

Form 1120-S

Department of the Treasury
Internal Revenue ServiceU.S. Income Tax Return for an S Corporation
Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2022

For calendar year 2022 or tax year beginning

, ending

A S election effective date 02/08/02	Name IMPACT SERVICE GROUP LTD.	D Employer identification number 03-0390806
B Business activity code number (see instructions) 519100	Number, street, and room or suite no. If a P.O. box, see instructions. 63 COPPS HILL ROAD	E Date incorporated 02/08/2002
C Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code RIDGEFIELD CT 06877	F Total assets (see instructions) \$ 3,484,018

- G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No
- H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination
- I Enter the number of shareholders who were shareholders during any part of the tax year **2**
- J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a 18,174,532	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c 18,174,532	
	2 Cost of goods sold (attach Form 1125-A)	2 13,873,651	
	3 Gross profit. Subtract line 2 from line 1c	3 4,300,881	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
5 Other income (loss) (see instructions—attach statement)	5		
6 Total income (loss). Add lines 3 through 5	6 4,300,881		
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)	7 497,000	
	8 Salaries and wages (less employment credits)	8 1,338,704	
	9 Repairs and maintenance	9 8,650	
	10 Bad debts	10	
	11 Rents	11 72,667	
	12 Taxes and licenses	12 150,203	
	13 Interest (see instructions)	13 2,852	
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16 14,662	
	17 Pension, profit-sharing, etc., plans	17 240,340	
	18 Employee benefit programs	18 172,030	
	19 Other deductions (attach statement)	19 381,960	
	20 Total deductions. Add lines 7 through 19	20 2,879,068	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21 1,421,813	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120-S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23a 2022 estimated tax payments and 2021 overpayment credited to 2022	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c	23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26: Credited to 2023 estimated tax	Refunded	27	

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.

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

OFFICER

Signature of officer	RICHARD WETCHLER	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name BRYAN FERRETTI, CPA	Preparer's signature BRYAN FERRETTI, CPA	Date 04/15/23	Check <input checked="" type="checkbox"/> if self-employed PTIN P01788770
	Firm's name FERRETTI & ODELL, CPA'S PLLC		Firm's EIN 47-1621447	
	Firm's address PO BOX 2127; 820 FRONT STREET GREENPORT, NY 11944-1631		Phone no. 631-477-3011	

For Paperwork Reduction Act Notice, see separate instructions.

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Schedule B 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 MANAGEMENT	b Product or service CONTRACT PROCURER	
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation			X
4	At the end of the tax year, did the corporation:	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned
				(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made
	b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital 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 (v) below			X
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization
				(v) Maximum Percentage Owned in Profit, Loss, or Capital
5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock?			X
	If "Yes," complete lines (i) and (ii) below.			
	(i) Total shares of restricted stock			
	(ii) Total shares of non-restricted stock			
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?			X
	If "Yes," complete lines (i) and (ii) below.			
	(i) Total shares of stock outstanding at the end of the tax year			
	(ii) Total shares of stock outstanding if all instruments were exercised			
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?			X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount			<input type="checkbox"/>
	If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.			
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions	\$		
9	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
10	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 \$27 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 , Limitation on Business Interest Expense Under Section 163(j).			
11	Does the corporation satisfy both of the following conditions?			X
a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000.			
b	The corporation's total assets at the end of the tax year were less than \$250,000.			
	If "Yes," the corporation is not required to complete Schedules L and M-1.			

Form 1120-S (2022) **IMPACT SERVICE GROUP LTD.****03-0390806**

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Schedule B Other Information (see instructions) (continued)

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction	\$	
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X
	b If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15	\$	

Schedule K Shareholders' Pro Rata Share Items

			Total amount	
			1	1,421,813
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)	1	1,421,813
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)	3a	
	3b	Expenses from other rental activities (attach statement)	3b	
	3c	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5a	5 Dividends: a Ordinary dividends	5a	
	5b	b Qualified dividends	5b	
	6	6 Royalties	6	
	7	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	8b	b Collectibles (28%) gain (loss)	8b	
	8c	c Unrecaptured section 1250 gain (attach statement)	8c	
	9	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10	10 Other income (loss) (see instructions)	10	
Deductions	11	11 Section 179 deduction (attach Form 4562)	11	4,700
	12a	12a Charitable contributions	See Stmt 2	11,753
	12b	b Investment interest expense		
	12c	c Section 59(e)(2) expenditures	Type:	
	12d	d Other deductions (see instructions)	Type:	
Credits	13a	13a Low-income housing credit (section 42(j)(5))	13a	
	13b	b Low-income housing credit (other)	13b	
	13c	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	13d	d Other rental real estate credits (see instructions)	Type:	
	13e	e Other rental credits (see instructions)	Type:	
	13f	f Biofuel producer credit (attach Form 6478)	13f	
	13g	g Other credits (see instructions)	Type:	
International	14	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance	<input type="checkbox"/>	
Alternative Minimum Tax (AMT) Items	15a	15a Post-1986 depreciation adjustment	15a	
	15b	b Adjusted gain or loss	15b	
	15c	c Depletion (other than oil and gas)	15c	
	15d	d Oil, gas, and geothermal properties – gross income	15d	
	15e	e Oil, gas, and geothermal properties – deductions	15e	
	15f	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	16a Tax-exempt interest income	16a	
	16b	b Other tax-exempt income	16b	
	16c	c Nondeductible expenses	16c	17,245
	16d	d Distributions (attach statement if required) (see instructions)	16d	730,495
	16e	e Repayment of loans from shareholders	16e	
	16f	f Foreign taxes paid or accrued	16f	

Form **1120-S** (2022)

Form 1120-S (2022) **IMPACT SERVICE GROUP LTD.****03-0390806**

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Schedule K Shareholders' Pro Rata Share Items (continued)			Total amount
Other Information	17a Investment income		17a
	b Investment expenses		17b
	c Dividend distributions paid from accumulated earnings and profits		17c
	d Other items and amounts (attach statement)	See Statement 3	
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f		18 1,405,360

Schedule L Balance Sheets per Books		Beginning of tax year	End of tax year				
		(a)	(b)	(c)	(d)		
1	Cash		1,076,716		1,538,547		
2a	Trade notes and accounts receivable	1,124,661		1,933,471			
b	Less allowance for bad debts	(1,124,661	(1,933,471		
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)	Stmt 4		2,539			
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets	162,215		166,915			
b	Less accumulated depreciation	(162,215	0	(166,915	0
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)	Stmt 5		12,000			
15	Total assets		2,215,916		3,484,018		
Liabilities and Shareholders' Equity							
16	Accounts payable		1,068,672		1,623,951		
17	Mortgages, notes, bonds payable in less than 1 year		74,986		28,759		
18	Other current liabilities (attach statement)	Stmt 6		206,857			
19	Loans from shareholders			5,090			
20	Mortgages, notes, bonds payable in 1 year or more			50,997			
21	Other liabilities (attach statement)						
22	Capital stock		20,686		20,686		
23	Additional paid-in capital		8,137		8,137		
24	Retained earnings		1,466,491		2,124,111		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock		(686,000	(686,000)
27	Total liabilities and shareholders' equity		2,215,916		3,484,018		

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Form 1120-S (2022) **IMPACT SERVICE GROUP LTD.****03-0390806**

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

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

1 Net income (loss) per books	1,388,115	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$	4,004	7 Add lines 5 and 6	
Stmt 7	13,241	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	1,405,360
4 Add lines 1 through 3	17,245		
	1,405,360		

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income**Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account**

(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	1,018,441			448,050
2 Ordinary income from page 1, line 21	1,421,813			
3 Other additions	261,752			
4 Loss from page 1, line 21	()			
5 Other reductions	33,698		()	261,752
6 Combine lines 1 through 5	2,668,308			186,298
7 Distributions	730,495			
8 Balance at end of tax year. Subtract line 7 from line 6	1,937,813			186,298

Form **1120-S** (2022)

1125-A

Form
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

OMB No. 1545-0123

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

Name

IMPACT SERVICE GROUP LTD.

Employer identification number
03-0390806

- | | |
|---|--|
| 1 | Inventory at beginning of year |
| 2 | Purchases |
| 3 | Cost of labor |
| 4 | Additional section 263A costs (attach schedule) |
| 5 | Other costs (attach schedule) |
| 6 | Total. Add lines 1 through 5 |
| 7 | Inventory at end of year |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions |

9a Check all methods used for valuing closing inventory:

- | | | |
|----------|---|---|
| (i) | <input type="checkbox"/> | Cost |
| (ii) | <input checked="" type="checkbox"/> | Lower of cost or market |
| (iii) | <input type="checkbox"/> | Other (Specify method used and attach explanation.) ► |
| b | Check if there was a writedown of subnormal goods | |
| c | Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) | |
| d | If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO | |
| e | If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions | |
| f | Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation | |

9d Yes No Yes No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

671121

 Final K-1 Amended K-1

OMB No. 1545-0123

**Schedule K-1
(Form 1120-S)**
Department of the Treasury
Internal Revenue Servicebeginning ending **2022**

For calendar year 2022, or tax year

**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part III**Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) 710,907	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ► <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C* STMT
10	Other income (loss)	D	365,248
11	Section 179 deduction 2,350	AC*	STMT
12	Other deductions A 5,877		
13	Capital gains and losses		
14	Charitable contributions		
15	Employer-sponsored retirement plans		
16	State and local taxes		
17	Other information V* STMT		
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		

* See attached statement for additional information.

For IRS Use Only

671121

 Final K-1 Amended K-1

OMB No. 1545-0123

**Schedule K-1
(Form 1120-S)**
Department of the Treasury
Internal Revenue Servicebeginning ending **2022**

For calendar year 2022, or tax year

**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part III**Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) 710,906	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ► <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C* STMT
10	Other income (loss)	D	365,247
11	Section 179 deduction 2,350	AC*	STMT
12	Other deductions A 5,876		
13	Capital gains and losses		
14	Charitable contributions		
15	Employer-sponsored retirement plans		
16	State and local taxes		
17	Other information V* STMT		
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

* See attached statement for additional information.

For IRS Use Only

Form **1125-E**

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

Compensation of Officers

► Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S

OMB No. 1545-0123

► **Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.**

Name _____

IMPACT SERVICE GROUP LTD.

Employer identification number
03-0390806

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

For Paperwork Reduction Act Notice, see separate instructions.

Form **1125-E** (Rev. 10-2016)

Form 4562Department of the Treasury
Internal Revenue Service

Name(s) shown on return

IMPACT SERVICE GROUP LTD.**Depreciation and Amortization
(Including Information on Listed Property)**

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment Sequence No. **179**Identifying number
03-0390806

Business or activity to which this form relates

Regular Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	4,700
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	EQUIPMENT	4,700	4,700
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	4,700
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	4,700
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	1,080,000
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	4,700
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2022)
There are no amounts for Page 2

Form 8925

(Rev. September 2017)

Department of the Treasury
Internal Revenue Service
(99)**Report of Employer-Owned Life Insurance Contracts**

OMB No. 1545-2089

- Attach to the policyholder's tax return—See instructions.
- Go to www.irs.gov/Form8925 for the latest information.

Attachment
Sequence No. **160**

Name(s) shown on return

IMPACT SERVICE GROUP LTD.

Identifying number

03-0390806

Name of policyholder, if different from above

Identifying number, if different from above

Type of business

MANAGEMENT

- | | |
|--|---|
| 1 Enter the number of employees the policyholder had at the end of the tax year | 1 27 |
| 2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See <i>Section 1035 exchanges</i> on page 2 for an exception | 2 2 |
| 3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2 | 3 3,000,000 |
| 4a Does the policyholder have a valid consent for each employee included on line 2? See instructions | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent | 4b |

Section 199A Information Worksheet

Form **1120-S****2022**

For calendar year 2022 or tax year beginning _____, ending _____

Name _____ Employer Identification Number _____

IMPACT SERVICE GROUP LTD.03-0390806

Column A	Activity Description <u>Page 1 Activity</u>	Pass-Through Entity EIN	PTP	Aggregated	SSTB
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column B			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column D			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column E			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	1,421,813				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction	4,700				
Other deductions					
W-2 wages	1,835,704				
Qualified property	126,761				

Other Information:

QBI allocable to cooperative pmts received

W-2 wages allocable to qualified payments

Section 199A(g) deduction

Section 199A REIT dividends

Federal Statements**Statement 1 - Form 1120-S, Page 1, Line 19 - Other Deductions**

Description	Amount
Auto Expense	\$ 19,266
Bank Service Charges	4,319
Billing Fees	27,614
Data Processing	6,783
Insurance	114,477
Licenses and Permits	210
Office Supplies	48,744
Postage and Delivery	5,183
Professional Fees	31,482
Telephone and Internet	11,100
Travel and Lodging	23,384
Utilities	9,344
100% of Meals	80,054
Total	\$ <u>381,960</u>

Statement 2 - Form 1120-S, Page 3, Schedule K, Line 12a - Cash Contributions

Description	Cash Contrib 60%	Cash Contrib 30%	Total
Cash Contributions	\$ 11,753	\$ _____	\$ 11,753
Total	\$ <u>11,753</u>	\$ <u>0</u>	\$ <u>11,753</u>

Statement 3 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	\$ _____

Statement 4 - Form 1120-S, Page 4, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
Payroll Taxes Receivable	\$ 2,539	\$ _____
Total	\$ <u>2,539</u>	\$ <u>0</u>

Statement 5 - Form 1120-S, Page 4, Schedule L, Line 14 - Other Assets

Description	Beginning of Year	End of Year
Security Deposits	\$ 12,000	\$ 12,000
Total	\$ <u>12,000</u>	\$ <u>12,000</u>

Federal Statements**Statement 6 - Form 1120-S, Page 4, Schedule L, Line 18 - Other Current Liabilities**

Description	Beginning of Year	End of Year
Accrued Expenses	\$ 164,267	\$ 140,346
Taxes Payable	20,927	42,006
Credit Card Payable	21,042	22,077
Customer Deposits	621	132,617
Total	<u>\$ 206,857</u>	<u>\$ 337,046</u>

Statement 7 - Form 1120-S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

Description	Amount
Officer Life Ins Premiums	\$ 13,241
Total	<u>\$ 13,241</u>

Statement 8 - Form 1120-S, Page 5, Schedule M-2, Line 3(a) - Other Additions

Description	Amount
PY Expenses Pd with PPP Loan	\$ 261,752
Total	<u>\$ 261,752</u>

Statement 9 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
Travel & Entertainment	\$ 4,004
Officer Life Ins Premiums	13,241
Charitable Contributions	11,753
Section 179 Expense	4,700
Total	<u>\$ 33,698</u>

Federal Statements**MARK BENSON****092-48-8637****Schedule K-1, Box 16, Code C - Nondeductible Expenses**

Description	Shareholder Amount
Officer Life Premiums	\$ 6,621
Entertainment	2,002
Total	<u>\$ 8,623</u>

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2021	6,535,920
8990 Gross Receipts for 2020	5,189,380
8990 Gross Receipts for 2019	6,057,680

Federal Statements
RICHARD WETCHLER
090-66-1451

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Officer Life Premiums	\$ 6,620
Entertainment	2,002
Total	<u>\$ 8,622</u>

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2021	6,535,920
8990 Gross Receipts for 2020	5,189,380
8990 Gross Receipts for 2019	6,057,679

Form 1120-S Schedule K-1	Schedule K-1, Box 17, Code V Shareholder's Section 199A Information	2022
For calendar year 2022 or tax year beginning _____, ending _____		
Name IMPACT SERVICE GROUP LTD. MARK BENSON		Taxpayer Identification Number 03-0390806 092-48-8637

Column A	Activity Description <u>Page 1 Activity</u>	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	710,907				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction	2,350				
Other deductions					
W-2 wages	917,852				
Qualified property	63,381				

Other Information:

QBI allocable to cooperative pmts received
 W-2 wages allocable to qualified payments
 Section 199A(g) deduction

Section 199A REIT dividends

Form 1120-S Schedule K-1	Schedule K-1, Box 17, Code V Shareholder's Section 199A Information	2022			
For calendar year 2022 or tax year beginning _____, ending _____					
Name IMPACT SERVICE GROUP LTD. RICHARD WETCHLER		Taxpayer Identification Number 03-0390806 090-66-1451			
Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column B	<u>Page 1 Activity</u>				
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	710 , 906				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction	2 , 350				
Other deductions					
W-2 wages	917 , 852				
Qualified property	63 , 380				

Other Information:

QBI allocable to cooperative pmts received
 W-2 wages allocable to qualified payments
 Section 199A(g) deduction

Section 199A REIT dividends

Year Ending: December 31, 2022

03-0390806

IMPACT SERVICE GROUP LTD.
63 COPPS HILL ROAD
RIDGEFIELD, CT 06877

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

10651120SI1222V011022

**Form CT-1065/CT-1120SI 2022**

Connecticut Pass-Through Entity Tax Return

(Rev. 12/22)

Income year beginning ► **01012022** and ending ► **12312022**► **IMPACT SERVICE GROUP LTD** ► **030390806**► **63 COPPS HILL ROAD** ►► **RIDGEFIELD** ► **CT** ► **06877 -** ► **3066057000****Type of PE**► **N** LLP ► **N** LP ► **N** GP ► **Y** S corp ► **N** Partnership**Pass-Through Entity Information**A. Return type: ► **N** Final (out of business in CT) ► **N** Short period ► **N** AmendedB. Reason for amended return ► **N** IRS adjustments/amended federal return. Final determination date: ►► **N** Other: SpecifyC. Business Code Number: ► **519100**D. (a) Did PE transfer a controlling interest in entity that owns, directly or indirectly, CT real property? ► **N**
Entity name: FEIN(b) If PE directly or indirectly owns CT real property, was a controlling interest of this PE transferred? ► **N**
Transferor name: FEIN/SSN(c) If Yes to either (a) or (b), enter Transferee(s) name: and attach a list of addresses for all Connecticut real property transferred.
Date of transfer**Filing Basis Required.** Select one.

- **Y** **Standard Basis (default).** Complete Form CT-1065/CT-1120SI.
► **N** **Alternative Basis (election).** Complete Form CT-1065/CT-1120SI and attach Schedule CT-AB, Alternative Base Calculation.

Combined Election Optional.► **N** PE elects to calculate its tax as a combined group with other commonly-owned PEs.

If combined election is made, select one of the following:

- **N** PE is the Designated Combined Reporting PE. Complete Schedule CT-CE, Combined Election.
On Part 1, Schedule A, Line 1, enter the amount from Schedule CT-CE, Section 1, Line 9, Column C
- **N** PE's income is reported on Schedule CT-CE filed by the Designated Combined Reporting PE listed below.

Complete this return, except enter zero ("0") on Part 1, Schedule A, Line 1.

Designated Combined Reporting PE's name: ►
Designated Combined Reporting PE's FEIN: ►

Each PE must file its own return and select the same filing base (standard or alternative) as the other members of the combined group.

Nonresident Composite Income Tax Remittance Election Optional.

- **N** PE elects to remit income tax on behalf of its nonresident members. If election is made, complete Form CT-1065/CT-1120SI and attach Schedule CT-NR, Elective Composite Income Tax Remittance Calculation. By checking this box, the PE agrees to the terms and conditions as set forth in Schedule CT-NR.

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IMPACT SERVICE GROUP LTD.

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Form CT-1065/CT-1120SI, Page 2 of 9



030390806

Part 1, Schedule A – Computation of Amount Due

1. PE Income/(Loss) Subject to Tax

Standard Base Filers: Enter amount from Part 1, Schedule B, Line 20, Column D.

Alternative Base Filers: Enter the amount from Schedule CT-AB, Section 1, Line 5.

Combined Filers: See instructions.

1. ► 10546

2a. PE Tax due: Multiply Line 1 by 6.99% (.0699). If Line 1 is zero or less, enter zero ("0").

2a. ► 737

2b. Elective Composite Income Tax Remittance from Schedule CT-NR, Line 22 (if applicable).

2b. ► 0

2. Total tax due: Add Line 2a and Line 2b.

2. ► 737

3. Business tax credits

3. ► 0

4. Balance of tax payable: Subtract Line 3 from Line 2. If zero or less, enter zero ("0").

4. ► 737

5a. 2022 estimated payments

5a. ► 0

5b. Payment made with Form CT-1065/CT-1120SI EXT

5b. ► 734

5c. Overpayment from prior year applied to 2022

5c. ► 3

5. Tax payments: Enter the total of Lines 5a, 5b, and 5c.

5. ► 737

6. Balance due/(overpaid): Subtract Line 5 from Line 4.

6. ► 0

7a. If late, enter penalty.

7a. ► 0

7b. If late, enter interest. Multiply the amount on Line 4 by 1% (.01). Multiply the result by the number of months or fraction of a month late.

7b. ► 0

7c. Interest on underpayment of estimated tax

7c. ► 0

7d. If annualizing estimated payments, check here:

7d. ► N

7. Total penalty and interest: Enter the total of Lines 7a, 7b and 7c.

7. ► 0

8a. Amount to be applied to 2023 estimated PE Tax

8a. ► 0

8b. Amount to be refunded

8b. ► 0

For faster refund, use Direct Deposit by completing Lines 8c, 8d, and 8e.

8c. Acct. type: ► Ck ► Sv 8d. Rout. # ►

8e. Acct. # ►

8f. Will this refund go to a bank account outside the U.S.?

8f. ►

8. Total to be credited or refunded: Enter the total of Line 8a and Line 8b.

8. ► 0

9. Total amount due: Add Line 6 and Line 7.

9. ► 0.00

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

Signature of general partner or corporate officer

Date

04152023

Title

OFFICER

Telephone number

2034318008

DRS may contact the preparer shown below about this return.

Y

Email of general partner or corporate officer

RWETCHLER@IMPACTSERVICEGROUP.COM

Paid preparer's name

Paid preparer's signature

Date

Preparer's SSN or PTIN

BRYAN FERRETTI CPA BRYAN FERRETTI CPA

04152023 ► P01788770

Firm's name, FERRETTI ODELL CPAS PLLC
address,
and ZIP code PO BOX 2127 820 FRONT STREET
GREENPORT NY 119441631

Self-employed

Firm's FEIN

Telephone number

Y 471621447

6314773011

Sign Here - Keep a copy for your records.

10651120SI1222V021022

IMPACT SERVICE GROUP LTD.

10651120SI1222V031022

Form CT-1065/CT-1120SI, Page 3 of 9



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Part 1, Schedule B – Computation of PE's Own Connecticut Source Income/(Loss)		Column A Amounts Reported by this PE on Federal Schedule K	Column B Amounts From Subsidiary PE(s)	Column C PE's Income/(Loss) From Its Own Activities (Column A minus Column B)	Column D PE's Connecticut Source Income/(Loss) From Its Own Activities (Apportioned or allocated from Column C)
1. Ordinary business income (loss)	1. ►	1421813	►	0	1421813 ► 10765
2. Net rental real estate income (loss)	2. ►	0	►	0	0 ► 0
3. Other net rental income (loss)	3. ►	0	►	0	0 ► 0
4. Guaranteed payments	4. ►	0	►	0	0 ► 0
5. Interest income	5. ►	0	►	0	0 ► 0
6a. Ordinary dividends	6a. ►	0	►	0	0 ► 0
7. Royalties	7. ►	0	►	0	0 ► 0
8. Net short-term capital gain (loss)	8. ►	0	►	0	0 ► 0
9a. Net long-term capital gain (loss)	9a. ►	0	►	0	0 ► 0
10. Net section 1231 gain (loss)	10. ►	0	►	0	0 ► 0
11. Other income (loss): Attach statement.	11. ►	0	►	0	0 ► 0
11a. Subtotal: Add Lines 1 through 11.	11a. ►	1421813	►	0	1421813 ► 10765
12. Section 179 deduction	12. ►	4700	►	0	4700 ► 36
13. Other deductions: Attach statement.	13. ►	0	►	0	0 ► 0
13a. Subtotal: Add Line 12 and Line 13.	13a. ►	4700	►	0	4700 ► 36
14. Total: Subtract Line 13a from Line 11a.	14. ►	1417113	►	0	1417113 ► 10729
15. Subtractions from Part 1, Schedule C, Line 12a	15. ►	20211	►	0	20211 ► 218
16. Subtotal: Subtract Line 15 from Line 14.	16. ►	1396902	►	0	1396902 ► 10511
17a. CT PE tax payments deducted	17a. ►	927	►	0	927 ► 7
17b. Additions from Part 1, Schedule C, Line 6a	17b. ►	3760	►	0	3760 ► 28
18. Subtotal: Add Lines 16, 17a, and 17b.	18. ►	1401589	►	0	1401589 ► 10546
19. Net operating loss. Enter as a positive number.					19. ► 0
20. Total: Enter the amount from Line 18 for Columns A, B, and C. Subtract Line 19 from Line 18 for Column D.	20. ►	1401589	►	0	1401589 ► 10546

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IMPACT SERVICE GROUP LTD.

10651120SI1222V041022

Form CT-1065/CT-1120SI, Page 4 of 9



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Part 1 Schedule C – PE's Connecticut Modifications

		Column A Total Modifications	Column B Modifications Reported on Schedule CT K-1s from Subsidiary PE(s)	Column C PE's Net Modifications (Column A minus Column B)	Column D PE's Connecticut Source Net Modifications (Apportioned or allocated from Column C)
1. Interest on state and local government obligations other than Connecticut	1. ►	0 ►	0	0 ►	0
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ►	0 ►	0	0 ►	0
3. Certain deductions relating to income exempt from Connecticut income tax	3. ►	0 ►	0	0 ►	0
4. Section 168(k) fed. bonus depreciation allowed for property placed in service during this year	4. ►	0 ►	0	0 ►	0
5. 80% of Section 179 deduction	5. ►	3760 ►	0	3760 ►	28
6. Other: Attach statement.	6. ►	0 ►	0	0 ►	0
6a. Total additions: Add Lines 1 through 6.	6a. ►	3760 ►	0	3760 ►	28
7. Interest on U.S. government obligations	7. ►	0 ►	0	0 ►	0
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8. ►	0 ►	0	0 ►	0
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9. ►	0 ►	0	0 ►	0
10. 25% of Section 168(k) fed. bonus depreciation added back in preceding four years	10. ►	1 ►	0	1 ►	0
11. 25% of Section 179 fed. deduction added back in preceding four years	11. ►	20210 ►	0	20210 ►	218
12. Other: Attach statement.	12. ►	0 ►	0	0 ►	0
12a.Total subtractions: Add Lines 7 through 12.	12a. ►	20211 ►	0	20211 ►	218

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IMPACT SERVICE GROUP LTD.

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Form CT-1065/CT-1120SI, Page 5 of 9**030390806****Part 1 Schedule D - Subsidiary PE Information** (Attach supplemental attachment(s), if needed.)

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C PE Tax Credit Reported on Schedule CT K-1, Part 3, Line 1
1. ►	►	► 0	► 0	► 0
2. ►	►	► 0	► 0	► 0
3. ►	►	► 0	► 0	► 0
4. ►	►	► 0	► 0	► 0
5. ►	►	► 0	► 0	► 0
6. Subtotal(s) from supplemental attachment(s)	►	► 0	► 0	► 0
7. Total: Add Lines 1 through 6.	►	► 0	► 0	► 0

Part 2 – Allocation and Apportionment of Income

If the PE carries on business only within Connecticut, enter 1.0000 (100%)
on Line 8 and leave the other lines blank.

		Column A Connecticut	Column B Everywhere
1. Gross receipts from sale of tangible property	1. ►	0	► 0
2. Gross receipts from services	2. ►	137601	► 18174532
3. Gross receipts from rental, lease, license of tangible property	3. ►	0	► 0
4. Gross receipts from rental, lease, license of intangible property	4. ►	0	► 0
5. Gross receipts from sale of intangible property	5. ►	0	► 0
6. Other receipts	6. ►	0	► 0
7. Total: Total of Lines 1 through 6, in Column A and Column B.	7. ►	137601	► 18174532
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal places.	8. ►		0 .007571

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IMPACT SERVICE GROUP LTD

10651120SI1222V061022

Form CT-1065/CT-1120SI, Page 6 of 9



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Part 3 – Member Information (Attach supplemental attachment(s), if needed.)

Member number Member type code Member FEIN or SSN

► 1 ► NI ► 092488637

Name

► MARK BENSON

Street address

► 29 GREEN HILL ROAD

City/town State ZIP code

► GOLDENS BRIDGE ► NY ► 10526

Distributive Share % Capital Ownership %
Entered as a decimal. Entered as a decimal.

► 0.500000 ► 0.500000

Member number Member type code Member FEIN or SSN

► 2 ► NI ► 090661451

Name

► RICHARD WETCHLER

Street address

► 6 HEERDT FARM LANE

City/town State ZIP code

► POUND RIDGE ► NY ► 10576

Distributive Share % Capital Ownership %
Entered as a decimal. Entered as a decimal.

► 0.500000 ► 0.500000

Member number Member type code Member FEIN or SSN

► ► ►

Name

► Street address

► City/town State ZIP code

► ► ►

Distributive Share % Capital Ownership %
Entered as a decimal. Entered as a decimal.

► ►

Part 4 – PE's Total Connecticut
Source Income/(Loss)

	Column A	Column B	Column C
	Connecticut Source Portion of PE Income/(Loss) From PE's Own Activities	Connecticut Source Portion of Subsidiary PE Income/(Loss)	PE's Total Connecticut Source Income/(Loss) (Column A plus Column B)
1. Ordinary business income (loss)	1. 10765	0	10765
2. Net rental real estate income (loss)	2. 0	0	0
3. Other net rental income (loss)	3. 0	0	0
4. Guaranteed payments	4. 0	0	0
5. Interest income	5. 0	0	0
6a. Ordinary dividends	6a. 0	0	0
7. Royalties	7. 0	0	0
8. Net short-term capital gain (loss)	8. 0	0	0
9a. Net long-term capital gain (loss)	9a. 0	0	0
10. Net section 1231 gain (loss)	10. 0	0	0
11. Other income (loss): Attach statement.	11. 0	0	0
12. Section 179 deduction	12. 226	0	226
13. Other deductions: Attach statement.	13. 0	0	0

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IMPACT SERVICE GROUP LTD.

10651120SI1222V071022

Form CT-1065/CT-1120SI, Page 7 of 9



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Part 5 – Member's Total Share of Connecticut Modifications (Attach supplemental attachment(s), if needed.)

	Member number 1	Member number 2	Member number	Member number
Additions:	►	►	►	►
1. Interest on state and local government obligations other than Connecticut	1. ► 0	► 0	► 0	► 0
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ► 0	► 0	► 0	► 0
3. Certain deductions relating to income exempt from Connecticut income tax	3. ► 0	► 0	► 0	► 0
4. Section 168(k) federal bonus depreciation allowed for property placed in service during the year	4. ► 0	► 0	► 0	► 0
5. 80% of Section 179 fed. deduction	5. ► 1880	► 1880	► 0	► 0
6. Other Specify:	6. ► 0	► 0	► 0	► 0

Subtractions:

7. Interest on U.S. government obligations	7. ► 0	► 0	► 0	► 0
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8. ► 0	► 0	► 0	► 0
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9. ► 0	► 0	► 0	► 0
10. 25% of Section 168(k) federal bonus depreciation added back in preceding four years	10. ► 0	► 0	► 0	► 0
11. 25% of Section 179 federal deduction added back in preceding four years	11. ► 10106	► 10105	► 0	► 0
12. Other Specify:	12. ► 0	► 0	► 0	► 0

Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

13. Member's portion of Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes: Enter the member's distributive share of the amount reported on Part 1, Schedule B, Line 17a, Column A	13. ► 464	► 463	► 0	► 0
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10651120SI1222V071022

IMPACT SERVICE GROUP LTD.

10651120SI1222V081022

Form CT-1065/CT-1120SI, Page 8 of 9



030390806

Part 6 – Member’s Total Connecticut Source Income/(Loss) (Attach supplemental attachment(s), if needed.)
Enter member’s distributive share of Connecticut source items from Part 4, Column C.

	Member number ► 1	Member number ► 2	Member number ►	Member number ►	Member number ►	Member number ►
1. Ordinary business income (loss)	1. ► 5383	► 5382	► 0	► 0	► 0	► 0
2. Net rental real estate income (loss)	2. ► 0	► 0	► 0	► 0	► 0	► 0
3. Other net rental income (loss)	3. ► 0	► 0	► 0	► 0	► 0	► 0
4. Guaranteed payments	4. ► 0	► 0	► 0	► 0	► 0	► 0
5. Interest income	5. ► 0	► 0	► 0	► 0	► 0	► 0
6a. Ordinary dividends	6a. ► 0	► 0	► 0	► 0	► 0	► 0
7. Royalties	7. ► 0	► 0	► 0	► 0	► 0	► 0
8. Net short-term capital gain (loss)	8. ► 0	► 0	► 0	► 0	► 0	► 0
9a. Net long-term capital gain (loss)	9a. ► 0	► 0	► 0	► 0	► 0	► 0
10. Net section 1231 gain (loss)	10. ► 0	► 0	► 0	► 0	► 0	► 0
11. Other income (loss): Attach statement.	11. ► 0	► 0	► 0	► 0	► 0	► 0
12. Section 179 deduction	12. ► 1239	► 1238	► 0	► 0	► 0	► 0
13. Other deductions: Attach statement.	13. ► 0	► 0	► 0	► 0	► 0	► 0

Part 7 – Connecticut Income Tax Credit Summary (Attach supplemental attachment(s), if needed.)

	Member number ► 1	Member number ► 2	Member number ►	Member number ►	Member number ►	Member number ►
1. Reserved for future use	1.					
2. Reserved for future use	2.					
3. Angel investor tax credit	3. ► 0	► 0	► 0	► 0	► 0	► 0
4. Insurance reinvestment fund tax credit	4. ► 0	► 0	► 0	► 0	► 0	► 0
5. Total credits: Total of Line 3 and Line 4.	5. ► 0	► 0	► 0	► 0	► 0	► 0

10651120SI1222V081022

IMPACT SERVICE GROUP LTD.

10651120SI1222V091022

Form CT-1065/CT-1120SI, Page 9 of 9**030390806****Do not complete Part 8 or Part 9 if the PE has made the election to calculate its tax as a combined group on Page 1.****Part 8 – Direct PE Tax Credit Calculation.**

1. Enter the amount of tax from Part 1, Schedule A, Line 2a. 1. **737**
 2. Total Direct PE Tax Credit Available to Members: Multiply Line 1 by 87.5% (.875).
 If Line 1 is zero, enter zero ("0"). 2. ► **645**

Part 9 – Allocation of PE Tax Credit to Members. (Attach supplemental attachment(s), if needed.)

	Column A Member number		Column B Direct PE Tax Credit		Column C Indirect PE Tax Credit From Subsidiary PE(s)		Column D Total PE Tax Credit (Column B plus Column C)
1.	► 1	1.	323		0	►	323
2.	► 2	2.	322		0	►	322
3.	►	3.	0		0	►	0
4.	►	4.	0		0	►	0
5.	►	5.	0		0	►	0
6.	►	6.	0		0	►	0
7.	►	7.	0		0	►	0
8.	►	8.	0		0	►	0
9.	►	9.	0		0	►	0
10.	Subtotal(s) from supplemental attachment(s)	10. ►	0	►	0	►	0
11. Total		11. ►	645	►	0	►	645

10651120SI1222V091022

Department of Revenue Services
State of Connecticut
(Rev. 12/22)

Schedule CT K-1
Member's Share of Certain Connecticut Items

2022

Complete in blue or black ink only.

For calendar year 2022 or other taxable year beginning _____, and ending _____.

Pass-through entity (PE) information		Member information									
Federal Employer ID Number (FEIN) 03-0390806	CT Tax Registration Number 3066057000	Member's Social Security Number (SSN) or FEIN 092-48-8637	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> FEIN								
Name IMPACT SERVICE GROUP LTD.	Number and street address 63 COPPS HILL ROAD	Name MARK BENSON	Number and street address 29 GREEN HILL ROAD								
City or town RIDGEFIELD	State CT	City or town GOLDENS BRIDGE	State NY								
	ZIP code 06877		ZIP code 10526								
<p>Check the box if this is an amended or a final Schedule CT K-1.</p> <p><input type="checkbox"/> Amended Schedule CT K-1 <input type="checkbox"/> Final Schedule CT K-1</p> <p><input type="checkbox"/> PE filed as part of a combined PE Tax return.</p> <p><input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax Remittance Calculation.</p> <p>If either box is checked, see instructions.</p>											
<p>Type of member (check one):</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> RI</td> <td><input type="checkbox"/> RE</td> <td><input type="checkbox"/> RT</td> <td><input type="checkbox"/> PE</td> </tr> <tr> <td><input checked="" type="checkbox"/> NI</td> <td><input type="checkbox"/> NE</td> <td><input type="checkbox"/> NT</td> <td><input type="checkbox"/> CM</td> </tr> </table>				<input type="checkbox"/> RI	<input type="checkbox"/> RE	<input type="checkbox"/> RT	<input type="checkbox"/> PE	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NE	<input type="checkbox"/> NT	<input type="checkbox"/> CM
<input type="checkbox"/> RI	<input type="checkbox"/> RE	<input type="checkbox"/> RT	<input type="checkbox"/> PE								
<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NE	<input type="checkbox"/> NT	<input type="checkbox"/> CM								

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part 5

Additions Enter all amounts as positive numbers.			
1. Interest on state and local obligations other than Connecticut	1.		00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.		00
3. Certain deductions relating to income exempt from Connecticut income tax	3.		00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.		00
5. 80% of Section 179 federal deduction	5.	1,880	00
6. Other - specify	6.		00
Subtractions Enter all amounts as positive numbers.			
7. Interest on U.S. government obligations	7.		00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.		00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.		00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.		00
11. 25% of Section 179 federal deduction added back in preceding four years	11.	10,106	00
12. Other – specify	12.		00

Part 2 - Total Connecticut Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part 6

1. Ordinary business income (loss)	1.	710,907	00	5,383	00
2. Net rental real estate income (loss)	2.		00		00
3. Other net rental income (loss)	3.		00		00
4. Guaranteed payments	4.		00		00
5. Interest income	5.		00		00
6a. Ordinary dividends	6a.		00		00
7. Royalties	7.		00		00
8. Net short-term capital gain (loss)	8.		00		00
9a. Net long-term capital gain (loss)	9a.		00		00
10. Net section 1231 gain (loss)	10.		00		00
11. Other income (loss): Attach statement.	11.		00		00
12. Section 179 deduction	12.	2,350	00	1,239	00
13. Other deductions: Attach statement.	13.		00		00

Visit us at portal.ct.gov/DRS for more information.

IMPACT SERVICE GROUP LTD.**030390806****Part 3 - Connecticut PE Tax Credit Information**

1. Member's Connecticut PE Tax Credit	1.	323	00
---	----	-----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.**C corporations:** Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.**Parent PE members:** Report this amount on Form CT-1065/CT-1120SI, Part 1, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part 1, *Schedule A*.**Part 4 - Elective Composite Income Tax Information**

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member	1.	00
--	----	----

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20e). See instructions.**Part 5 - Connecticut Income Tax Credit Summary**

	2022	Total credit earned by member in 2022 (from Form CT-1065/CT-1120SI, Part 7)
1. Reserved for future use	1.	
2. Reserved for future use	2.	
3. Angel investor tax credit	3.	00
4. Insurance reinvestment fund tax credit	4.	00
5. Total credits: Add Line 3 and Line 4.	5.	00

Part 6 - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes	1.	464	00
---	----	-----	----

Part 6 is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part 3.

Visit us at portal.ct.gov/DRS for more information.

Department of Revenue Services
State of Connecticut
(Rev. 12/22)

Schedule CT K-1
Member's Share of Certain Connecticut Items

2022

Complete in blue or black ink only.

For calendar year 2022 or other taxable year beginning _____, and ending _____.

Pass-through entity (PE) information		Member information									
Federal Employer ID Number (FEIN) 03-0390806	CT Tax Registration Number 3066057000	Member's Social Security Number (SSN) or FEIN 090-66-1451	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> FEIN								
Name IMPACT SERVICE GROUP LTD.	Number and street address 63 COPPS HILL ROAD	Name RICHARD WETCHLER	Number and street address 6 HEERDT FARM LANE								
City or town RIDGEFIELD	State CT	City or town POUND RIDGE	State NY								
ZIP code 06877		ZIP code 10576									
<p>Check the box if this is an amended or a final Schedule CT K-1.</p> <p><input type="checkbox"/> Amended Schedule CT K-1 <input type="checkbox"/> Final Schedule CT K-1</p> <p><input type="checkbox"/> PE filed as part of a combined PE Tax return.</p> <p><input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax Remittance Calculation.</p> <p>If either box is checked, see instructions.</p>											
<p>Type of member (check one):</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> RI</td> <td><input type="checkbox"/> RE</td> <td><input type="checkbox"/> RT</td> <td><input type="checkbox"/> PE</td> </tr> <tr> <td><input checked="" type="checkbox"/> NI</td> <td><input type="checkbox"/> NE</td> <td><input type="checkbox"/> NT</td> <td><input type="checkbox"/> CM</td> </tr> </table>				<input type="checkbox"/> RI	<input type="checkbox"/> RE	<input type="checkbox"/> RT	<input type="checkbox"/> PE	<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NE	<input type="checkbox"/> NT	<input type="checkbox"/> CM
<input type="checkbox"/> RI	<input type="checkbox"/> RE	<input type="checkbox"/> RT	<input type="checkbox"/> PE								
<input checked="" type="checkbox"/> NI	<input type="checkbox"/> NE	<input type="checkbox"/> NT	<input type="checkbox"/> CM								

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part 5

Additions Enter all amounts as positive numbers.			
1. Interest on state and local obligations other than Connecticut	1.		00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.		00
3. Certain deductions relating to income exempt from Connecticut income tax	3.		00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.		00
5. 80% of Section 179 federal deduction	5.	1,880	00
6. Other - specify	6.		00
Subtractions Enter all amounts as positive numbers.			
7. Interest on U.S. government obligations	7.		00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.		00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.		00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.		00
11. 25% of Section 179 federal deduction added back in preceding four years	11.	10,105	00
12. Other – specify	12.		00

Part 2 - Total Connecticut Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part 6

1. Ordinary business income (loss)	1.	710,906	00	5,382	00
2. Net rental real estate income (loss)	2.		00		00
3. Other net rental income (loss)	3.		00		00
4. Guaranteed payments	4.		00		00
5. Interest income	5.		00		00
6a. Ordinary dividends	6a.		00		00
7. Royalties	7.		00		00
8. Net short-term capital gain (loss)	8.		00		00
9a. Net long-term capital gain (loss)	9a.		00		00
10. Net section 1231 gain (loss)	10.		00		00
11. Other income (loss): Attach statement.	11.		00		00
12. Section 179 deduction	12.	2,350	00	1,238	00
13. Other deductions: Attach statement.	13.		00		00

Visit us at portal.ct.gov/DRS for more information.

IMPACT SERVICE GROUP LTD.**030390806****Part 3 - Connecticut PE Tax Credit Information**

1. Member's Connecticut PE Tax Credit	1.	322	00
---	----	-----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.**C corporations:** Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.**Parent PE members:** Report this amount on Form CT-1065/CT-1120SI, Part 1, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part 1, *Schedule A*.**Part 4 - Elective Composite Income Tax Information**

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member	1.	00
--	----	----

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20e). See instructions.**Part 5 - Connecticut Income Tax Credit Summary**

	2022	Total credit earned by member in 2022 (from Form CT-1065/CT-1120SI, Part 7)
1. Reserved for future use	1.	
2. Reserved for future use	2.	
3. Angel investor tax credit	3.	00
4. Insurance reinvestment fund tax credit	4.	00
5. Total credits: Add Line 3 and Line 4.	5.	00

Part 6 - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes	1.	463	00
---	----	-----	----

Part 6 is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part 3.

Visit us at portal.ct.gov/DRS for more information.

Form CT-1120SI	CT Depreciation and Section 179 Adjustment Worksheet				2022
For calendar year 2022, or other tax year beginning _____, ending _____					
Name IMPACT SERVICE GROUP LTD.	Employer Identification Number 03-0390806			Connecticut Tax Registration Number 3066057000	

Tax Year Reported	Section 168(k) Depreciation Adjustment for Year Assets Placed in Service					Total Addback	Total Subtraction
	2018	2019	2020	2021	2022		
12/31/18	1						1
12/31/19		1					1
12/31/20			1				1
12/31/21				1			1
12/31/22	1						1
12/31/23		1					1
12/31/24			1				1
12/31/25				1			1
12/31/26							

Tax Year Reported	Section 179 Adjustment for Year Assets Placed in Service					Total Addback	Total Subtraction
	2018	2019	2020	2021	2022		
12/31/18	109					109	
12/31/19	27	279				279	27
12/31/20	27	70	374			374	97
12/31/21	27	70	94	106		106	191
12/31/22	28	70	94	27	3,760	3,760	219
12/31/23		69	94	27	940		1,130
12/31/24			92	27	940		1,059
12/31/25				25	940		965
12/31/26					940		940



Department of Taxation and Finance

New York S Corporation Franchise Tax Return CT-3-S

Tax Law – Articles 9-A and 22

All filers must enter tax period:

beginning **01-01-22** ending **12-31-22**Final return (see instructions) Amended return

Employer identification number (EIN) 03-0390806	File number AA4	Business telephone number 203-431-8008	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation IMPACT SERVICE GROUP LTD.		Trade name/DBA	
Mailing address Care of (c/o)		State or country of incorporation NY	
Number and street or PO Box 63 COPPS HILL ROAD		Date of incorporation 02-08-2002	Foreign corporations: date began business in NYS
City RIDGEFIELD	U.S. state/Canadian province CT	ZIP/Postal code 06877	Country (if not United States)
NAICS business code number (from NYS Pub 910) 519100		If you need to update your address or phone information for corporation tax, <input checked="" type="radio"/> New York S election effective date 02-08-02	For office use only
NYS principal business activity MANAGEMENT		or other tax types, you can do so online. See Business information in Form CT-1.	
Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Number of shareholders 2	
A Pay amount shown on Part 2, line 46. Make payable to: New York State Corporation Tax ◀ Attach your payment here. Detach all check stubs. (See instructions for details.)			Payment enclosed A 0.

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-60, if applicable; (4) any applicable credit claim forms, (5) Form CT-225, if applicable; and (6) Form CT-227, if applicable.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here
- C Enter your business apportionment factor (from Part 3, line 56) **0.062142**
- D Did the S corporation make an IRC section 338 or 453 election? Yes No
- E Did this entity have an interest in real property located in New York State during the last three years? Yes No
- F Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes No
- G If the IRS has completed an audit of any of your returns within the last five years, list years
- H If this return is for a New York S termination year, mark an **X** in the appropriate box to indicate which method of accounting was used for the New York S short year (see New York S corporation termination year in instructions)
Normal accounting rules Daily pro rata allocation
- I Mark an **X** in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(i)
- J If you are one of the following, mark an **X** in one box: QETC Qualified New York manufacturer
- K If you filed as a New York C corporation in previous years, enter the last year filed as such
- L Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes No
- M Enter the amount, if any, of tax paid from federal Form 1120S, line 22c **0.**
- N If you include the activities of a qualified subchapter S subsidiary (QSSS), partnership, single member limited liability company (SMLLC), or DISC in this return, or have other affiliated entities, mark an **X** in the box and attach Form CT-60

440001221022



- O If you are a foreign corporation computing your tax taking into account **only** your distributive shares from **multiple** limited partnerships, mark an **X** in the box •
- P If you made a voluntary contribution to any available funds, mark an **X** in the box and attach Form CT-227 •

Part 1 – Federal Form 1120S information

Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1 Ordinary business income or loss	• 1	1,421,813.
2 Net rental real estate income or loss	• 2	
3 Other net rental income or loss	• 3	
4 Interest income	• 4	
5 Ordinary dividends	• 5	
6 Royalties	• 6	
7 Net short-term capital gain or loss	• 7	
8 Net long-term capital gain or loss	• 8	
9 Net section 1231 gain or loss	• 9	
10 Other income or loss	• 10	
11 Loans to shareholders (<i>from federal Form 1120S, Schedule L, line 7, columns b and d</i>)		
Beginning of tax year • []	End of tax year • []	
12 Total assets (<i>from federal Form 1120S, Schedule L, line 15, columns b and d</i>)		
Beginning of tax year • [2,215,916.]	End of tax year • [3,484,018.]	
13 Loans from shareholders (<i>from federal Form 1120S, Schedule L, line 19, columns b and d</i>)		
Beginning of tax year • [5,090.]	End of tax year • [5,090.]	

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2.

(Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A Accumulated adjustments account	B Shareholders' undistributed taxable income previously taxed	C Accumulated earnings and profits	D Other adjustments account
14 Balance at beginning of tax year	• [1,018,441.]	• []	• []	• [448,050.]
15 Ordinary income from federal Form 1120S, page 1, line 21	• [1,421,813.]			
16 Other additions	• [261,752.]			• []
17 Loss from federal Form 1120S, page 1, line 21	• []			
18 Other reductions	• [-33,698.]			• [-261,752.]
19 Combine lines 14 through 18	• [2,668,308.]	• []	• []	• [186,298.]
20 Distributions	• [730,495.]	• []	• []	• []
21 Balance at end of tax year. Subtract line 20 from line 19	• [1,937,813.]	• []	• []	• [186,298.]



Part 2 – Computation of tax (see instructions)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an X in one box)

Yes No

You must enter an amount on line 22; if none, enter 0.

- 22 New York receipts (from Part 3, line 55, column A (New York State))
- 23 Fixed dollar minimum tax (see instructions)
- 24 Recapture of tax credits (see instructions)
- 25 Total tax after recapture of tax credits (add lines 23 and 24)
- 26 Special additional mortgage recording tax credit (current year or deferred; see instructions)
- 27 Tax due after tax credits (subtract line 26 from line 25)

	Date paid	Amount
● 22		1,129,396.
● 23		1,000.
● 24		
● 25		1,000.
● 26		
● 27		1,000.
● 28		1,000.
● 29		
● 30		
● 31		1,000.

First installment of estimated tax for the next tax period:

- 28 Enter amount from line 27
- 29 If you filed a request for extension, enter amount from Form CT-5.4, line 2
- 30 If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28.
Otherwise enter 0
- 31 Add line 28 and line 29 or 30

	Date paid	Amount
32		
33		
34		
35		
36	03-15-23	1,000.
37		

Composition of prepayments (see instructions):

- 32 Mandatory first installment
- 33 Second installment from Form CT-400
- 34 Third installment from Form CT-400
- 35 Fourth installment from Form CT-400
- 36 Payment with extension request from
Form CT-5.4
- 37 Overpayment credited from prior years (see instructions)
- 38 Total prepayments (add lines 32 through 37)
- 39 Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0)
- 40 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) ●
- 41 Interest on late payment (see instructions)
- 42 Late filing and late payment penalties (see instructions)
- 43 Balance (add lines 39 through 42)

● 38	1,000.
● 39	0.
● 40	0.
● 41	
● 42	
● 43	

Voluntary gifts/contributions

- 44 Total voluntary gifts/contributions (from Form CT-227, Part 2, line 1)
- 45 Add lines 31, 40, 41, 42, and 44
- 46 Balance due (If line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due; enter your payment amount on line A on page 1.)
- 47 Overpayment (If line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions.)
- 48 Amount of overpayment to be credited to next period (see instructions)
- 49 Refund of overpayment (subtract line 48 from line 47; see instructions)
- 50 Refund of unused special additional mortgage recording tax credit (see instructions)
- 51 Amount of special additional mortgage recording tax credit to be applied as an overpayment to
next period

44	
45	1,000.
46	0.
47	
48	
49	
50	
51	



Part 3 – Computation of business apportionment factor (see instructions)

Mark an **X** in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor (see instr.) •

Section 210-A.2

- 1 Sales of tangible personal property
- 2 Sales of electricity
- 3 Net gains from sales of real property

	A – New York State	B – Everywhere
• 1		●
• 2		●
• 3		●
• 4		●
• 5		●
• 6		●
• 7		●

Section 210-A.3

- 4 Rentals of real and tangible personal property
- 5 Royalties from patents, copyrights, trademarks, and similar intangible personal property
- 6 Sales of rights for certain closed-circuit and cable TV transmissions of an event

Section 210-A.4

- 7 Sale, licensing, or granting access to digital products

Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)

- 8 To make this irrevocable election, mark an **X** in the box (see instructions)

•	<input type="checkbox"/>	8	
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Section 210-A.5(a)(2) – Mark an **X in each box that is applicable (see line 8 instructions)****Section 210-A.5(a)(2)(A)**

- 9 Interest from loans secured by real property
- 10 Net gains from sales of loans secured by real property
- 11 Interest from loans **not** secured by real property (QFI)
- 12 Net gains from sales of loans **not** secured by real property (QFI)

• 9		●
• 10		●
• 11		●
• 12		●
• 13		●

Section 210-A.5(a)(2)(B) (QFI)

- 13 Interest from federal debt
- 14
- 15 Interest from NYS and its political subdivisions debt
- 16 Net gains from federal, NYS, and NYS political subdivisions debt
- 17 Interest from other states and their political subdivisions debt
- 18 Net gains from other states and their political subdivisions debt

• 15		●
• 16		●
• 17		●
• 18		●
• 19		●

Section 210-A.5(a)(2)(C) (QFI)

- 19 Interest from asset-backed securities and other government agency debt
- 20 Net gains from government agency debt or asset-backed securities sold through an exchange
- 21 Net gains from all other asset-backed securities

• 20		●
• 21		●
• 22		●
• 23		●
• 24		●

Section 210-A.5(a)(2)(D) (QFI)

- 22 Interest from corporate bonds
- 23 Net gains from corporate bonds sold through broker/dealer or licensed exchange
- 24 Net gains from other corporate bonds

• 25		●
• 26		●
• 27		●
• 28		●
• 29		●

Section 210-A.5(a)(2)(E)

- 25 Net interest from reverse repurchase and securities borrowing agreements

Section 210-A.5(a)(2)(F)

- 26 Net interest from federal funds

Section 210-A.5(a)(2)(I) (QFI)

- 27 Net income from sales of physical commodities

Section 210-A.5(a)(2)(J) (QFI)

- 28 Marked to market net gains

Section 210-A.5(a)(2)(H) (QFI)

- 29 Interest from other financial instruments

Section 210-A.5(a)(2)(G) (QFI)

- 30 Net gains and other income from other financial instruments

• 30		●
------	--	---



Part 3 – Computation of business apportionment factor (continued)

	A – New York State	B – Everywhere
Section 210-A.5(b)		
31 Brokerage commissions	● 31	●
32 Margin interest earned on behalf of brokerage accounts	● 32	●
33 Fees for advisory services for underwriting or management of underwriting	● 33	●
34 Receipts from primary spread of selling concessions	● 34	●
35 Receipts from account maintenance fees	● 35	●
36 Fees for management or advisory services	● 36	●
37 Interest from an affiliated corporation	● 37	●
Section 210-A.5(c)		
38 Interest, fees, and penalties from credit cards	● 38	
39 Service charges and fees from credit cards	● 39	●
40 Receipts from merchant discounts	● 40	●
41 Receipts from credit card authorizations and settlement processing	● 41	●
42 Other credit card processing receipts	● 42	●
Section 210-A.5(d)		
43 Receipts from certain services to investment companies	● 43	
Section 210-A.5-a		
44 Global intangible low-taxed income	● 44	0 00
Section 210-A.6		
45 Receipts from railroad and trucking business	● 45	
Section 210-A.6-a		
46 Receipts from the operation of vessels	● 46	
Section 210-A.7		
47 Receipts from air freight forwarding	● 47	
48 Receipts from other aviation services	● 48	●
Section 210-A.8		
49 Advertising in newspapers or periodicals	● 49	
50 Advertising on television or radio	● 50	●
51 Advertising via other means	● 51	●
Section 210-A.9		
52 Transportation or transmission of gas through pipes	● 52	
Section 210-A.10		
53 Receipts from other services/activities not specified	● 53	1,129,396. 18,174,532.
Section 210-A.11		
54 Discretionary adjustments	● 54	
Total receipts		
55 Add lines 1 through 54 in columns A and B	● 55	1,129,396. 18,174,532.

Calculation of business apportionment factor

56 New York State business apportionment factor (divide line 55, column A by line 55, column B and enter
the resulting decimal here; round to the sixth decimal place after the decimal point; see instructions)

● 56 | 0.062142



Amended return information

If filing an amended return, mark an **X** in the box for any items that apply and attach documentation.

Final federal determination • If marked, enter date of determination: • _____

Third – party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (<i>print</i>) BRYAN FERRETTI, CPA	Designee's phone number 631-477-3011
	Designee's email address BRYAN@FERRETTIODELL.COM		PIN 11569

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person RICHARD WETCHLER	Signature of authorized person	Official title OFFICER	
	Email address of authorized person RWETCHLER@IMPACTSERVICEGROUP.COM		Telephone number 203-431-8008	Date
Paid preparer use only (see instr.)	Firm's name (<i>or yours if self-employed</i>) FERRETTI & ODELL, CPA'S PLLC	Firm's EIN 47-1621447	Preparer's PTIN or SSN P01788770	
	Signature of individual preparing this return BRYAN FERRETTI, CPA	Address PO BOX 2127; 820 FRONT STREET GREENPORT	City NY 11944-1631	ZIP code
	Email address of individual preparing this return BRYAN@FERRETTIODELL.COM	Preparer's NYTPRIN or 03	Excl. code	Date 04-15-23

See instructions for where to file.





Department of Taxation and Finance

New York S Corporation Shareholders' Information Schedule

CT-34-SH

Legal name of corporation

IMPACT SERVICE GROUP LTD.

Employer identification number (EIN)

03-0390806

Attach to Form CT-3-S

Schedule A – Shareholders' New York State modifications and credits (Enter the total amount reported by the New York S corporation on each line. Each shareholder must include their pro rata share of these amounts on their personal income tax return.)**Part 1 – Total shareholder modifications related to S corporation items (see instructions)**

Additions	1	New York State franchise tax imposed under Article 9-A	1	1,000.
	1a	New York State imposed under Articles 24-A and 24-B and income taxes Imposed by other taxing jurisdictions	1a	
	2	Federal depreciation deduction from Form CT-399, if applicable	2	
	3	Other additions (attach Form CT-225)	3	
Subtractions	3a	New York addition adjustments due to decoupling from the Internal Revenue Code (IRC)	3a	
	4	Allowable New York depreciation from Form CT-399, if applicable	4	
	5	Other subtractions (attach Form CT-225)	5	
Other items (attach explanation)	5a	New York subtraction adjustments due to decoupling from the IRC	5a	
	6	Additions to itemized deductions	6	
	7	Subtractions from itemized deductions	7	

**Part 2 – Total S corporation New York State credits and taxes on early dispositions (see instructions;
attach applicable forms)****START-UP NY tax credits (see instructions)**

8 START-UP NY business certificate number	• 8	
9 Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10)	• 9	
10 START-UP NY telecommunication services excise tax credit (Form CT-640)	• 10	
11 Recapture of START-UP NY tax benefits (Form CT-645)	• 11	
12 START-UP NY tax elimination credit tax-free NY area allocation factor (Form CT-638)	• 12	
13 START-UP NY tax elimination credit business allocation factor (Form CT-638)	• 13	
START-UP NY tax elimination credit factors from partnership (for multiple partnerships attach separate statement; see instructions)		
14 START-UP NY partnership EIN	• 14	
15 START-UP NY business certificate number (obtain number from your partnership)	• 15	
16 Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10; obtain number from your partnership)	• 16	
17 START-UP NY tax elimination credit tax-free NY area allocation factor (obtain factor from your partnership)	• 17	
18 START-UP NY tax elimination credit business allocation factor (obtain factor from your partnership)	• 18	

Investment tax credits (see instructions)

19 Investment tax credit and employment incentive credit (Form CT-46)	• 19	
20 Investment tax credit on research and development property (Form CT-46)	• 20	
21		
22 Tax on early dispositions – investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry (Form CT-44 or CT-46)	• 22	

Empire zone (EZ) tax credits (see instructions)

23 EZ investment tax credit (Form CT-603)	• 23	
24		
25 Recaptured tax credit – EZ investment tax credit or EZ investment tax credit for financial services industry (Form CT-603 or CT-605)	• 25	



Part 2 – Total S corporation New York State credits and taxes on early dispositions (continued)**Qualified empire zone enterprise (QEZE) tax credits (see instructions)**

26 QEZE real property tax credit allowed (Form CT-606)	<input type="radio"/> 26	
27 Net recapture of QEZE real property tax credit (Form CT-606)	<input type="radio"/> 27	
28 QEZE tax reduction credit employment increase factor (Form CT-604)	<input type="radio"/> 28	
29 QEZE tax reduction credit zone allocation factor (Form CT-604)	<input type="radio"/> 29	
30 QEZE tax reduction credit benefit period factor (Form CT-604)	<input type="radio"/> 30	

QEZE tax reduction credit factors from partnership (for multiple partnerships attach separate statement; see instructions)

31 QEZE partnership EIN	<input type="radio"/> 31	
32 QEZE employment increase factor (<i>obtain factor from your partnership</i>)	<input type="radio"/> 32	
33 QEZE zone allocation factor (<i>obtain factor from your partnership</i>)	<input type="radio"/> 33	
34 QEZE benefit period factor (<i>obtain factor from your partnership</i>)	<input type="radio"/> 34	

Farmers' school tax credit (see instructions)

35 Total acres of qualified agricultural property	<input type="radio"/> 35	
36 Total amount of eligible school district property taxes paid	<input type="radio"/> 36	
37 Total acres of qualified agricultural property converted to nonqualified use	<input type="radio"/> 37	
38 Total acres of qualified conservation property	<input type="radio"/> 38	

Other credits (attach applicable forms)

39 Recapture of alternative fuels credit (Form CT-40)	<input type="radio"/> 39	
40 Credit for employment of persons with disabilities (Form CT-41)	<input type="radio"/> 40	
41 Rehabilitation of historic properties credit (Form CT-238; also see Form CT-34-SH-I regarding project number reporting)	<input type="radio"/> 41	
42 Recapture of rehabilitation of historic properties credit (Form CT-238)	<input type="radio"/> 42	
43 Clean heating fuel credit (Form CT-241)	<input type="radio"/> 43	
44		
45 Empire State commercial production credit (Form CT-246)	<input type="radio"/> 45	
46 Empire State film production credit for the current year (Form CT-248)	<input type="radio"/> 46	
47 Empire State film production credit for the second year (Form CT-248)	<input type="radio"/> 47	
48 Empire State film production credit for the third year (Form CT-248)	<input type="radio"/> 48	
49 Long-term care insurance credit (Form CT-249)	<input type="radio"/> 49	
50 Credit for purchase of an automated external defibrillator (Form CT-250)	<input type="radio"/> 50	
51 Empire State film post-production credit for the current year (Form CT-261)	<input type="radio"/> 51	
52 Empire State film post-production credit for the second year (Form CT-261)	<input type="radio"/> 52	
53 Empire State film post-production credit for the third year (Form CT-261)	<input type="radio"/> 53	
54 Excelsior jobs tax credit component (Form CT-607)	<input type="radio"/> 54	
55 Excelsior investment tax credit component (Form CT-607)	<input type="radio"/> 55	
56 Excelsior research and development tax credit component (Form CT-607)	<input type="radio"/> 56	
57 Excelsior real property tax credit component (Form CT-607)	<input type="radio"/> 57	
57a Excelsior child care services tax credit component (Form CT-607)	<input type="radio"/> 57a	
58 Recapture of excelsior jobs program tax credit (Form CT-607)	<input type="radio"/> 58	
59 Brownfield redevelopment tax credit site preparation credit component (Form CT-611)	<input type="radio"/> 59	
60 Brownfield redevelopment tax credit tangible property credit component (Form CT-611)	<input type="radio"/> 60	
61 Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611)	<input type="radio"/> 61	
62 Recapture of brownfield redevelopment tax credit (Form CT-611)	<input type="radio"/> 62	
63 Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1)	<input type="radio"/> 63	
64 Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1)	<input type="radio"/> 64	
65 Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1)	<input type="radio"/> 65	
66 Recapture of brownfield redevelopment tax credit (Form CT-611.1)	<input type="radio"/> 66	
67 Brownfield redevelopment tax credit site preparation credit component (Form CT-611.2)	<input type="radio"/> 67	
68 Brownfield redevelopment tax credit tangible property credit component (Form CT-611.2)	<input type="radio"/> 68	
69 Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.2)	<input type="radio"/> 69	
70 Recapture of brownfield redevelopment tax credit (Form CT-611.2)	<input type="radio"/> 70	
71 Remediated brownfield credit for real property taxes (Form CT-612)	<input type="radio"/> 71	
72 Recapture of remediated brownfield credit for real property taxes (Form CT-612)	<input type="radio"/> 72	



Part 2 – Total S corporation New York State credits and taxes on early dispositions (continued)

73 Environmental remediation insurance credit (<i>Form CT-613</i>)	• 73
74 Recapture of environmental remediation insurance credit (<i>Form CT-613</i>)	• 74
75 Security officer training tax credit (<i>attach Form CT-631</i>)	• 75
76 Economic transformation and facility redevelopment program jobs tax credit component <i>(Form CT-633)</i>	• 76
77 Economic transformation and facility redevelopment program investment tax credit component <i>(Form CT-633)</i>	• 77
78 Economic transformation and facility redevelopment program job training tax credit component <i>(Form CT-633)</i>	• 78
79 Economic transformation and facility redevelopment program real property tax credit component <i>(Form CT-633)</i>	• 79
80 Recapture of economic transformation and facilities redevelopment program tax credit (<i>Form CT-633</i>)	• 80
81 Taxicabs and livery service vehicles accessible to persons with disabilities credit (<i>Form CT-236</i>)	• 81
82 QETC employment credit (<i>Form DTF-621</i>)	• 82
83 QETC capital tax credit (<i>Form DTF-622</i>)	• 83
84 Recapture of QETC capital tax credit (<i>Form DTF-622</i>)	• 84
85 Low-income housing credit (<i>Form DTF-624</i>)	• 85
86 Recapture of low-income housing credit (<i>Form DTF-626</i>)	• 86
87 Empire state jobs retention credit (<i>Form CT-634</i>)	• 87
88 Recapture of empire state jobs retention credit (<i>Form CT-634</i>)	• 88
89 New York youth jobs program credit (<i>Form CT-635</i>)	• 89
90 Alcoholic beverage production credit for beer (<i>Form CT-636</i>)	• 90
91 Alcoholic beverage production credit for cider (<i>Form CT-636</i>)	• 91
92 Alcoholic beverage production credit for wine (<i>Form CT-636</i>)	• 92
93 Alcoholic beverage production credit for liquor (<i>Form CT-636</i>)	• 93
94 Alternative fuels and electric vehicle recharging property credit (<i>Form CT-637</i>)	• 94
95 Recapture of alternative fuels and electric vehicle recharging property credit (<i>Form CT-637</i>)	• 95
96	
97 Real property tax credit for manufacturers (<i>Form CT-641</i>)	• 97
98 Recapture of real property tax credit for manufacturers (<i>Form CT-641</i>)	• 98
99 Empire state musical and theatrical production credit (<i>Form CT-642</i>)	• 99
100 Hire a veteran credit (<i>Form CT-643</i>)	• 100
101 Workers with disabilities tax credit (<i>Form CT-644</i>)	• 101
102 Employee training incentive program tax credit (<i>Form CT-646</i>)	• 102
103 Farm workforce retention credit (<i>Form CT-647</i>)	• 103
104 Life sciences research and development tax credit (<i>Form CT-648</i>)	• 104
105 Farm donations to food pantries credit (<i>Form CT-649; also see Form CT-34-SH-I regarding additional informational reporting</i>)	• 105
106 Empire State apprenticeship tax credit (<i>Form CT-650</i>)	• 106
107 Recovery tax credit (<i>Form CT-651</i>)	• 107
108 Employer-provided child care credit (<i>Form CT-652</i>)	• 108
109 New York City musical and theatrical production tax credit (<i>Form CT-654</i>)	• 109
110 Restaurant return-to-work credit (<i>Form CT-655</i>)	• 110
111 Grade number 6 heating oil conversion credit (<i>Form CT-656</i>)	• 111
112 COVID-19 capital costs credit (<i>Form CT-657</i>)	• 112
113 Additional restaurant return-to-work tax credit (<i>Form CT-658</i>)	• 113
114 Other tax credits and recaptures (<i>see instructions</i>)	• 114



Schedule B – Shareholders' identifying information (see instructions)Photocopy Schedule B as needed. Attach all additional schedules to this form. Also mark an X in the box.

A For each shareholder, enter last name, first name, middle initial on first line; enter home address on second and third lines. <i>(attach federal Schedule K-1 for each shareholder)</i>	B Identifying number (SSN or EIN)	C Percentage of ownership	D Shareholder residency status <i>(make only one entry)</i> 1 for New York State 2 for New York City 3 for Yonkers 4 for NYS nonresident	E Shareholder entity status <i>(make only one entry)</i> I for individual F for estate or trust E for exempt organization
1 BENSON, MARK 29 GREEN HILL ROAD	1 092-48-8637	50.0000	1	I
GOLDENS BRIDGE NY 10526				
2 WETCHLER, RICHARD 6 HEERDT FARM LANE				
POUND RIDGE NY 10576	2 090-66-1451	50.0000	1	I
3	3 [REDACTED]			
	4 [REDACTED]			
5	5 [REDACTED]			
6	6 [REDACTED]			
7	7 [REDACTED]			
8	8 [REDACTED]			
9	9 [REDACTED]			
10	10 [REDACTED]			
11	11 [REDACTED]			



TX 2023
Ver. 14.0
05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions**■ Tcode 13196**

<input type="checkbox"/> Taxpayer number	<input type="checkbox"/> Report year	You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.	
030390806	2023	<input checked="" type="checkbox"/> Check box if the mailing address has changed.	
Taxpayer name IMPACT SERVICE GROUP LTD.		<input type="checkbox"/> Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.	
Mailing address 63 COPPS HILL ROAD		Secretary of State (SOS) file number or Comptroller file number	
City RIDGEFIELD	State CT	ZIP code plus 4 06877	
<input type="checkbox"/> Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.			
Principal office 63 COPPS HILL ROAD		RIDGEFIELD CT 06877	
Principal place of business 63 COPPS HILL ROAD		RIDGEFIELD CT 06877	

You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Please sign below! This report must be signed to satisfy franchise tax requirements.****0030390806023****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name MARK BENSON	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 29 GREEN HILL ROAD	City GOLDENS BRIDGE	State NY	ZIP Code 10526
Name RICHARD WETCHLER	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 6 HEERDT FARM LANE	City POUND RIDGE	State NY	ZIP Code 10576
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: Office:		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
City	State	ZIP Code	

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.			
sign here ►	Title OFFICER	Date 04/15/2023	Area code and phone number 203-431-8008

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TX 2023 05-158-A
Ver. 14.0 (Rev. 9-16/9)

Texas Franchise Tax Report - Page 1

Tcode 13250 Annual

■ Taxpayer number		■ Report year	Due date
030390806		2023	10/15/2023
Taxpayer name IMPACT SERVICE GROUP LTD.			Secretary of State file number or Comptroller file number
Mailing address 63 COPPS HILL ROAD			
City RIDGEFIELD	State CT	Country United States	ZIP code plus 4 06877
Check box if this is a combined report <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input checked="" type="checkbox"/> <input type="checkbox"/>			
Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

** If not twelve months, see instructions for annualized revenue

m m d d y y

m m d d y y

SIC code

NAICS code

Accounting year begin date** <input checked="" type="checkbox"/> 010122	Accounting year end date <input checked="" type="checkbox"/> 123122				519100
---	---	--	--	--	--------

REVENUE (Whole dollars only)

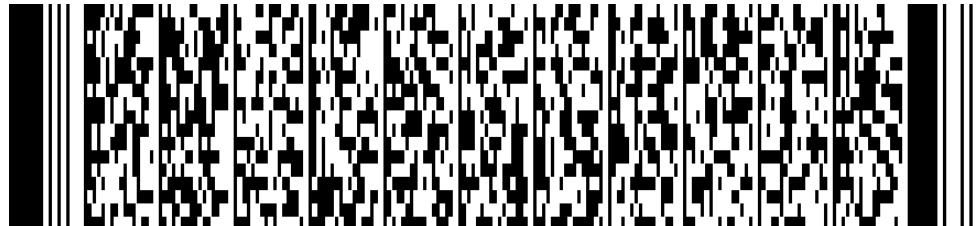
1. Gross receipts or sales	1. <input checked="" type="checkbox"/> 18174532.00
2. Dividends	2. <input checked="" type="checkbox"/> 0.00
3. Interest	3. <input checked="" type="checkbox"/> 0.00
4. Rents (can be negative amount)	4. <input checked="" type="checkbox"/> 0.00
5. Royalties	5. <input checked="" type="checkbox"/> 0.00
6. Gains/losses (can be negative amount)	6. <input checked="" type="checkbox"/> 0.00
7. Other income (can be negative amount)	7. <input checked="" type="checkbox"/> 0.00
8. Total gross revenue (Add items 1 thru 7)	8. <input checked="" type="checkbox"/> 18174532.00
9. Exclusions from gross revenue (see instructions) (item 8 minus item 9 if less than zero, enter 0)	9. <input checked="" type="checkbox"/> 0.00
10. TOTAL REVENUE	10. <input checked="" type="checkbox"/> 18174532.00

COST OF GOODS SOLD (Whole dollars only)

11. Cost of goods sold	11. <input checked="" type="checkbox"/> 13873651.00
12. Indirect or administrative overhead costs (Limited to 4%)	12. <input checked="" type="checkbox"/> 0.00
13. Other (see instructions)	13. <input checked="" type="checkbox"/> 0.00
14. TOTAL COST OF GOODS SOLD (Add items 11 thru 13)	14. <input checked="" type="checkbox"/> 13873651.00

COMPENSATION (Whole dollars only)

15. Wages and cash compensation	15. <input checked="" type="checkbox"/> 3241064.00
16. Employee benefits	16. <input checked="" type="checkbox"/> 412370.00
17. Other (see instructions)	17. <input checked="" type="checkbox"/> 0.00
18. TOTAL COMPENSATION (Add items 15 thru 17)	18. <input checked="" type="checkbox"/> 3653434.00

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>				
PM Date					



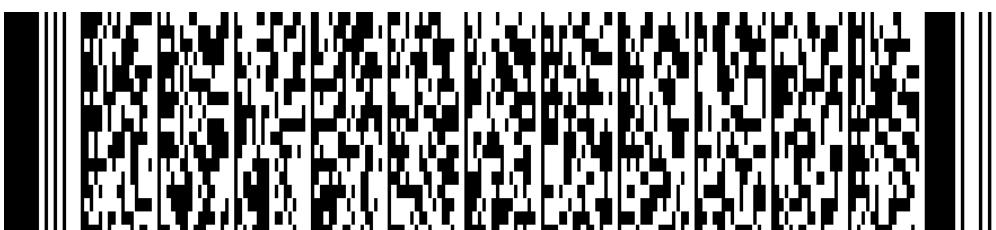
TX 2023
Ver. 14.0 05-158-B
(Rev.09-16/09)**Texas Franchise Tax Report - Page 2****■ Tcode 13251 Annual**

■ Taxpayer number	■ Report year	Due date	Taxpayer name
030390806	2023	10/15/2023	IMPACT SERVICE GROUP LTD.
MARGIN (Whole dollars only)			
19. 70% revenue (item 10 x .70)	19. ■	12722172.00	
20. Revenue less COGS (item 10 - item 14)	20. ■	4300881.00	
21. Revenue less compensation (item 10 - item 18)	21. ■	14521098.00	
22. Revenue less \$1 million (item 10 - \$1,000,000)	22. ■	17174532.00	
23. MARGIN (see instructions)	23. ■	4300881.00	
APPORTIONMENT FACTOR			
24. Gross receipts in Texas (Whole dollars only)	24. ■	2579508.00	
25. Gross receipts everywhere (Whole dollars only)	25. ■	18174532.00	
26. APPORTIONMENT FACTOR (Divide item 24 by item 25, round to 4 decimal places)	26. ■	0.1419	
TAXABLE MARGIN (Whole dollars only)			
27. Apportioned margin (Multiply item 23 by item 26)	27. ■	610295.00	
28. Allowable deductions (see instructions)	28. ■	0.00	
29. TAXABLE MARGIN (item 27 minus item 28)	29. ■	610295.00	
TAX DUE			
30. Tax rate (see instructions for determining the appropriate tax rate)	X X X	30. ■	0.007500
31. Tax due (Multiply item 29 by the tax rate in item 30) (Dollars and cents)	31. ■	4577.21	
TAX ADJUSTMENTS (Dollars and cents) (Do not include prior payments)			
32. Tax credits (item 23 from Form 05-160)	32. ■	0.00	
33. Tax due before discount (item 31 minus item 32)	33. ■	4577.21	
34. Discount (see instructions, applicable to report years 2008 and 2009)	34. ■	0.00	
TOTAL TAX DUE (Dollars and cents)	35. ■	4577.21	

Do not include payment if item 35 is less than \$1,000 or if annualized total revenue is less than the no tax due threshold (see instructions). If the entity makes a tiered partnership election, ANY amount in item 35 is due. Complete Form 05-170 if making a payment.

Print or type name RICHARD WETCHLER	Area code and phone number (203) 431-8008
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.	
sign here ➤	Date 04/15/2023
Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>
PM Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Form 7004

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► File a separate application for each return.

► Go to www.irs.gov/Form7004 for instructions and the latest information.**Print
or
Type**

Name

IMPACT SERVICE GROUP LTD.

Identifying number

03-0390806

Number, street, and room or suite no. (If P.O. box, see instructions.)

63 COPPS HILL ROAD

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

RIDGEFIELD**CT 06877****Note:** File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.**1 Enter the form code for the return listed below that this application is for **25**

Application	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ► 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ►

If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ► 5a The application is for calendar year **202**, or tax year beginning , and endingb Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return Change in accounting period Consolidated return to be filed Other (See instructions--attach explanation.)6 Tentative total tax **6** **0**7 Total payments and credits. See instructions **7** **0**8 Balance due. Subtract line 7 from line 6. See instructions **8** **0**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev. 12-2018)

Form **5S** **Wisconsin Tax-Option (S)**
Corporation Franchise or
Income Tax Return

2022

For calendar year 2022 or tax year beginning MM/DD/YYYY and ending MM/DD/YYYY

Due Date: 15th day of 3rd month following close of taxable year.

Corporation Name IMPACT SERVICE GROUP LTD.			FEIN 03 0390806
Number and Street 63 COPPS HILL ROAD			Suite Number
City RIDGEFIELD		State CT	Zip (+ 4 digit suffix if known) 06877
Number of Shareholders 2	Number of Nonresident Shareholders 2	State of Incorporation NY	and Year 2002

A Check ✓ if applicable and attach explanation:

- 1** Amended return (Include Schedule AR)
- 2** First return - new corporation or entering Wisconsin
- 3** Final return - corporation dissolved or withdrew
- 4** Short period - change in accounting method
- 5** Short period - stock purchase or sale
- 6** Short period - termination of S corporation election
- 7** Electing to pay tax at the entity level pursuant s. 71.365(4m)(a)
- 8** A lower-tier entity made an election pursuant to s. 71.21(6)(a)
- 9** Reorganization. Enter type (see instructions) _____

Check ✓ if applicable and see instructions:

B If you have an extension of time to file, enter the extended due date 09 15 2023
MM/DD/YYYY

C If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.

D If you are filing a Form 1CNS on behalf of nonresident shareholders.

E Effective date of Wisconsin tax-option corporation election 02 08 2002
MM/DD/YYYY

F If you have related entity expenses and are required to file Schedule RT with this return.

G1 Wisconsin Property	G1 _____	H1 Wisconsin Payroll	H1 _____
2 Total Company Property	G2 _____	2 Total Company Payroll	H2 <u>1834955</u>

I Internal Revenue Service adjustments became final during the year. Enter years adjusted **I** _____

J If you are electing to claim a credit under s. 71.28(3q)(c)1.b., (3w)(c)2.b., or (3y)(c)1.b., Wis. Stats., at the entity level, attach the appropriate Schedule JT, EC, and/or BD and include the amount of the credit(s) on line 15.

Part I

- | | |
|---|---|
| 1 Federal, state, and municipal government interest (see instructions) | 1 _____ |
| 2 Wisconsin apportionment percentage. This is a required field. | |
| Enter the apportionment schedule used: | A <u>01</u> 2 <u>1.1086 %</u> |
| If 100% apportionment, check (✓) the space after the arrow | ► — |
| If using separate accounting, check (✓) the space after the arrow | ► — |
| 3 Multiply line 1 by line 2 | 3 _____ |
| 4 Enter 7.9% (0.079) of the amount on line 3. This is gross tax | 4 _____ |
| 5 Manufacturer's sales tax credit (from Sch. MS, line 3) | 5 _____ |
| 6 Subtract line 5 from line 4. If line 5 is more than line 4, enter zero (0) | 6 <u>0</u> |
| 7 Additional tax on tax-option (S) corporations (page 2, Schedule Q plus Schedule 5S-ET) | 7 _____ |
| 8 Economic development surcharge (from page 2, Schedule S, line 6) | 8 <u>32</u> |
| 9 Endangered resources donation (decreases refund or increases amount owed) | 9 _____ |
| 10 Veterans trust fund donation (decreases refund or increases amount owed) | 10 _____ |
| 11 Add lines 6 through 10 | 11 <u>32</u> |
| 12 Estimated tax payments less refund from Form 4466W | 12 _____ |
| 13 Wisconsin tax withheld (see instructions) | 13 _____ |
| 14 Amended Return Only – amount previously paid | 14 _____ |
| 15 Add lines 12 through 14 (see instructions) | 15 _____ |
| 16 Amended Return Only – amount previously refunded | 16 _____ |
| 17 Subtract line 16 from 15 | 17 <u>32</u> |

2022 Form 5S	Name IMPACT SERVICE GROUP LTD.	ID Number 03 0390806	Page 2 of 5
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18 Interest, penalty, and late fee due (from Form U, line 17 or 26). If you annualized check (✓) the box ►	18 _____
19 Amount due. If the total of lines 11 and 18 is larger than line 17, enter amount owed	19 _____
20 Overpayment. If line 17 is larger than the total of lines 11 and 18, enter amount overpaid	20 _____
21 Enter amount of line 20 you want credited to 2023 estimated tax	21 _____
22 Subtract line 21 from line 20. This is your refund	22 _____
23 Enter total company gross receipts from all activities (see <i>instructions</i>)	23 18174532
24 Enter total company assets from federal Form 1120S, item F	24 3484018
25 If the tax-option corporation paid withholding tax on income distributable to nonresident shareholders, enter total amount paid for all shareholders for the taxable year	25 1210

Schedule Q - Additional Tax on Certain Built-In Gains

1 Excess of recognized built-in gains over recognized built-in losses (attach schedule)	1 _____
2 Wisconsin taxable income before apportionment (attach computation schedule)	2 _____
3 Enter the smaller of line 1 or line 2. This is the net recognized built-in gain (see <i>instructions</i>)	3 _____
4 Wisconsin apportionment percentage. This is a required field. Enter the apportionment schedule used:	A _____ %
5 Multiply line 3 by line 4 (see <i>instructions</i>)	4 _____ %
6 Wisconsin net business loss carryforward (attach schedule)	5 _____
7 Subtract line 6 from line 5	6 _____
8 Enter 7.9% (0.079) of the amount on line 7. Enter on Form 5S, page 1, line 7	7 _____
	8 _____

Schedule S - Economic Development Surcharge

1 Enter net income (loss) (see <i>instructions</i>)	1 1425810
2 Wisconsin apportionment percentage. This is a required field. Enter the apportionment schedule used:	2 1.1086 %
3 Multiply line 1 by line 2 (see <i>instructions</i>)	3 15807
4 Nonapportionable and separately apportioned income	4 _____
5 Add lines 3 and 4	5 15807
6 Enter the greater of \$25 or 0.2% (0.002) of the amount on line 5, but not more than \$9,800. This is the economic development surcharge to enter on Form 5S, page 1, line 8	6 32

Additional Information Required

1 Person to contact concerning this return: RICHARD WETCHLER	Phone # 203 431 8008
2 City and state where books and records are located for audit purposes: RIDGEFIELD	CT
3 Are you the sole owner of any QSubs or LLCs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attach a list of the names and federal EINs of your solely owned QSubs and LLCs and include Schedule DE. Did you include the incomes of these entities in this return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, you owe Wisconsin use tax. See instructions.	
5 List the locations of your Wisconsin operations:	
6 Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, include federal Form 8886 with your Wisconsin return.	

Pass-Through Entity Representative

Representative's Last Name	Representative's First Name	
Email Address	Phone Number	
Mailing Address	Apt.	
City	State	Zip Code

Third Party Designee	Do you want to allow another person to discuss this return with the department? <input checked="" type="checkbox"/> Yes Complete the following. <input type="checkbox"/> No Print Designee's Name ► BRYAN FERRETTI, CPA Personal Identification Number (PIN) ► 11569	Phone Number ▼ 631 477 3011
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2022 Form 5S	Name IMPACT SERVICE GROUP LTD.	ID Number 03 0390806	Page 3 of 5
<i>Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.</i>			
Signature of Officer ►		Title OFFICER	Date
Preparer's Signature ► BRYAN FERRETTI, CPA		Preparer's Federal Employer ID Number PTIN P01788770	Date 04152023

You must file a copy of your federal Form 1120S with Form 5S, even if no Wisconsin activity.

For information on how to file, see filing methods in the instructions under "When and Where to File."

Part II Schedule 5K – Shareholder's Pro Rata Share Items

	(a) Pro rata share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
Income (Loss)	1 Ordinary business income (loss)	1 1421813	20450	1 1442263
	2 Net rental real estate income (loss) (<i>attach Form 8825</i>)	2		2
	3 Other net rental income (loss) (<i>attach schedule</i>)	3		3
	4 Interest income	4		4
	5 Ordinary dividends	5		5
	6 Royalties	6		6
	7 Net short-term capital gain (loss)	7		7
	8 Net long-term capital gain (loss)	8		8
	9 Net section 1231 gain (loss) (<i>attach Form 4797</i>)	9		9
	10 Other income (loss) (<i>attach schedule</i>)	10		10
Deductions	11 Section 179 deduction (<i>attach Form 4562</i>)	11 4700	11	4700
	12a Contributions	12a 11753	12a	11753
	b Investment interest expense	12b		12b
	c Section 59(e)(2) expenditures			
	(1) Type _____			
(2) Amount	12c		12c	
d Other deductions (<i>attach schedule</i>)	12d		12d	
Credits	13 Wisconsin credits			
	a Schedule _____		13a	
	b Schedule _____		13b	
	c Schedule _____		13c	
	d Schedule _____		13d	
	e Schedule _____		13e	
	f Schedule _____		13f	
	g Schedule _____		13g	
	h Schedule _____		13h	
	i Tax paid to other states (enter postal abbreviation of state)	13i-1 _____		13i-1
	13i-2 _____		13i-2	
	13i-3 _____		13i-3	
j Wisconsin tax withheld (do not include tax properly claimed on page 1, line 13)	13j		1210	

	(a) Pro rata share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law		
International Transactions	14. If you are reporting items of international tax relevance, check this box and attach federal Schedule K-2 (Form 1120-S) to your return (see instructions) 14 _____					
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a				
	b Adjusted gain or loss	15b				
	c Depletion (other than oil and gas)	15c				
	d Oil, gas, and geothermal properties - gross income	15d				
	e Oil, gas, and geothermal properties - deductions	15e				
	f Other AMT items <i>(attach schedule)</i>	15f				
Other	16a Tax-exempt interest income	16a		16a		
	b Other tax-exempt income	16b		16b		
	c Nondeductible expenses	16c	17245	40027	16c	57272
	d Property distributions	16d	730495		16d	730495
	e Repayment of loans from shareholders	16e			16e	
	f Foreign taxes paid or accrued ...	16f			16f	
	17a Investment income	17a			17a	
	b Investment expenses	17b			17b	
	c Dividend distributions paid from accumulated earning and profits	17c			17c	
	d Other items and amounts <i>(attach schedule)</i>	17d			17d	
	18a Related entity expense addback	18a			18a	
	b Related entity expense allowable	18b			18b	
	19 Income (loss) <i>(see instr.)</i>	19	1405360		19	1425810
	20 Gross income (before deducting expenses) from all activities				20	18174532

Part III Schedule 5M – Analysis of Wisconsin Accumulated Adjustments Account and Other Adjustments Account

	(a) Accumulated Adjustments Account	(b) Other Adjustments Account
1 Balance at beginning of taxable year	1014877	1 448050
2 Ordinary income from Schedule 5K, line 1, column d	1442263	2
3 Other additions (including separately stated items which increase income) <i>(attach schedule)</i>	261752	3
4 Loss from Schedule 5K, line 1, column d (enter as positive)		4
5 Other reductions (including separately stated items) (enter as positive) <i>(attach schedule)</i>	73725	5 261752
6 Combine lines 1 through 3, and subtract lines 4 and 5 from the total	2645167	6 186298
7 Distributions other than dividend distributions	730495	7
8 Subtract line 7 from line 6. This is balance at end of taxable year	1914672	8 186298

2022 Form 5S	Name IMPACT SERVICE GROUP LTD.	ID Number 03 0390806	Page 5 of 5
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Part IV Schedule 5K – Shareholder's Pro Rata Share of Additions and Subtractions

Additions:

1 State taxes accrued or paid	1	
2 Related entity expenses (from Schedule RT, Part I)	2	
3 Expenses related to nontaxable income	3	
4 Section 179, depreciation, amortization difference (<i>attach schedule</i>)	4	
5 Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (<i>attach schedule</i>)	5	
6 Total additions for certain credits computed:		
a Business development credit	6a	
b Community rehabilitation program credit	6b	
c Development zones credits	6c	
d Economic development tax credit	6d	
e Electronics and information technology manufacturing zone credit	6e	
f Employee college savings account contribution credit	6f	
g Enterprise zone jobs credit	6g	
h Jobs tax credit	6h	
i Manufacturing and agriculture credit (computed in 2021)	6i	
j Manufacturing investment credit	6j	
k Research credits	6k	
I Total credits (add lines 6a through 6k)	6l	
7 Adjustment for built-in gains tax	7	
8 Additions for federal capital gains and excess net passive income taxes	8	
9 Other additions:		
a <u>DISALLOWED MEALS DEDUCTION</u>	9a	40027
b	9b	
c	9c	
d Total other additions (add lines 9a through 9c)	9d	40027
10 Total additions (add lines 1 through 5 and 6l through 8, and 9d)	10	40027

Subtractions:

11 Related entity expenses eligible for subtraction (from Schedule RT, Part II)	11	
12 Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	12	
13 Section 179, depreciation/amortization of assets (<i>attach schedule</i>)	13	19577
14 Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (<i>attach schedule</i>)	14	
15 Adjustment for built-in gains tax	15	
16 Federal wage credits	16	
17 Federal research credit expenses	17	
18 Other subtractions:		
a	18a	
b	18b	
c	18c	
d Total other subtractions (add lines 18a through 18c)	18d	
19 Total subtractions (add lines 11 through 17 and 18d)	19	19577
20 Total adjustment (subtract line 19 from line 10)	20	20450

Schedule

A-01Wisconsin
Department of Revenue**Wisconsin Single Sales Factor Apportionment
Data for Nonspecialized Industries**

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, 5S, or 6

Read instructions before filling in this schedule

2022

Name	Identifying Number
IMPACT SERVICE GROUP LTD.	03 0390806

Round amount to nearest dollar

	Wisconsin	Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin	1a .00	
b Shipped from within Wisconsin	1b .00	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin	2a .00	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272.	2b .00	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272.	2c .00	
3 Double throwback sales.	3 .00	
4 Total sales of tangible personal property (for Wisconsin column, add lines 1a through 3)	4 .00	4 .00
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin	5 .00	
6 Total gross receipts from the use of computer software	6 .00	.00
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin	7 201478.00	
8 Total gross receipts from services.	8 18174532.00	
9 Other apportionable gross receipts:		
a Sales, leases, rentals or licensing of real property	9a .00	9a .00
b Sales of intangible property	9b .00	9b .00
c Royalties, licensing, or allowing the use of intangible property	9c .00	9c .00
d Other apportionable gross receipts not identified above	9d .00	9d .00
e Total (for both columns add lines 9a through 9d)	9e .00	9e .00
10 For Wisconsin column, add lines 4, 5, 7, and 9e. For Total Company column, add lines 4, 6, 8, and 9e.	10 201478.00	10 18174532.00

Separate return filers and pass-through entities:

- 11** Divide Wisconsin column, line 10 by Total Company Column, line 10 and multiply by 100. This is the Wisconsin apportionment percentage

11 1.1086 %

2022 Schedule A-01	Name IMPACT SERVICE GROUP LTD.	ID Number 03 0390806	Page 2 of 2
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Combined return filers:

	Wisconsin	Total Company
12 Enter sales included above, that are intercompany sales between combined group members ...	12 _____ .00	12 _____ .00
13 Enter sales included above, that are not included in the computation of combined unitary income	13 _____ .00	13 _____ .00
14 Add lines 12 and 13 for each column	14 _____ .00	14 _____ .00
15 Subtract line 14 from line 10 for each column	15 _____ .00	15 _____ .00
16 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	16 _____ .00	16 _____ .00
17 Add lines 15 and 16 for each column. Enter Wisconsin column amount on Form 6, Part III, line 1a. Total Company column amount on Form 6, Part III, line 1b	17 _____ .00	17 _____ .00



WISCONSIN WITHOUT FEDERAL BONUS DEPRECIATION

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Form 4562Department of the Treasury
Internal Revenue Service

Name(s) shown on return

IMPACT SERVICE GROUP LTD.

Attachment Sequence No. 179

2022Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

REGULAR DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	4,700
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	EQUIPMENT	4,700	4,700
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	4,700
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	4,700
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	1,080,000
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	4,700
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	19,577
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	19,577
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 4562 (2022)

Schedule

5K-1**Tax-Option (S) Corporation Shareholder's
Share of Income, Deductions, Credits, etc.****2022**Wisconsin Department
of RevenueFor calendar year 2022 or tax year beginning M M D D Y Y Y Y and ending M M D D Y Y Y Y**Part I: Information About the Corporation**

Corporation's Name IMPACT SERVICE GROUP LTD.	Corporation's FEIN 03 0390806
Corporation's Address 63 COPPS HILL ROAD	Corporation's City RIDGEFIELD

Part II: Information About the Shareholder

Business Name	FEIN		
Individual's Last Name BENSON	First Name MARK	M.I. 	Individual's SSN 092 48 8637
Shareholder's Address 29 GREEN HILL ROAD	Shareholder's City GOLDENS BRIDGE	State NY	Shareholder's Zip Code 10526

If the shareholder is a disregarded entity, estate, or trust, enter the name and identifying number of the taxpayer to whom this income will be reported:

Trust Name	FEIN		
Last Name	First Name	M.I.	SSN

A Type of shareholder:

- 1 Individual
 2 Estate
 3 Trust
 4 Exempt organization
 5 Other _____

B Check if applicable:

- 1 Final 5K-1
 2 Amended 5K-1 (Include Schedule AR)
 3 Election to pay tax at the entity level pursuant to s. 71.365(4m)(a), Wis. Stats.
 4 A lower-tier entity made an election pursuant to s. 71.21(6)(a), Wis. Stats.

- C Shareholder's percentage of stock ownership for taxable year **50.00 %**
- D Shareholder's state of residence (if a full-year Wisconsin resident, items E, F, G, and H do not apply) **NY**
- E Check if shareholder's Wisconsin amount is determined by apportionment. Apportionment percentage ... **1.1086 %**
- F Check if shareholder's Wisconsin amount is determined by separate accounting.
- G Check if the shareholder is a nonresident and received an approved Form PW-2 to opt out of pass-through entity withholding, or received a continuous PW-2 exemption.
- H Check if the nonresident shareholder elected Wisconsin composite income tax be paid by the tax-option (S) corporation on a Form 1CNS. Amount of Wisconsin composite income tax paid on behalf of the nonresident shareholder

2022 Schedule 5K-1 | Shareholder's Name MARK BENSON

ID Number 0 92 48 8637 | Page 2 of 4

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

(a)	(b)	(c)	(d)	(e)
Pro rata share items	Federal amount	Adjustment	Amount under Wis. law	Wis. source amount (see instructions)
1 Ordinary business income (loss) 1	710907	10225	1	721132
2 Net rental real estate income (loss) 2			2	
3 Other net rental income (loss) 3			3	
4 Interest Income	4		4	
5 Ordinary dividends	5		5	
6 Royalties	6		6	
7 Net short-term capital gain (loss) .. 7			7	
8 Net long-term capital gain (loss) 8			8	
9a Net section 1231 gain (loss) .. 9a			9a	
9b Portion of the amount on line 9a attributable to gains on sales of farm assets			9b	
10 Other income (loss) (see instructions)				
a _____ 10a _____			10a	
b _____ 10b _____			10b	
c Total (add lines 10a and 10b) . 10c			10c	
11 Section 179 deduction	11 2350		11 2350	26
12 Other deductions:				
a Contributions	12a 5877		12a 5877	65
b Investment interest expense .. 12b			12b	
c Section 59(e)(2) expenditures 12c			12c	
d Other deductions (attach schedule)	12d		12d	
13 Wisconsin credits				
a Schedule _____			13a	
b Schedule _____			13b	
c Schedule _____			13c	
d Schedule _____			13d	
e Schedule _____			13e	
f Schedule _____			13f	
g Schedule _____			13g	
h Schedule _____			13h	
i Tax paid to other states (enter postal abbreviation) .. 13i-1			13i-1	
13i-2			13i-2	
13i-3			13i-3	
j Wisconsin tax withheld			13j	605

2022 Schedule 5K-1	Shareholder's Name	MARK BENSON	ID Number	0 92 48 8637	Page 3 of 4
(a)	(b)	(c)	(d)	(e)	
<u>Pro rata share items</u>	<u>Federal amount</u>	<u>Adjustment</u>	<u>Amount under Wis. law</u>	<u>Wis. source amount (see instructions)</u>	
14 Schedule K-3 is attached if checked (see instructions)			14	_____	
15 Alternative minimum tax (AMT) items (list):					
a _____	15a _____				
b _____	15b _____				
16a Tax-exempt interest income	16a _____	_____	16a _____	_____	
b Other tax-exempt income ..	16b _____	_____	16b _____	_____	
c Nondeductible expenses ..	16c 8623	20014	16c 28637	_____	
d Property distributions	16d 365248	_____	16d 365248	_____	
e Repayment of loans from shareholders	16e _____	_____	16e _____	_____	
f Foreign taxes paid or accrued ..	16f _____	_____	16f _____	_____	
17a Investment income	17a _____	_____	17a _____	_____	
b Investment expenses	17b _____	_____	17b _____	_____	
c Dividend distributions paid from accumulated earnings and profits	17c _____	_____	17c _____	_____	
d Other items and amounts (list):					
1 _____	17d-1 _____	_____	17d-1 _____	_____	
2 _____	17d-2 _____	_____	17d-2 _____	_____	
3 Total (add lines 17d-1 and 17d-2)	17d-3 _____	_____	17d-3 _____	_____	
18a Related entity expense addback			18a _____	_____	
b Related entity expense allowable			18b _____	_____	
19 Income (loss)			19 712905	7903	
20 Gross income (before deducting expenses) from all activities			20 9087266	100741	

2022 Schedule 5K-1 | Shareholder's Name MARK BENSON

ID Number 0 92 48 8637 | Page 4 of 4

Part IV Schedule 5K-1 - Shareholder's Share of Additions and Subtractions**Additions:**

1 State taxes accrued or paid	1	_____
2 Related entity expenses	2	_____
3 Expenses related to nontaxable income	3	_____
4 Section 179, depreciation, amortization difference (<i>attach schedule</i>)	4	_____
5 Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (<i>attach schedule</i>)	5	_____
6 Total additions for certain credits computed:		
a Business development credit	6a	_____
b Community rehabilitation program credit	6b	_____
c Development zones credits	6c	_____
d Economic development tax credit	6d	_____
e Electronics and information technology manufacturing zone credit	6e	_____
f Employee college savings account contribution credit	6f	_____
g Enterprise zone jobs credit	6g	_____
h Jobs tax credit	6h	_____
i Manufacturing and agriculture credit (computed in 2021)	6i	_____
j Manufacturing investment credit	6j	_____
k Research credits	6k	_____
l Total credits (add lines 6a through 6k)	6l	_____
7 Adjustment for built-in gains tax	7	_____
8 Additions for federal capital gains and excess net passive income taxes	8	_____
9 Other additions:		
a SEE STATEMENT 2	9a	20014
b _____	9b	_____
c _____	9c	_____
d Total other additions (add lines 9a through 9c)	9d	20014
10 Total additions (add lines 1 through 5, 6l through 8, and 9d)	10	20014

Subtractions:

11 Related entity expenses eligible for subtraction	11	_____
12 Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	12	_____
13 Section 179, depreciation/amortization of assets (<i>attach schedule</i>)	13	9789
14 Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (<i>attach schedule</i>)	14	_____
15 Adjustment for built-in gains tax	15	_____
16 Federal wage credits	16	_____
17 Federal research credit expenses	17	_____
18 Other subtractions:		
a _____	18a	_____
b _____	18b	_____
c _____	18c	_____
d Total other subtractions (add lines 18a through 18c)	18d	_____
19 Total subtractions (add lines 11 through 17 and 18d)	19	9789
20 Total adjustment (subtract line 19 from line 10)	20	10225

Schedule

5K-1**Tax-Option (S) Corporation Shareholder's
Share of Income, Deductions, Credits, etc.****2022**Wisconsin Department
of RevenueFor calendar year 2022 or tax year beginning M M D D Y Y Y Y and ending M M D D Y Y Y Y**Part I: Information About the Corporation**

Corporation's Name <u>IMPACT SERVICE GROUP LTD.</u>	Corporation's FEIN <u>03 0390806</u>
Corporation's Address <u>63 COPPS HILL ROAD</u>	Corporation's City <u>RIDGEFIELD</u>

Part II: Information About the Shareholder

Business Name	FEIN		
Individual's Last Name <u>WETCHLER</u>	First Name <u>RICHARD</u>	M.I. <u></u>	Individual's SSN <u>090 66 1451</u>
Shareholder's Address <u>6 HEERDT FARM LANE</u>	Shareholder's City <u>POUND RIDGE</u>	State <u>NY</u>	Shareholder's Zip Code <u>10576</u>

If the shareholder is a disregarded entity, estate, or trust, enter the name and identifying number of the taxpayer to whom this income will be reported:

Trust Name	FEIN		
Last Name	First Name	M.I.	SSN

A Type of shareholder:

- 1 Individual
 2 Estate
 3 Trust
 4 Exempt organization
 5 Other _____

B Check if applicable:

- 1 Final 5K-1
 2 Amended 5K-1 (Include Schedule AR)
 3 Election to pay tax at the entity level pursuant to s. 71.365(4m)(a), Wis. Stats.
 4 A lower-tier entity made an election pursuant to s. 71.21(6)(a), Wis. Stats.

- C Shareholder's percentage of stock ownership for taxable year 50.00 %
- D Shareholder's state of residence (if a full-year Wisconsin resident, items E, F, G, and H do not apply) NY
- E Check if shareholder's Wisconsin amount is determined by apportionment. Apportionment percentage ... 1.1086 %
- F Check if shareholder's Wisconsin amount is determined by separate accounting.
- G Check if the shareholder is a nonresident and received an approved Form PW-2 to opt out of pass-through entity withholding, or received a continuous PW-2 exemption.
- H Check if the nonresident shareholder elected Wisconsin composite income tax be paid by the tax-option (S) corporation on a Form 1CNS. Amount of Wisconsin composite income tax paid on behalf of the nonresident shareholder

2022 Schedule 5K-1 | Shareholder's Name RICHARD WETCHLER

ID Number 090 66 1451 | Page 2 of 4

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

(a)	(b)	(c)	(d)	(e)
Pro rata share items	Federal amount	Adjustment	Amount under Wis. law	Wis. source amount (see instructions)
1 Ordinary business income (loss)	1 710906	10225	1 721131	7994
2 Net rental real estate income (loss)	2		2	
3 Other net rental income (loss)	3		3	
4 Interest Income	4		4	
5 Ordinary dividends	5		5	
6 Royalties	6		6	
7 Net short-term capital gain (loss)	7		7	
8 Net long-term capital gain (loss)	8		8	
9a Net section 1231 gain (loss)	9a		9a	
9b Portion of the amount on line 9a attributable to gains on sales of farm assets			9b	
10 Other income (loss) (see instructions)				
a	10a		10a	
b	10b		10b	
c Total (add lines 10a and 10b)	10c		10c	
11 Section 179 deduction	11 2350		11 2350	26
12 Other deductions:				
a Contributions	12a 5876		12a 5876	65
b Investment interest expense	12b		12b	
c Section 59(e)(2) expenditures	12c		12c	
d Other deductions (attach schedule)	12d		12d	
13 Wisconsin credits				
a Schedule			13a	
b Schedule			13b	
c Schedule			13c	
d Schedule			13d	
e Schedule			13e	
f Schedule			13f	
g Schedule			13g	
h Schedule			13h	
i Tax paid to other states (enter postal abbreviation)	13i-1		13i-1	
	13i-2		13i-2	
	13i-3		13i-3	
j Wisconsin tax withheld			13j 605	

2022 Schedule 5K-1 Shareholder's Name RICHARD WETCHLER			ID Number 0 9 0 6 6 1 4 5 1	Page 3 of 4
(a)	(b)	(c)	(d) Amount under Wis. law	(e) Wis. source amount <i>(see instructions)</i>
<u>Pro rata share items</u>	<u>Federal amount</u>	<u>Adjustment</u>		
14 Schedule K-3 is attached if checked (<i>see instructions</i>)			14	_____
15 Alternative minimum tax (AMT) items (<i>list</i>):				
a _____	15a _____			
b _____	15b _____			
16a Tax-exempt interest income	16a _____	_____	16a _____	
b Other tax-exempt income ..	16b _____	_____	16b _____	
c Nondeductible expenses ..	16c 8 622	2 001 3	16c 2 863 5	
d Property distributions	16d 3 652 4 7	_____	16d 3 652 4 7	
e Repayment of loans from shareholders	16e _____	_____	16e _____	
f Foreign taxes paid or accrued ..	16f _____	_____	16f _____	
17a Investment income	17a _____	_____	17a _____	_____
b Investment expenses	17b _____	_____	17b _____	_____
c Dividend distributions paid from accumulated earnings and profits	17c _____	_____	17c _____	_____
d Other items and amounts (<i>list</i>):				
1 _____	17d-1 _____	_____	17d-1 _____	_____
2 _____	17d-2 _____	_____	17d-2 _____	_____
3 Total (add lines 17d-1 and 17d-2)	17d-3 _____	_____	17d-3 _____	_____
18a Related entity expense addback			18a _____	
b Related entity expense allowable			18b _____	
19 Income (loss)			19 7 129 0 5	7 903
20 Gross income (before deducting expenses) from all activities			20 9 087 2 6 6	1 007 4 1

2022 Schedule 5K-1 | Shareholder's Name RICHARD WETCHLER

ID Number 0 90 66 1451 | Page 4 of 4

Part IV Schedule 5K-1 - Shareholder's Share of Additions and Subtractions**Additions:**

1 State taxes accrued or paid	1	_____
2 Related entity expenses	2	_____
3 Expenses related to nontaxable income	3	_____
4 Section 179, depreciation, amortization difference (<i>attach schedule</i>)	4	_____
5 Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (<i>attach schedule</i>)	5	_____
6 Total additions for certain credits computed:		
a Business development credit	6a	_____
b Community rehabilitation program credit	6b	_____
c Development zones credits	6c	_____
d Economic development tax credit	6d	_____
e Electronics and information technology manufacturing zone credit	6e	_____
f Employee college savings account contribution credit	6f	_____
g Enterprise zone jobs credit	6g	_____
h Jobs tax credit	6h	_____
i Manufacturing and agriculture credit (computed in 2021)	6i	_____
j Manufacturing investment credit	6j	_____
k Research credits	6k	_____
l Total credits (add lines 6a through 6k)	6l	_____
7 Adjustment for built-in gains tax	7	_____
8 Additions for federal capital gains and excess net passive income taxes	8	_____
9 Other additions:		
a SEE STATEMENT 2	9a	20013
b _____	9b	_____
c _____	9c	_____
d Total other additions (add lines 9a through 9c)	9d	20013
10 Total additions (add lines 1 through 5, 6l through 8, and 9d)	10	20013

Subtractions:

11 Related entity expenses eligible for subtraction	11	_____
12 Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	12	_____
13 Section 179, depreciation/amortization of assets (<i>attach schedule</i>)	13	9788
14 Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (<i>attach schedule</i>)	14	_____
15 Adjustment for built-in gains tax	15	_____
16 Federal wage credits	16	_____
17 Federal research credit expenses	17	_____
18 Other subtractions:		
a _____	18a	_____
b _____	18b	_____
c _____	18c	_____
d Total other subtractions (add lines 18a through 18c)	18d	_____
19 Total subtractions (add lines 11 through 17 and 18d)	19	9788
20 Total adjustment (subtract line 19 from line 10)	20	10225

Wisconsin Statements

Statement 1 - Form 5S, Page 3, Schedule 5K, Line 12a - Contributions

<u>Description</u>		<u>Cash Contrib 60%</u>							
<u>Cash Contrib 30%</u>	<u>Qualified Cash Contrib</u>	<u>Noncash Contrib 50%</u>	<u>Qualified Contrib 50%</u>	<u>Noncash Contrib 30%</u>	<u>Cap Gain Prop 30%</u>	<u>Cap Gain Prop 20%</u>	<u>Qualified Contrib 100%</u>	<u>Wisconsin Adj</u>	<u>Total</u>
Cash Contributions	\$	\$ 11,753	\$	\$	\$	\$	\$	\$	\$ 11,753
Total		<u>\$ 11,753</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 11,753</u>

Wisconsin Statements**Statement 2 - Form 5S, Page 4, Schedule 5M, Line 3 - AAA Other Additions**

Description	Amount
PY Expenses Pd with PPP Loan	\$ 261,752
Total	\$ <u>261,752</u>

Statement 3 - Form 5S, Page 4, Schedule 5M, Line 5 - AAA Other Reductions

Description	Amount
Officer Life Ins Premium	\$ 13,241
Charitable Contributions	11,753
Section 179 Expense	4,700
Nondeductible Expenses	44,031
Total	\$ <u>73,725</u>

Statement 4 - Form 5S, Page 4, Schedule 5M, Line 5 - OAA Other Reductions

Description	Amount
OAA Other Reductions	\$ 261,752
Total	\$ <u>261,752</u>

Wisconsin Statements**MARK BENSON****092-48-8637****Statement 1 - Schedule 5K-1, Page 2, Line 12a - Charitable Contributions - 60% Cash Limitation**

Description	Federal Schedule K-1	Wisconsin Adjustment	Wisconsin Amount	WI Source Amount
Cash Contributions	\$ 5,877	\$ 0	\$ 5,877	\$ 65
Total	<u>\$ 5,877</u>	<u>\$ 0</u>	<u>\$ 5,877</u>	<u>\$ 65</u>

Wisconsin Statements**MARK BENSON****092-48-8637****Statement 2 - Schedule 5K-1, Page 4, Line 9 - Other Additions**

Description	Amount
Disallowled Meals Deduction	\$ 20,014
Total	<u>\$ 20,014</u>

IMPACTSG IMPACT SERVICE GROUP LTD.
03-0390806
FYE: 12/31/2022

4/15/2023 8:49 AM

Wisconsin Statements
RICHARD WETCHLER
090-66-1451

Statement 1 - Schedule 5K-1, Page 2, Line 12a - Charitable Contributions - 60% Cash Limitation

Description	Federal Schedule K-1	Wisconsin Adjustment	Wisconsin Amount	WI Source Amount
Cash Contributions	\$ 5,876	\$ 0	\$ 5,876	\$ 65
Total	<u>\$ 5,876</u>	<u>\$ 0</u>	<u>\$ 5,876</u>	<u>\$ 65</u>

Wisconsin Statements**RICHARD WETCHLER****090-66-1451****Statement 2 - Schedule 5K-1, Page 4, Line 9 - Other Additions**

Description	Amount
Disallowled Meals Deduction	\$ 20,013
Total	<u>\$ 20,013</u>

Form **PW-1****Wisconsin Nonresident Income
or Franchise Tax Withholding
on Pass-Through Entity Income****2022**For calendar year 2022 or tax year beginning MM/DD/YYYY and ending MM/DD/YYYYIf this is an amended return, include Schedule AR and check here ► If this is a final return, check here ► **Part 1: Pass-Through Entity Information**

Person to Contact Regarding This Information		Telephone Number	
RICHARD WETCHLER		203-431-8008	
Name of Pass-Through Entity Withholding the Tax		Federal Employer ID Number	
IMPACT SERVICE GROUP LTD.		03 0390806	
Number and Street	Suite/Unit	For Estates Only: Decedent's Social Security Number	
63 COPPS HILL ROAD			
City		State	ZIP Code (+ 4 digit suffix if known)
RIDGEFIELD		CT	06877
A Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one): A <u>X</u> 5S <u> </u> 3 <u> </u> 2			
B Election to pay tax at the entity level (see instructions) B <u> </u>			
C Total pass-through income under Wisconsin law (see instructions) C <u> </u> 15806.00			
D Amount included in Item C that was taxed by a lower-tier entity (see instructions) D <u> </u> .00			
E Subtract Item D from Item C. If the result is less than 0, fill in 0 E <u> </u> 15806.00			

- | | |
|--|--------------------------------|
| 1 Total withholding tax computed (from Part 2, line 17) | 1 <u> </u> 1210.00 |
| 2 Estimated quarterly withholding tax payments (less Form 4466W refund, if any) | 2 <u> </u> 1210.00 |
| 3 Enter total tax withheld by lower-tier entities from Part 1A (Identify lower-tier entities in Part 1A below.) | 3 <u> </u> .00 |
| 4 Enter total tax withheld by WT-11 filers | 4 <u> </u> .00 |
| 5 Amended Return Only – amount previously paid | 5 <u> </u> .00 |
| 6 Add lines 2 through 5 | 6 <u> </u> 1210.00 |
| 7 Amended Return Only – amount previously refunded | 7 <u> </u> .00 |
| 8 Subtract line 7 from 6 | 8 <u> </u> 1210.00 |
| 9 Underpayment interest due (from Form PW-U, line 17). If you annualized income on Form PW-U, check the space after the arrow | 9 <u> </u> 35.00 |
| 10 Other interest and penalty due | 10 <u> </u> .00 |
| 11 Amount due. If the total of lines 1, 9 and 10 is greater than line 8, enter amount owed | 11 <u> </u> 35.00 |
| 12 Overpayment. If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid | 12 <u> </u> .00 |
| 13 Enter amount from line 12 you want credited on 2023 estimated withholding tax | 13 <u> </u> .00 |
| 14 Subtract line 13 from line 12. This is your refund | 14 <u> </u> .00 |

Part 1A: Additional Information Required for Tiered Entities (see instructions)

Name	FEIN	Total Amount Withheld
Name	FEIN	Total Amount Withheld

Third Party Designee Do you want to allow another person to discuss this return with the department? Yes Complete the following. No

Print Designee's Name BRYAN FERRETTI, CPA **Phone Number** 631 477 3011 **Personal Identification Number (PIN)** 11569

I declare, under penalties of law, that this return is true, correct, and complete to the best of my knowledge and belief.

Preparer's Signature  <u>BRYAN FERRETTI, CPA</u>	Date <u>04152023</u>
---	-------------------------

For information on how to file, see *Methods of Filing and Payment* in the instructions.

Part 2: Nonresident Shareholder, Partner, Member, or Beneficiary Information

(Note: See instructions corresponding to each column letter)

↓ If affidavit (Form PW-2) was filed by nonresident, columns E through H are not required.

Line	A. Nonresident's Name and Address	B. FEIN or SSN	C. Tax Form 1NPR	D. Affidavit Filed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E. Share of Wisconsin Taxable Income \$ 7903	F. Gross Withholding \$ 605	G. Share of Tax Credits \$ 605	H. Withholding Tax Computed \$ 605
a	Name MARK BENSON	FEIN	1NPR	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 7903	\$ 605	\$ 605	\$ 605
	Address 29 GREEN HILL ROAD GOLDENS BRIDGE NY 10526	SSN 092 48 8637						
b	Name RICHARD WETCHLER	FEIN	1NPR	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 7903	\$ 605	\$ 605	\$ 605
	Address 6 HEERDT FARM LANE POUND RIDGE NY 10576	SSN 090 66 1451						
c	Name	FEIN	1NPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
	Address	SSN						
d	Name	FEIN	1NPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
	Address	SSN						
e	Name	FEIN	1NPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
	Address	SSN						
Total Wisconsin income (add lines a through e)					\$ 15806			
15 Total withholding this page						\$ 1210		
16 Number of additional pages included _____ . Total of line 15 amount from all additional pages						\$		
17 Total withholding tax computed. Add lines 15 and 16. Enter total on Part 1, line 1						\$ 1210		

Form

PW-UWisconsin Department
of Revenue***Underpayment of Estimated Withholding Tax by
Pass-Through Entities*****2022**

File with Wisconsin Form PW-1

Name IMPACT SERVICE GROUP LTD.	Federal Employer ID Number 03 0390806
--	---

Part I Computation of Underpayment and Interest Due on Underpayment

1 a Enter 2022 withholding tax computed (see instructions)	1210			
b Enter 2022 tax withheld (see instructions)				
c Subtract line 1b from line 1a. This is 2022 withholding tax due for taxable year (see instructions)		1210		
2 Enter 90% of line 1c		1089		
3 Enter 2021 withholding tax due from PW-1, if applicable (see instructions)	470			
4 If preceding taxable year return covered 12 months, use the smaller of line 2 or line 3; otherwise, enter line 2		470		
5 Enter installment due dates (see instructions)	(a) 03152022	(b) 06152022	(c) 09152022	(d) 12152022
6 Divide line 4 by 4 and enter the result in each column or, if you use the annualized income installment method for any period, first fill in Part III and enter the amounts from line 45	118	117	118	117
7 Estimated withholding tax paid				
8 If line 7 is less than line 6, subtract line 7 from line 6. This is your underpayment				
9 If line 7 is more than line 6, subtract line 6 from line 7. This is your overpayment				
10 Carryback of overpayment or late payment (see instructions)				
11 Carryforward of overpayment (see instructions)				
12 Subtract the total of lines 10 and 11 from line 8. This is your net underpayment				
13 Number of days from the due date of the installment to the date carryback on line 10 was paid				
14 Number of days from the due date of the installment to the date balance due on return was paid or unextended due date of return, whichever is earlier				
15 Interest: 12% per year on amount on line 10 for the number of days on line 13				
16 Interest: 12% per year on amount on line 12 for the number of days on line 14				
17 Add all of the amounts on lines 15 and 16 and enter the total. If your return is filed after the unextended due date and shows withholding tax due, enter the total on Part II, line 22. Otherwise, enter the total on the line provided on PW-1, line 9				35

Part II Computation of Other Interest and Penalty Due

Complete this part only if Form PW-1 is not filed by the unextended due date and shows withholding tax due.

- 18 If PW-1 filed late without an extension, enter net withholding tax ...
- 19 If PW-1 filed with extended due date and shows –
 - a Net withholding tax of \$500 or more, enter portion of net tax indicated
 - b Net withholding tax of less than \$500, enter net tax
- 20 Enter payments made (apply first to 18% per year column)
- 21 Subtract line 20 from line 18 or 19a or 19b. This is amount due the 15th day of the month that includes unextended due date (after end of taxable year)
- 22 Interest on underpayment from Part I, line 17
- 23 Add lines 21 and 22
- 24 Interest on amounts on line 23 to _____ (date PW-1 filed)
- 25 If PW-1 is filed late without an extension or after the extended due date –
 - a Enter penalty of 5% of net tax due on your return for each month or fraction thereof that your return is late, but not more than 25%
 - b Enter \$50 or applicable late fee
- 26 Add lines 24, 25a, and 25b. Enter the total on PW-1, line 10

* Note: See the instructions for line 24.

Part III Annualized Income Installment Method Worksheet

Fill in this worksheet only if computing required installments using the annualized income installment method. Complete one column through line 45 before completing the next column.

	Annualization Period			
	(a) First 2 months	(b) First 5 months	(c) First 8 months	(d) First 11 months
27 Enter Wisconsin net income for each period <i>(see instructions)</i>				
28 Annualization factor	6	2.4	1.5	1.091
29 Multiply line 27 by line 28				
30 Adjustments (NBLs, etc. – see <i>instructions</i>)				
31 Combine lines 29 and 30. This is annualized income				
32 Multiply line 31 by your applicable tax rate. This is annualized gross tax				
33 Enter your nonrefundable credits				
34 Subtract line 33 from line 32. If zero or less, enter zero				
35 Enter your refundable credits (excluding estimated tax paid)				
36 Subtract line 35 from line 34. If zero or less, enter zero. This is annualized net withholding tax				
37 Applicable percentage	22.5%	45%	67.5%	90%
38 Multiply line 36 by line 37				
39 Enter the combined amounts of line 45 from all preceding columns				
40 Subtract line 39 from line 38. If zero or less, enter zero				
41 Divide Part 1, line 4, by 4 and enter the result in each column				
42 Enter the amount from line 44 for the preceding column				
43 Add lines 41 and 42 and enter the total				
44 If line 43 is more than line 40, subtract line 40 from line 43. Otherwise, enter zero				
45 Enter the smaller of line 40 or 43 here and on Part 1, line 6				

Form PW-U		WI Withholding Underpayment of Estimated Tax Worksheet			2022	
		For 2022 or taxable year beginning _____ and ending _____				
Name			Employer Identification Number			
<u>IMPACT SERVICE GROUP LTD.</u>			03 0390806			
Due date of estimated payment	1st Qtr	03152022	2nd Qtr	06152022	3rd Qtr	
					4th Qtr	
Amount of underpayment		118		117	118	
	1st Pymt		2nd Pymt		3rd Pymt	
					4th Pymt	
Date of payment					5th Pymt	
Amount of payment						
QTR	FROM	TO	UNDERPAYMENT	DAYS	RATE	PENALTY
1	3/15/22	3/15/23	118	365	12.00	14
2	6/15/22	3/15/23	117	273	12.00	11
3	9/15/22	3/15/23	118	181	12.00	7
4	12/15/22	3/15/23	117	90	12.00	3
TOTAL PENALTY						35

WI Withholding Income Worksheet

Form PW-1

2022

For 2022 or taxable year beginning

and ending

Name

Employer Identification Number

IMPACT SERVICE GROUP LTD.

03 0390806

Shareholder name

MARK BENSON

Spouse name

Identifying number

092-48-8637

Identifying number

- | Line | All Shareholders | Shareholder Amount |
|---|------------------|--------------------|
| 1 Ordinary income (loss) from trade or business activities | 1,442,263 | 7,994 |
| 2 Net income (loss) from rental real estate activities | | |
| 3 Net income (loss) from other rental activities | | |
| 4 Interest | | |
| 5 Dividends | | |
| 6 Royalties | | |
| 7 Capital gain and loss: | | |
| a Net short-term capital gain (loss) | | |
| 1 Short term capital loss carryover | | |
| b Total short term capital gain and loss | | |
| c Net Section 1231 gain | | |
| d Net long-term capital gain | | |
| 1 Net long-term capital loss | | |
| 2 Long term capital loss carryover | | |
| e Total long term capital and Section 1231 gains | | |
| 1 Total long term capital losses | | |
| f Total long term capital gain (loss) | | |
| g Combine lines 7(b) + 7(f). If a loss, go to 7(q) | | |
| h If line 7(g) shows a gain, fill in the smaller of line 7(f) or line 7(g) | | |
| i Fill in 30 % of line 7(h) | | |
| j Portion of the amount on 7(e) that is attributable to gain on the sale of farm assets | | |
| k Amount from 7(e) | | |
| l Divide 7(j) by 7(k) | | |
| m Multiply line 7(h) by the decimal amount on line 7(l) | | |
| n Fill in 30 % of line 7(m) | | |
| o Add lines 7(i) and 7(n) | | |
| p Subtract line 7(o) from line 7(g) | | |
| q If line 7(g) shows a loss, fill in the smaller of: | | |
| 1 The loss on line 7(g), | | |
| 2 \$500, or | | |
| 3 WI ordinary income | | |
| r Total capital gain or loss income | | |
| 8 Net section 1231 (loss) (other than due to casualty or theft) | | |
| 9 Other income (loss) | | |
| 10 Charitable contributions | 11,753 | 65 |
| 11 Section 179 expense deduction | 4,700 | 26 |
| 12 Section 59(e)(2) expenditures | | |
| 13 Other deductions | | |
| 14 Interest expense on investment debts | | |
| 15 Passive activity loss adjustment | | |
| 16 Net operating loss adjustment | | |
| 17 Total Wisconsin income | 1,425,810 | 7,903 |
| 18 Income taxed by lower-tier entity | | |
| 19 Total Wisconsin income not taxed by lower-tier entity | 7,903 | |

WI Withholding Income Worksheet**Form PW-1****2022**

For 2022 or taxable year beginning

and ending

Name

Employer Identification Number

IMPACT SERVICE GROUP LTD.

03 0390806

Shareholder name

RICHARD WETCHLER

Spouse name

Identifying number

090-66-1451

Identifying number

- | Line | Description | All Shareholders | Shareholder Amount |
|------|---|------------------|--------------------|
| 1 | Ordinary income (loss) from trade or business activities | 1,442,263 | 7,994 |
| 2 | Net income (loss) from rental real estate activities | | |
| 3 | Net income (loss) from other rental activities | | |
| 4 | Interest | | |
| 5 | Dividends | | |
| 6 | Royalties | | |
| 7 | Capital gain and loss: | | |
| a | Net short-term capital gain (loss) | | |
| 1 | Short term capital loss carryover | | |
| b | Total short term capital gain and loss | | |
| c | Net Section 1231 gain | | |
| d | Net long-term capital gain | | |
| 1 | Net long-term capital loss | | |
| 2 | Long term capital loss carryover | | |
| e | Total long term capital and Section 1231 gains | | |
| 1 | Total long term capital losses | | |
| f | Total long term capital gain (loss) | | |
| g | Combine lines 7(b) + 7(f). If a loss, go to 7(q) | | |
| h | If line 7(g) shows a gain, fill in the smaller of line 7(f) or line 7(g) | | |
| i | Fill in 30 % of line 7(h) | | |
| j | Portion of the amount on 7(e) that is attributable to gain on the sale of farm assets | | |
| k | Amount from 7(e) | | |
| l | Divide 7(j) by 7(k) | | |
| m | Multiply line 7(h) by the decimal amount on line 7(l) | | |
| n | Fill in 30 % of line 7(m) | | |
| o | Add lines 7(i) and 7(n) | | |
| p | Subtract line 7(o) from line 7(g) | | |
| q | If line 7(g) shows a loss, fill in the smaller of: | | |
| 1 | The loss on line 7(g), | | |
| 2 | \$500, or | | |
| 3 | WI ordinary income | | |
| r | Total capital gain or loss income | | |
| 8 | Net section 1231 (loss) (other than due to casualty or theft) | | |
| 9 | Other income (loss) | | |
| 10 | Charitable contributions | 11,753 | 65 |
| 11 | Section 179 expense deduction | 4,700 | 26 |
| 12 | Section 59(e)(2) expenditures | | |
| 13 | Other deductions | | |
| 14 | Interest expense on investment debts | | |
| 15 | Passive activity loss adjustment | | |
| 16 | Net operating loss adjustment | | |
| 17 | Total Wisconsin income | 1,425,810 | 7,903 |
| 18 | Income taxed by lower-tier entity | | |
| 19 | Total Wisconsin income not taxed by lower-tier entity | 7,903 | |