A020c	0	A4OR4	0
P1001	3213	A0021	0	A4OR6	0
P1002	1000000	A0022	0	A4AGR	197405
P1003	3213	A0023	0	BB001	9473
P104a	0	A0024	0	BE001	13302
P104b	0	A0025	0	BB003	0
P1005	3213	A0026	8428	BE003	0
P1006	0	A0027	55170	BB006	0
P1007	0	A0028	2713	BE006	0
P1008	3213	A0029	0	BB020	48005
P1009	209	A0030	0	BE020	51271
P1010	0	A0031	500	BB024	100
P1011	209	A0032	0	BE024	100
P1012	0	A033a	0	C0007	0
P112a	0	A033b	0	C1003	0
P1013	750	A033c	0	C1005	0
P1014	0	A033d	0	H008b	500
P1015	750	A0034	3213	J201a	0
P1016	0	A0035	0	J201b	0
P1017	0	A0036	3213	J201c	0
P1018	750	A0037	0	J201d	0
P1019	0	A2003	0	J201e	0
P119a	0	A3001	0	CDV	269445
P119b	0	A3002	0		
P1020	750	A3003	0		
P1021	0	A3004	0		
P1022	750	A3005	0		
P1023	0	A3006	0		
P124C	0	A3007	0		
P124R	0	A3008	0		
A0001	197404	A3009	0		
A0002	141000	A3010	0		
A0003	56404	A3011	0		
A0004	0	A3012	0		
A0005	0	A3013	0		
A0006	0	A3014	0		
A0007	0	A3015	0		
A0008	0	A3016	0		
A0009	0	A3017	0		

1030

2015

## NEW JERSEY CORPORATION BUSINESS TAX RETURN

CBT-100

FOR TAXABLE YEARS ENDING ON OR AFTER  
JULY 31, 2015 THROUGH JUNE 30, 2016Taxable year beginning 04/01/2015, and ending 03/31/2016

NAME AS SHOWN ON RETURN

SILVER TOUCH TECHNOLOGIES INC.

FEDERAL ID NUMBER

454-584-052/000

Check if applicable

☐

Initial return

☐

1120-S filer

☐

Inactive

1	Entire net income from Schedule A, line 38 (if a net loss, enter zero)	1	3,213.
2	Allocation factor from Schedule J, Non-allocating taxpayers enter 1.000000	2	1.000000
3	Allocated net income — Multiply line 1 by line 2. Non-allocating taxpayers must enter the amount from line 1	3	3,213.
4 a	Total nonoperational income \$ (Schedule O, Part I) (see instruction 37)		
4 b	Allocated New Jersey nonoperational income (Schedule O, Part III)	4 b	
5	Total operational and nonoperational income (line 3 plus line 4b)	5	3,213.
6	Investment Company — Enter 40% of line 1	6	
7	Real Estate Investment Trust — Enter 4% of line 1	7	
8	Tax Base — Enter amount from line 5 or line 6 plus 4b, or line 7 plus 4b, whichever is applicable	8	3,213.
9	Amount of Tax — Multiply line 8 by the applicable tax rate (see instruction 11(a))	9	209.
10	Tax Credits (from Schedule A-3) (see instruction 43)	10	
11	TOTAL CBT TAX LIABILITY — line 9 minus line 10	11	209.
12	Alternative Minimum Assessment (Schedule AM, Part VI, line 5) <input type="checkbox"/> Check and enter zero if AMA paid by a Key Corporation (see instruction 23)	12	
13	Tax Due (greater of line 11 or 12 or minimum tax due from Schedule A-GR or instruction 11(d))	13	750.
14	Key Corporation AMA Payment (Form 401, Part II, line 5)	14	
15	Subtotal — (Sum of lines 13 and 14)	15	750.
16	Installment Payment — (Only applies if line 13 is \$500 — see instruction 44)	16	
17	Professional Corporation Fees (Schedule PC, line 5)	17	
18	TOTAL TAX AND PROFESSIONAL CORPORATION FEES (sum of lines 15, 16, and 17)	18	750.
19	Payments and Credits (see instruction 45)	19	
a	Payments made by Partnerships on behalf of taxpayer (attach copies of all NJK-1's)	19 a	
b	Refundable Tax Credits (see instruction 45(f))	19 b	
20	Balance of Tax Due — line 18 minus line 19, 19a and 19b	20	750.
21	Penalty and Interest Due — (see instructions 7(e) and 46)	21	
22	Total Balance Due — line 20 plus line 21	22	750.
23	If line 19 plus 19a plus 19b is greater than 18 plus line 21, enter the amount of overpayment \$	DIVISION USE	
24	Amount of Item 23 to be Credited to 2016 return Refunded \$		

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**SCHEDULE A****COMPUTATION OF ENTIRE NET INCOME (SEE INSTRUCTION 16)  
EVERY CORPORATION MUST COMPLETE LINES 1 - 38 OF THIS SCHEDULE.**

1	Gross receipts or sales	197,404.	Less returns and allowances		1	197,404.
2	Less: Cost of goods sold (Schedule A-2, line 8)				2	141,000.
3	Gross profit — Subtract line 2 from line 1				3	56,404.
4	Dividends				4	
5	Interest				5	
6	Gross rents				6	
7	Gross royalties				7	
8	Capital gain net income (attach separate Federal Schedule D)				8	
9	Net gain or (loss) from Federal Form 4797 (attach Federal Form 4797)				9	
10	Other income (attach schedule) . See Other Income Statement				10	1,479.
11	TOTAL INCOME — Add lines 3 through 10				11	57,883.
12	Compensation of officers (Schedule F)				12	
13	Salaries and wages	33,686.	Less jobs credit		13	33,686.
14	Repairs (Do not include capital expenditures)				14	
15	Bad debts				15	
16	Rents				16	3,600.
17	Taxes				17	9,456.
18	Interest				18	
19	Contributions				19	
20a	Depreciation from Federal Form 4562 (attach copy)			20a		
20b	Less depreciation claimed in Schedule A and elsewhere on return			20b		
21	Depletion				21	
22	Advertising				22	
23	Pension, profit-sharing plans, etc.				23	
24	Employee benefit programs				24	
25	Domestic production activities deduction				25	
26	Other deductions (attach schedule) . See Other Deductions Statement				26	8,428.
27	TOTAL DEDUCTIONS — Add lines 12 through 26				27	55,170.
28	Taxable income before net operating loss deductions and special deductions (line 11 less line 27 must agree with line 28, page 1 of the Unconsolidated Federal Form 1120, or the appropriate line item from the Federal Forms 1120-IC-DISC, 1120-FSC or 1120-A, whichever is applicable). (See instructions 8(b) and 16(c))				28	2,713.
<b>NEW JERSEY ADJUSTMENTS — LINES 29 - 38 MUST BE COMPLETED ON THIS FORM</b>						
29	Interest on Federal, State, Municipal and other obligations not included in Item 5 above (see instruction 16(d))				29	
30	Related interest addback (Schedule G, Part I)				30	
31	New Jersey State and other states taxes deducted above (see instruction 16(f))				31	500.
32	Depreciation and other adjustments from Schedule S (see instruction 42)				32	
33a	Deduction for IRC Section 78 Gross-up not deducted at line 37 below				33a	
b	Other deductions and additions. Explain on separate rider. (see instruction 16(h))				33b	
c	Elimination of nonoperational activity (Schedule O, Part I)				33c	
d	Interest and intangible expenses and costs addback (Schedule G, Part II)				33d	
34	Entire net income before net operating loss deduction and dividend exclusion (total of lines 28 through 33 inclusive)				34	3,213.
35	Net operating loss deduction from Form 500				35	
36	Entire Net Income before dividend exclusion (line 34 minus line 35)				36	3,213.
37	Dividend Exclusion from Schedule R, line 7. (see instruction 16(j))				37	
38	ENTIRE NET INCOME (line 36 minus line 37 — carry to page 1, line 1)				38	3,213.

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**SCHEDULE A-1 NET OPERATING LOSS DEDUCTION AND CARRYOVER**

**NOTE: SCHEDULE A-1 HAS BEEN REPLACED BY FORM 500. NET OPERATING LOSSES MUST BE DETAILED ON FORM 500 WHICH IS AVAILABLE SEPARATELY. TO OBTAIN THIS FORM AND RELATED INFORMATION, REFER TO THE INDEX.**

**SCHEDULE A-2 COST OF GOODS SOLD (See Instruction 18)**

1 Inventory at beginning of year . . . . .	1	
2 Purchases . . . . .	2	141,000.
3 Cost of labor . . . . .	3	
4 Additional section 263A costs . . . . .	4	
5 Other costs (attach schedule) . . . . .	5	
6 Total — Add lines 1 through 5 . . . . .	6	141,000.
7 Inventory at end of year . . . . .	7	
8 Cost of goods sold — Subtract line 7 from line 6. Enter here and on Schedule A, line 2 . . . . .	8	141,000.

**SCHEDULE A-3 SUMMARY OF TAX CREDITS (See Instruction 19)**

1 Angel Investor Tax Credit from Form 321 . . . . .	1	
2 Grow NJ Tax Credit from Form 320 . . . . .	2	
3 Wind Energy Facility from Form 322 . . . . .	3	
4 Urban Transit Hub Tax Credit from Form 319 . . . . .	4	
5 Business Retention and Relocation Tax Credit from Form 316 . . . . .	5	
6 Neighborhood Revitalization State Tax Credit from Form 311 . . . . .	6	
7 Film Production Tax Credit from Form 318 . . . . .	7	
8 Sheltered Workshop Tax Credit from Form 317 . . . . .	8	
9 AMA Tax Credit from Form 315 . . . . .	9	
10 Economic Recovery Tax Credit from Form 313 . . . . .	10	
11 Effluent Equipment Tax Credit from Form 312 . . . . .	11	
12 HMO Assistance Fund Tax Credit from Form 310 . . . . .	12	
13 Small New Jersey-Based High-Technology Business Investment Tax Credit from Form 308 . . . . .	13	
14 New Jobs Investment Tax Credit from Form 304 . . . . .	14	
15 Manufacturing Equipment and Employment Investment Tax Credit from Form 305 . . . . .	15	
16 Research and Development Tax Credit from Form 306 . . . . .	16	
17 Recycling Equipment Tax Credit from Form 303 . . . . .	17	
18 Redevelopment Authority Project Tax Credit from Form 302 . . . . .	18	
19 EITHER:     a Urban Enterprise Zone Employee Tax Credit from Form 300 . . . . . OR     b Urban Enterprise Zone Investment Tax Credit from Form 301 . . . . .	19	
20 Other Tax Credits (see instruction 43(t)) . . . . .	20	
21 Total tax credits taken on this return — Add lines 1 through 20. Enter here and on page 1, line 10 . . . . .	21	

**ALL CORPORATIONS MUST COMPLETE THIS SCHEDULE  
AND SUBMIT IT WITH THEIR CBT-100 TAX RETURN**

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**SCHEDULE A-4**      **Periods Beginning On and After January 1, 2014**      **SUMMARY SCHEDULE (See Instruction 20)**

<b>Net Operating Loss Deduction &amp; Carryover</b>					
<b>1</b> Form 500, line 6 minus line 8 . . . . .	<b>1</b>	0 .	<b>6</b> Schedule J, Part II, line 1h . . . . .	<b>6</b>	1.000000
<b>Interest and Intangible Costs and Expenses</b>			<b>Net Operational Income Information</b>		
<b>2</b> Schedule G, Part I, line b . . . . .	<b>2</b>	0 .	<b>7</b> Schedule O, Part III, line 31 . . . . .	<b>7</b>	0 .
<b>3</b> Schedule G, Part II, line b . . . . .	<b>3</b>	0 .	<b>Dividend Exclusion Information</b>		
<b>Schedule J Information</b>			<b>8</b> Schedule R, line 4 . . . . .	<b>8</b>	0 .
<b>4</b> Schedule J, Part II, line 1f . . . . .	<b>4</b>	0 .	<b>9</b> Schedule R, line 6 . . . . .	<b>9</b>	0 .
<b>5</b> Schedule J, Part II, line 1g . . . . .	<b>5</b>	0 .	<b>Schedule A-GR Information</b>		
			<b>10</b> Schedule A-GR, line 6 . . . . .	<b>10</b>	197,405 .

**SCHEDULE A-5**      **FEDERAL IRC SECTION 199 ADJUSTMENT (See Instruction 21)**

<b>1</b> Federal Section 199 Domestic Production expensed in arriving at federal taxable income . . . . .	<b>1</b>	
<b>2</b> Less: New Jersey Separate Entity Domestic Production allowed from Form 501 . . . . .	<b>2</b>	
<b>3</b> Net Section 199 adjustment — line 1 minus line 2. Include on Schedule A, line 33b . . . . .	<b>3</b>	

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**SCHEDULE A-GR COMPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See Instruction 22)**

1	Enter sales of tangible personal property shipped to points within New Jersey . . . . .	1	
2	Enter services performed in New Jersey . . . . .	2	197,405.
3	Enter rentals of property situated in New Jersey . . . . .	3	
4	Enter royalties for the use in New Jersey of patents and copyrights . . . . .	4	
5	Enter all other business receipts earned in New Jersey . . . . .	5	
6	Total New Jersey Gross Receipts . . . . .	6	197,405.
7	Enter minimum tax per instruction 11(d). Carry to page 1, line 13 . . . . .	7	750.

**SCHEDULE AM ALTERNATIVE MINIMUM ASSESSMENT FOR C CORPORATIONS (See Instruction 23)****PART I COMPUTATION OF NEW JERSEY GROSS RECEIPTS**

1	Enter sales of tangible personal property shipped to points within New Jersey . . . . .	1	
2	Enter services performed 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 and copyrights . . . . .	4	
5	Enter all other business receipts earned in New Jersey . . . . .	5	
6	Total New Jersey Gross Receipts . . . . .	6	

**PART II COMPUTATION OF NEW JERSEY GROSS PROFITS**

1	Enter New Jersey Gross Receipts from Part I, line 6 . . . . .	1	
2	Enter Cost of Goods Sold amount from Schedule A-2, line 8 . . . . .	2	
3	Enter the Allocation Factor or Receipts Factor from Schedule J (Non-allocators enter 100%) . . . . .	3	
4	New Jersey Cost of Goods Sold — multiply line 2 by line 3 . . . . .	4	
5	New Jersey Gross Profits — subtract line 4 from line 1 . . . . .	5	

**PART III GROSS SALES AND COST OF GOODS SOLD FOR CURRENT AND PRIOR YEARS**

	Year 2012	Year 2013	Year 2014	Year 2015 From Part II Above
1 New Jersey Gross Receipts . . . . .				
2 New Jersey Cost of Goods Sold . . . . .				

**PART IV ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS PROFITS**

1	New Jersey Gross Profits — enter amount from Part II, line 5; if less than \$1,000,000, enter zero on line 5 and go to Part V . . . . .	1	
2	If line 1 is greater than \$1,000,000, but not over \$10,000,000, complete line 3. If line 1 is greater than \$10,000,000 then go to line 4.		
3 a	Maximum exclusion amount . . . . .	3 a	\$1,000,000
b	Subtract line 3a from line 1 . . . . .	3 b	
c	Multiply line 3b by .0025 . . . . .	3 c	
d	Multiply line 3c by 1.11111, the New Jersey AMA Exclusion Rate . . . . .	3 d	
4 a	If line 1 is greater than \$10,000,000, but not over \$15,000,000, multiply line 1 by .0035 . . . . .	4 a	
b	If line 1 is greater than \$15,000,000, but not over \$25,000,000, multiply line 1 by .006 . . . . .	4 b	
c	If line 1 is greater than \$25,000,000, but not over \$37,500,000, multiply line 1 by .007 . . . . .	4 c	
d	If line 1 is greater than \$37,500,000, multiply line 1 by .008 . . . . .	4 d	
5	AMA based on Gross Profits — amount from line 3d or 4a, 4b, 4c, or 4d . . . . .	5	



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**PART V ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS RECEIPTS**

<b>1</b> New Jersey Gross Receipts — enter amount from Part I, line 6; if less than \$2,000,000, enter zero on line 5 and go to Part VI . . . . .	<b>1</b>	
<b>2</b> If line 1 is greater than \$2,000,000, but not over \$20,000,000, complete line 3. If line 1 is greater than \$20,000,000 then go to line 4.		
<b>3 a</b> Maximum exclusion amount . . . . .	<b>3 a</b>	\$2,000,000
<b>b</b> Subtract line 3a from line 1 . . . . .	<b>3 b</b>	
<b>c</b> Multiply line 3b by .00125 . . . . .	<b>3 c</b>	
<b>d</b> Multiply line 3c by 1.11111, the New Jersey AMA Exclusion Rate . . . . .	<b>3 d</b>	
<b>4 a</b> If line 1 is greater than \$20,000,000, but not over \$30,000,000, multiply line 1 by .00175 . . . . .	<b>4 a</b>	
<b>b</b> If line 1 is greater than \$30,000,000, but not over \$50,000,000, multiply line 1 by .003 . . . . .	<b>4 b</b>	
<b>c</b> If line 1 is greater than \$50,000,000, but not over \$75,000,000, multiply line 1 by .0035 . . . . .	<b>4 c</b>	
<b>d</b> If line 1 is greater than \$75,000,000, multiply line 1 by .004 . . . . .	<b>4 d</b>	
<b>5</b> AMA based on Gross Receipts — amount from line 3d or 4a, 4b, 4c, or 4d . . . . .	<b>5</b>	

**PART VI CORPORATION BUSINESS TAX/ALTERNATIVE MINIMUM ASSESSMENT**

<b>1</b> Enter amount from Part V, line 5, Alternative Minimum Assessment (Gross Receipts) . . . . .	<b>1</b>	
<b>2</b> Enter amount from Part IV, line 5, Alternative Minimum Assessment (Gross Profits) . . . . .	<b>2</b>	
<b>3</b> Maximum Alternative Minimum Assessment . . . . .	<b>3</b>	\$5,000,000
<b>4</b> For the first privilege period, the taxpayer has the option to select the computation of the Alternative Minimum Assessment on line 1 or 2. However, once selected, the method must be employed for that privilege period, and for the next succeeding four privilege periods. Enter your selection on line 4 . . . . .	<b>4</b>	
<b>5</b> Amount of Tax — enter the lesser of line 3 or line 4. Enter this amount on line 12, page 1 of the CBT-100. If taxpayer is part of an affiliated group claiming the AMA Threshold Limit, enter zero on line 12 and go to Part VII . . . . .	<b>5</b>	0.

**PART VII KEY CORPORATION ELECTION**

<b>1</b> Enter the name of the elected Key Corporation . . . . .		
<b>2</b> Enter the FID Number of the Key Corporation . . . . .		
<b>3</b> Enter the AMA tax from Part VI, line 5 . . . . .	<b>3</b>	
<b>4</b> Enter the CBT liability from CBT-100, page 1, line 11, or the minimum tax, whichever is greater . . . . .	<b>4</b>	
<b>5</b> Excess AMA over CBT — line 3 minus line 4 (If less than zero, enter zero) . . . . .	<b>5</b>	

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**SCHEDULE B BALANCE SHEET AS OF** March 31, 2016

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 returns are not permitted. See instruction 24.

Assets	Beginning of Tax Year	End of Tax Year
1 Cash . . . . .	9,473.	13,302.
2 Trade notes and accounts receivable . . . . .	38,463.	37,452.
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	69.	517.
13 <i>Total intangible personal property</i> (total lines 1 to 12) . . . . .	48,005.	51,271.
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) . . . . .	48,005.	51,271.
<b>Liabilities and Stockholder's Equity</b>		
21 Accounts payable . . . . .	41,748.	39,909.
22 Mortgages, notes, bonds payable in less than 1 year (attach schedule) . . . . .		
23 Other current liabilities (attach schedule) . . . . .		
24 Loans from stockholders/affiliates . . . . .	100.	100.
25 Mortgages, notes, bonds payable in 1 year or more (attach schedule) . . . . .		
26 Other liabilities (attach schedule) . . . . . See Line 26 Stmt		2,909.
27 Capital stock: a Preferred stock . . . . .		
b Common stock . . . . .	500.	500.
28 Paid-in or capital surplus . . . . .		
29 Retained earnings — appropriated (attach schedule) . . . . .		
30 Retained earnings — unappropriated . . . . .	5,657.	7,853.
31 Adjustments to shareholders' equity (attach schedule) . . . . .		
32 Less cost of treasury stock . . . . .		
33 Total liabilities and stockholder's equity (total lines 21 to 32) . . . . .	48,005.	51,271.

**SCHEDULE C RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN (See Instruction 25)**

1 Net income per books . . . . .	2,196.	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax . . . . .	407.	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) . . . . . \$			
See Line 5c Stmt 110.	110.	9 Total of lines 7 and 8 . . . . .	
6 Total of lines 1 through 5 . . . . .	2,713.	10 Income (Item 28, Schedule A) — line 6 less 9 . . . . .	2,713.

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**SCHEDULE C-1 ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (See Instruction 25)**

1 Balance at beginning of year . . . . .	5,657.	5 Distributions	
2 Net income per books . . . . .	2,196.	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 . . . . .	7,853.	8 Balance end of year (line 4 less 7) . . . . .	7,853.

**SCHEDULE E GENERAL INFORMATION (See Instruction 26)****ALL TAXPAYERS MUST ANSWER THE FOLLOWING QUESTIONS. RIDERS MUST BE PROVIDED WHERE NECESSARY.**

- 1 Type of business . COMPUTER CONSULTING  
Principal products handled . COMPUTER CONSULTING  
Internal Revenue Center where corresponding Federal tax return was filed . . . . Cincinnati, OH 45999-0012
- 2 FINAL DETERMINATION OF NET INCOME BY FEDERAL GOVERNMENT (See Instruction 15) Has a change or correction in the amount of taxable income of the reporting corporation or for any other corporation purchased, merged or consolidated with the reporting corporation, been finally determined by the Internal Revenue Service, and not previously reported to New Jersey?  
'Yes' or 'No' NO . If 'Yes,' an amended return must be filed.
- 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' or 'No' NO . If 'Yes,' give full information below (Attach rider if necessary).

Name of Controlled Corporations	Percent of Stock Owned or Controlled	By Whom Controlled

- 4 Is the capital stock of the taxpayer listed on any exchange? 'Yes' or 'No' NO . If 'Yes,' specify exchanges where listed and submit taxpayer's Annual Report to stockholders for the period covered by this return.
- 5 Is this corporation a Professional Corporation (PC) formed pursuant to NJSA 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' or 'No' NO . If 'Yes,' go to the next question.  
How many licensed professionals are owners, shareholders, and/or employees from this PC as of the first day of the privilege period? . . . . .  
Attach a rider providing the names, addresses, and FID or SS numbers of the licensed professionals in the PC. If the number of licensed professionals is greater than 2, complete Schedule PC — Per Capita Licensed Professional Fee. See instruction 41 for examples of licensed professionals.
- 6 **This question must be answered by corporations with income from sources outside the United States.**  
a Is income from sources outside the United States included in entire net income at line 38 of Schedule A? . . . . . 'Yes' or 'No' .  
b If the answer is 'No', set forth such items of gross income, the source, the deductions and the amount of foreign taxes paid thereon. Enter at line 33b, Sch A, the difference between the net of such income and the amount of foreign taxes paid thereon not previously deducted.
- 7 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' or 'No' NO .

**SCHEDULE F CORPORATE OFFICERS — GENERAL INFORMATION AND COMPENSATION (See Instruction 27)**

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percent of Corpora- tion 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 (enter here and on Schedule A, line 12, page 2) . . . . .							

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**SCHEDULE G – PART I INTEREST (See Instruction 28)****1** Was interest paid, accrued or incurred to a related member(s), deducted from entire net income?

'Yes' or 'No' No . If 'Yes,' fill out the following schedule.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Amount Deducted
<b>a</b> Total amount of interest deducted . . . . .			
<b>b</b> Less: Exceptions (see instruction 28) . . . . .			
<b>c</b> Balance of interest deducted (carry to Schedule A, line 30) . . . . .			

**SCHEDULE G – PART II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COSTS (See Instruction 28)****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' or 'No' No . If 'Yes,' fill out the following schedule.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Amount Deducted
<b>a</b> Total amount of intangible expenses and costs deducted . . . . .				
<b>b</b> Less: Exceptions (see instruction 28) . . . . .				
<b>c</b> Balance of intangible expenses and costs deducted (carry to Schedule A, line 33(d)) . . . . .				

**SCHEDULE H TAXES (See Instructions 16(f) and 29)**

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) UCC or Payroll Taxes	(e) Other Taxes (attach schedule)	(f) Total
<b>1</b> New Jersey Taxes . .	500 .				1,757 .	2,257 .
<b>2</b> Other States & U.S. Possessions . .						
<b>3</b> City and Local Taxes .						
<b>4</b> Taxes Paid to Foreign Countries . .						
<b>5</b> Total . . . . .	500 .				1,757 .	2,257 .
<b>6</b> Combine lines 5(a) and 5(b) . . . . .		500 .				
<b>7</b> Sales & Use Taxes Paid by a Utility Vendor . . . .						
<b>8</b> Add lines 6 and 7 – Carry to Schedule A, line 31 . . . . .		500 .				
<b>9</b> Federal Taxes . . . .				4,099 .		4,099 .
<b>10</b> Total (Combine line 5 and line 9) . . . . .	500 .			4,099 .	1,757 .	6,356 .

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

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**SCHEDULE P**      **SUBSIDIARY INVESTMENT ANALYSIS (See Instruction 38)**

**NOTE:** Taxpayers must hold at least 80% of the combined voting power of all classes of stock entitled to vote and at least 80% of the total number of shares of all other classes of stock, except non-voting stock which is limited and preferred as to dividends, for each subsidiary. Do not include advances to subsidiaries in book value.

(1) Name of Subsidiary	(2) Percentage of Interest		(3) Book Value (as reported in Schedule B)	(4) Dividend Income (as reported in Schedule A)
	Voting	Non-Voting		
Totals . . . . .				

**SCHEDULE P-1**    **PARTNERSHIP INVESTMENT ANALYSIS** (See Instruction 39)[illegible]**SCHEDULE PC PER CAPITA LICENSED PROFESSIONAL FEE (See Instruction 40)**

<b>1 a</b> Enter number of resident and non-resident professionals with physical nexus with New Jersey _____ X \$150 . . . . .	<b>1 a</b>	
<b>1 b</b> Enter number of non-resident professionals without physical nexus with New Jersey _____ X \$150 X allocation factor of the PC . . . . .	<b>1 b</b>	
<b>1 c</b> Total Fee Due — Add lines 1a and line 1b . . . . .	<b>1 c</b>	
<b>2</b> Installment Payment — 50% of line 1c . . . . .	<b>2</b>	
<b>3</b> Total Fee Due (line 1c plus line 2) . . . . .	<b>3</b>	
<b>4</b> Less prior year 50% installment payment and credit (if applicable) . . . . .	<b>4</b>	
<b>5</b> Balance of Fee Due (line 3 minus line 4). If the result is zero or above, enter this amount on page 1, line 17 . . . . .	<b>5</b>	
<b>6</b> Credit to next year's Professional Corporation Fee (if line 5 is below zero, enter the amount here) . . . . .	<b>6</b>	

**SCHEDULE Q**      **QUALIFIED SUBCHAPTER S SUBSIDIARIES (QSSS)**

**1** Does this corporation own any Qualified Subchapter S Subsidiaries? . . . . . Yes      No X  
If yes, list all the QSSS's names, addresses, and FID#s below. Attach additional rider if necessary. Separately note those subsidiaries that have made a New Jersey QSSS election and whose activities are included in this return.

**SCHEDULE R DIVIDEND EXCLUSION (See Instruction 41)**

<b>1</b>	Dividend income included in Schedule A . . . . .	<b>1</b>	
<b>2</b>	Less: Dividend Income — Schedule P, Column (4) . . . . .	<b>2</b>	
<b>3</b>	Balance (line 1 less line 2) . . . . .	<b>3</b>	
<b>4</b>	Less: Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock . . . . .	<b>4</b>	
<b>5</b>	Balance (line 3 less line 4) . . . . .	<b>5</b>	
<b>6</b>	50% of line 5 . . . . .	<b>6</b>	
<b>7</b>	DIVIDEND EXCLUSION: Line 2 plus line 6 (Carry to Schedule A, line 37) . . . . .	<b>7</b>	

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

SILVER TOUCH TECHNOLOGIES INC.

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**SCHEDULE S – PART I DEPRECIATION AND SAFE HARBOR LEASING (See Instruction 42)**

<b>1</b>	Section 179 Deduction . . . . .	<b>1</b>	
<b>2</b>	Special Depreciation Allowance – for certain property acquired after September 10, 2001 . . . . .	<b>2</b>	
<b>3 a</b>	MACRS – for assets placed in service during <b>accounting periods</b> beginning on and after July 7, 1993 . . . . .	<b>3 a</b>	
<b>b</b>	MACRS – included in line 3a for assets on which bonus depreciation and excess section 179 depreciation taken . . . . .	<b>3 b</b>	
<b>4</b>	MACRS – for assets placed in service during <b>accounting periods</b> beginning prior to July 7, 1993 . . . . .	<b>4</b>	
<b>5</b>	ACRS . . . . .	<b>5</b>	
<b>6</b>	Other Depreciation – for assets placed in service after December 31, 1980 . . . . .	<b>6</b>	
<b>7</b>	Other Depreciation – for assets placed in service prior to January 1, 1981 . . . . .	<b>7</b>	
<b>8</b>	Listed Property – for assets placed in service during accounting periods beginning on and after July 7, 1993 . . . . .	<b>8</b>	
<b>9</b>	Listed Property – for assets placed in service during accounting periods beginning prior to July 7, 1993 . . . . .	<b>9</b>	
<b>10</b>	Total depreciation claimed in arriving at line 28, Schedule A . . . . .	<b>10</b>	

**Attach Federal Form 4562 to Return and Include Federal Depreciation Worksheet**

Adjustments at Line 32, Schedule A – Depreciation and Certain Safe Harbor Lease Transactions

**11 Additions****a** Amounts from lines 4, 5, 6 and 9 above . . . . . **a** \_\_\_\_\_**b** Special Depreciation Allowance – for assets placed in service during accounting periods beginning on and after January 1, 2002, and for which federal 30% or 50% bonus depreciation was taken in the current tax year. Include the initial 30% or 50% bonus amount and the regular depreciation on the adjusted basis . . . . . **b** \_\_\_\_\_**c** Distributive share of ACRS and MACRS from a partnership . . . . . **c** \_\_\_\_\_**d** Deductions on Federal return resulting from an election made pursuant to IRC Section 168(f)8 exclusive of elections made with respect to mass commuting vehicles.

Interest . . . . . \_\_\_\_\_

Rent . . . . . \_\_\_\_\_

Amortization of Transactional Costs . . . . . \_\_\_\_\_

Other Deductions . . . . . **d** \_\_\_\_\_**e** Section 179 depreciation in excess of New Jersey allowable deduction.Fiscal year filers refer to instruction 43 . . . . . **e** \_\_\_\_\_Total line 11 (lines a, b, c, d and e) . . . . . **11** \_\_\_\_\_**12 Deductions****a** New Jersey depreciation – (From Schedule S, Part II(A)) . . . . . **a** \_\_\_\_\_**b** New Jersey depreciation – (From Schedule S, Part II(B)) . . . . . **b** \_\_\_\_\_**c** Recomputed depreciation attributable to distributive share of recovery property from a partnership . . . . . **c** \_\_\_\_\_**d** Any income included in the return with respect to property described at line 11d solely as a result of that election . . . . . **d** \_\_\_\_\_**e** The lessee/user should enter the amount of depreciation which would have been allowable under the Internal Revenue Code at December 31, 1980 had there been no safe harbor lease election . . . . . **e** \_\_\_\_\_**f** Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated NJ depreciation on physical disposal of recovery property (attach computations) . . . . . **f** \_\_\_\_\_Total line 12 (lines a, b, c, d, e and f) . . . . . **12** \_\_\_\_\_**13 ADJUSTMENT – (line 11 minus line 12) Enter at line 32, Schedule A . . . . . 13**



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CBT-100, Schedule A, Line 10

**Other Income Statement**

APPLE ITUNE	65.
GOOGLE DES	1,414.
Total	1,479.

CBT-100, Schedule A, Line 26

**Other Deductions Statement**

TRAVEL EXPS.	170.
BANK CHARGES	1,002.
TELEPHONE & INTERNET EXPS.	3,244.
MARKETING EXPS.	279.
MISC EXPS.	123.
OFFICE EXPS.	2,064.
INSURANCE EXPS.	1,407.
MEALS AND ENTERTAINMENT (50%)	110.
STATIONERY EXPS.	29.
Total	8,428.

CBT-100, Schedule C

**Line 5c Stmt**

Other (itemize):

Travel and entertainment	110.
Total	110.

Form CBT-100, Schedule B, Line 12

**Ln 12 Stmt**

All other intangible personal property:	Beginning of tax year	End of tax year
LOANS & ADVANCES	69.	
DUTIES & TAXES		217.
RENT DEPOSIT	0.	300.
Total	69.	517.

Form CBT-100, Schedule B, Line 23

**Ln 23 Stmt**

Other current liabilities:	Beginning of tax year	End of tax year
PROFESSIONAL FEES PAYABLE		
Total		

Form CBT-100, Schedule B, Line 26

**Ln 26 Stmt**

<b>Other liabilities:</b>	<b>Beginning of tax year</b>	<b>End of tax year</b>
Federal/FICA/Medicare Payable		1,061.
State Withholding Payable		318.
State Unemployment Tax Payable		581.
FUTA Tax Payable		42.
Income Tax Payable		407.
CBT PAYABLE		500.
Total		<u><u>2,909.</u></u>