



## SLBE Application Tax Requirement

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**Step 1** Using the chart below, gather all required tax documents. Samples included on pages 7-15 of this document. Refrain from sending any pages not requested.

Legal Structure	Tax Form	Pages	Additional Tax Schedule(s)
Partnership	Form 1065	1-5	Schedule K-1
S Corp	Form 1120S	1-5	Schedule K-1
Corporation	Form 1120	1-6	
LLC (Sole Proprietorship)	Form 1040	1-2	Schedule C
LLC (Multi Member)	Form 1065 or 1120S	1-5	Schedule K-1
Sole Proprietor	Form 1040	1-2	Schedule C

**Step 2** Submit the most recent Schedule 1040 for each owner, pages 1 & 2 only for all owners.

**Step 3** Submit [IRS Form 4506-T](#) for each owner.

**Step 4** Sign and date all tax schedules.

**Step 5** Using the checklist on the next page complete the SLBE Application.

**Check here indicating that you have read the SLBE Application tax requirements.**



## INSTRUCTIONS AND CHECKLIST TO ENSURE YOUR APPLICATION IS COMPLETE

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### SECTION I: BUSINESS PROFILE

If your firm is not located in Prince George's or Montgomery Counties, please submit proof of employee presence.

You must be registered in the Supplier Portal before completing this application.

Use the legal name of your business when completing the application. Do not use DBAs or trade names.

Provide the business address where you may receive correspondence from WSSC Water.

All firms should be registered with the IRS and have an employer's ID number, separate from their social security number. Please provide your Maryland Department of Assessments and Taxation number and Federal Tax Identification number.

Identify and select your firm's legal designation (LLC, Corporation, Partnership) and submit tax documents based on your designation.

Select your firm's primary industry.

Provide a brief description of the services your firm provides.

Provide the number of employees of your firm currently employs.

Provide the amount of your gross revenue before deducting expenses, this number should agree with the total revenue amount on your tax return. Submit documentation in the form of federal corporate tax returns for the past three fiscal years listed in your gross sales. Substitute pages 1&2 of the Schedule 1040 for years with no business sales.

Provide the date your business was started or acquired.

Provide three years of business taxes, sign and date all documents. Review the Sample Application Guides on our website to view the pages required from the tax schedule your firm uses to file its business taxes. Do not send documents with passwords.

### SECTION II: PERSONAL INFORMATION

The complete name(s) of the owner(s), titles and ownership.

Provide the name, title and percentage for all partners and stakeholders in the business.

Submit the most recent Schedule 1040 (pages 1&2) and IRS Form 4506-T for each owner.

Submit a copy of signed personal resumes for all owners. (New applicants only)

Email completed applications through our secure system; all applications are encrypted to secure sensitive information.

**Email Completed Applications and Required Documents to:**

**SLBEProgram@wsscwater.com  
(do not mail)**

## SMALL LOCAL BUSINESS ENTERPRISE (SLBE) APPLICATION AFFIDAVIT

The Undersigned does hereby make the following Affidavit. I

**Print Name**

acknowledge that I am the

and an authorized agent of

**Print Title**

I do solemnly declare and affirm, under the penalties of

**Print Company Name**

perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief.

**Company Name**

**Signature**

## SECTION I: BUSINESS PROFILE

Date: (mm/dd/yyyy)

1. Name of Business:

2. Principal Business Address:

City County State Zip  
Business Phone Email Address

2 a. Is this a home office? Yes No

3. Mailing Address: Same as Principal Business Address? YES No

Address:

City County State Zip

4. Name, title and telephone number of contact person:

5. Federal Tax Identification:

6. Legal Structure (**Check one**):

Corporation Limited Liability Company (LLC) Limited Liability Partnership  
Partnership Individual Proprietor Unknown (Please explain)

*Provide copies of license(s), certificate of incorporation, articles of organization.*

7. Principal Contracting Area (**Check one**):

Architecture & Engineering Goods & General Services  
Construction Professional Services

**Please fill in NAICS Code** (<http://www.census.gov/epcd/www/naics.html>)

Primary NAICS code Secondary NAICS code

8. Please list specific products and/or services provided:

9. What is your primary industry? \* (**Check only one**):

Construction Retail Manufacturing  
Wholesale Architecture & Engineering Service

\* Your firm's gross sales and size will be evaluated based on your primary industry.

## BUSINESS PROFILE (cont.)

10. How many people do you currently employ?  
Employment will be calculated based on the number of "Full-Time Equivalent" (FTE) employees.
11. List your gross annual sales, before deducting expenses for the last three (3) fiscal years.  
Submit signed documentation in the form of a limited review prepared by a CPA or signed federal corporate tax returns. Include all schedules as reported to the IRS (include current and prior two years).

(Businesses less than three years old gross sales average is computed for the period of the business's existence, substitute signed personal federal income tax returns for appropriate years.)

Fiscal Year	Gross Annual Sales
	\$
	\$
	\$

12. The date your business was established (mm/dd/yyyy).
13. The year the company was acquired by owner (mm/dd/yyyy), if applicable.
14. Provide a list of WSSC Water contracts awarded to your firm in the last twelve months.
15. Have you and/or any of your business partners worked for WSSC Water and/or have family members working for WSSC Water within the past 12 months?  
(**Check one**)      Yes      No
16. Does your business have any subsidiaries/affiliates, or are you a subsidiary, affiliate or franchise?  
(**Check one**) If yes,      Yes      No  
please explain:

17. How did you hear about us?      OSDI Event    ☐ Website    ☐ Other

## SECTION II: PERSONAL INFORMATION

1. Name of owner(s):

2. Owner's Address:

City

State

Zip

List all partners and/or stakeholders in business—provide names, titles and percentage of ownership:

Name	Title	Percentage

3. Are you a U.S. citizen?      Yes      No

If no, provide Resident Expiration:

4. Are you a Service-Disabled Veteran (SDV)?      Yes      No

5. Please submit signed copies of your personal tax returns (*including all schedules and W-2 forms*) for the year immediately preceding the date of this application.

6. Please submit a signed copy of IRS 4506, "Request for a Copy of Tax Return." (Form can be downloaded from IRS website at [www.irs.gov](http://www.irs.gov).) (**DO NOT SUBMIT TO THE IRS OR SUBMIT CHECK**)

7. Please submit a signed copy of resumes including education, training, and employment experience (***New Applicants Only***) for all partners and stakeholders.

### SLBE APPROVAL

Approved SLBE/SDV-SLBEs shall file with the Office of Supplier Diversity & Inclusion a completed renewal application every two years, 60 days prior to expiration of their SLBE status. [WSSC Code of Regulations Chapter 6.35](#).

### RIGHT TO AUDIT

The Office of Supplier Diversity & Inclusion reserves the right to periodically audit any SLBE/SDV-SLBE firm with respect to the firm's SLBE status. Such audits may include but are not limited to: inspection of the firm's office (i.e., field compliance), job site, contract-related records and documents, and interviewing the firm's employees, subcontractors, vendors and customers as reasonably necessary to ensure that all eligibility standards are satisfied and that the integrity of the SLBE Program is maintained. [WSSC Code of Regulations Chapter 6.35](#).

### GRADUATION

A SLBE/SDV-SLBE firm shall graduate from the SLBE Program whenever the firm has received a cumulative total in Prime and/or subcontract payments of either: (i) \$10 million for WSSC Water A&E, Goods & Services and Professional Services contracts; or (ii) \$14 million for WSSC Water Construction contracts and/or subcontracts since the firm's initial approval as an SLBE/SDV-SLBE firm. [WSSC Code of Regulations Chapter 6.35](#).

Form <b>1120</b> Department of the Treasury Internal Revenue Service		<b>U.S. Corporation Income Tax Return</b> For calendar year 2019 or tax year beginning _____, 2019, ending _____, 20_____ ▶ Go to <a href="http://www.irs.gov/Form1120">www.irs.gov/Form1120</a> for instructions and the latest information.		OMB No. 1545-0123 <b>2019</b>
<b>A Check if:</b> <b>1a</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 instructions) <input type="checkbox"/> <b>4</b> Schedule M-3 attached <input type="checkbox"/>		<b>TYPE OR PRINT</b> Name _____ Number, street, and room or suite no. If a P.O. box, see instructions. _____ City or town, state or province, country, and ZIP or foreign postal code _____	<b>B Employer identification number</b> _____ <b>C Date incorporated</b> _____ <b>D Total assets (see instructions)</b> \$ _____	
<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 type="checkbox"/> Address change				
<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>		
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a			<b>1c</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b>
	<b>4</b> Dividends and inclusions (Schedule C, line 23)			<b>4</b>
	<b>5</b> Interest			<b>5</b>
	<b>6</b> Gross rents			<b>6</b>
	<b>7</b> Gross royalties			<b>7</b>
	<b>8</b> Capital gain net income (attach Schedule D (Form 1120))			<b>8</b>
	<b>9</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>9</b>
<b>10</b> Other income (see instructions—attach statement)			<b>10</b>	
<b>11</b> <b>Total income.</b> Add lines 3 through 10			<b>11</b>	
<b>Deductions (See instructions for limitations on deductions.)</b>	<b>12</b> Compensation of officers (see instructions—attach Form 1125-E)			<b>12</b>
	<b>13</b> Salaries and wages (less employment credits)			<b>13</b>
	<b>14</b> Repairs and maintenance			<b>14</b>
	<b>15</b> Bad debts			<b>15</b>
	<b>16</b> Rents			<b>16</b>
	<b>17</b> Taxes and licenses			<b>17</b>
	<b>18</b> Interest (see instructions)			<b>18</b>
	<b>19</b> Charitable contributions			<b>19</b>
	<b>20</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			<b>20</b>
	<b>21</b> Depletion			<b>21</b>
	<b>22</b> Advertising			<b>22</b>
	<b>23</b> Pension, profit-sharing, etc., plans			<b>23</b>
	<b>24</b> Employee benefit programs			<b>24</b>
	<b>25</b> Reserved for future use			<b>25</b>
	<b>26</b> Other deductions (attach statement)			<b>26</b>
	<b>27</b> <b>Total deductions.</b> Add lines 12 through 26			<b>27</b>
	<b>28</b> Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.			<b>28</b>
<b>29a</b> Net operating loss deduction (see instructions)	<b>29a</b>			
<b>b</b> Special deductions (Schedule C, line 24)	<b>29b</b>			
<b>c</b> Add lines 29a and 29b			<b>29c</b>	
<b>Tax, Refundable Credits, and Payments</b>	<b>30</b> <b>Taxable income.</b> Subtract line 29c from line 28. See instructions			<b>30</b>
	<b>31</b> Total tax (Schedule J, Part I, line 11)			<b>31</b>
	<b>32</b> 2019 net 965 tax liability paid (Schedule J, Part II, line 12)			<b>32</b>
	<b>33</b> Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)			<b>33</b>
	<b>34</b> Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>			<b>34</b>
	<b>35</b> <b>Amount owed.</b> If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed			<b>35</b>
	<b>36</b> <b>Overpayment.</b> If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid			<b>36</b>
<b>37</b> Enter amount from line 36 you want: <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶			<b>37</b>	
<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.			
<b>Paid Preparer Use Only</b>	Signature of officer _____		Date _____	Title _____
	Print/Type preparer's name _____		Preparer's signature _____	Date _____
	Firm's name ▶ _____		Firm's EIN ▶ _____	
	Firm's address ▶ _____		Phone no. _____	
		Check <input type="checkbox"/> if self-employed		PTIN _____
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11450Q Form <b>1120</b> (2019)				

<b>Schedule C Dividends, Inclusions, and Special Deductions</b> (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) × (b)
<b>1</b>	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) . . . . .		50	
<b>2</b>	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) . . . . .		65	
<b>3</b>	Dividends on certain debt-financed stock of domestic and foreign corporations . . . . .		see instructions	
<b>4</b>	Dividends on certain preferred stock of less-than-20%-owned public utilities . . . . .		23.3	
<b>5</b>	Dividends on certain preferred stock of 20%-or-more-owned public utilities . . . . .		26.7	
<b>6</b>	Dividends from less-than-20%-owned foreign corporations and certain FSCs . . . . .		50	
<b>7</b>	Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . . . .		65	
<b>8</b>	Dividends from wholly owned foreign subsidiaries . . . . .		100	
<b>9</b>	<b>Subtotal.</b> Add lines 1 through 8. See instructions for limitations . . . . .		see instructions	
<b>10</b>	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 . . . . .		100	
<b>11</b>	Dividends from affiliated group members . . . . .		100	
<b>12</b>	Dividends from certain FSCs . . . . .		100	
<b>13</b>	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) . . . . .		100	
<b>14</b>	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) . . . . .			
<b>15</b>	Section 965(a) inclusion . . . . .		see instructions	
<b>16a</b>	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>b</b>	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) . . . . .			
<b>c</b>	Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions). . . . .			
<b>17</b>	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992) . . . . .			
<b>18</b>	Gross-up for foreign taxes deemed paid . . . . .			
<b>19</b>	IC-DISC and former DISC dividends not included on line 1, 2, or 3 . . . . .			
<b>20</b>	Other dividends . . . . .			
<b>21</b>	Deduction for dividends paid on certain preferred stock of public utilities . . . . .			
<b>22</b>	Section 250 deduction (attach Form 8993) . . . . .			
<b>23</b>	<b>Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4 . . . . .			
<b>24</b>	<b>Total special deductions.</b> 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**

<b>1</b>	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ► <input type="checkbox"/>		
<b>2</b>	Income tax. See instructions . . . . .		<b>2</b>
<b>3</b>	Base erosion minimum tax amount (attach Form 8991) . . . . .		<b>3</b>
<b>4</b>	Add lines 2 and 3 . . . . .		<b>4</b>
<b>5a</b>	Foreign tax credit (attach Form 1118) . . . . .	<b>5a</b>	
<b>b</b>	Credit from Form 8834 (see instructions) . . . . .	<b>5b</b>	
<b>c</b>	General business credit (attach Form 3800) . . . . .	<b>5c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8827) . . . . .	<b>5d</b>	
<b>e</b>	Bond credits from Form 8912 . . . . .	<b>5e</b>	
<b>6</b>	<b>Total credits.</b> Add lines 5a through 5e . . . . .		<b>6</b>
<b>7</b>	Subtract line 6 from line 4 . . . . .		<b>7</b>
<b>8</b>	Personal holding company tax (attach Schedule PH (Form 1120)) . . . . .		<b>8</b>
<b>9a</b>	Recapture of investment credit (attach Form 4255) . . . . .	<b>9a</b>	
<b>b</b>	Recapture of low-income housing credit (attach Form 8611) . . . . .	<b>9b</b>	
<b>c</b>	Interest due under the look-back method—completed long-term contracts (attach Form 8697) . . . . .	<b>9c</b>	
<b>d</b>	Interest due under the look-back method—income forecast method (attach Form 8866) . . . . .	<b>9d</b>	
<b>e</b>	Alternative tax on qualifying shipping activities (attach Form 8902) . . . . .	<b>9e</b>	
<b>f</b>	Other (see instructions—attach statement) . . . . .	<b>9f</b>	
<b>10</b>	<b>Total.</b> Add lines 9a through 9f . . . . .		<b>10</b>
<b>11</b>	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31 . . . . .		<b>11</b>

**Part II—Section 965 Payments** (see instructions)

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

<b>13</b>	2018 overpayment credited to 2019 . . . . .	<b>13</b>
<b>14</b>	2019 estimated tax payments . . . . .	<b>14</b>
<b>15</b>	2019 refund applied for on Form 4466 . . . . .	<b>15</b> ( )
<b>16</b>	Combine lines 13, 14, and 15 . . . . .	<b>16</b>
<b>17</b>	Tax deposited with Form 7004 . . . . .	<b>17</b>
<b>18</b>	Withholding (see instructions) . . . . .	<b>18</b>
<b>19</b>	<b>Total payments.</b> Add lines 16, 17, and 18 . . . . .	<b>19</b>
<b>20</b>	Refundable credits from:	
<b>a</b>	Form 2439 . . . . .	<b>20a</b>
<b>b</b>	Form 4136 . . . . .	<b>20b</b>
<b>c</b>	Form 8827, line 5c . . . . .	<b>20c</b>
<b>d</b>	Other (attach statement—see instructions) . . . . .	<b>20d</b>
<b>21</b>	<b>Total credits.</b> Add lines 20a through 20d . . . . .	<b>21</b>
<b>22</b>	2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions . . . . .	<b>22</b>
<b>23</b>	<b>Total payments, credits, and section 965 net tax liability.</b> Add lines 19, 21, and 22. Enter here and on page 1, line 33 . . . . .	<b>23</b>

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

<b>1</b>	Check accounting method: <b>a</b> <input type="checkbox"/> Cash <b>b</b> <input type="checkbox"/> Accrual <b>c</b> <input type="checkbox"/> Other (specify) ▶ _____	<b>Yes</b>	<b>No</b>
<b>2</b>	See the instructions and enter the:		
<b>a</b>	Business activity code no. ▶ _____		
<b>b</b>	Business activity ▶ _____		
<b>c</b>	Product or service ▶ _____		
<b>3</b>	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 ▶ _____		
<b>4</b>	At the end of the tax year:		
<b>a</b>	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) . . . . .		
<b>b</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) . . . . .		
<b>5</b>	At the end of the tax year, did the corporation:		
<b>a</b>	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total 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. If “Yes,” complete (i) through (iv) below.		

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

<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. If “Yes,” complete (i) through (iv) below.		
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

<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. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		
<b>7</b> At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation’s stock entitled to vote or at least 25% of the total value of all classes of the corporation’s stock? . . . . . For rules of attribution, see section 318. If “Yes,” enter: <b>(a)</b> Percentage owned ▶ _____ and <b>(b)</b> Owner’s country ▶ _____ <b>(c)</b> 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 ▶ _____		
<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 ▶ \$ _____		
<b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____		
<b>11</b> If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ▶ <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
<b>12</b> Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) . . . . . ▶ \$ _____		

**Schedule K** Other Information (continued from page 4)

	Yes	No
<b>13</b> Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year <b>and</b> 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 ► \$ _____		
<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.		
<b>15a</b> Did the corporation make any payments in 2019 that would require it to file Form(s) 1099? . . . . .		
<b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? . . . . .		
<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? . . . . .		
<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? . . . . .		
<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? . . . . .		
<b>19</b> 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? . . . . .		
<b>20</b> Is the corporation operating on a cooperative basis? . . . . .		
<b>21</b> 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 . . . . .		
If "Yes," enter the total amount of the disallowed deductions ► \$ _____		
<b>22</b> 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)) . . . . .		
If "Yes," complete and attach Form 8991.		
<b>23</b> Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .		
<b>24</b> Does the corporation satisfy one or more of the following? See instructions . . . . .		
<b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
<b>b</b> The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
<b>c</b> The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," to any, complete and attach Form 8990.		
<b>25</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		
If "Yes," enter amount from Form 8996, line 14 . . . . . ► \$ _____		

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Schedule K-1  
(Form 1120-S)****2019**Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or tax year

beginning  /  / 2019ending  /  /**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number**B** Corporation's name, address, city, state, and ZIP code**C** IRS Center where corporation filed return**Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code**F** Shareholder's percentage of stock  
ownership for tax year . . . . . %**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

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

\* See attached statement for additional information.

For IRS Use Only

## Filing Status

☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►

Your first name and middle initial	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
		If more than four dependents, see instructions and ✓ here ► <input type="checkbox"/>

## Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

## Age/Blindness

You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

## Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	
2a	Tax-exempt interest . . . . .	2a	
3a	Qualified dividends . . . . .	3a	
4a	IRA distributions . . . . .	4a	
c	Pensions and annuities . . . . .	4c	
5a	Social security benefits . . . . .	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	6	
7a	Other income from Schedule 1, line 9 . . . . .	7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .	7b	
8a	Adjustments to income from Schedule 1, line 22 . . . . .	8a	
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .	8b	
9	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	
11a	Add lines 9 and 10 . . . . .	11a	
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	11b	

	<b>12a Tax</b> (see inst.) Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> <span style="border: 1px solid black; padding: 0 10px;"></span>	<b>12a</b>		
	<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total . . . . .		<b>12b</b>	
	<b>13a</b> Child tax credit or credit for other dependents . . . . .	<b>13a</b>		
	<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total . . . . .		<b>13b</b>	
	<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0- . . . . .		<b>14</b>	
	<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .		<b>15</b>	
	<b>16</b> Add lines 14 and 15. This is your <b>total tax</b> . . . . .		<b>16</b>	
	<b>17</b> Federal income tax withheld from Forms W-2 and 1099 . . . . .		<b>17</b>	
	<b>18</b> Other payments and refundable credits:			
	<b>a</b> Earned income credit (EIC) . . . . .	<b>18a</b>		
	<b>b</b> Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>		
	<b>c</b> American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>		
	<b>d</b> Schedule 3, line 14 . . . . .	<b>18d</b>		
	<b>e</b> Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .		<b>18e</b>	
	<b>19</b> Add lines 17 and 18e. These are your <b>total payments</b> . . . . .		<b>19</b>	
<b>Refund</b>  Direct deposit? See instructions.	<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .		<b>20</b>	
	<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>		<b>21a</b>	
	<b>b</b> Routing number <span style="border: 1px solid black; padding: 0 20px;"></span> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b> Account number <span style="border: 1px solid black; padding: 0 20px;"></span>			
	<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . .	<b>22</b>		
<b>Amount You Owe</b>	<b>23 Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .		<b>23</b>	
	<b>24</b> Estimated tax penalty (see instructions) . . . . .	<b>24</b>		
<b>Third Party Designee</b> (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>			
	Designee's name <span style="border: 1px solid black; padding: 0 20px;"></span>	Phone no. <span style="border: 1px solid black; padding: 0 20px;"></span>	Personal identification number (PIN) <span style="border: 1px solid black; padding: 0 20px;"></span>	
<b>Sign Here</b>  Joint return? See instructions. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; padding: 0 20px;"></span>
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; padding: 0 20px;"></span>
	Phone no. <span style="border: 1px solid black; padding: 0 20px;"></span>	Email address <span style="border: 1px solid black; padding: 0 20px;"></span>		
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN
	Firm's name <span style="border: 1px solid black; padding: 0 20px;"></span>	Phone no. <span style="border: 1px solid black; padding: 0 20px;"></span>		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	Firm's address <span style="border: 1px solid black; padding: 0 20px;"></span>	Firm's EIN <span style="border: 1px solid black; padding: 0 20px;"></span>		

## Request for Transcript of Tax Return

- **Do not sign this form unless all applicable lines have been completed.**  
 ► **Request may be rejected if the form is incomplete or illegible.**  
 ► **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . . ☐

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . . ☐

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.      /      /      /      /      /      /      /      /

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> <b>Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature</b> (see instructions)         </div> <div style="width: 40%;"> <b>Date</b> </div> </div>	
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Spouse's signature</b> </div> <div style="width: 40%;"> <b>Date</b> </div> </div>	

**Sign Here**