Form **1120-S**

Department of the Treasury Internal Revenue Service

U.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.

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

| For c | alenda | r year 2022 or tax | x year begi | inning | | , ending | | | |
|-------------------------------|------------|--|-------------------|---------------------------------------|-------------------------------------|------------------|------------------------------|----------------|---------------------------------|
| A S | election e | effective date | | Name | | | | D Empl | oyer identification number |
| | 7/1 | 0/2017 | | GLOBAL I TECH SO | | | | 1 | 82-2102981 |
| B Bu | | ctivity code | TYPE | | n or suite no. If a P.O. box, se | e instructions | | F Date i | incorporated |
| | | e instructions) | OR | 89-05 202nd street | | | | | • |
| | | | | City or town | | State | ZIP code | | 7/10/2017 |
| 5415 | 19 | | PRINT | Hollis | <u> </u> | NY | 11423 | F Total | assets (see instructions) |
| | | n. M-3 attached | 1 | Foreign country name | Foreign province/stat | e/county | Foreign postal code | . | • |
| | | | | | | | | \$ | 0 |
| G is | the co | orporation electing | g to be an | S corporation beginnin | g with this tax year? See | instructions | . Yes | No | |
| H C | neck if | : (1) Final | l return | (2) Name change | (3) Address change | (4) | Amended return (5) | S ele | ection termination |
| I F | nter the | number of share | eholders w | ho were shareholders | during any part of the tax | vear | | | 1 |
| | | | | | | | ouped activities for sectio | | |
| | | | | gregated activities for section | | | | | ve activity purposes |
| Caut | _ | | | | s on lines 1a through 21. | | | | |
| | 1a | | | | | | 237,00 | 00 | |
| | b | | | | | | | | 007.000 |
| Ф | С | | | | | | | | 237,000 |
| Ĕ | 2 | - | • | , | | | | 2 | 227.000 |
| Income | 3 | | | | | | | | 237,000 |
| = | 4 | | | · · · · · · · · · · · · · · · · · · · | orm 4797) | | | | |
| | 5 | • | , , | | tement) | | | | 227 000 |
| | 6 7 | | | | | | | 7 | 237,000 |
| instructions for limitations) | | • | | • | ach Form 1125-E) | | | | |
| aţio | 8 | | • | | | | | 9 | |
| Hi: | 9 10 | • | | | | | | - | |
| Ë | 11 | _ | | | | | | 11 | 18,000 |
| υĘ | 12 | | | | | | | | 10,000 |
| E | 13 | | | | | | | 13 | |
| Ę | 14 | • | , | | m 1125-A or elsewhere o | | | 14 | 68,550 |
| nsti | 15 | | | | n.) | - | · | | 00,030 |
| .= g | 16 | | | | | | | | 1,848 |
| (Se | 17 | - | | | | | | | 1,040 |
| Suc | 18 | • | - | • | | | | 18 | |
| Deductions (see | 19 | | . • | | | | | - | 142,177 |
| Ď | 20 | | - | · | | | | | 230,575 |
| De | 21 | | | • | e 20 from line 6 | | | | 6,425 |
| | 22a | | | | (see instructions) | | <u> </u> | _ : | |
| | b | • | | · | | | | | |
| nts | C | | | · | onal taxes) | | | 22c | 0 |
| Paymer | 23a | | | ents and 2021 overpayı | | 23a | | | |
| Σ | b | | | | | 23b | | | |
| 6 | С | Credit for federa | al tax paid | on fuels (attach Form 4 | 136) | 23c | | | |
| Tax and | d | Add lines 23a th | rough 23c | | | | <u></u> . | . 23d | 0 |
| æ | 24 | Estimated tax p | enalty (see | e instructions). Check if | Form 2220 is attached . | | | 24 | |
| Ţā; | 25 | Amount owed. | . If line 23d | is smaller than the total | al of lines 22c and 24, ent | ter amount o | owed | 25 | 0 |
| • | 26 | Overpayment. | If line 23d | is larger than the total | of lines 22c and 24, enter | amount over | erpaid | 26 | 0 |
| | 27 | Enter amount fr | om line 26 | : Credited to 2023 est | imated tax | | Refunded . | 27 | 0 |
| | | Under penalties of pe | erjury, I declare | e that I have examined this retu | ırn, including accompanying sche | dules and stater | ments, and to the best of my | knowledge a | nd belief, it is true, correct, |
| 0. | | and complete. Declar | ration of prepa | arer (other than taxpayer) is bas | sed on all information of which pre | parer has any k | nowledge. | | he IRS discuss this return |
| Sig | | | | | ı | DD=0:- | - LIT | | he preparer shown below? |
| Her | e | Oi-marks 5 55 | | | Dete | PRESID |)EN I | See in | nstructions. X Yes No |
| | | Signature of office Print/Type prepared | | Preparer's | Date | Title | Date | | PTIN |
| Dair | 1 | | | | oignature | | | Check | if |
| Paid | | ANJAN K BH | HATTACH | IARJEE, CF | 0) (00, 0055 | | 3/11/2023 | self-empl | |
| | pare | | | X & ACCOUNTING | SVCS. CORP. | | | Firm's Ell | |
| Use | Onl | | | 170TH STREET | | 0/ / | NIV | Phone no | , |
| | | City J | IAMAICA | | | State | NY | ZIP code | 11432 |

| Sc | nedule B Other Inf | <u>formation (see instructions</u> | s) | | | | |
|-----|------------------------------|---|----------------------------------|---------------------------|----------------------------------|----------|--------|
| 1 | Check accounting method: | : a X Cash b | Accrual | | | Yes | No |
| | | c Other (specify) | IT TRAINING AN | ID CONSULTING | | | |
| 2 | See the instructions and e | | | | | | |
| | a Business activity IT | TRAINING & CONSULTING | b Product or serv | rice SERVICE | | | |
| 3 | At any time during the tax | year, was any shareholder of the | corporation a disrega | arded entity, a trust, an | | | |
| | nominee or similar person' | ? If "Yes," attach Schedule B-1, Ii | nformation on Certain | Shareholders of an S | Corporation | | Χ |
| 4 | At the end of the tax year, | did the corporation: | | | | | |
| 2 | Own directly 20% or more | , or own, directly or indirectly, 50% | % or more of the total | stock issued and outst | anding of any | | |
| | • | ration? For rules of constructive o | | | - | | |
| | below | | | | | | Х |
| | (i) Name of Corporation | (ii) Employer | (iii) Country of | (iv) Percentage of | (v) If Percentage in (iv) is 100 | 0%. Ente | er the |
| | (/ | Identification | Incorporation | Stock Owned | Date (if applicable) a Qualifie | | |
| | | Number (if any) | | | S Subsidiary Election Wa | as Made |) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| k | Own directly an interest of | 20% or more, or own, directly or | indirectly, an interest | of 50% or more in the | profit, loss, or | | |
| | | mestic partnership (including an | | | eficial interest of a | | |
| | trust? For rules of construc | ctive ownership, see instructions. | If "Yes," complete (i) | through (v) below | <u> </u> | | Χ |
| | (i) Name of Entity | (ii) Employer | (iii) Type of Entity | (iv) Country of | (v) Maximum Percentage | | t |
| | | Identification Number (if any) | | Organization | in Profit, Loss, or Ca | ipital | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5a | At the end of the tax year | did the corporation have any out | standing shares of re- | stricted stock? | | 1 | Х |
| ou | If "Yes," complete lines (i) | | otalianing offaces of re- | otriotod otook: | | | Ä |
| | (i) Total shares of rest | ` ' | | | | | |
| | `` | n-restricted stock | | | | | |
| k | ` ' | did the corporation have any outs | | | | | Х |
| | If "Yes," complete lines (i) | - | | | | | |
| | (i) Total shares of stoo | ck outstanding at the end of the ta | ax year | | | | |
| | (ii) Total shares of stoo | ck outstanding if all instruments w | vere executed | | | | |
| 6 | Has this corporation filed, | or is it required to file, Form 8918 | 8, Material Advisor Di | sclosure Statement, to | provide | | |
| | , , | ble transaction? | | | | | Х |
| 7 | Check this box if the corpo | oration issued publicly offered deb | ot instruments with ori | iginal issue discount . | | | |
| | If checked, the corporation | n may have to file Form 8281 , Inf | ormation Return for F | Publicly Offered Origina | Issue Discount | | |
| | Instruments. | | | | | | |
| 8 | If the corporation (a) was a | a C corporation before it elected t | o be an S corporation | or the corporation acc | uired an asset with a | | |
| | basis determined by refere | ence to the basis of the asset (or | the basis of any other | r property) in the hands | of a C corporation, and | | |
| | (b) has net unrealized built | t-in gain in excess of the net reco | gnized built-in gain fr | om prior years, enter th | e net unrealized built-in | | |
| | , , | nized built-in gain from prior year | | · | | | |
| 9 | | an election under section 163(j) fo | | ade or business or any | farming business | | |
| | ŭ , | r? See instructions | | | | | |
| 10 | · | fy one or more of the following? | | | | | |
| | | ass-through entity with current, or | | | | | |
| k | | te average annual gross receipts | • | ` '' | • | | |
| | | ear are more than \$27 million an | | | ense. | | |
| (| • | nelter and the corporation has bus | • | | . | | |
| 4.4 | | ach Form 8990 , Limitation on Bus | | - | | ~ | |
| 11 | | fy both of the following condition | | | | X | |
| | • | eipts (see instructions) for the tax | • | | | | |
| K | | ets at the end of the tax year wer | | i. | | | |
| | n res, the corporation is | not required to complete Schedu | ıı c ə ∟ aııu ıvı- i. | | | | |

| orm | 1120-S (20 | ²²⁾ GLOBAL I TECH SOLUTIONS INC. | 82-210298 | I Р | age 3 |
|----------------------------|--------------|--|------------|------------|--------------|
| : | Schedu | Ile B Other Information (see instructions) (continued) | | Yes | No |
| 12 | During th | ne tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or have | d the | | |
| | | odified so as to reduce the principal amount of the debt? | | | Χ |
| | | | | | |
| | _ | ne tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instr | | <u> </u> | Χ |
| | | corporation make any payments in 2022 that would require it to file Form(s) 1099? | | | Χ |
| b | | did or will the corporation file required Form(s) 1099? | | | <u> </u> |
| 15 | | rporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | | Х |
| | | enter the amount from Form 8996, line 15 | | | |
| Sch | redule l | Shareholders' Pro Rata Share Items | Total amo | | |
| | 1 | Ordinary business income (loss) (page 1, line 21) | 1 | 6 | 6,425 |
| | 2 | Net rental real estate income (loss) (attach Form 8825) | 2 | | |
| | 3a | Other gross rental income (loss) | | | |
| | b | Expenses from other rental activities (attach statement) | | | |
| <u>~</u> | С | Other net rental income (loss). Subtract line 3b from line 3a | 3c | | 0 |
| SS | 4 | Interest income | 4 | | |
| Ţ | 5 | Dividends: a Ordinary dividends | 5a | | |
| ncome (Loss) | | b Qualified dividends | | | |
| Ö | 6 | Royalties | 6 | | |
| <u>=</u> | 7 | Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) | 7 | | |
| | 8a | Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) | 8a | | |
| | b | Collectibles (28%) gain (loss) | | | |
| | С | Unrecaptured section 1250 gain (attach statement) | | | |
| | 9 | Net section 1231 gain (loss) (attach Form 4797) | 9 | | |
| | 10 | Other income (loss) (see instructions) Type: | 10 | | |
| ns | 11 | Section 179 deduction (attach Form 4562) | 11 | | |
| 읉 | 12a | Charitable contributions | 12a | | |
| 율 | b | Investment interest expense | 12b | | |
| Deductions | C | Section 59(e)(2) expenditures | 12c | | |
| | d | Other deductions (see instructions) Type: | 12d | | |
| | 13a | Low-income housing credit (section 42(j)(5)) | 13a | | |
| | b | Low-income housing credit (other) | 13b | | |
| <u> </u> | C | Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 13c | | |
| Credits | d | Other rental real estate credits (see instructions) Type: | 13d | | |
| ರ | e | Other rental credits (see instructions) | 13e | | |
| | f | Biofuel producer credit (attach Form 6478) | 13f | | |
| | g | Other credits (see instructions) | 13g | | |
| Inter- | 5 4. | Attack Cahadula I/ 0 /Farma 4400 C) Observe Lideral Bra Bata Cl | | | |
| Inter- | E 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 | | | |
| 2 | = | | | | |
| " × | ω 15a | Post-1986 depreciation adjustment | 15a | | 20 |
| ું≅ | Ë b | Adjusted gain or loss | 15b | | |
| ב ב | <u>ĕ</u> c | Depletion (other than oil and gas) | 15c | | |
| 를를 | = | Oil, gas, and geothermal properties—gross income | 15d | | |
| Alternative Minimum Tax | ⋖ e | Oil, gas, and geothermal properties—deductions | 15e | | |
| | Т | Other AMT items (attach statement) | 15f | | |
| Jg Sist | 2 16a | Tax-exempt interest income | 16a | | |
| ecti: | b | Other tax-exempt income | 16b | | |
| Aff | 5 c | Nondeductible expenses | 16c | | |
| tems Affecting | de | Distributions (attach statement if required) (see instructions) | 16d 16e | | |
| = " | | 13000 VIII OI I OI I OI I OI I OI I OI I O | 100 | | |

16f

| Sch | nedu | ıle K | Shareholders' Pro Rata Share | Items (continued) | | | | Total amount | |
|--------|-------------|-----------|--|------------------------|---------------------------|-----|-----|----------------|-------|
| | on | 17a | Investment income | | | | 17a | | |
| ē | Information | b | Investment expenses | | | | 17b | | |
| Other | orn. | С | Dividend distributions paid from accumulat | ed earnings and profi | ts | | 17c | | |
| _ | Inf | d | Other items and amounts (attach statemer | | | | | | |
| Recon- | ciliation | | | , | | | | | |
| ě | iati | 18 | Income (loss) reconciliation. Combine the | he amounts on lines 1 | through 10 in the far rig | ght | | | |
| œ | ci | | column. From the result, subtract the sum | of the amounts on line | es 11 through 12d and 1 | l6f | 18 | | 6,425 |
| Scl | ned | ule L | Balance Sheets per Books | Beginning | of tax year | | En | nd of tax year | |
| | | | Assets | (a) | (b) | (| (c) | (d) | |
| 1 | Ca | sh | | | | | | | |
| 2a | Tra | ade note | es and accounts receivable | | | | | | |
| b | Les | ss allow | vance for bad debts | | 0 | | | | 0 |
| 3 | Inv | entorie | s | | | | | | |
| 4 | U.S | S. gove | rnment obligations | | | | | | |
| 5 | Tax | x-exem | pt securities (see instructions) | | | | | | |
| 6 | | | rent assets (attach statement) | | | | | | |
| 7 | Loa | ans to s | shareholders | | | | | | |
| 8 | Мо | rtgage | and real estate loans | | | | | | |
| 9 | Oth | ner inve | estments (attach statement) | | | | | | |
| 10a | Bui | ildings | and other depreciable assets | | | | | | |
| b | Les | ss accu | ımulated depreciation | | 0 | | | | 0 |
| 11a | De | pletable | e assets | | | | | | |
| b | | | ımulated depletion | | 0 | | | | 0 |
| 12 | Lar | nd (net | of any amortization) | | | | | | |
| 13a | | | assets (amortizable only) | | | | | | |
| b | | - | ımulated amortization | | 0 | | | | 0 |
| 14 | Oth | ner ass | ets (attach statement) | | | | | | |
| 15 | Tot | tal asse | ets | | 0 | | | | 0 |
| | | Liabili | ties and Shareholders' Equity | | | | | | |
| 16 | Acc | counts | payable | | | | | | |
| 17 | | | notes, bonds payable in less than 1 year | | | | | | |
| 18 | | | ent liabilities (attach statement). | | | | | | |
| 19 | Loa | ans fror | m shareholders | | | | | | |
| 20 | | | notes, bonds payable in 1 year or more | | | | | | |
| 21 | Oth | ner liabi | ilities (attach statement) | | | | | | |
| 22 | | | ock | | | | | | |
| 23 | | | paid-in capital | | | | | | |
| 24 | | | earnings | | | | | | |
| 25 | | | s to shareholders' equity (attach statement) | | | | | | |
| 26 | - | | of treasury stock | | | | | | |
| 27 | | | lities and shareholders' equity | | 0 | | | | Λ |

| Form 1 | 1120-S (2022) GLOBAL I TECH SOLUTIONS IN | NC. | | | | 82-210298 | 31 Page 5 |
|--------|--|-------------------------------------|--------------------|---|--------------------------------------|-----------|---------------------------|
| Sch | nedule M-1 Reconciliation of Income (Los | * • | | | n | | |
| 1 | Note: The corporation may be requi | red to file Schedule M | -3. Se 5 | ee instructions. Income recorded on | hooks this year | | |
| 2 | Income included on Schedule K, lines 1, 2, | | • | not included on Sche | , | | |
| _ | 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded | | | through 10 (itemize): | , | | |
| | on books this year (itemize) | | а | _ , | \$ | | |
| | chi booko tillo your (kemizo) | | u | rax exempt interest | Ψ | | 0 |
| 3 | Expenses recorded on books this year | | 6 | Deductions included | on Schedule K, | | |
| | not included on Schedule K, lines 1 | | | lines 1 through 12, ar | nd 16f, not charged | | |
| | through 12, and 16f (itemize): | | | against book income | this year (itemize): | | |
| а | Depreciation \$ | | а | Depreciation \$ | | | |
| | | | | | | _ | 0 |
| b | Travel and entertainment \$ | | 7 | | | | 0 |
| | | 0 | 8 | Income (loss) (Sched | lule K, line 18). | | |
| 4 | Add lines 1 through 3 | 0 | | Subtract line 7 from I | ine 4 | | 0 |
| Sch | nedule M-2 Analysis of Accumulated Adj | ustments Account, | Sha | reholders' Undistrib | outed Taxable Income | е | |
| | Previously Taxed, Accumulat | ted Earnings and P | rofits | s, and Other Adjustr | nents Account | | |
| | (see instructions) | | | | | | |
| | | (a) Accumulated adjustments account | | (b) Shareholders' undistributed taxable come previously taxed | (c) Accumulated earnings and profits | ` ' | er adjustments occount |
| 1 | Balance at beginning of tax year | 54,158 | | | | | |
| 2 | Ordinary income from page 1, line 21 | 6,425 | | | | | |
| 3 | Other additions | | | | | | |
| 4 | Loss from page 1, line 21 | | | | | | |
| 5 | Other reductions | | | | | | |
| 6 | Combine lines 1 through 5 | 60,583 | | 0 | | 0 | 0 |
| 7 | Distributions | | | | | | |
| 8 | Balance at end of tax year. Subtract line 7 | | | _ | | | · |

60,583

from line 6.

Form **1120-S** (2022)

| | | | Final K-1 Am | ended K-1 | OMB No. 1545-012 | 23 |
|---|-------------------------------------|----|--------------------------------------|-----------------------|--|----|
| Schedule K-1 (Form 1120-S) | 2022 | P | Shareholder's S Deductions, Cre | Share of edits, ar | Current Year Income, nd Other Items | |
| Department of the Treasury Internal Revenue Service | For calendar year 2022, or tax year | 1 | Ordinary business income (loss) 6,42 | 13 | Credits | |
| beginning | ending | 2 | Net rental real estate income (loss) | | | |
| Shareholder's Share of Ir | • | 3 | Other net rental income (loss) | | | |
| Credits, etc. | See separate instructions. | 4 | Interest income | | | |
| <u> </u> | out the Corporation | 5a | Ordinomi dividondo | | | |
| A Corporation's employer identification 82-2102981 | number | Эa | Ordinary dividends | | | |
| B Corporation's name, address, city, sta | ate, and ZIP code | 5b | Qualified dividends | 14 | Schedule K-3 is attached if checked | |
| GLOBAL I TECH SOLUTIONS I | NC. | 6 | Royalties | 15 | Alternative minimum tax (AMT) items | 20 |
| 89-05 202nd street Hollis, NY 11423 | | 7 | Net short-term capital gain (loss) | A | | 20 |
| C IRS Center where corporation filed re e-file | turn | 8a | Net long-term capital gain (loss) | | | |
| D Corporation's total number of shares Beginning of tax year | | 8b | Collectibles (28%) gain (loss) | | | |
| End of tax year | | 8c | Unrecaptured section 1250 gain | | | |
| Part II Information Abo | out the Shareholder | 9 | Net section 1231 gain (loss) | 16 | Items affecting shareholder basis | S |
| E Shareholder's identifying number 235-71-1258 | Shareholder: 1 | 10 | Other income (loss) | | | |
| F Shareholder's name, address, city, s | tate, and ZIP code | | | | | |
| MD S ZAMAN | | | | | | |
| 89-05 202ND STREET Hollis, NY 11423 | | | | | | |
| G Current year allocation percentage . | | | | 17 AC | Other information 50,80 |)2 |
| | | 11 | Section 179 deduction | | | |
| H Shareholder's number of shares Beginning of tax year | 400 | 12 | Other deductions | | | |
| End of tax year | | | | | | |
| Loans from shareholder Beginning of tax year | | | | | | |
| End of tax year | \$ | | | | | |
| | | | | | | |
| Şi | | | | | | |
| For IRS Use Only | | | | | | |
| IRS L | | | | | | |
| For | | 18 | More than one activity for at- | | | |
| | | 19 | More than one activity for pa | ssive activ | ity purposes* | |
| | | | * See attached stateme | ent for ad | ditional information | |

MD S ZAMAN 235-71-1258

| K-1 Statement (Sch K-1, Form 1120S) | |
|---|--------|
| Line 15 - AMT Items A Code A - Post-1986 depreciation adjustment | 20 |
| Line 17 - Other Information AC Code AC - Gross receipts for section 448(c) | 50,802 |

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Internal Revenue Service Identifying number Name(s) shown on return Business or activity to which this form relates GLOBAL I TECH SOLUTIONS INC. 1120S - IT TRAINING & CONSULTING 82-2102981 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. 1.080.000 2 68,506 3 2.700.000 4 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 (c) Elected cost 8 0 9 0 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 **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 68,506 14 15 **16** Other depreciation (including ACRS) . . 16 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 44 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property vear placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction in service only-see instructions) **19 a** 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 27.5 yrs. MM S/L 27.5 yrs. MM property i Nonresidential real 39 yrs. MM MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-year S/L 12 yrs. 30 yrs. MM S/L c 30-year **d** 40-year 40 yrs. S/L Part IV Summary (See instructions.) 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 68.550

23 For assets shown above and placed in service during the current year, enter the

Form 4562 (2022) GLOBAL I TECH SOLUTIONS INC. Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? No Yes No (a) (b) (d) (f) (g) (h) (i) Business/ Basis for depreciation Type of property Date placed Recovery Method/ Depreciation Elected section 179 Cost or other basis investment use (business/ investment percentage use only) (list vehicles first) in service period Convention deduction cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25 26 Property used more than 50% in a qualified business use: % % Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 0 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) . . . Total commuting miles driven during the year . Total other personal (noncommuting) 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . Do you provide more than five vehicles to your employees, obtain information from your employees about the Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI **Amortization** (a) (b) (c) (d) (f) Amortization Description of costs Date amortization Amortizable amount Code section Amortization for this year period or percentage begins Amortization of costs that begins during your 2022 tax year (see instructions): Amortization of costs that began before your 2022 tax year 47 43

Total. Add amounts in column (f). See the instructions for where to report

47

Line 19 (1120S) - Other Deductions

| | b Meals, subject to 100% limit (Business meals paid or incurred in 2021 or 2022) 1b 2,379 | _ | |
|----|---|----|---------|
| | g Subtract line f from lines b, c, d and e | 1g | 2,379 |
| 2 | From Form 4562 - Amortization | 2 | 47 |
| 3 | Automobile and truck expenses | 3 | 4,297 |
| 4 | Business promotion expenses | 4 | 399 |
| 5 | Insurance | 5 | 2,748 |
| 6 | Legal and professional fees | 6 | 500 |
| 7 | Sofeware and service expenses | 7 | 101,065 |
| 8 | Office expenses and supplies | 8 | 8,923 |
| 9 | Seminars and conferences | 9 | 7,488 |
| 10 | Telephone and internet expenses | 10 | 3,556 |
| 11 | Utilities | 11 | 3,860 |
| 12 | Water charges | 12 | 1,680 |
| 13 | Continuing education | 13 | 4,696 |
| 14 | Books and magazine | 14 | 539 |
| 15 | Total other deductions | | 142,177 |

| AC Code AC - Gross receipts for section 448(c | | AC | 50,802 |
|---|--|----|--------|
|---|--|----|--------|

GLOBAL I TECH SOLUTIONS INC. 82-2102981

Form 4562 Statement - 1120S 12/31/2022

| GLOBAL | L I TECH SOLUTIONS INC. 8 | 82-2102981 | | | | | | | | | | | | | | |
|-----------------------|---|------------------|--------|----------|---------|-----------|--------|-----------|---------|----------|----------|--------|---------|--------------|---------|---------|
| | | Date | | Business | Cost or | | | | | | | | Con- | Prior Accum. | 2022 | 2022 |
| Item | Description of | Placed | Asset | Use | Other | Sec. 179 | | Special | Salvage | Recovery | Recovery | | vention | Deprec., | | Accum. |
| No. | Property | In Service | Code | % | Basis | Deduction | Credit | Allowance | Value | Basis | Period | Method | Code | 179, Bonus | Deprec. | Deprec. |
| Depre | ciation Detail | | | | | | | | | | | | | | | |
| MACRS | deductions for prior years (L | ine 17) | | | | | | | | | | | | | | |
| 001 | FURNITURE AND FIXTURE | 8/1/2017 | F-11 | 100.00% | 6,620 | 5,620 | 0 | 500 | 0 | 500 | 7.0 | 200DB | HY | 6,499 | 44 | 6,543 |
| | Total MACRS deductions for p | orior years (Lin | ne 17) | _ | 6,620 | 5,620 | 0 | 500 | 0 | 500 | | | | 6,499 | 44 | 6,543 |
| GDS 5-y 006 | year property (Line 19b) OFFICE EQUIPMENTS | 6/28/2022 | F-6 | 100.00% | 33,893 | 0 | 0 | 33,893 | 0 | 0 | 5.0 | 200DB | HY | 0 | 0 | 33,893 |
| | Total GDS 5-year property (Lir | ne 19b) | | - | 33,893 | 0 | 0 | 33,893 | 0 | 0 | | | | 0 | 0 | 33,893 |
| GDS 7-\ | year property (Line 19c) | | | _ | | | | | | | | | | | | _ |
| 007 | OFFICE FURNITURE AND FIX | > 6/10/2022 | F-11 | 100.00% | 15,123 | 0 | 0 | 15,123 | 0 | 0 | 7.0 | 200DB | HY | 0 | 0 | 15,123 |
| | Total GDS 7-year property (Lir | ne 19c) | | = | 15,123 | 0 | 0 | 15,123 | 0 | 0 | • | | | 0 | 0 | 15,123 |
| GDS 15 008 | i-year property (Line 19e) LEASEHOLD IMPROVEMENT | T 5/20/2022 | R-13 | 100.00% | 19,490 | 0 | 0 | 19,490 | 0 | 0 | 15.0 | SL/GDS | HY | 0 | 0 | 19,490 |
| | Total GDS 15-year property (L | ine 19e) | | _ | 19,490 | 0 | 0 | 19,490 | 0 | 0 | • | | | 0 | 0 | 19,490 |
| | | • | | _ | | | | | | | • | | | <u> </u> | | |
| | Subtotal Depreciation | | | - | 75,126 | 5,620 | 0 | 69,006 | 0 | 500 | | | | 6,499 | 44 | 75,049 |
| Total A | Amortization (Line 44) | | | | | | | | | | | | | | | |
| 003 | ORGANIZATION COSTS | 8/1/2017 | Z-10 | 100.00% | 400 | 0 | 0 | 0 | 0 | 400 | 5.0 | SL | FM | 353 | 47 | 400 |
| | Total Amortization (Line 44) | | | | 400 | 0 | 0 | 0 | 0 | 400 | | | | 353 | 47 | 400 |
| | Total Depreciation and | l Amortizat | ion | _ | 75,526 | 5,620 | 0 | 69,006 | 0 | 900 | | | | 6,852 | 91 | 75,449 |

GLOBAL I TECH SOLUTIONS INC. 82-2102981

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2022

Summary of Qualified Property by Activity

| | | Unadjusted |
|---|----------|--------------|
| | Activity | ost or Basis |
| 1 | 1120S | 88,510 |

Detail of Qualified Property

| | | | Date In | Recovery | Years in | Total Cost | Business/Time | Unadjusted |
|---|----------|--------------------------|-----------|----------|----------|------------|---------------|---------------|
| | Activity | Asset Description | Service | Period | Service | or Basis | Use Percent | Cost or Basis |
| 2 | 1120S | FURNITURE AND FIXTURE | 8/1/2017 | 7.0 | 6 | 6,620 | 100.00% | 6,620 |
| 3 | 1120S | EQUIPMENTS | 8/1/2017 | 5.0 | 6 | 4,024 | 100.00% | 4,024 |
| 4 | 1120S | COMPUTERS | 4/1/2021 | 5.0 | 2 | 5,680 | 100.00% | 5,680 |
| 5 | 1120S | FURNITURE AND FIXTURE | 5/4/2021 | 7.0 | 2 | 3,680 | 100.00% | 3,680 |
| 6 | 1120S | OFFICE EQUIPMENTS | 6/28/2022 | 5.0 | 1 | 33,893 | 100.00% | 33,893 |
| 7 | 1120S | OFFICE FURNITURE AND FIX | 6/10/2022 | 7.0 | 1 | 15,123 | 100.00% | 15,123 |
| 8 | 1120S | LEASEHOLD IMPROVEMENT | 5/20/2022 | 15.0 | 1 | 19,490 | 100.00% | 19,490 |

New York S Corporation Franchise Tax Return CT-3-S Tax Law - Articles 9-A and 22

| All filers must enter tax period: | | | | | | | |
|---|-----------------------------------|---------------------------|-------------------|-----------------------|---------------|----------------------------|-----------|
| Final return (see instructions) | Amended return | | beginning | 01-01-2 | endir | ng 12-31- | -22 |
| Employer identification number (EIN) | File number | Business telephone num | nber | If you claim a | an overpay | ment, | |
| 822102981 | | 917-561-655 | 4 | - | | | |
| Legal name of corporation GLOBAL I TR | ECH SOLUTIONS I | INC. | Trade name/D | BA | | | |
| Mailing address | | | State or countr | y of incorporation | | | |
| Care of (c/o) | | | NY | | | | |
| Number and street or PO Box 89-05 2021 | ND STREET | | Date of incorp | oration | Foreign corpo | rations: date began busine | ss in NYS |
| | | | 07- | 10-17 | | | |
| City U.S. state/Canad | dian province ZIP/Postal code | e Country (if no | ot United States) | | For office us | e only | |
| HOLLIS | NY 11423 | | | | | | |
| NAICS business code number (from NYS Pub 910) | If you need to upda | = | New York S ele | ection effective date | | | |
| 541519 | phone information | for corporation tax, | 07- | -10-17 | | | |
| NYS principal business activity | | or other tax types, | you can do s | o online. | | | |
| OTHER COMPUTER RELATED | SERVICES | See Business info | rmation in Fo | m CT-1. | | | |
| Has the corporation revoked its election to be | treated as a New York S cor | poration? | Number of sha | reholders | | | |
| Yes ● No ● X | Yes, enter effective date: | | | 1 | | | |
| Pay amount shown on Part 2, line | e 46. Make payable to | : New York State (| Corporation 1 | Гах | | Payment enclosed | |
| Attach your payment here. Detac | h all check stubs. (See | e instructions for deta | ils.) | | A | | 50. |
| Enter your business apportionment | nt factor <i>(from Part 3, li</i> | ne 56) | | | | | 0000 |
| Did the S corporation make an IR | C section 338 or 453 e | election? | | | | Yes ● No | o • |
| Did this entity have an interest in | real property located in | n New York State d | uring the last t | hree years? . | | Yes∎ No | O • |
| Has there been a transfer or acqu | isition of a controlling | interest in this entity | y during the la | st three years | s? | Yes∎ No | o • |
| If the IRS has completed an audit of | any of your returns within | n the last five years, li | st years | | | | |
| If this return is for a New York S to used for the New York S short | | orporation termination | | ctions) | | accounting was | _ |
| Mark an X in the box if you are filing | Form CT-3-S as a resu | It of the mandatory N | ew York S elec | tion of Tax La | w, Article 2 | 2, section 660(i). | • |
| If you are one of the following, ma | ark an X in one box: | QETC ● | | Qualified | d New Yor | k manufacturer | • |
| If you filed as a New York C corpo | oration in previous yea | ers, enter the last ye | ar filed as suc | h | | | |
| Are you a residual interest holder | in a real estate mortga | age investment con | duit (REMIC)? | | | Yes ● No | 0 • |
| Enter the amount, if any, of tax pa | nid from federal Form | 1120S, line 22c | | | • | | |
| If you include the activities of a quecompany (SMLLC), or DISC in | · | | - | - | | - | • |

| 0 | If you are a foreign corporation copartnerships, mark an X in the I | | | | = | |
|----------|--|---------------------------------|---|--------------------------------|-----------|---------------------------|
| Р | If you made a voluntary contribution | on to any available funds, | mark an X in the box and | d attach Form CT- | 227 | • |
| Par | t 1 – Federal Form 1120S | information | | | | |
| | ride the information for lines 1 th unt column. (Show any negative ar | | | | 20S, Sche | dule K, total |
| 1 | | | | | 1 | 6,425. |
| 2 | Net rental real estate income or lo | | | - | 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 | S | | | 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 (from feder | al Form 1120S, Schedule L, | line 7, columns b and d) | | | |
| | Beginning of tax year ● | End o | of tax year ● | | | |
| 12 | Total assets (from federal Form 11: | | lumns b and d <u>)</u> | | | |
| | Beginning of tax year ● | 168. End o | of tax year ● | 77. | | |
| 13 | Loans from shareholders (from fee | deral Form 1120S, Schedule | L, line 19, co <u>lumns b and</u> | d) | | |
| | Beginning of tax year ● | End o | of tax year ● | | | |
| <u> </u> | dala dha bafanna dhan fan Dina a dha | | | | 1000 0-1- | |
| | ride the information for lines 14 to with a minus | _ | • | ir tederai Form 11 | 1205, SCN | eaule IVI-2. |
| (3110 | w any negative amounts with a minus | A | B | С | | D |
| | | Accumulated adjustments account | Shareholders' undistributed taxable income previously taxed | Accumulated earnir and profits | ngs | Other adjustments account |
| 14 | Balance at beginning of | • | | • | • | |
| • | tax year | 54,158. | | | | |
| 15 | Ordinary income from federal | • | | | | |
| | Form 1120S, page 1, line 21 | 6,425. | | | | |
| 16 | Other additions | • | | | • | |
| 17 | Loss from federal Form 1120S, | • | | | | |
| | page 1, line 21 | | | | | |
| 18 | Other reductions | • | | | • | |
| 19 | Combine lines 14 through 18 | • 60 , 583. | | • | • | |
| 20 | Distributions | • | | • | • | |
| 21 | Balance at end of tax year. | • | • | • | • | |
| | Subtract line 20 from line 19 | 60,583. | | | | |

| Par | t 2 - Computation of tax (see instructions | s) | | | | | |
|------|---|-----------------|-------------------------------|----------------------------------|----------|----|----------|
| Have | e you been convicted of an offense, or are you a | n owne | r of an entity convict | ed of an offense, defin | ed ir | 1 | |
| Ne | w York State Penal Law Article 200 or 496, or se | ection 1 | 95.20? (see Form C | Γ-1, mark an X in one box | x) | | Yes No |
| You | must enter an amount on line 22; if none, ent | er <i>0.</i> | | | | | |
| 22 | New York receipts (from Part 3, line 55, column A | (New Y | ork State)) | | • | 22 | 237,000. |
| 23 | Fixed dollar minimum tax (see instructions) | | | | | 23 | 50. |
| 24 | Recapture of tax credits (see instructions) | | | | | 24 | |
| 25 | Total tax after recapture of tax credits (add lines | 23 and | 24) | | ● | 25 | 50. |
| 26 | Special additional mortgage recording tax credi | t (currer | nt year or deferred; se | ee instructions) | | 26 | |
| 27 | Tax due after tax credits (subtract line 26 from lin | e 25) | | | | 27 | 50. |
| Firs | t installment of estimated tax for the next tax | period: | | | | | |
| 28 | Enter amount from line 27 | | | | | 28 | 50. |
| 29 | If you filed a request for extension, enter amount | nt from | Form CT-5.4, line 2 | | • | 29 | |
| 30 | If you did not file Form CT-5.4 and line 28 is over | er \$1,00 | 00, enter 25% (.25) | of line 28. | | | |
| | Otherwise enter 0 | | | | | 30 | 0. |
| 31 | Add line 28 and line 29 or 30 | <u></u> | | | | 31 | 50. |
| Con | position of prepayments (see instructions): | | Date paid | Amount | | | |
| 32 | Mandatory first installment | . 32 | | | | | |
| 33 | Second installment from Form CT-400 | . 33 | | | | | |
| 34 | Third installment from Form CT-400 | . 34 | | | | | |
| 35 | Fourth installment from Form CT-400 | . 35 | | | | | |
| 36 | Payment with extension request from | | | | | | |
| | Form CT-5.4 | 36 | | | | | |
| 37 | Overpayment credited from prior years (see inst | tructions | s) | | | | |
| 38 | Total prepayments (add lines 32 through 37) | | | | ● | 38 | |
| 39 | Balance (subtract line 38 from line 31; if line 38 is | larger th | an line 31, enter 0) | <u></u> | | 39 | 50. |
| 40 | Estimated tax penalty (see instructions; mark an | X in the | box if Form CT-222 is | s attached) • | ● | 40 | |
| 41 | Interest on late payment (see instructions) | | | | ● | 41 | |
| 42 | Late filing and late payment penalties (see instru | uctions) | | | ● | 42 | |
| 43 | Balance (add lines 39 through 42) | | | | | 43 | 50. |
| Volu | intary gifts/contributions | | | | | | |
| 44 | Total voluntary gifts/contributions (from Form CT | -227, Pa | art 2, line 1) | | | 44 | |
| 45 | Add lines 31, 40, 41, 42, and 44 | | | | | 45 | 50. |
| 46 | Balance due (If line 38 is less than line 45, subtrac | ct line 38 | 8 from line 45 and ent | er here. This is the | | | |
| | amount due; enter your payment amount on lin | ne A on | page 1.) | | | 46 | 50. |
| 47 | Overpayment (If line 38 is more than line 45, subt | ract line | 45 from line 38 and 6 | enter here. This is the | | | |
| | amount of your overpayment; see instructions.) . | | | | | 47 | |
| 48 | Amount of overpayment to be credited to next p | period (| see instructions) | | | 48 | |
| 49 | Refund of overpayment (subtract line 48 from line | e 47; see | e instructions) | | [| 49 | |
| 50 | Refund of unused special additional mortgage i | recordir | ng tax credit <i>(see ins</i> | tructions) | . | 50 | |
| 51 | Amount of special additional mortgage recording | ıg tax cı | redit to be applied a | s an overpayment to | | | |
| | next period | | | | | 51 | |

| Part 3 – Computation of business apportionment factor (see | instruction | s) | |
|---|---------------|-----------------------|-------------------------|
| Mark an X in this box only if you have no receipts required to be included in the | denominator | r of the apportionmen | t factor (see instr.) ● |
| | A – N | ew York State | B – Everywhere |
| Section 210-A.2 | | • | |
| 1 Sales of tangible personal property | 1 | | |
| | 2 | • | |
| 3 Net gains from sales of real property | 3 | • | |
| Section 210-A.3 | | • | |
| 4 Rentals of real and tangible personal property | 4 | | |
| 5 Royalties from patents, copyrights, trademarks, and similar intangible | | | |
| personal property • | 5 | | |
| 6 Sales of rights for certain closed-circuit and cable TV transmissions | | | |
| | 6 | | |
| Section 210-A.4 | | | |
| 7 Sale, licensing, or granting access to digital products | | . (051.) | _ |
| Section 210-A.5(a)(1) - Fixed percentage method for qualified financia | | | T _ I |
| 8 To make this irrevocable election, mark an X in the box (see instructions) | | | ● 8 |
| Section 210-A.5(a)(2) - Mark an X in each box that is applicable (see lii | ne 8 instruct | tions) | |
| Section 210-A.5(a)(2)(A) | | | |
| | 9 | | |
| 10 Net gains from sales of loans secured by real property | | • | |
| , , , , , , , , , , , , , , , , , , , | 1 | • | |
| 12 Net gains from sales of loans not secured by real property (QFI •)• 1 | | • | |
| Section 210-A.5(a)(2)(B) (QFI ●) | | • | |
| 13 Interest from federal debt | 3 | | |
| 14 | • | 1 1 | |
| 15 Interest from NYS and its political subdivisions debt | 5 | • | |
| 16 Net gains from federal, NYS, and NYS political subdivisions debt ● 1 | 6 | • | |
| 17 Interest from other states and their political subdivisions debt | 7 | | |
| 18 Net gains from other states and their political subdivisions debt ● 1 | 8 | • | |
| Section 210-A.5(a)(2)(C) (QFI ●) | | • | |
| 19 Interest from asset-backed securities and other government agency debt • 1 | 9 | | |
| 20 Net gains from government agency debt or asset-backed securities | | | |
| sold through an exchange • 2 | _ | | |
| | :1 | • | |
| Section 210-A.5(a)(2)(D) (QFI ●) | | • | |
| 22 Interest from corporate bonds | 2 | | |
| 23 Net gains from corporate bonds sold through broker/dealer or | _ | | |
| licensed exchange | | | |
| 24 Net gains from other corporate bonds | 4 | | |
| Section 210-A.5(a)(2)(E) | | | |
| 25 Net interest from reverse repurchase and securities borrowing agreements . • 2 | .5 | • | |
| Section 210-A.5(a)(2)(F) 26 Net interest from federal funds | :6 | | |
| | .0 | • | |
| Section 210-A.5(a)(2)(I) (QFI •) 27 Net income from sales of physical commodities | 7 | | |
| Section 210-A.5(a)(2)(J) (QFI •) | 11 | • | |
| 28 Marked to market net gains | 8 | | |
| Section 210-A.5(a)(2)(H) (QFI ●) | - | • | |
| 210-A.5(a)(2)(G) (QFI •) | | | |
| | 9 | | |
| | 0 | • | |
| | | | |



Part 3 – Computation of business apportionment factor (continued)

| | A – New York State | B – Everywhere |
|---|--------------------|-----------------------|
| Section 210-A.5(b) | | |
| 31 Brokerage commissions | | |
| 32 Margin interest earned on behalf of brokerage accounts • 32 | | |
| 33 Fees for advisory services for underwriting or management of underwriting . • 33 | 3 | |
| 34 Receipts from primary spread of selling concessions | 4 | |
| 35 Receipts from account maintenance fees | 5 | • |
| 36 Fees for management or advisory services | | • |
| 37 Interest from an affiliated corporation | 7 | • |
| Section 210-A.5(c) | | • |
| 38 Interest, fees, and penalties from credit cards | 8 | |
| 39 Service charges and fees from credit cards | 9 | • |
| 40 Receipts from merchant discounts | 0 | |
| 41 Receipts from credit card authorizations and settlement processing • 4 | 1 | |
| 42 Other credit card processing receipts | 2 | |
| Section 210-A.5(d) | | |
| 43 Receipts from certain services to investment companies | 3 | |
| Section 210-A.5-a | | • |
| 44 Global intangible low-taxed income • 44 | 4 0.00 | |
| Section 210-A.6 | | • |
| 45 Receipts from railroad and trucking business 44 | 5 | |
| Section 210-A.6-a | | • |
| 46 Receipts from the operation of vessels | 6 | |
| Section 210-A.7 | | • |
| 47 Receipts from air freight forwarding 4 | 7 | |
| 48 Receipts from other aviation services | 8 | • |
| Section 210-A.8 | | • |
| 49 Advertising in newspapers or periodicals | 9 | |
| 50 Advertising on television or radio | 0 | • |
| 51 Advertising via other means | 1 | • |
| Section 210-A.9 | | • |
| 52 Transportation or transmission of gas through pipes | 2 | |
| Section 210-A.10 | | • |
| 53 Receipts from other services/activities not specified | 237,000. | 237,000. |
| Section 210-A.11 | | • |
| 54 Discretionary adjustments 54 | 4 | |
| Total receipts | | |
| 55 Add lines 1 through 54 in columns A and B | 237,000. | 237,000. |
| 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 1.000000

| Amended return information | | | | | | | |
|--|---|--------------------------------|------------------------------|--------------------------------------|--|--|--|
| If filing an an | nended return, mark an $oldsymbol{\mathit{X}}$ in the box for any i | items that apply and attac | h documentation. | | | | |
| Final federal determination If marked, enter date of determination: • | | | | | | | |
| Third – part | Yes X No Designee's name (print) ANJAN K BHATTA | CHARJEE, CPA | | Designee's phone number 718-658-8767 | | | |
| designee (see instruction | ADMAITACHARUEE921@GMAIL.COM | | | PIN 00011 | | | |
| Certification | : I certify that this return and any attachmen | ts are to the best of my kr | nowledge and belief true | , correct, and complete. | | | |
| Authorized | Printed name of authorized person MD S ZAMAN | Signature of authorized person | title SIDENT | | | | |
| person | Email address of authorized person ITNYCUSA@GMAIL.COM | | Telephone number 917-561-655 | Date 4 | | | |
| Paid | Firm's name (or yours if self-employed) AJ TAX & ACCOUNTING SVCS. CO | RP. | Firm's EIN 113734434 | Preparer's PTIN or SSN P00188446 | | | |
| use | | ddress 88-14 170TH STREE | City T JAMAICA | State ZIP code NY 11432 | | | |
| only (see instr.) | Email address of individual preparing this return ABHATTACHARJEE921@GMAIL.COM | | Preparer's NYTPRIN or | Excl. code Date 03-11-23 | | | |

See instructions for where to file.



New York S Corporation Shareholders' Information Schedule

| Lega | i name oi corporation | | Emplo | iyer ideni | ilication | number (EIN) |
|--|-----------------------|------|---|----------------|-----------|----------------------------|
| GLOBAL I TECH SOLUTIONS INC. 822102983 | | | 1 | | | |
| Atta | ch to Form CT-3 | -S | | | | |
| | | | eholders' New York State modifications and credits (Er | ter the | tota | I amount reported by |
| | | | ew York S corporation on each line. Each shareholder must inclu | | | |
| | am | nou | nts on their personal income tax return.) | | | |
| Par | t 1 – Total sha | reh | older modifications related to S corporation items (see instruc | ctions) | | |
| | | 1 | New York State franchise tax imposed under Article 9-A | | 1 | |
| | Additions | 1a | New York taxes imposed under Articles 24-A and 24-B and income taxe | es | | |
| | | | imposed by other taxing jurisdictions | | 1a | |
| | | 2 | Federal depreciation deduction from Form CT-399, if applicable | | 2 | 68 , 597. |
| | | 3 | 1 - 1 | | 3 | |
| | | 3a | New York addition adjustments due to decoupling from the Internal Revenue | | | |
| | | | Code (IRC) | | 3a | |
| 9 | Subtractions | 4 | | | 4 | 13,252. |
| • | Subtractions | 5 | (************************************** | | 5 | |
| | | 5a | , , , | | 5a | |
| | Other items | 6 | , | | 6 | |
| | tach explanation) | | Subtractions from itemized deductions | | 7 | |
| Par | | _ | oration New York State credits and taxes on early disposition | n s (se | e instr | ructions; |
| | attach appli | | , | | | |
| | | | edits (see instructions) | | | |
| 8 | | | ness certificate number | | | |
| 9 | | | UP NY business tax benefit period (enter the year number from 1 to 10) | | | |
| 10 | | | communication services excise tax credit (Form CT-640) | | | |
| 11 | | | T-UP NY tax benefits (Form CT-645) | | | 0 0000 |
| 12 | | | elimination credit tax-free NY area allocation factor (Form CT-638) | | | 0.0000 |
| 13 | | | elimination credit business allocation factor (Form CT-638) | | | |
| 4.4 | | | elimination credit factors from partnership (for multiple partnerships atta nership EIN | | | atement; see instructions) |
| 14 | | | | | 14 | <u> </u> |
| 15 16 | | | ness certificate number (obtain number from your partnership) • 15 UP NY business tax benefit period (enter the year number from 1 to 10; | | | |
| 10 | | | n your partnership) | | 16 | |
| 17 | | | elimination credit tax-free NY area allocation factor (obtain factor from your | | 10 | |
| '' | | | | | 17 | |
| 18 | | | elimination credit business allocation factor (obtain factor from your partners | | | |
| | stment tax credi | | · · · · · · · · · · · · · · · · · · · | пр) • | | <u> </u> |
| 19 | | | it and employment incentive credit (Form CT-46) | • | 19 | |
| 20 | | | it on research and development property (Form CT-46) | | | |
| 21 | | | | | | |
| 22 | Tax on early dis | pos | itions – investment tax credit, retail enterprise tax credit, | | | |
| - | • | | t, investment tax credit on research and development property, or investme | ent | | |
| | | | cial services industry (Form CT-44 or CT-46) | | 22 | |
| Emp | | | edits (see instructions) | | . – | |
| | | | redit (Form CT-603) | • | 23 | |
| 24 | | | , | | | |
| | Recaptured tax c | redi | t – EZ investment tax credit or EZ investment tax credit for financial services | | | |

industry (Form CT-603 or CT-605)

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

| 20 | lified empire zone enterprise (QEZE) tax credits (see instructions) | - 00 | |
|----------|--|------|-----------|
| 26 | QEZE real property tax credit allowed (Form CT-606) | | |
| 27 | Net recapture of QEZE real property tax credit (Form CT-606) | | 0.0000 |
| 28 | QEZE tax reduction credit employment increase factor (Form CT-604) | | 0.0000 |
| 29 | QEZE tax reduction credit zone allocation factor (Form CT-604) | | 0.0000 |
| 30 | QEZE tax reduction credit benefit period factor (Form CT-604) | | 0.0000 |
| | QEZE tax reduction credit factors from partnership (for multiple partnerships attach separate state | | ructions) |
| 31 | QEZE partnership EIN | | |
| 32 | QEZE employment increase factor (obtain factor from your partnership) | | |
| 33 | QEZE zone allocation factor (obtain factor from your partnership) | | |
| 34 | QEZE benefit period factor (obtain factor from your partnership) | ● 34 | |
| arn | ners' school tax credit (see instructions) | 1 1 | |
| 35 | Total acres of qualified agricultural property | | |
| 36 | Total amount of eligible school district property taxes paid | | |
| 37 | Total acres of qualified agricultural property converted to nonqualified use | | |
| 38 | Total acres of qualified conservation property | ● 38 | |
| the | er credits (attach applicable forms) | | |
| 39 | Recapture of alternative fuels credit (Form CT-40) | | |
| 40 | Credit for employment of persons with disabilities (Form CT-41) | ● 40 | |
| 41 | Rehabilitation of historic properties credit (Form CT-238; also see Form CT-34-SH-I regarding | | |
| | project number reporting) | ● 41 | |
| 42 | Recapture of rehabilitation of historic properties credit (Form CT-238) | ● 42 | |
| 43 | Clean heating fuel credit (Form CT-241) | ● 43 | |
| 44 | | | |
| 45 | Empire State commercial production credit (Form CT-246) | ● 45 | |
| 46 | Empire State film production credit for the current year (Form CT-248) | ● 46 | |
| 47 | Empire State film production credit for the second year (Form CT-248) | | |
| 48 | Empire State film production credit for the third year (Form CT-248) | | |
| 49 | Long-term care insurance credit (Form CT-249) | | |
| 50 | Credit for purchase of an automated external defibrillator (Form CT-250) | | |
| 51 | Empire State film post-production credit for the current year (Form CT-261) | | |
| 52 | Empire State film post-production credit for the second year (Form CT-261) | | |
| 53 | Empire State film post-production credit for the third year (Form CT-261) | | |
| 54 | Excelsior jobs tax credit component (Form CT-607) | | |
| 55 | Excelsior investment tax credit component (Form CT-607) | | |
| 56 | Excelsior research and development tax credit component (Form CT-607) | | |
| 57 | | | |
| 7a | | | |
| 58 | Recapture of excelsior jobs program tax credit (Form CT-607) | | |
| 59 | Brownfield redevelopment tax credit site preparation credit component (Form CT-611) | | |
| 60 | Brownfield redevelopment tax credit tangible property credit component (Form CT-611) | | |
| 61 | Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611) | | |
| 62 | Recapture of brownfield redevelopment tax credit (Form CT-611) | | |
| 63 | Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1) | | |
| 64 | Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1) | | |
| 65 | Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1) | | |
| 66 | Recapture of brownfield redevelopment tax credit (Form CT-611.1) | | |
| 67 | Brownfield redevelopment tax credit site preparation credit component (Form CT-611.2) | | |
| 68 | Brownfield redevelopment tax credit site preparation credit component (<i>Form CT-611.2</i>) | | |
| | Brownfield redevelopment tax credit on-site ground water remediation credit component (<i>Form C1-611.2</i>) | | |
| 69 70 | Recapture of brownfield redevelopment tax credit (Form CT-611.2) | | |
| 70 71 | Remediated brownfield credit for real property taxes (Form CT-612) | | |
| | nemediated prowilled credit for real property taxes (Form CT-012) | ♥ / | |



Part 2 – Total S corporation New York State credits and taxes on early dispositions (continued) Environmental remediation insurance credit (Form CT-613) Recapture of environmental remediation insurance credit (Form CT-613) Security officer training tax credit (attach Form CT-631) 75 Economic transformation and facility redevelopment program jobs tax credit component 76 (Form CT-633)● Economic transformation and facility redevelopment program investment tax credit component (Form CT-633)● 77 Economic transformation and facility redevelopment program job training tax credit component (Form CT-633)● 78 Economic transformation and facility redevelopment program real property tax credit component 79 79 (Form CT-633)● Recapture of economic transformation and facilities redevelopment program tax credit (Form CT-633) 80 80 81 82 QETC employment credit (Form DTF-621) 82 83 QETC capital tax credit (Form DTF-622)● 83 Recapture of QETC capital tax credit (Form DTF-622) 84 84 85 Low-income housing credit (Form DTF-624) 85 86 Recapture of low-income housing credit (Form DTF-626) 86 87 Empire state jobs retention credit (Form CT-634) 87 88 Recapture of empire state jobs retention credit (Form CT-634) New York youth jobs program credit (Form CT-635) 89 89 90 Alcoholic beverage production credit for beer (Form CT-636) 90 91 91 Alcoholic beverage production credit for cider (Form CT-636) 92 Alcoholic beverage production credit for wine (Form CT-636) Alcoholic beverage production credit for liquor (Form CT-636) 93 93 Alternative fuels and electric vehicle recharging property credit (Form CT-637) 94 94 95 Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637) 96 97 Real property tax credit for manufacturers (Form CT-641) 98 Recapture of real property tax credit for manufacturers (Form CT-641) Empire state musical and theatrical production credit (Form CT-642) 99 Hire a veteran credit (Form CT-643) 100 Workers with disabilities tax credit (Form CT-644) Employee training incentive program tax credit (Form CT-646) 102 Farm workforce retention credit (Form CT-647) Life sciences research and development tax credit (Form CT-648) 105 Farm donations to food pantries credit (Form CT-649; also see Form CT-34-SH-I regarding additional informational reporting) • | 105 106 Empire State apprenticeship tax credit (Form CT-650) Recovery tax credit (Form CT-651) Employer-provided child care credit (Form CT-652) 108 110 Restaurant return-to-work credit (Form CT-655) **114** Other tax credits and recaptures (see instructions)

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. D Ε For each shareholder, Identifying number Percentage Shareholder Shareholder enter last name, first name, middle initial on first line; (SSN or EIN) of ownership residency status entity status enter home address on second and third lines. (make only one entry) (make only one entry) (attach federal Schedule K-1 for each shareholder) 1 for New York State I for individual 2 for New York City F for estate or trust 3 for Yonkers E for exempt organization 4 for NYS nonresident ZAMAN MD S 89-05 202ND STREET HOLLIS, NY 11423 100.0000 2 235711258 Ι 3 4 5 6 7 8 8 9 10 10 11

Schedule K-1 (NY CT-34-SH)

Shareholder's Share of Income Substitute State Schedule K-1

NY

| | For calendar year 2022 or tax year beginning | , 2022 and ending | , 20 | 2022 |
|----------------------------|---|--|--------------------|-----------------------|
| Sharoholde | | S Corporation's identifying | | 822102981 |
| | | | | 022102901 |
| MD S ZAM | er's name, address, and ZIP code #1 AN | S Corporation's name, add GLOBAL I TECH SOLUTION | | |
| 89-05 202N | ND STREET | 89-05 202nd street | | |
| Hollis, NY | 11423 | Hollis, NY 11423 | | |
| | | Shareholder Entity Status | · · · · · <u> </u> | |
| Shareholde | er residency status | Amended | . Final | |
| | SHAREHOLDER'S SHARE OF INCOME, CREDITS, DEDU | CTIONS, ETC. | NEW YORK AMOUNT | FEDERAL K-1 AMOUNT |
| 1. Ordin | ary income (loss) from trade or business activities | 1. | 6,425 | 6,425 |
| 2. Net ir | ncome (loss) from rental real estate activities | 2. | 0 | 0 |
| Net ir | ncome (loss) from other rental activities | | 0 | 0 |
| Interest | est income | 4. | 0 | 0 |
| | ary dividends | | 0 | 0 |
| 6. Roya | lties | 6. | 0 | 0 |
| | hort-term capital gain (loss) | | 0 | 0 |
| 8a. Net lo | ong-term capital gain (loss) | 8a. | 0 | 0 |
| 9. Net s | ection 1231 gain (loss) | 9. | 0 | 0 |
| 10. Other | r income (loss) | 10. | 0 | 0 |
| 11. Section | on 179 deduction | 11. | 0 | 0 |
| | ibutions | | 0 | 0 |
| 12b. Inves | tment interest expense | 12b. | 0 | 0 |
| 12c. Section | on 59(e)(2) expenditures | 12c. | 0 | 0 |
| 12d. Other | r deductions | 12d. | 0 | 0 |
| | ts and credit recapture | | 0 | 0 |
| 14l. Total | Foreign Taxes | 141. | 0 | 0 |
| 15a. Post- | 1986 depreciation adjustment | 15a. | 20 | 20 |
| 15b. Adjus | sted gain or loss | 15b. | 0 | 0 |
| 16a. Tax-e | exempt interest income | 16a.[| 0 | 0 |
| 16b. Other | r tax-exempt income | 16b. | 0 | 0 |
| 16c. Nond | eductible expenses | 16c. | 0 | 0 |
| 16d. Distril | butions | 16d. | 0 | 0 |
| Part I - Tot | al shareholder modifications related to S corporation iter | ns | | |
| Additions | | | | |
| | York State franchise tax imposed under Article 9-A or Article | | | 0 |
| | York taxes imposed under Articles 24-A and 24-B and income taxe | | | 0 |
| Feder | ral depreciation deduction from Form CT-399, if applicable | | 2. | 68,597 |
| Other | r additions (attach explanation) | | 3. | 0 |
| | York addition adjustments due to decoupling from the | e Internal Revenue Code | (IRC) 3a. | 0 |
| Subtractio | | | | |
| | able New York depreciation from Form CT-399, if applicable | | | 13,252 |
| 5. Other | subtractions (attach explanation) | | 5. | 0 |
| | York subtraction adjustments due to decoupling from | the IRC | 5a. | 0 |
| Other Item | | | _ 1 | |
| | ions to federal itemized deductions | | | 0 |
| 7. Subtr | actions from federal itemized deductions | | <i></i> 7. | 0 |
| | tal S corporation New York State credits and taxes on ear | rly dispositions | | |
| | NY tax credits (see instructions) | | | |
| | RT-UP NY business certificate number | | | <u> </u> |
| | of the START-UP NY business tax benefit period(enter the year | | | |
| | RT-UP NY telecommunication services excise tax credit (Form | | | 0 |
| | pture of START-UP NY tax benefits (Form CT-645) | | | 0 |
| | RT-UP NY tax elimination credit tax free NY area allocation fa | | | 0.0000 |
| | RT-UP NY tax elimination credit business allocation factor (Fo | | | 0.0000 |
| | RT-UP NY partnership EIN | | | |
| | RT-UP NY business certificate number (obtain number from you | | | |
| | of START-UP NY business tax benefit period (enter year number | | | |
| | RT-UP NY tax elimination credit tax free NY area allocation fa | | | 0.0000 |
| 18. STAF | RT-UP NY tax elimination credit business allocation factor (ob | tain factor from your partners | hip) 18. | 0.0000 |

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| Inve | stment tax credits | | |
|---|---|----------|--------|
| | Investment tax credit and employment incentive credit (Form CT-46) | 19. | 0 |
| | Investment tax credit on research and development property (Form CT-46) | | 0 |
| | Tax on early dispositions (Form CT-44 or CT-46) | | 0 |
| | ire Zone (EZ) tax credits | | |
| | EZ investment tax credit (Form CT-603) | 23. | 0 |
| | Recaptured tax credit — EZ investment tax credit, or EZ investment tax credit for financial services | <u> </u> | |
| | industry (Form CT-603 or CT-605) | 25. | 0 |
| Qual | ified empire zone enterprise (QEZE) tax credits | | |
| | QEZE real property tax credit allowed (Form CT-606) | 26. | 0 |
| | Net recapture of QEZE real property tax credit (Form CT-606) | | 0 |
| | QEZE tax reduction credit employment increase factor (Form CT-604) | | 0.0000 |
| | QEZE tax reduction credit zone allocation factor (Form CT-604) | | 0.0000 |
| | QEZE tax reduction credit benefit period factor (Form CT-604) | | 0.0000 |
| • | QEZE tax reduction credit factors from partnership | | 0.0000 |
| 31. | QEZE partnership EIN | 31. | |
| | QEZE employment increase factor | | 0.0000 |
| | QEZE zone allocation factor | | 0.0000 |
| | QEZE benefit period factor | | 0.0000 |
| | ners' school tax credit | 01. | 0.0000 |
| | Total acres of qualified agricultural property | 35. | 0 |
| | Total amount of eligible school district property taxes paid | | 0 |
| | Total acres of qualified agricultural property converted to nonqualified use | | 0 |
| 30 | Total acres of qualified conservation property converted to nonqualified use | 38. | 0 |
| | r credits | 30. | U |
| | | 39. | 0 |
| | Recapture of alternative fuels credit (Form CT-40) | | |
| | Credit for employment of persons with disabilities (Form CT-41) | | 0 |
| | Rehabilitation of historic properties credit (Form CT-238) | | 0 |
| | Recapture of rehabilitation of historic properties credit (Form CT-238) | | 0 |
| | Clean heating fuel credit (Form CT-241) | | 0 |
| | Empire State commercial production credit (Form CT-246) | | 0 |
| | Empire state film production credit for the current year (Form CT-248) | | 0 |
| | Empire state film production credit for the second year (Form CT-248) | | 0 |
| | Empire state film production credit for the third year (Form CT-248) | | 0 |
| 49. | Long-term care insurance credit (Form CT-249) | 49. | 0 |
| 50. | Credit for purchase of an automated external defibrillator (Form CT-250) | 50. | 0 |
| 51. | Empire State film post-production credit for the current year (Form CT-261) | 51. | 0 |
| | Empire State film post-production credit for the second year (Form CT-261) | | 0 |
| 53. | Empire State film post-production credit for the third year (Form CT-261) | 53. | 0 |
| | Excelsior jobs tax credit component (Form CT-607) | | 0 |
| | Excelsior investment tax credit component (Form CT-607) | | 0 |
| | Excelsior research and development tax credit component (Form CT-607) | | 0 |
| | Excelsior real property tax credit component (Form CT-607) | | 0 |
| | Excelsior child care services tax credit component (Form CT-607) | | 0 |
| | Recapture of excelsior jobs program tax credit (Form CT-607) | | 0 |
| | Brownfield redevelopment tax credit site preparation credit component (Form CT-611) | | 0 |
| | Brownfield redevelopment tax credit tangible property credit component (Form CT-611) | | 0 |
| | Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611) | | 0 |
| | Recapture of brownfield redevelopment tax credit (Form CT-611) | | 0 |
| | Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1) | | 0 |
| | Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1) | | 0 |
| | Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1) | | 0 |
| | Recapture of brownfield redevelopment tax credit (Form CT-611.1) | | 0 |
| | Brownfield redevelopment tax credit site preparation credit component (Form CT-611.2) | | 0 |
| | Brownfield redevelopment tax credit tangible property credit component (Form CT-611.2) | | 0 |
| | Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.2) | | |
| | | | 0 |
| | Recapture of brownfield redevelopment tax credit (Form CT-611.2) | | 0 |
| | Remediated brownfield credit for real property taxes (Form CT-612) | | 0 |
| | Recapture of remediated brownfield credit for real property taxes (Form CT-612) | | 0 |
| | Environmental remediation insurance credit (Form CT-613) | | 0 |
| | Recapture of environmental remediation insurance credit (Form CT-613) | | 0 |
| | Security officer training tax credit (attach Form CT-631) | | 0 |
| | Economic transformation and facility redevelopment program jobs tax credit component (Form CT-633) | | 0 |
| | Economic transformation and facility redevelopment program (Form CT-633) | | 0 |
| | Economic transformation and facility redevelopment program job training tax credit component (Form CT-633) | | 0 |
| | Economic transformation and facility redevelopment program real property tax credit component (Form CT-633) | | 0 |
| 80. | Recapture of economic transformation and facilities redevelopment program tax credit (Form CT-633) | 80. | 0 |

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| 81. | | MD S ZAMAN #1 | 2357112 | 58 |
|--|------|--|---------|----|
| 83 | | | | 0 |
| 84. Recapture of QETC capital tax credit (Form DTF-622) 84. 0 85. Low-income housing credit (Form DTF-626) 85. 0 86. Recapture of low-income housing credit (Form DTF-626) 86. 0 87. Empire state jobs retention credit (Form CT-634) 87. 0 88. Recapture of empire state jobs retention credit (Form CT-634) 88. 0 89. New York youth jobs program credit (Form CT-636) 89. 0 90. Alcoholic beverage production credit for beer (Form CT-636) 90. 0 91. Alcoholic beverage production credit for line (Form CT-636) 91. 0 92. Alcoholic beverage production credit for line (Form CT-636) 91. 0 93. Alcoholic beverage production credit for line (Form CT-636) 91. 0 94. Alcoholic beverage production credit for line (Form CT-636) 93. 0 95. Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637) 94. 0 95. Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637) 94. 0 97. Real property tax credit for manufacturers (Form CT-641) 97. 0 98. Recapture of real property tax credit for manufacturers (Form CT-641) 98. 0 | 82. | . QETC employment credit (Form DTF-621) | 82. | 0 |
| 85. Low-income housing credit (Form DTF-624) 85. 0 86. Recapture of low-income housing credit (Form DTF-626) 86. 0 87. Empire state jobs retention credit (Form CT-634) 87. 0 88. Recapture of empire state jobs retention credit (Form CT-634) 88. 0 89. New York youth jobs program credit (Form CT-635) 89. 0 90. Alcoholic beverage production credit for beer (Form CT-636) 90. 0 91. Alcoholic beverage production credit for wine (Form CT-636) 91. 0 92. Alcoholic beverage production credit for wine (Form CT-636) 92. 0 93. Alcoholic beverage production credit for wine (Form CT-636) 92. 0 94. Alternative fuels and electric vehicle recharging property credit (Form CT-637) 93. 0 94. Alternative fuels and electric vehicle recharging property credit (Form CT-637) 95. 0 95. Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637) 95. 0 98. Recapture of real property tax credit for manufacturers (Form CT-641) 96. 97. 0 98. Recapture of real property tax credit form CT-644) 98. 0 0 | 83. | . QETC capital tax credit (Form DTF-622) | 83. | 0 |
| 86. Recapture of low-income housing credit (Form DTF-626) 86 0 87. Empire state jobs retention credit (Form CT-634) 87 0 88. Recapture of empire state jobs retention credit (Form CT-634) 88 0 89. New York youth jobs program credit (Form CT-635) 89 0 90. Alcoholic beverage production credit for incider (Form CT-636) 90 0 91. Alcoholic beverage production credit for wine (Form CT-636) 91 0 92. Alcoholic beverage production credit for wine (Form CT-636) 92 0 93. Alcoholic beverage production credit for liquor (Form CT-636) 93 0 94. Alternative fuels and electric vehicle recharging property credit (Form CT-637) 93 0 94. Alternative fuels and electric vehicle recharging property credit (Form CT-637) 95 0 97. Real property tax credit for manufacturers (Form CT-641) 97 0 98. Recapture of real property tax credit for manufacturers (Form CT-641) 98 0 99. Empire state musical and theatrical production credit (Form CT-642) 99 0 100. Hire a veteran credit (Form CT-643) 100 0 101. Workers with disabilities tax credit (Form CT-644) | | | | 0 |
| 87. Empire state jobs retention credit (Form CT-634) 87. 0 88. Recapture of empire state jobs retention credit (Form CT-634) 88. 0 89. New York youth jobs program credit (Form CT-636) 89. 0 90. Alcoholic beverage production credit for beer (Form CT-636) 90. 0 91. Alcoholic beverage production credit for wine (Form CT-636) 91. 0 92. Alcoholic beverage production credit for liquor (Form CT-636) 92. 0 93. Alcoholic beverage production credit for liquor (Form CT-636) 93. 0 94. Alternative fuels and electric vehicle recharging property credit (Form CT-637) 94. 0 95. Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637) 95. 0 97. Real property tax credit for manufacturers (Form CT-641) 97. 0 98. Recapture of real property tax credit for manufacturers (Form CT-641) 98. 0 99. Empire state musical and theatrical production credit (Form CT-642) 99. 0 101. Workers with disabilities tax credit (Form CT-644) 101. 0 102. Employee training incentive program tax credit (Form CT-646) 102. 0 103. Farm workf | 85. | Low-income housing credit (Form DTF-624) | 85. | 0 |
| 88. Recapture of empire state jobs retention credit (Form CT-634) 88. 0 89. New York youth jobs program credit (Form CT-635) 89. 0 90. Alcoholic beverage production credit for beer (Form CT-636) 90. 0 91. Alcoholic beverage production credit for vine (Form CT-636) 91. 0 92. Alcoholic beverage production credit for vine (Form CT-636) 92. 0 93. Alcoholic beverage production credit for liquor (Form CT-636) 93. 0 94. Alternative fuels and electric vehicle recharging property credit (Form CT-637) 94. 0 95. Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637) 95. 0 97. Real property tax credit for manufacturers (Form CT-641) 97. 0 98. Recapture of real property tax credit for manufacturers (Form CT-641) 98. 0 99. Empire state musical and theatrical production credit (Form CT-642) 99. 0 101. Workers with disabilities tax credit (Form CT-643) 100. 0 102. Employee training incentive program tax credit (Form CT-646) 102. 0 103. Farm workforce retention credit (Form CT-647) 103. 0 104. Employee trai | 86. | Recapture of low-income housing credit (Form DTF-626) | 86. | 0 |
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| 113. Additional restaurant return-to-work tax credit (Form CT-658) | | | | 0 |
| 114. Other tax credits and recaptures (see inst.) | | | | 0 |
| | 114. | . Other tax credits and recaptures (see inst.) | 114. | 0 |



Department of Taxation and Finance

New York State Modifications

CT-225

Tax Law - Articles 9-A, 22, and 33

Legal name of corporation

GLOBAL I TECH SOLUTIONS INC.

Employer identification number (EIN)
822102981

File this form with Form CT-3, CT-3-S, or CT-33.

Complete all parts that apply to you. See Form CT-225-I, Instructions for Form CT-225.

Schedule A - Certain New York State additions to federal income

Part 1 – For certain additions to federal income that did not flow through from a partnership, estate, or trust

1 New York State additions (see instructions)

| | I | Modification number | | Amount | | | Modification number | | Amount |
|--|---|------------------------|---|--------|----|---|------------------------|---|--------|
| 1a | • | A - | • | 00 | 1i | • | A - | • | 00 |
| 1b | • | A - | • | 00 | 1j | • | A - | • | 00 |
| 1c | • | A - | • | 00 | 1k | • | A - | • | 00 |
| 1d | • | A - | • | 00 | 11 | • | A - | • | 00 |
| 1e | • | Α - | • | 0.0 | 1m | • | Α - | • | 00 |
| 1f | • | A - | • | 0.0 | 1n | • | Α - | • | 0.0 |
| 1g | • | A - | • | 0.0 | 10 | • | Α - | • | 0.0 |
| 1h | • | A - | • | 0.0 | 1p | • | Α - | • | 0.0 |
| Total from additional Form(s) CT-225, if any | | | | | | | | | 0.0 |
| | | | | | | | | | |

Part 2 - Corporation's share of certain additions to federal income from a partnership, estate, or trust

3 New York State additions (see instructions)

| | | Modification number | | Amount | | | I | Modification number | | Amount | | | |
|------------|--------|---------------------|------|---|------|---------|---|---------------------|-----|--------|-----|---|-------|
| 3a | • | EA - | • | 0.0 |) | 3i | • | EA - | • | 00 |) | | |
| 3b | • | EA - | • | 0.0 |) | 3j | • | EA - | • | 0.0 |) | | |
| 3с | • | EA - | • | 0.0 | | 3k | • | EA - | • | 0.0 |) | | |
| 3d | • | EA - | • | 00 |) | 31 | • | EA - | • | 0.0 |) | | |
| 3е | • | EA - | • | 00 |) | 3m | • | EA - | • | 0.0 |) | | |
| 3f | • | EA - | • | 00 |) | 3n | • | EA - | • | 0.0 |) | | |
| 3g | • | EA - | • | 00 |) | 30 | • | EA - | • | 0.0 |) | | |
| 3h | • | EA - | • | 0.0 |) | 3р | • | EA - | • | 0.0 |) | | |
| ota | l fi | rom additio | nal | Form(s) CT-225, if any | | | | | | 0.0 |) | | |
| 4 T | o | tal (add lines | 38 | a through 3p and the total from | addi | itional | F | orm(s) CT-22 | 25) | • | | 4 | |
| 5 T | - O | tal additions | s (a | ndd lines 2 and 4 ⁻ see instructio | ns) | | | | | • | ,[_ | 5 | (|

Schedule B - Certain New York State subtractions from federal income

Part 1 - For certain subtractions from federal income that did not flow through from a partnership, estate, or trust

6 New York State subtractions (see instructions)

| | I | Modification number | | Amount | | | ı | Modification number | | Amount |
|-------|--|------------------------|---|--------|---|----|---|------------------------|---|--------|
| 6a | • | S - | • | 00 | İ | 6i | • | S - | • | 00 |
| 6b | • | S - | • | 0.0 | | 6j | • | S - | • | 0.0 |
| 6c | • | S - | • | 0.0 | | 6k | • | S - | • | 0.0 |
| 6d | • | S - | • | 0.0 | | 61 | • | S - | • | 0.0 |
| 6e | • | S - | • | 0.0 | | 6m | • | S - | • | 0.0 |
| 6f | • | S - | • | 0.0 | | 6n | • | S - | • | 0.0 |
| 6g | • | S - | • | 0.0 | | 60 | • | S - | • | 0.0 |
| 6h | • | S - | • | 0.0 | | 6р | • | S - | • | 0.0 |
| Total | Total from additional Form(s) CT-225. if any | | | | | | | | | 0.0 |

Part 2 - Corporation's share of certain subtractions from federal income from a partnership, estate, or trust

8 New York State subtractions (see instructions)

| | Modification number | Am | ount | | ı | Modification number | | Amount |
|------|---------------------|----------------|-------------|----|---|---------------------|---|--------|
| 8a | • ES - | • | 00 | 8i | • | ES - | • | 0.0 |
| 8b | ● ES - | • | 0.0 | 8j | • | ES - | • | 00 |
| 8c | ● ES - | • | 00 | 8k | • | ES - | • | 00 |
| 8d | ● ES - | • | 00 | 81 | • | ES - | • | 00 |
| 8e | ● ES - | • | 00 | 8m | • | ES - | • | 00 |
| 8f | ● ES - | • | 0.0 | 8n | • | ES - | • | 00 |
| 8g | ● ES - | • | 00 | 80 | • | ES - | • | 00 |
| 8h | ● ES - | • | 00 | 8р | • | ES - | • | 00 |
| Tota | l from additio | nal Form(s) CT | 225, if any | | | | | 00 |



Depreciation Adjustment Schedule Tax Law - Articles 9-A and 33

CT-399

| Legal name of corporation | Employer identification number |
|------------------------------|--------------------------------|
| GLOBAL I TECH SOLUTIONS INC. | 822102981 |

| | | | ate depreciation n | | | | | |
|------------------|-------------------------------------|--------------------------------|---|---|--|-------------------------|--------------------------------|----------------------------------|
| | | | ires or is entitled to | a depreciation mo | dification when | computir | ng New York State | taxable income |
| • | | nstructions for Form | , | | | | | |
| | | | attach separate shee | | | | | |
| | ription of prop | erty (identify each item | of property here; for each | | | ough I on the | e corresponding lines be | elow) |
| Item | | | | Property | / | | | |
| A B | | | | | | | | |
| С | | | | | | | | |
| D | | | | | | | | |
| E | | | | | | | | |
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| Q | | 1 | 1 | T | T | Т | | T |
| A Item | B Date placed in service (mm-dd-yy) | C Cost or other basis | Accumulated federal ACRS/MACRS depreciation | Federal ACRS/MACRS depreciation deduction | F Method of figuring NYS depreciation | G Life or rate | H Accumulated NYS depreciation | Allowable NYS depreciation |
| Α | | (see instructions) | (see instructions) | (see instructions) | (see instructions) | (see instr.) | (see instructions) | (see instructions) |
| В | | | | | | | | |
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| | l list, if any | | | | | | | |
| 1 Total | s of | | | | | | | |

| | | | | IRC section 168(k) | | ecial depreciat | tion (atta | ch separate sheets if | necessary, | | | |
|---|-------------------------------------|------|---------------------------|----------------------------------|--------------------|---|-----------------------------|------------------------------|------------------------------------|--|--|--|
| | | | | | | olete columns R thr | ough Lon th | e corresponding lines be | low) | | | |
| Item | Jiiption or p | лорс | orty (lacinary each nem | or property here, for each | Property | | ough i on th | e corresponding intes be | iowy | | | |
| A | FURNIT | 'URI | E AND FIXTUR | E | | · | | | | | | |
| В | EQUIPM | | | | | | | | | | | |
| С | ORGANI | ZA | TION COSTS | | | | | | | | | |
| D | COMPUT | ER | S | | | | | | | | | |
| Е | FURNIT | 'URI | E AND FIXTUR | E | | | | | | | | |
| F | OFFICE EQUIPMENTS | | | | | | | | | | | |
| G | OFFICE FURNITURE AND FIXTURE | | | | | | | | | | | |
| Н | LEASEHOLD IMPROVEMENTS | | | | | | | | | | | |
| ı | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| М | | | | | | | | | | | | |
| A Item | B C Date placed Cost or other basis | | | Accumulated federal depreciation | | F Method of figuring NYS depreciation | G Life or rate | Accumulated NYS depreciation | I Allowable NYS depreciation | | | |
| A | (mm-dd-y | | (see instructions) 6,620. | (see instructions) 6,499. | (see instructions) | (see instructions) | (see instr.) | (see instructions) 5,020. | 582. | | | |
| В | 08-01- | | 4,024. | 4,024. | 11. | 200DB | 5.0 | 3,689. | 335. | | | |
| С | 08-01- | | 400. | 353. | 47. | SL | 15.0 | 119. | 27. | | | |
| D | 04-01- | | 5,680. | 5,680. | 1,, | 200DB | 5.0 | 1,136. | 1,818. | | | |
| E | 05-04- | | 3,680. | 3,680. | | 200DB | 7.0 | 526. | 901. | | | |
| F | 06-28- | | 33,893. | 5,555 | 33,893. | | 5.0 | | 6,779. | | | |
| G | 06-10- | | 15,123. | | 15,123. | | 7.0 | | 2,161. | | | |
| Н | 05-20- | | 19,490. | | 19,490. | SL/GDS | 15.0 | | 649. | | | |
| ı | | | , | | , | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| М | | | | | | | | | | | | |
| Amount | ounts from | | | | | | | | | | | |
| attached | d list, if an | y | | | | | | | | | | |
| 2 Total | ls of | | | | | | | | | | | |
| Se | ction B | 2 | 88,910. | 20,236. | 68 , 597. | | | 10,490. | 13,252. | | | |
| 3 Add lines 1 and 2 in columns C, D, E, H, and I (see instr) 2 88 910 20 236 68 597 | | | | | | | | | | | | |
| (see ii | 'nstr) | 3 | 88,910. | 20,236. | 68 , 597. | | | 10,490. | 13,252. | | | |

If you have not disposed of any ACRS/MACRS property placed in service in tax years beginning before 1994, and you have not disposed of qualified property for which you claimed a federal special depreciation deduction (in a tax year beginning after December 31, 2002, for property placed in service on or after June 1, 2003), enter the total of column E as an addback to federal income and the total of column I as a deduction from federal income on the appropriate lines of the applicable form (see line 3 instructions).

If you have disposed of any property listed on this form in a prior year, complete Parts 2 and 3.



| Part 2 | Disposition | adjustments (attach separat | te sheets if necessary, d | isplay | ing this information forma | atted a | as below; see instructions) |
|----------------------------|-------------------------------|--|---------------------------------------|----------|--|----------------------------|-----------------------------|
| For ea | ch item of prope | rty listed below, determine the | difference between th | e tota | al federal depreciation of | deduc | tion, including a federal |
| | | eduction allowed under IRC se | | | | | |
| | | ciation used in the computation | | | | | |
| | | ion deduction is larger than the | | | | - | |
| | nter the result in | _ | · | | · | | |
| If the I | New York State | depreciation deduction is large | r than the federal depr | eciati | on deduction, subtract | colun | nn C from column D |
| | nter the result in | | ' | | , | | |
| Disposit | ion of property | for certain tax credits - In th | is tax period, did vou d | lispos | e of property for which | the | |
| investme | ent tax credit was | s previously claimed? (mark an | X in one box; see instru | ctions |) | | |
| A – Desc | ription of property | (identify each item of property here; fo | r each item of property comp | lete co | lumns B through F on the cor | respon | ding lines below) |
| Item | | | Property | / | | | |
| Α | | | | | | | |
| В | | | | | | | |
| С | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| F | | | | | | | |
| G | | | | | | | |
| Н | | | | | | | |
| Α | В | С | D | | E | | F |
| Item | Date placed | Total federal depreciation | Total New York Sta | | Adjustment (if C is larg | Adjustment (if D is larger | |
| | in service (mm-dd-yy) | deduction taken (see instructions) | depreciation taker (see instructions) | l | than D, column C - column D; than C, column D - co see instructions) see instruction. | | |
| Α | (min dd yy) | (See manuellons) | (See mandenons) | | See manacions) | | See mandenona) |
| В | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| F | | | | | | | |
| G F | | | | | | | |
| | | | | | | | |
| H Amount: | a fram | | | | | | |
| | | | | | | | |
| | d list, if any | | Name Vanla Otata | 1 | | | |
| | | depreciation deductions over | | | | | |
| | • | ctions (add column E amounts) | | 4 | | _ | |
| 5 Lotal | excess New York S | State depreciation deductions over fe | ederal depreciation deduction | ons (add | | 5 | |
| | | djustments to New York Sta | | ı | A Federal | | B New York State |
| 6 Ente | er amount from li | ne 3, column E | | 6 | 68 , 5 | 97. | |
| 7 Ente | er amount from li | ne 3, column I | | 7 | | | 13,252. |
| 8 Ente | er amount from li | ne 4 | | 8 | | | |
| | | ne 5 | | 9 | | | |
| 10 Add | amounts in colu | mn A and column B | | 10 | 68,5 | 97. | 13,252. |
| If you fil | e Form: | Enter the amount from line 10 | 0, column A, on Form | : | Enter the amount fro | m lin | e 10, column B, on Form: |
| | | CT-225, Schedule A | | | | | |
| | | CT-225-A, Schedule A | | | | | |
| | | CT-225-A/B, Schedule A | | | | е В | |
| | | CT-34-SH, line 2 | | | | | |
| | | CT-33, line 70 | | | | | |
| U1-33- | ·A | CT-33-A, line 73 | | | . U 1-33-A, IINE 82 | | |



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

| 1 | Legal name of corporation 1. GLOBAL I TECH SOLUTIONS INC. Payment | enclosed | 2. | | | 50. | 00 |
|----|--|--------------|-----|-----|------------|------|-----|
| 3 | Return type | - 1 | _ | | 3. | | T3S |
| 4 | Employer ID number (EIN) | 4. 82 | _ | | | 2102 | 981 |
| 5 | File number (FCC) | - | | | | 5. | |
| 6 | Period beginning date (mm-dd-yy) | | 6. | 01 | _ 0 | 1 - | 22 |
| 7 | Period ending date (mm-dd-yy) | | 7. | 12 | - 3 | 1 - | 22 |
| 8 | Amended (Y=1; N=0) | <u>-</u> | | | | 8. | 0 |
| 9 | Final (Y=1; N=0) | | | | | 9. | 0 |
| 10 | NAICS code | | | | 10. | 541 | 519 |
| 11 | MTA indicator (None=0; Y=1; N=2; Both=3) | | | | | 11. | |
| 12 | Federal 1120-H filed (Y=1; N=0) | | | | | 12. | |
| 13 | REIT/RIC indicator (Y=1; N=0) | - | | | | 13. | |
| 14 | Tax due/MTA surcharge | | 14. | | | 50. | 00 |
| 15 | Mandatory first installment (MFI) – no extension filed and tax due is over \$1,000 | | 15. | | | | |
| 16 | Balance due | [| 16. | | | 50. | 00 |
| 17 | Amount of overpayment credited to next period – NYS | | 17. | | | | |
| 18 | Refund of overpayment | | 18. | | | | |
| 19 | Refund of unused tax credits | | 19. | | | | |
| 20 | Tax credits to be credited as an overpayment to next year's return | | 20. | | | | |
| 21 | Amount of overpayment credited to next period – MTA | | 21. | | | | |
| 22 | Amount of MTA surcharge retaliatory tax credit to be refunded | | 22. | | | | |
| 23 | Fixed dollar minimum | | 23. | | | | |
| 24 | Designated agent's (Article 9-A) or combined parent's (Article 33) EIN | 24. | - | | | | |
| 25 | New York receipts | [| 25. | | | | |
| 26 | Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section | 195.20)? | | | | 26. | 0 |
| 27 | Paid preparer's EIN | | • | 27. | 11 - | 3734 | 434 |
| 28 | Preparer's NYTPRIN | | | | 28. | | |
| 29 | Excl. code | | | | | 29. | 03 |



Form CT-186-E filers only

| 30 | Excise tax on telecommunication services – NYS | 30. | |
|----------------------------------|---|----------------------------|-----|
| 31 | Excise tax on mobile telecommunication services subject to the 2.9% rate | 31. | |
| 32 | Total excise tax on telecommunication services | 32. | |
| 33 | Tax on gross income – NYS | 33. | |
| 34 | MTA surcharge related to telecommunication services | 34. | |
| 35 | MTA surcharge related to telecommunication services subject to the 0.721% tax rate | 35. | |
| 36 | Total MTA surcharge related to telecommunication services | 36. | |
| 37 | MTA surcharge on gross income | 37. | |
| 38 | Balance due – NYS | 38. | |
| 39 | Balance due – MTA | 39. | |
| | | | |
| 40 | Provided telecommunication services in the MCTD this year? (None=0; Y=1; N=2; Both=3) | | 40. |
| 40 41 | Provided telecommunication services in the MCTD this year? (None=0; Y=1; N=2; Both=3) Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? | (None=0; Y=1; N=2; Both=3) | 41. |
| | | (None=0; Y=1; N=2; Both=3) | |
| 41 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? | · · | |
| 41 42 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? Overpayment credited to next year's tax – NYS | 42. | |
| 41 42 43 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? Overpayment credited to next year's tax – NYS Overpayment credited to next year's tax – MTA | 42. | |
| 41 42 43 44 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? Overpayment credited to next year's tax – NYS Overpayment credited to next year's tax – MTA Refund of overpayment – NYS | 42. 43. 44. | |
| 41 42 43 44 45 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? Overpayment credited to next year's tax – NYS Overpayment credited to next year's tax – MTA Refund of overpayment – NYS Refund of overpayment – MTA | 42. 43. 44. 45. | |
| 41 42 43 44 45 46 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? Overpayment credited to next year's tax – NYS Overpayment credited to next year's tax – MTA Refund of overpayment – NYS Refund of overpayment – MTA Refund of unused tax credits – NYS | 42. 43. 44. 45. 46. | |

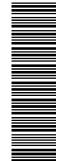
GENERAL CORPORATION TAX RETURN

2022

To be filed by S Corporations only. All C Corporations must file Form NYC-2, NYC-2S or NYC-2A For CALENDAR YEAR 2022 or FISCAL YEAR beginning ______ 2022 and ending _____

| | | N | lame | | | | N | lame | | | Тахра | yer's Email Address: | |
|------------------------|----------------------|-------------------|-------------------------------------|-----------------------|--|----------------|------------------|-----------|-----------|----------------|--------------------------|-------------------------------------|---------|
| | | - | LOBAL I TECH | SOLUTIONS | S INC. | | | Change | ЩП | ITNY | CUSA@GI | MAIL.COM | |
| | | lr پس | n Care Of | | | | | | | | | | |
| | | OR TYPE | ddress (number and s | street) | | | | Address | | EM | IPLOYER I | DENTIFICATION NUMBER | |
| | | 0 | 9-05 202ND S' | • | | | | Change | | | 8 | 2-2102981 | |
| | | E C | ity and State | | Zip Code | Co | ountry (if not U | JS) | | <u> </u> | | | _ |
| | | | OLLIS, NY Jusiness Telephone Nu | | 11423 | I Data I | hi | al in NIV | | | | UMBER AS PER FEDERAL RETURI | N |
| | | | 17-561-6554 | umber Date busin | ness began in NYC | Date | business ende | a in in t | | 54 | 1519 | | |
| | | | Final raturn | Chack this box if y | ou have ceased ope | rations in | NVC | Filing | a 52- 53- | week taxable | e vear | | |
| | | CK ALL THAT APPLY | Special sh | ort period return (| · | rations in | | _ | | deral return i | - | | |
| | | HAT. | Oleim em | | | /! | 💾 | 7 | | | | d- 16 11 1- 1- (1 4) | |
| | | . TIR | Claim any | | ederal tax benefits | (see inst | | | | ter special co | onaition co | de, if applicable (see inst.) | _ |
| | | OHEO. | Amended i | ii iiie puipo | ose of the amended return state change, check the a | n is to report | - C | IRS cha | | | e of Final ermination | | |
| | | | | | Total origing of original trib or | ppropriate b | OX. | NYS cha | ange | | Jiiiiiiauoii | | |
| S | CHEDULE | Α | Computation | of Tax | BEGIN WITH SC | HEDULES | S B THROUGH | E ON PA | GE 2. TR | ANSFER APP | LICABLE AN | MOUNTS TO SCHEDULE A. | |
| Α. | Payment | Amo | unt being paid elec | ctronically with | this return | | | | | | A. | Payment Amount | |
| 1. | Net income (| from | Schedule B, line | 8) | | 1. | | 6425 | 5 | X .0885 | 1. | 569 | |
| 2a. | | • | Schedule C, line | , | | 2a. | | 123 | 3 | X .0015 | 2a. | | |
| 2b. | | | perative Housing | | | 2b. | | | | X .0004 | 2b. | | |
| 2c. | Cooperatives | s - en | ter: BORO | | BLOCK | | | L | ОТ | | | | |
| 3a. | | | stockholders (from | | | | 3a. | | | | | | |
| 3b. | | | e instructions) | | | | | | | <u></u> | . 3b. | | |
| 4. | | | instructions) - N | | • | | | | 37000 | | _ | 75 | |
| 5. c | | | , 3b or 4, whiche | | | | | | | | . 5. | 569 | - |
| 6. | | | f estimated tax fo | - | - | - | | | CVT | | 0- | | |
| | | | or extension has or extension has | | | | | NYC- | ·⊏∧ I | ••••• | . 6a. | | + |
| | | | ne 5 (see instruc | | | | | | | | . 6b. | | |
| 7. | | | yments (add line | | | | | | | | | 569 | |
| 8. | | | n Prepayments S | | • | | | | | | 1 | 1215 | |
| 9. | | • | 7 less line 8) | | | | | | | | 1 | | |
| 10. | Overpaymen | ıt (line | e 8 less line 7) | | | | | | | | 10. | 646 | |
| 11a. | Interest (see | instru | uctions) | | | | 11a. | | | | | | |
| 11b. | Additional ch | arges | s (see instructions | s) | | | 11b. | | | | | | |
| 11c. | Penalty for u | nderp | payment of estima | ated tax <i>(atta</i> | ch Form NYC- | 222) | 11c. | | | | | | |
| 12. | | | 11b and 11c | | | | | | | | | | |
| 13. | | | (line 10 less line | · — | | | | | | | | 646 | |
| 14. | Amount of lir | ne 13 | to be: (a) Refur | | ect deposit - fill o | | | | | eck | 14a. | | |
| 110 | Douting | | (b) Credi | | timated tax | | | | | | 14b. | 646 | |
| 146. | Routing Number | | | Account Number | | | Chec | Т | CCOUNT | Savings | - I | | |
| 15. | l | IITTA | NCE DUE (see in | | | | | | | - | . 15. | | |
| 16. | | | d on federal tax r | | | | | | | 18000 | | | |
| 17. | | | sales from federa | | | | | | | | . 17. | 237000 | |
| 18. | • | | federal return | | | | | | | | . 18. | | |
| | | | CE | PTIEICATION | OF AN ELEC | TED OF | EEICER OE | TUE (| | PATION | | | |
| щ | I hereby certify th | at this r | eturn, including any acco | | | | | | | | -irm's Ema | il Address: | |
| SIGN HERE | | | nance to discuss this ret | | | - | | | | | | TTACHARJEE921@GMA | ΔIL |
| SIGN | Officer's signature: | | | | Title: PRES | TDENT | | | Date: | | Pre | parer's Social Security Number or F | PTIN |
| | Preparer's | | | Preparer's | 1110. 11110 | | Check if self- | \Box | Jaio. | | _ | 10188446 | |
| RER'S NLY | signature: | | | | ANJAN K BH | ATTAC | employed: | ㅡ | Date: 0 | 3-11-23 | ₹ | | |
| PREPARER'S USE ONLY | | | | 1 | | | | • | | | | irm's Employer Identification Numb | er — |
| A. | | | UNTING SVCS. urs, if self-employed) | | -14 170TH S Address | TREET | r, JAMAI | CA, 1 | | Zip Code | [1 | 1-3734434 | |
| | | = (Ur yO | urs, ir seir-eiripioyed) | – / | nuul 655 | | | | _ | ∠ip code | | | |

| Forn | NYC-4S - 2022 NAME GLOBAL I TECH SOLUTIONS INC. | E | IN 82-2102981 | Pag | je 2 |
|-------|---|-----------------------|---------------------|--|--------|
| | SCHEDULE B Computation of NYC Taxable Net Income | | ·- | | |
| 1. | Federal taxable income before net operating loss deduction and special de | ductions (see instru | ctions) 1 | 6425 | |
| 2. | Interest on federal, state, municipal and other obligations not included | , | , | | |
| | NYS Franchise Tax and other income taxes, including MTA taxes, deducted on fed | | | | |
| | NYC General Corporation Tax deducted on federal return (see instruc | | | | |
| 4. | ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC- | | | | \neg |
| 5. | Total (sum of lines 1 through 4) | | | 6425 | - |
| | New York City net operating loss deduction (see instructions). | | | 3123 | |
| | Depreciation and/or adjustment calculated under pre-ACRS or | • | | - | |
| UD. | pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.) | 6b. | | | |
| 60 | NYC and NYS tax refunds included in Schedule B, line 1 (see instr.) | | | - | |
| | | | | _ | |
| 7. | Total (sum of lines 6a through 6c) | | | | _ |
| 8. | Taxable net income (line 5 less line 7) (enter on page 1, Schedule A, | line 1) (see instruct | tions) 8 | 6425 | |
| | SCHEDULE C Total Capital | | | | \neg |
| Raci | s used to determine average value in column C. Check one. (Attach detaile | d schodulo) | | | |
| Dasi | | u scriedule) | | | \neg |
| | X - Annually - Semi-annually - Quarterly | COLUMN A | COLUMN | | |
| | - Monthly - Weekly - Daily | Beginning of Year | End of Yea | r Average Value | |
| 1. | Total assets from federal return | 168 | 7 | 123 | |
| 2. | Real property and marketable securities included in line 1 2. | | | | |
| 3. | Subtract line 2 from line 1 | | | 123 | |
| 4. | Real property and marketable securities at fair market value 4. | | | | |
| 5. | Adjusted total assets (add lines 3 and 4) | | | 123 | |
| 6. | Total liabilities (see instructions) | | | | |
| 7. | Total capital (column C, line 5 less column C, line 6) (enter on page 1, Sch | edule A. line 2a or 2 | b) (see Instr.) | • 7. 123 | |
| | SCHEDULE D Certain Stockholders | , | ,,, | | = |
| Incli | ide all stockholders owning in excess of 5% of taxpayer's issued capital stock | who received any co | ompensation includi | ing commissions | |
| | Name, Country and US Zip Code | Social Security | Official | Salary & All Other Compensation Receiv | ived |
| | (Attach rider if necessary) | Number | Title | from Corporation (If none, enter "0") | i |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 1 | | | |
| 1. | Total, including any amount on rider (enter on page 1, Schedule A, lin | | | | |
| | SCHEDULE E The following information must be entered for | this return to be co | omplete | | |
| 1. | New York City principal business activity: IT TRAINING & CONSULT | ring | | | |
| 2. | Does the corporation have an interest in real property located in New York C | | 2) | YES NO | X |
| 3. | If "YES": (a) Attach a schedule of such property, including street address, b | | | 120 110 | |
| | (b) Was a controlling economic interest in this corporation (i.e., 50% or more of | | | ? YES NO | |
| 4 | | | - | | |
| 4. | Does the corporation have one or more qualified subchapter s subsidiaries (If "YES" Attach a schedule showing the name, address and EIN, i | | | | Χ |
| | the QSSS filed or was required to file a City business income tax | | | 31 | |
| 5. | Enter the number of Fed K1 returns attached: | 1 | // io. | | |
| 6. | Does this taxpayer pay rent greater than \$200,000 for any premises in NYC | in the herough of Me | anhattan aguth of | | |
| 0. | 96th Street for the purpose of carrying on any trade, business, profession, vo | | | YES NO | v |
| _ | | | | | = |
| 7. | If "YES", were all required Commercial Rent Tax Returns filed? | | | YES NO | Ш |
| | Please enter Employer Identification Number which was used on the Comme | ercial Rent Tax Retu | rn: | | |
| | COMPOSITION OF PREPAYMENTS SCHEDULE | | | | |
| _ | PREPAYMENTS CLAIMED ON SCHEDULE A | , LINE 8 | DATE | AMOUNT | |
| Ē | A. Mandatory first installment paid with preceding year's t | ax | | 1215 | |
| = | B Payment with Declaration, Form NYC-400 (1) | | | 1215 | |



COMPOSITION OF PREPAYMENTS SCHEDULE PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8 A. Mandatory first installment paid with preceding year's tax B. Payment with Declaration, Form NYC-400 (1) C. Payment with Notice of Estimated Tax Due (2) D. Payment with Notice of Estimated Tax Due (3) E. Payment with extension, Form NYC-EXT F. Overpayment from preceding year credited to this year G. TOTAL of A through F (enter on Schedule A, line 8) MAILING INSTRUCTIONS

ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX P.O. BOX 5564 BINGHAMTON, NY 13902-5564

REMITTANCES PAY ONLINE WITH FORM NYC-200V AT NYC.GOV/ESERVICES

OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563

NEW YORK, NY 10008-3933
The due date for the calendar year 2022 return is on or before March 15, 2023.

s 2022

NYC-ATT-S-CORP Department of Finance

22. Federal Taxable Income

CALCULATION OF FEDERAL TAXABLE INCOME FOR S CORPORATIONS ATTACH TO FORM NYC-1, NYC-3A, NYC-3L, NYC-4S OR NYC-4SEZ

All federal Subchapter S Corporations must complete this schedule and include it when filing Form NYC-1, NYC-3A, NYC-3L, NYC-4S, or NYC-4SEZ. Amounts on Part I, Lines 1 through 8, 12 and 13 and Part II, Lines 15 through 18 are carried from your Federal form 1120S.

| For | CALENDAR YEAR 2022 or FISCAL YEAR | and ending | | | | |
|--|---|-------------------------|--------------|--------------------------------|---------------|----------|
| Name as shown on NYC-1, NYC-3A/ATT, NYC-3L, NYC-4S or NYC-4SEZ | | | | EMPLOYER IDENTIFICATION NUMBER | | |
| CLODAL T MECH COLUMNOMS INC | | | | 82-2102981 | | |
| GLOBAL I TECH SOLUTIONS INC. | | | | | | |
| PA | RT I - ADDITIONS TO ORDINARY BUSINESS I | From Federal Form 1120S | | | | |
| 1. | Ordinary business income (loss) | Schedule K, Line 1 | | 1. | 6,425 | 1 |
| | , , | Schedule K, Line 2 | | 2. | 0,423 | |
| 2. | Net rental real estate income (loss) | , | | | | |
| 3. | Other net rental income (loss) | Schedule K, Line 3c | | 3. | | - |
| 4a. | Interest income | Schedule K, Line 4 | | 4a | | |
| 4b. | Interest Expense Addback | See Instructions | | 4b | ·- | |
| 5. | Ordinary dividends | Schedule K, Line 5a | | 5. | | |
| 6. | Royalties | Schedule K, Line 6 | | 6. | | |
| 7. | Net short-term capital gain (loss) | Schedule K, Line 7 | 7. | | | |
| 8. | Net long-term capital gain (loss) | Schedule K, Line 8a | 8. | | | |
| 9. | Sum of lines 7 and 8 | See Instructions | 9. | | | |
| 10. | Capital Loss Carryover | See Instructions | 10. | | | 1 |
| 11. | Net Capital Gain | See Instructions | | 11 | | |
| 12. | Net Section 1231 gain (loss) | Schedule K, Line 9 | | 12 | · | |
| 13. | Other income (loss) | See Instructions | | 13 | 3. | |
| 14. | TOTAL ADDITIONS | | -1 | | | |
| | (Sum of lines 1 through 6 plus lines 11 through 13) | | | 14 | 6, 425 | |
| PART II - DEDUCTIONS FROM ORDINARY BUSINESS INCOME | | | | | | |
| | Make applicable adjustments for C Corpo | | 5 through 21 | | | Τ |
| | Section 179 deduction | Schedule K, Line 11 | | 15 | | - |
| 16. | Contributions | Schedule K, Line 12a | | 16 | | |
| 17. | Interest expense | | | 17 | ·- | - |
| 18. | Section 59(e)(2) expenditures | Schedule K, Line 12c | | 18 | J | |
| 19. | | See Instructions | | 19 |). | <u> </u> |
| 20. | Intentionally Omitted | | | 20 |). | |
| 21. | TOTAL DEDUCTIONS | | | | | |
| | (Sum of lines 15 through 20) | | | 21 | ·[| |
| PART III - CALCULATION OF FEDERAL TAXABLE INCOME | | | | | | |

See Instructions