

2021 TAX RETURN

CLIENT COPY

Client: 1021

Prepared for: MYDENTALWIG,INC.
4712 E. 2ND ST. UNIT 604
LONG BEACH, CA 90803
562-279-5770

Prepared by: NESS MOADEB, CPA
MOADEB & ASSOCIATES, INC.
984 MONUMENT ST. STE 110
PACIFIC PALISADES, CA 90272
310-230-6712

Date: FEBRUARY 22, 2022

Comments:

Route to: _____

2021 Corporate Return
prepared for:

MyDentalWig, Inc.
4712 E. 2ND ST. UNIT 604
LONG BEACH, CA 90803

MOADEB & ASSOCIATES, INC.
984 Monument St. Ste 110
Pacific Palisades, CA 90272

CLIENT 1021

**MOADEB & ASSOCIATES, INC.
984 MONUMENT ST. STE 110
PACIFIC PALISADES, CA 90272
310-230-6712**

February 22, 2022

MyDentalWig, Inc.
4712 E. 2ND ST. UNIT 604
LONG BEACH, CA 90803

Dear Client:

Your 2021 Federal Corporation Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879C - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 Delaware Corporation Income Tax Return will be electronically filed with the State of Delaware. No tax is payable with the filing of this return.

Please be sure to call if you have any questions.

Sincerely,

Ness Moadeb, CPA

MOADEB & ASSOCIATES, INC.

984 MONUMENT ST. STE 110
PACIFIC PALISADES, CA 90272
310-230-6712

Client 1021
February 22, 2022

MyDentalWig, Inc.
4712 E. 2ND ST. UNIT 604
LONG BEACH, CA 90803
562-279-5770

FEDERAL FORMS

Form 1120
Form 8879-C

2021 U.S. Corporation Income Tax Return
IRS e-file Signature Authorization

DELAWARE FORMS

Form 1100
Form 1100-T

2021 Delaware Corporation Income Tax Return
Delaware Corporate Tentative Tax Return

FEE SUMMARY

Preparation Fee	\$	550.00
Amount Due	\$	550.00

Mail This Form With Remittance Payable To:
Delaware Division of Revenue
P.O. Box 830, Wilmington, DE 19899-0830

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00380101187096720800112312204182200000000000000000000T
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MYDENTALWIGINC
4712 E 2ND ST UNIT 604
LONG BEACH CA 90803

Check Here If
A Request For
Change Form
is Being Filed

BALANCE DUE FROM LINE 5 OF WORKSHEET
(50% OF ESTIMATED TAX FOR THE YEAR)

\$. 0 0



DF62316011032

**CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM.
CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.**

TELEPHONE NUMBER 562-279-5770 DATE

EMAIL ADDRESS DDENTALWIG@YAHOO

X

AUTHORIZED SIGNATURE I declare under penalties of perjury that
this is a true, correct and complete return.

DECA0501L 11/07/19 (1032)

(Cut Coupon on Line Above)

TAXPAYERS WORKSHEET AND RECORD OF PAYMENTS

- | | |
|---|---------------------|
| 1 Estimate Delaware taxable income for the year. | <u>\$ -30382.00</u> |
| 2 Multiply Line 1 by Corporate Income Tax Rate. | <u>x .087</u> |
| 3 Enter result on Line 3. | \$ -2643.00 |

PLEASE NOTE: Voucher 1 (T-1) is due the 15th day of the 4th month following the end of the year.
Voucher 2 (T-2) is due the 15th day of the 6th month following the end of the year.
Voucher 3 (T-3) is due the 15th day of the 9th month following the end of the year.
Voucher 4 (T-4) is due the 15th day of the 12th month following the end of the year.

- | | | | |
|---|--|----|------|
| 1 | Estimated Liability for Year. | \$ | .00 |
| 2 | Percentage Due. | X | 50 % |
| 3 | Multiply Line 1 by Line 2. | \$ | .00 |
| 4 | Less Credit Carryover Unused. | \$ | .00 |
| 5 | Line 3 minus Line 4 (cannot be less than zero) | \$ | .00 |

Please fill in the federal identification number, business name and address in the spaces provided. Sign and date the tax return and supply a telephone number where we can contact someone regarding the information on the tax return.

IRS e-file Signature Authorization for Form 1120

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceFor calendar year **2021**, or tax year beginning 5/19, 2021, ending 12/31, 2021**2021**▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879C for the latest information.**

Name of corporation

MYDENTALWIG, INC.

Employer identification number

87-0967208

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	0.
2	Taxable income (Form 1120, line 30)	2	-30,382.
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 35)	4	
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 2021 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 MOADEB & ASSOCIATES, INC. to enter my PIN 01021 as my signature
ERO firm name do not enter all zeros
on the corporation's 2021 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 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. 9593847777
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ NESS MOADEB, CPA Date ▶ _____

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** (2021)

A Check if:
1a Consolidated return (attach Form 851) ☐
b Life/nonlife consolidated return ☐
2 Personal holding co. (attach Sch. PH) ☐
3 Personal service corp. (see instrs) ☐
4 Schedule M-3 attached ☐

TYPE OR PRINT
MYDENTALWIG, INC.
4712 E. 2ND ST. UNIT 604
LONG BEACH, CA 90803

B Employer identification number
87-0967208
C Date incorporated
5/28/2021
D Total assets (see instructions)
\$ 12,724.

E Check if: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

INCOME	1 a Gross receipts or sales	1 a	
	b Returns and allowances	1 b	
	c Balance. Subtract line 1b from line 1a		1 c
	2 Cost of goods sold (attach Form 1125-A)		2
	3 Gross profit. Subtract line 2 from line 1c		3
	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
DEDUCTIONS SEE INSTRUCTIONS	10 Other income (see instructions — attach statement)		10
	11 Total income. Add lines 3 through 10		11 0.
	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 4,189.
	17 Taxes and licenses		17
	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 6,450.
	23 Pension, profit-sharing, etc., plans		23
	24 Employee benefit programs		24
	25 Reserved for future use		25
	26 Other deductions (attach statement) SEE STATEMENT 1		26 19,743.
CREDITS, REFUNDABLE	27 Total deductions. Add lines 12 through 26		27 30,382.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28 -30,382.
	29a Net operating loss deduction (see instructions)	29 a	
	b Special deductions (Schedule C, line 24)	29 b	
	c Add lines 29a and 29b		29 c
TAX, REFUNDABLE	30 Taxable income. Subtract line 29c from line 28. See instructions		30 -30,382.
	31 Total tax (Schedule J, Part I, line 11)		31 0.
	32 Reserved for future use		32
	33 Total payments and credits (Schedule J, Part III, line 23)		33 0.
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>		34
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed		35 0.
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid		36
	37 Enter amount from line 36 you want: Credited to 2022 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>		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.
Signature of officer _____ Date _____ Title **PRESIDENT**
May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only
Print/Type preparer's name **NESS MOADEB, CPA** Preparer's signature **NESS MOADEB, CPA** Date **2/22/22** Check ☐ if self-employed PTIN **P00377137**
Firm's name **MOADEB & ASSOCIATES, INC.** Firm's EIN **95-3631768**
Firm's address **984 MONUMENT ST. STE 110**
PACIFIC PALISADES, CA 90272 Phone no. **310-230-6712**

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

Schedule J Tax Computation and Payment (see instructions)**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.		0.
3	Base erosion minimum tax amount (attach Form 8991).		
4	Add lines 2 and 3.		0.
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	
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	Interest/tax due under section 453A(c) and/or section 453(l).	9f	
g	Other (see instructions – attach statement).	9g	
10	Total. Add lines 9a through 9g.	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31.	11	0.

Part II – Reserved for Future Use

12	Reserved for future use.	12	
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Part III – Payments and Refundable Credits

13	2020 overpayment credited to 2021.	13	
14	2021 estimated tax payments.	14	
15	2021 refund applied for on Form 4466.	15	()
16	Combine lines 13, 14, and 15.	16	0.
17	Tax deposited with Form 7004.	17	
18	Withholding (see instructions).	18	
19	Total payments. Add lines 16, 17, and 18.	19	0.
20	Refundable credits from:		
a	Form 2439.	20 a	
b	Form 4136.	20 b	
c	Reserved for future use.	20 c	
d	Other (attach statement – see instructions).	20 d	
21	Total credits. Add lines 20a through 20d.	21	
22	Reserved for future use.	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33.	23	0.

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 ▶ \$		NONE
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 2021 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," 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 15. ▶ \$		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.		X
Percentage: By Vote		
Percentage: By Value		

Form 1120 (2021)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash.....				
2a	Trade notes and accounts receivable.....				
b	Less allowance for bad debts.....	()		()	
3	Inventories.....				
4	U.S. government obligations.....				
5	Tax-exempt securities (see instructions)....				
6	Other current assets (attach statement)				
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)				
15	Total assets.....				
Liabilities and Shareholders' Equity					
16	Accounts payable.....				
17	Mortgages, notes, bonds payable in less than 1 year....				
18	Other current liabilities (attach stmt)				
19	Loans from shareholders.....				
20	Mortgages, notes, bonds payable in 1 year or more.....				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock.....				
	b Common stock.....				
23	Additional paid-in capital.....				
24	Retained earnings — Approp (att stmt).....				
25	Retained earnings — Unappropriated.....				
26	Adjmt to shareholders' equity (att stmt)				
27	Less cost of treasury stock.....	()		()	
28	Total liabilities and shareholders' equity.....				

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.....		7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books.....			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... \$				
6	Add lines 1 through 5.....		9	Add lines 7 and 8.....	
			10	Income (page 1, line 28) — line 6 less line 9.....	

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

1	Balance at beginning of year.....		5	Distributions..... a Cash....	
2	Net income (loss) per books.....			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.....		8	Balance at end of year (line 4 less line 7).....	

2021

FEDERAL STATEMENTS

PAGE 1

CLIENT 1021

MYDENTALWIG,INC.

87-0967208

2/22/22

04:43PM

STATEMENT 1
FORM 1120, LINE 26
OTHER DEDUCTIONS

ACCOUNTING.....	\$	450.
AUTO AND TRUCK.....		1,168.
CONSULTANT FEES.....		7,500.
INSURANCE.....		694.
LEGAL AND PROFESSIONAL.....		1,836.
OFFICE EXPENSE.....		5,496.
POSTAGE.....		2,073.
SUBSCRIPTIONS.....		126.
UTILITIES.....		400.
TOTAL	\$	<u>19,743.</u>

**2021 DELAWARE
CORPORATION INCOME TAX RETURN
FORM 1100**

DO NOT WRITE OR STAPLE IN THIS AREA — REVENUE CODE 0042

for Fiscal year beginning 05 19 21 and ending 12 31 21

EMPLOYER IDENTIFICATION NUMBER 8 7 0 9 6 7 2 0 8

Name of Corporation

MYDENTALWIG, INC.

Street Address

4712 E. 2ND ST. UNIT 604

City

State

Zip Code

LONG BEACH

CA

90803

Delaware Address if Different than Above

CHECK APPLICABLE BOX:

Small Corporation

ESOP

INITIAL RETURN

X

CHANGE OF
ADDRESS

EXTENSION
ATTACHED

IF OUT OF BUSINESS, ENTER DATE HERE:

City

State

Zip Code

DATE OF INCORPORATION: 05 28 21

State of Incorporation:

Nature of Business:

DE

DENTAL PRODUCTS

ATTACH COMPLETED COPY OF FEDERAL FORM 1120

1	Federal Taxable Income (See Specific Instructions).....	-30382	1
2	Total subtractions from Schedule 4A.....		2
3	Line 1 minus Line 2.....	-30382	3
4	Total additions from Schedule 4B.....		4
5	Entire net income. Line 3 plus Line 4.....	-30382	5
WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DELAWARE, ENTER AMOUNT ON LINE 11.			
WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WITHIN DELAWARE, COMPLETE ITEMS 6 TO 10 INCLUSIVE.			
6	Total non-apportionable income (or loss) (Schedule 2, Column 3, Line 8).....		6
7	Income (or loss) subject to apportionment (Line 5 minus Line 6).....		7
8	Apportionment percentage (Schedule 3B, Line 3).....		8
9	Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8).....		9
10	Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8).....		10
11	Total (Line 9 plus or minus Line 10).....	-30382	11
12	Delaware Taxable Income (Line 5 or Line 11, whichever is less).....	-30382	12
13	Tax at 8.7%.....		13
14	Approved non-refundable tax credits.....		14
15	Balance due after non-refundable tax credits.....	0	15
16	Delaware tentative tax paid.....		16
17	Credit carry-over from prior year.....		17
18	Other payments (attach statement).....		18
19	Approved refundable income tax credits.....		19
20	Total payments and credits. Add Lines 16 through 19.....		20
21	If Line 15 is greater than Line 20 enter BALANCE DUE AND PAY IN FULL.....		21
22	If Line 20 is greater than Line 15 enter OVERPAYMENT: a Total OVERPAYMENT.....		22a
	b to be REFUNDED.....		22b
	c to be CREDITED to 2022 TENTATIVE TAX.....		22c

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



	Description of Interest	Column 1 Foreign Interest	Column 2 Interest Received From U.S. Securities	Column 3 Interest Received From Affiliated Companies	Column 4 Interest Received From State Obligations	Column 5 Other Interest Income
1						
2						
3						
4						
5						
6	Totals					

SCHEDULE 2 – NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE

	Description	Column 1 Within Delaware	Column 2 Without Delaware	Column 3 Total
1	Rents and royalties from tangible property			
2	Royalties from patents and copyrights			
3	Gains or (losses) from sale of real property			
4	Gains or (losses) from sale of depreciable tangible property			
5	Interest income from Schedule 1, Columns 4 and 5, Line 6			
6	Total			
7	Less: Applicable expenses (Attach statement)			
8	Total non-apportionable income			

SCHEDULE 3 – APPORTIONMENT PERCENTAGE

Schedule 3-A – Gross Receipts Subject to Apportionment

	Description	Within Delaware	Within and Without Delaware
1	Gross receipts from sales of tangible personal property		
2	Gross income from other sources (Attach statement)		
3	Total		

Schedule 3-B – Determination of Apportionment Percentage

1	Gross receipts and gross income from within Delaware	=	
2	Gross receipts and gross income from within and without Delaware		

3 Apportionment percentage (See instruction)

Schedule 3-C – Gross Real and Tangible Personal Property

	Description	Within Delaware		Within and Without Delaware	
		Beginning of Year	End of Year	Beginning of Year	End of Year
1	Real and tangible property owned				
2	Real and tangible property rented (Eight times annual rental paid)				
3	Total				
4	Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)				
5	Total				
6	Average value (See instructions)				

Schedule 3-D – Wages, Salaries, and Other Compensation Paid or Accrued to Employees

	Description	Within Delaware	Within and Without Delaware
1	Wages, salaries, and other compensation of all employees		
2	Less: Wages, salaries, and other compensation of general executive officers		
3	Total		



SCHEDULE 4-A – SUBTRACTIONS

1	Foreign dividends, interest and royalties.....	1
2	Net interest from U.S. securities (Schedule 1, Column 2).....	2
3	Interest from affiliated companies (Schedule 1, Column 3).....	3
4	Gain from sale of U.S. or Delaware securities.....	4
5	Wage deduction – Federal Jobs Credit.....	5
6	Handicapped accessibility deduction (Attach statement).....	6
7	Net operating loss carry-over.....	7
8	NBI must attach form 1100 NBI.....	8
9	TOTAL Subtractions (Add lines 1 thru 8).....	9

SCHEDULE 4-B – ADDITIONS

1	All state and political subdivision income taxes deducted in computing Line 1.....	1
2	Loss from sale of U.S. or Delaware securities.....	2
3	Interest income from obligations of any state except Delaware (Schedule 1, Column 4).....	3
4	Depletion expense – oil and gas.....	4
5	Interest paid affiliated companies (See Instructions).....	5
6	Donations included in Line 1 for which Delaware income tax credits were granted.....	6
7	TOTAL Additions (Add lines 1 thru 7).....	7

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. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

		PRESIDENT	DDENTALWIG@YAHOO.
Date	Signature of Officer	Title	Email Address
2/22/22	NESS MOADEB, CPA	984 MONUMENT ST STE 110 PACIFIC PALISADES CA 90272	
Date	Signature of Individual or firm preparing the return	Address	

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044

