

Form 1065

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0123

For calendar year 2024, or tax year beginning _____, 2024, ending _____, 20 ____.

2024

Go to www.irs.gov/Form1065 for instructions and the latest information.

A Principal business activity REAL ESTATE MANAGEMENT	Type or Print	Name of partnership LARVY LLC	D Employer identification number 85-2879898
B Principal product or service REAL ESTATE MANAGEMENT		Number, street, and room or suite no. If a P.O. box, see instructions. 24 IROQUOIS TRL	E Date business started 09/04/2020
C Business code number 531310		City or town, state or province, country, and ZIP or foreign postal code Somerville, NJ 08876	F Total assets (see instructions) \$

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify): _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: **2**

J Check if Schedules C and M-3 are attached ☐

K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

Income	1 a	Gross receipts or sales	b	Less returns and allowances	c	Balance	1c		
	2	Cost of goods sold (attach Form 1125-A)					2		
	3	Gross profit. Subtract line 2 from line 1c					3		
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)					4		
	5	Net farm profit (loss) (attach Schedule F (Form 1040))					5		
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)					6		
	7	Other income (loss) (attach statement)					7		
	8	Total income (loss). Combine lines 3 through 7						8	0.
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)					9		
	10	Guaranteed payments to partners					10		
	11	Repairs and maintenance					11		
	12	Bad debts					12		
	13	Rent					13		
	14	Taxes and licenses					14		
	15	Interest (see instructions)					15		
	16a	Depreciation (if required, attach Form 4562)	16a						
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b				16c		
	17	Depletion (Do not deduct oil and gas depletion.)					17		
	18	Retirement plans, etc.					18		
	19	Employee benefit programs					19		
	20	Energy efficient commercial buildings deduction (attach Form 7205)					20		
	21	Other deductions (attach statement)					21	13,584.	
22	Total deductions. Add the amounts shown in the far right column for lines 9 through 21						22	13,584.	
23	Ordinary business income (loss). Subtract line 22 from line 8						23	-13,584.	
Tax and Payment	24	Interest due under the look-back method - completed long-term contracts (attach Form 8697)					24		
	25	Interest due under the look-back method - income forecast method (attach Form 8866)					25		
	26	BBA AAR imputed underpayment (see instructions)					26		
	27	Other taxes (see instructions)					27		
	28	Total balance due. Add lines 24 through 27						28	
	29	Elective payment election amount from Form 3800					29		
	30	Payment (see instructions)					30		
	31	Amount owed. If the sum of line 29 and line 30 is smaller than line 28, enter amount owed						31	
32	Overpayment. If the sum of line 29 and line 30 is larger than line 28, enter overpayment						32		

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member

Date

May the IRS discuss this return
with the preparer shown below?
See instructions. ☐ Yes ☒ NoPaid
Preparer
Use Only

Print/Type preparer's name LAVANI R MANCHE	Preparer's signature LAVANI R MANCHE	Date 03/11/2025	Check <input type="checkbox"/> if self-employed	PTIN P01041333
Firm's name FRIENDLY TAX SRV	Firm's EIN 46-1759656			
Firm's address 40 REINHART WAY BRIDGEWATER, NJ 08807	Phone no. (908) 450-9923			

For Paperwork Reduction Act Notice, see separate instructions.

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Form 1065 (2024)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No		
a <input checked="" type="checkbox"/> Domestic general partnership				
b <input type="checkbox"/> Domestic limited partnership				
c <input type="checkbox"/> Domestic limited liability company				
d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership				
f <input type="checkbox"/> Other:				
2 At the end of the tax year:				
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X		
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X			
3 At the end of the tax year, did the partnership:				
a Own directly 20% or more, or own, directly or indirectly, 50% or more, of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		X		
(i) Name of corporation	(ii) Employer identification number (if any)	(iii) Country of incorporation		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X		
(i) Name of entity	(ii) Employer identification number (if any)	(iii) Type of entity	(iv) Country of organization	(v) Maximum percentage owned in profit, loss, or capital
4 Does the partnership satisfy all four of the following conditions?	Yes	No		
a The partnership's total receipts for the tax year were less than \$250,000.				
b The partnership's total assets at the end of the tax year were less than \$1 million.				
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.				
d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.	X			
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X		
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X		
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X		
8 At any time during calendar year 2024, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country		X		
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X		
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election See instructions for details regarding a section 754 election.		X		
b For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ (_____) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		X		

Schedule B Other Information (continued)		Yes	No
c	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ (_____) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		X
d	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year \$ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16a	Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		X
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
18	Enter the number of partners that are foreign governments under section 892		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$ _____		X
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the partnership has business interest expense. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____		X
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: _____ By vote: 0.000 By value: 0.000		X
29	Is the partnership required to file Form 7208, Excise Tax on Repurchase of Corporate Stock (see instructions): a Under the applicable foreign corporation rules?		X

Schedule B	Other Information (continued)	Yes	No
b	Under the covered surrogate foreign corporation rules? If "Yes" to either (a) or (b), complete Form 7208. See the Instructions for Form 7208.		X
30	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions		X
31	Reserved for future use		
32	Check this box if an election out of subchapter K under section 761 is being made. See instructions <input type="checkbox"/>		
33	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR	DHIRENDRA S KASHIWALE	
U.S. address of PR	24 IROGUOIS TRL SOMERVILLE, NJ 08876	U.S. phone number of PR (908) 456-4792
If the PR is an entity, name of the designated individual for the PR		
U.S. address of designated individual		U.S. phone number of designated individual

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Form **1065** (2024)

Schedule K		Partners' Distributive Share Items		Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 23)		1	-13,584.
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4	Guaranteed payments: a Services 4a b Capital 4b			
	c	Total. Add lines 4a and 4b		4c	
	5	Interest income		5	
	6	Dividends and dividend equivalents: a Ordinary dividends		6a	
	b	Qualified dividends 6b c Dividend equivalents 6c			
	7	Royalties		7	
8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		8		
9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a		
b	Collectibles (28%) gain (loss)	9b			
c	Unrecaptured section 1250 gain (attach statement)	9c			
10	Net section 1231 gain (loss) (attach Form 4797)		10		
11	Other income (loss) (see instructions) Type:		11		
Deductions	12	Section 179 deduction (attach Form 4562)		12	
	13a	Cash contributions		13a	
	b	Noncash contributions		13b	
	c	Investment interest expense		13c	
	d	Section 59(e)(2) expenditures: (1) Type: (2) Amount:		13d(2)	
e	Other deductions (see instructions) Type:		13e		
Self-Employment	14a	Net earnings (loss) from self-employment		14a	-13,584.
	b	Gross farming or fishing income		14b	
	c	Gross nonfarm income		14c	
Credits	15a	Low-income housing credit (section 42(j)(5))		15a	
	b	Low-income housing credit (other)		15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		15c	
	d	Other rental real estate credits (see instructions) Type:		15d	
	e	Other rental credits (see instructions) Type:		15e	
	f	Other credits (see instructions) Type:		15f	
Inter-national	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>			
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment		17a	
	b	Adjusted gain or loss		17b	
	c	Depletion (other than oil and gas)		17c	
	d	Oil, gas, and geothermal properties - gross income		17d	
	e	Oil, gas, and geothermal properties - deductions		17e	
	f	Other AMT items (attach statement)		17f	
Other Information	18a	Tax-exempt interest income		18a	
	b	Other tax-exempt income		18b	
	c	Nondeductible expenses		18c	
	19a	Distributions of cash and marketable securities		19a	
	b	Distributions of other property		19b	
	20a	Investment income		20a	
	b	Investment expenses		20b	
	c	Other items and amounts (attach statement)			
21	Total foreign taxes paid or accrued		21		

Analysis of Net Income (Loss) per Return

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21	1	-13,584.				
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other
a	General partners		-13,584.				
b	Limited partners						

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
	Assets	(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets				
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more.				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				
22	Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return**Note:** The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		a	Depreciation \$	
a	Depreciation \$				
b	Travel and entertainment \$		8	Add lines 6 and 7	
			9	Income (loss) (Analysis of Net Income (Loss) per Return, line 1). Subtract line 8 from line 5	
5	Add lines 1 through 4				

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year.		6	Distributions: a Cash	
2	Capital contributed: a Cash			b Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) (see instructions)				
4	Other increases (itemize):		8	Add lines 6 and 7	
			9	Balance at end of year. Subtract line 8 from line 5.	
5	Add lines 1 through 4				

**SCHEDULE B-1
(Form 1065)**(Rev. August 2019)
Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

Attach to Form 1065.

Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

LARVY LLC

Employer identification number (EIN)

85-2879898**Part I** **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
DHIRENDRA S. KASHIWALE	225-87-1371	United States	50.00
VIJAY LAXMI SINGH	579-37-4923	United States	50.00

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

UYA

Schedule K-1

(Form 1065)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year

beginning 2024 ending

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Partnership																	
A	Partnership's employer identification number 85-2879898																
B	Partnership's name, address, city, state, and ZIP code LARVY LLC 24 IROQUOIS TRL Somerville, NJ 08876																
C	IRS center where partnership filed return: KANSAS CITY, MO 64999																
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																
Part II Information About the Partner																	
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 225-87-1371																
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. DHIRENDRA S. KASHIWALE 24 IROQUOIS TRL BRANCHBURG, NJ 08876																
G	<input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																
H1	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																
H2	<input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____																
I1	What type of entity is this partner? INDIVIDUAL																
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>																
J	Partner's share of profit, loss, and capital (see instructions): <table border="1"><thead><tr><th></th><th>Beginning</th><th></th><th>Ending</th></tr></thead><tbody><tr><td>Profit</td><td>50.0000</td><td>%</td><td>50.0000</td></tr><tr><td>Loss</td><td>50.0000</td><td>%</td><td>50.0000</td></tr><tr><td>Capital</td><td>50.0000</td><td>%</td><td>50.0000</td></tr></tbody></table> Check if decrease is due to: <input type="checkbox"/> Sale or <input type="checkbox"/> Exchange of partnership interest. See instructions.		Beginning		Ending	Profit	50.0000	%	50.0000	Loss	50.0000	%	50.0000	Capital	50.0000	%	50.0000
	Beginning		Ending														
Profit	50.0000	%	50.0000														
Loss	50.0000	%	50.0000														
Capital	50.0000	%	50.0000														
K1	Partner's share of liabilities: <table border="1"><thead><tr><th></th><th>Beginning</th><th></th><th>Ending</th></tr></thead><tbody><tr><td>Nonrecourse</td><td>\$</td><td></td><td>\$</td></tr><tr><td>Qualified nonrecourse financing</td><td>\$</td><td></td><td>\$</td></tr><tr><td>Recourse</td><td>\$</td><td></td><td>\$</td></tr></tbody></table>		Beginning		Ending	Nonrecourse	\$		\$	Qualified nonrecourse financing	\$		\$	Recourse	\$		\$
	Beginning		Ending														
Nonrecourse	\$		\$														
Qualified nonrecourse financing	\$		\$														
Recourse	\$		\$														
K2	Check this box if item K1 includes liability amounts from lower-tier partnerships <input type="checkbox"/>																
K3	Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions <input type="checkbox"/>																
L	Partner's Capital Account Analysis <table border="1"><tbody><tr><td>Beginning capital account</td><td>\$</td></tr><tr><td>Capital contributed during the year</td><td>\$</td></tr><tr><td>Current year net income (loss)</td><td>\$</td></tr><tr><td>Other increase (decrease) (attach explanation)</td><td>\$</td></tr><tr><td>Withdrawals and distributions</td><td>\$ ()</td></tr><tr><td>Ending capital account</td><td>\$</td></tr></tbody></table>	Beginning capital account	\$	Capital contributed during the year	\$	Current year net income (loss)	\$	Other increase (decrease) (attach explanation)	\$	Withdrawals and distributions	\$ ()	Ending capital account	\$				
Beginning capital account	\$																
Capital contributed during the year	\$																
Current year net income (loss)	\$																
Other increase (decrease) (attach explanation)	\$																
Withdrawals and distributions	\$ ()																
Ending capital account	\$																
M	Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.																
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) <table border="1"><tbody><tr><td>Beginning</td><td>\$</td></tr><tr><td>Ending</td><td>\$</td></tr></tbody></table>	Beginning	\$	Ending	\$												
Beginning	\$																
Ending	\$																

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss) * -6,792.	14 Self-employment earnings (loss) A -6,792.
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	15 Credits
4a Guaranteed payments for services	
4b Guaranteed payments for capital	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4c Total guaranteed payments	17 Alternative minimum tax (AMT) items
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	18 Tax-exempt income and nondeductible expenses
6c Dividend equivalents	
7 Royalties	
8 Net short-term capital gain (loss)	19 Distributions
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	20 Other information Z* STMT
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	
*See attached statement for additional information.	

For IRS Use Only

Statement A - QBI Pass-through Entity Reporting

Partnership's name: LARVY LLC		Partnership's EIN: 85-2879898
Partner's name: DHIRENDRA S. KASHIWALE	Partner's identifying number: 225-87-1371	
Partner's share of:		Trade or Business
		EIN: 85-2879898
		<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB		
QBI or qualified PTP items subject to partner-specific determinations:		
	Ordinary business income (loss)	-6,792.
	Rental income (loss)	
	Royalty income (loss)	
	Section 1231 gain (loss)	
	Other income (loss)	
	Section 179 deduction	
	Other deductions	
W-2 wages		
UBIA of qualified property		
Section 199A dividends		

Statement C - QBI Pass-through Entity Reporting - Patrons of Specified Agricultural and Horticultural Cooperatives

Partnership's name:		Partnership's EIN:
Partner's name:	Partner's identifying number:	
Partner's share of:		Cooperative
		EIN:
		<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB		
QBI items allocable to qualified payments subject to partner-specific determinations:		
	Ordinary business income (loss)	
	Rental income (loss)	
	Royalty income (loss)	
	Section 1231 gain (loss)	
	Other income (loss)	
	Section 179 deduction	
	Other deductions	
W-2 wages allocable to qualified payments		
Section 199A(g) deduction		

Schedule K-1 - Supplemental Information

Supporting Statement for Schedule K-1

Partnership: LARVY LLC

EIN: 85-2879898

Partner: DHIRENDRA S. KASHIWALE **ID Number:** 225-87-1371

<u>Description</u>	<u>Amount</u>
Nonpassive ordinary income included in line 1	\$-6,792.

Schedule K-1

(Form 1065)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year

beginning 2024 ending

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Partnership																	
A	Partnership's employer identification number 85-2879898																
B	Partnership's name, address, city, state, and ZIP code LARVY LLC 24 IROQUOIS TRL Somerville, NJ 08876																
C	IRS center where partnership filed return: KANSAS CITY, MO 64999																
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																
Part II Information About the Partner																	
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) 579-37-4923																
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. VIJAY LAXMI SINGH 24 IROQUOIS TRL BRANCHBURG, NJ 08876																
G	<input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member																
H1	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																
H2	<input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____																
I1	What type of entity is this partner? INDIVIDUAL																
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>																
J	Partner's share of profit, loss, and capital (see instructions): <table border="1"><thead><tr><th></th><th>Beginning</th><th></th><th>Ending</th></tr></thead><tbody><tr><td>Profit</td><td>50.0000</td><td>%</td><td>50.0000</td></tr><tr><td>Loss</td><td>50.0000</td><td>%</td><td>50.0000</td></tr><tr><td>Capital</td><td>50.0000</td><td>%</td><td>50.0000</td></tr></tbody></table> Check if decrease is due to: <input type="checkbox"/> Sale or <input type="checkbox"/> Exchange of partnership interest. See instructions.		Beginning		Ending	Profit	50.0000	%	50.0000	Loss	50.0000	%	50.0000	Capital	50.0000	%	50.0000
	Beginning		Ending														
Profit	50.0000	%	50.0000														
Loss	50.0000	%	50.0000														
Capital	50.0000	%	50.0000														
K1	Partner's share of liabilities: <table border="1"><thead><tr><th></th><th>Beginning</th><th></th><th>Ending</th></tr></thead><tbody><tr><td>Nonrecourse</td><td>\$</td><td></td><td>\$</td></tr><tr><td>Qualified nonrecourse financing</td><td>\$</td><td></td><td>\$</td></tr><tr><td>Recourse</td><td>\$</td><td></td><td>\$</td></tr></tbody></table>		Beginning		Ending	Nonrecourse	\$		\$	Qualified nonrecourse financing	\$		\$	Recourse	\$		\$
	Beginning		Ending														
Nonrecourse	\$		\$														
Qualified nonrecourse financing	\$		\$														
Recourse	\$		\$														
K2	Check this box if item K1 includes liability amounts from lower-tier partnerships <input type="checkbox"/>																
K3	Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions <input type="checkbox"/>																
L	Partner's Capital Account Analysis <table border="1"><tbody><tr><td>Beginning capital account</td><td>\$</td></tr><tr><td>Capital contributed during the year</td><td>\$</td></tr><tr><td>Current year net income (loss)</td><td>\$</td></tr><tr><td>Other increase (decrease) (attach explanation)</td><td>\$</td></tr><tr><td>Withdrawals and distributions</td><td>\$ ()</td></tr><tr><td>Ending capital account</td><td>\$</td></tr></tbody></table>	Beginning capital account	\$	Capital contributed during the year	\$	Current year net income (loss)	\$	Other increase (decrease) (attach explanation)	\$	Withdrawals and distributions	\$ ()	Ending capital account	\$				
Beginning capital account	\$																
Capital contributed during the year	\$																
Current year net income (loss)	\$																
Other increase (decrease) (attach explanation)	\$																
Withdrawals and distributions	\$ ()																
Ending capital account	\$																
M	Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.																
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss) <table border="1"><tbody><tr><td>Beginning</td><td>\$</td></tr><tr><td>Ending</td><td>\$</td></tr></tbody></table>	Beginning	\$	Ending	\$												
Beginning	\$																
Ending	\$																

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss) * -6,792.	14 Self-employment earnings (loss) A -6,792.
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	15 Credits
4a Guaranteed payments for services	
4b Guaranteed payments for capital	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4c Total guaranteed payments	17 Alternative minimum tax (AMT) items
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	18 Tax-exempt income and nondeductible expenses
6c Dividend equivalents	
7 Royalties	
8 Net short-term capital gain (loss)	19 Distributions
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	20 Other information Z* STMT
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	
*See attached statement for additional information.	

For IRS Use Only

Statement A - QBI Pass-through Entity Reporting

Partnership's name: LARVY LLC		Partnership's EIN: 85-2879898
Partner's name: VIJAY LAXMI SINGH	Partner's identifying number: 579-37-4923	
Partner's share of:		Trade or Business
		EIN: 85-2879898
		<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB		
QBI or qualified PTP items subject to partner-specific determinations:		
	Ordinary business income (loss)	-6,792.
	Rental income (loss)	
	Royalty income (loss)	
	Section 1231 gain (loss)	
	Other income (loss)	
	Section 179 deduction	
	Other deductions	
W-2 wages		
UBIA of qualified property		
Section 199A dividends		

Statement C - QBI Pass-through Entity Reporting - Patrons of Specified Agricultural and Horticultural Cooperatives

Partnership's name:		Partnership's EIN:
Partner's name:	Partner's identifying number:	
Partner's share of:		Cooperative
		EIN:
		<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB		
QBI items allocable to qualified payments subject to partner-specific determinations:		
	Ordinary business income (loss)	
	Rental income (loss)	
	Royalty income (loss)	
	Section 1231 gain (loss)	
	Other income (loss)	
	Section 179 deduction	
	Other deductions	
W-2 wages allocable to qualified payments		
Section 199A(g) deduction		

Schedule K-1 - Supplemental Information

Supporting Statement for Schedule K-1

Partnership: LARVY LLC

EIN: 85-2879898

Partner: VIJAY LAXMI SINGH **ID Number:** 579-37-4923

<u>Description</u>	<u>Amount</u>
Nonpassive ordinary income included in line 1	\$-6,792.

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

2024

Attachment
Sequence No. 179

Name(s) shown on return

LARVY LLC

Business or activity to which this form relates

REAL ESTATE MANAGEMENT

Identifying number

85-2879898

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562.	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 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 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:								
car	01/01/22	100.0%			5	200 DHY		
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 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.

	car (a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)	5000					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32	5000					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

2024 Other Deductions - Supporting Details for Form 1065, Line 21

Name(s) shown on return	Employer identifying number
LARVY LLC	85-2879898

1.	Accounting fees	1	330.
2.	Supplies	2	1,861.
3.	Telephone	3	1,446.
4.	Vehicle expense	4	2,460.
5.	travel and hotel	5	5,069.
6.	car rental	6	1,547.
7.	meals	7	801.
8.	misc	8	70.
9.		9	
10.		10	
11.		11	
12.		12	
13.		13	
14.		14	
15.		15	
16.		16	
17.		17	
18.		18	
19.		19	
20.		20	
21.		21	
22.		22	
23.		23	
24.		24	
25.		25	
26.		26	
27.		27	
28.		28	
29.		29	
30.		30	
31.		31	
32.		32	
33.		33	
34.		34	
35.		35	
36.		36	
37.		37	
38.		38	
39.		39	
40.		40	
41.		41	
42.		42	
43.		43	
44.		44	
45.		45	
46.		46	
47.		47	
48.		48	
49.		49	
50.		50	
51.		51	
52.		52	
53.		53	
Total Other Deductions			13,584.

Statement A - QBI Pass-through Entity Reporting

Partnership's name: LARVY LLC		Partnership's EIN: 85-2879898
Partner's name:		Partner's identifying number:
Partner's share of:		Trade or Business
		EIN: 85-2879898
		<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB		
QBI or qualified PTP items subject to partner-specific determinations:		
	Ordinary business income (loss)	-13,584.
	Rental income (loss)	
	Royalty income (loss)	
	Section 1231 gain (loss)	
	Other income (loss)	
	Section 179 deduction	
	Other deductions	
W-2 wages		
UBIA of qualified property		
Section 199A dividends		

Statement C - QBI Pass-through Entity Reporting - Patrons of Specified Agricultural and Horticultural Cooperatives

Partnership's name:		Partnership's EIN:
Partner's name:		Partner's identifying number:
Partner's share of:		Cooperative
		EIN:
		<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated
<input type="checkbox"/> SSTB		
QBI items allocable to qualified payments subject to partner-specific determinations:		
	Ordinary business income (loss)	
	Rental income (loss)	
	Royalty income (loss)	
	Section 1231 gain (loss)	
	Other income (loss)	
	Section 179 deduction	
	Other deductions	
W-2 wages allocable to qualified payments		
Section 199A(g) deduction		

Details for Other Deductions Worksheet

LARVY LLC

85-2879898

Date	Description	Amount
	software	133.00
	laptop	1,728.00
	Total	1,861.00

Details for Form 4562 Vehicles & Listed Property

LARVY LLC

85-2879898

Date	Description	Amount
	car gas	1,016.00
	car registration	72.00
	car repair	1,290.00
Total		2,378.00

NAME AS SHOWN ON RETURN

LARVY LLC

FEDERAL ID NUMBER

85-2879898

WARNING FOR UNAVAILABLE FORMS

This New Jersey return contains one or more of the following forms that have not yet been approved by the New Jersey Division of Taxation for print. However, these forms are approved for e-filing.

Form NJ-1065 - Partnership Return

Form NJ-CBT-1065 - Corporation Business Tax - Partnership Return

A program update will be released when these forms have been approved for filing.
You will be able to print your return at that time.

NJ-1065
2024
Page 1



STATE OF NEW JERSEY INCOME TAX - PARTNERSHIP RETURN

For Privacy Act Notification, See Instructions
For Calendar Year 2024, or Tax Year

Beginning _____ and Ending _____

LARVY LLC

24 IROQUOIS TRL

SOMERVILLE NJ 08876

852879898 REAL ESTATE MANAGEMENT 09042020

1064 12 P01041333 461759656

2 # of Resident Partners
0 # of Nonresident Partners with Physical Nexus to NJ
0 # of Nonresident Partners without Physical Nexus to NJ

DO NOT FILE



Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than general partner) is based on all information of which preparer has any knowledge.

Pay the amount on Line 6 of the Filing Fee Worksheet in full. Write your Federal EIN and the tax year on the check or money order and make payable to: STATE OF NEW JERSEY - PART

DO NOT staple or otherwise attach your payment to return NJ-1065.

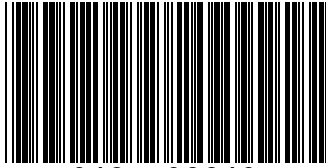
Mail your completed Form NJ-1065 to: NJ Division of Taxation Revenue Processing Center, PO Box 194, Trenton, NJ 08646-0194.

Mail your payment and completed NJ-1065-V payment voucher to: Filing Fee on Partnerships, PO Box 642, Trenton, NJ 08646-0642

> _____ > _____
Signature of General Partner or Limited Liability Company Member Date
Paid Preparer's Signature Date Check if Self-Employed

Firm's Name (or yours if self-employed) Preparer's SS # or PTIN
FRIENDLY TAX SRV P01041333

Preparer's Address Preparer's Federal EIN #
40 REINHART WAY BRIDGEWATER, NJ 08807 461759656



043MP02240

LARVY LLC

852879898

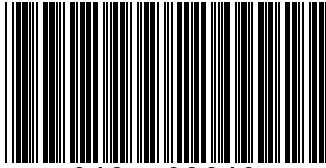
1064

Check applicable boxes

- | | |
|---|---|
| Initial Return | Investment Club |
| Final Return | Composite Return is filed for Nonresident Partner |
| Amended Return | Controlling Interest Transfer Tax |
| Application for Federal Extension is attached | Tiered Partnership |
| Substitute Method of Allocation Granted | <input checked="" type="checkbox"/> General Partnership |
| Complete Liquidation | Limited Partnership |
| Qualified Investment Partnership | Limited Liability Company |
| Listed on U.S. National Stock Exchange | Limited Liability Partnership |
| Hedge Fund | |

Partnership Income

		Column A	Column B
		Amount from All Sources	Amount from NJ Sources
1.	Ordinary Income (loss) from trade or business activities (See instructions)	1. -13584 .	
2.	Net income (loss) from rental real estate activities	2. 0 .	
3.	Net income (loss) from other rental activities	3. 0 .	
4.	Guaranteed payments to partners	4. 0 .	
5.	Interest income	5. 0 .	
6.	Dividend income	6. 0 .	
7.	Royalty income	7. 0 .	
8.	Net gain (loss) from disposition of property	8. 0 .	
9.	Net IRC section 1231 gain (loss)	9. 0 .	
10.	Other income (loss)	10. 0 .	
11.	Tax-exempt interest income	11. 0 .	
12.	Subtotal (Add lines 1 through 11)	12. -13584 .	
13a.	Taxes based on income	13a. 0 .	
13b.	Add: diff btwn federal K-1 and NJK-1 for nonunitary part.	13b. 0 .	
13c.	Other additions - specify: _____	13c. 0 .	
13d.	Total additions (Add lines 13a through 13c)	13d. 0 .	
14.	Subtotal (Add lines 12 and 13d)	14. -13584 .	
15a.	Guaranteed payments to partners	15a. 0 .	
15b.	Interest income from federal obligations	15b. 0 .	
15c.	Interest income from NJ obligations	15c. 0 .	
15d.	IRC Section 179 expense	15d. 0 .	
15e.	Subtract: diff btwn fed K-1 and NJK-1 for nonunitary part.	15e. 0 .	
15f.	Other subtractions - specify: _____	15f. 0 .	
15g.	Total subtractions (Add lines 15a through 15f)	15g. 0 .	
16.	Net partnership income (Subtract line 15g from line 14)	16. -13584 .	
17.	Net Nonoperational income (loss) (from Schedule O, Part I, line 16)	17. 0 .	
18.	Nonunitary partnership income (loss) (see instructions)	18. 0 .	
19a.	Total operational income (Subtract lines 17 and 18 from line 16)	19a. -13584 .	
19b.	Allocated operational income (Line 19a times allocation factor 1.0000 %)	19b. -13584 .	-13584 .
20.	Nonoperational income (loss) (see instructions)	20. 0 .	0 .
21.	Nonunitary partnership income (loss) (see instructions)	21. 0 .	0 .
22.	Partnership income (loss) (see instructions)	22. -13584 .	-13584 .
23a.	Guaranteed payments to partners	23a. 0 .	
23b.	Guaranteed payments to partners - pension	23b. 0 .	
23c.	Net guaranteed payment to partners (subtract Line 23b from Line 23a)	23c. 0 .	0 .
24.	Net gain (loss) from disposition of assets as a result of complete liquidation	24. 0 .	0 .
25.	Total Nonresident Noncorporate Partners Share of Tax (Line 1c, col. I of Directory)	25. 0 .	0 .
26.	Total Nonresident Corporate Partners Share of Tax (Line 1c, col. J of Directory)	26. 0 .	0 .



043MP03240

NJ-1065 (2024)

PAGE 3

LARVY LLC

852879898

1064

Partnership Filing Fee

1a.	Number of Resident Partners	2	X \$150.00 =	1a.	0	.
1b.	Number of Nonresident Partners with Physical Nexus to New Jersey	0	X \$150.00 =	1b.	0	.
1c.	Number of Nonresident Partners without Physical Nexus to New Jersey	0	X \$150.00 x =	1c.	0	.
Allocation Factor						
1d.	Filing Fee (Add lines 1a - 1c, but do not enter more than \$250,000)			1d.	0	.
2.	Installment Payment			2.	0	.
3.	Less: Pass-Through Bus. Alt. Inc. Tax Credit			3.	0	.
4.	Less: Installment Payment from 2023			4.	0	.
5.	Less: PART-200-T Payment			5.	0	.
6.	Balance Due			6.	0	.
7.	Refund			7.	0	.

Partners Directory List all partners, including principal address. Add additional sheets as necessary.

1000000

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name				
RIG	05000		225871371	KASHIWALE DHIRENDRA S				
			Partner Address	City			State	
24	IROQUOIS TRL			BRANCHBURG			NJ	
	Zip Code							
08876	C.	-6792	D.	-6792	E.	F.	G.	
H.	I.	J.	K.					

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name				
RIG	05000		579374923	SINGH VIJAY LAXMI				
			Partner Address	City			State	
24	IROQUOIS TRL			BRANCHBURG			NJ	
	Zip Code							
08876	C.	-6792	D.	-6792	E.	F.	G.	
H.	I.	J.	K.					

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name				
			Partner Address	City			State	
	Zip Code							
	C.	D.	E.	F.	G.			
H.	I.	J.	K.					

1a. Total This Page.	Col. I	Col. J	Col. K
1b. Total from Additional Pages Attached.	Col. I	Col. J	Col. K
1c. Total Tax (add Lines 1a and 1b).	Col. I	Col. J	Col. K

Schedule NJK-1

(Form NJ-1065)

**State of New Jersey
Partner's Share of Income****2024**

For Calendar Year 2024, or Fiscal Year Beginning _____ and ending _____

Part I General Information			
Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) 225-87-1371		Partnership's Federal EIN 85-2879898	
Partner's Name DHIRENDRA S. KASHIWALE		Partnership's Name LARVY LLC	
Street Address 24 IROQUOIS TRL		Partnership's Street Address 24 IROQUOIS TRL	
City BRANCHBURG	State NJ	ZIP Code 08876	City SOMERVILLE
What type of entity is partner? (see instructions) RIG		Enter partner's percentage of:	
Date partner's interest in partnership began: 9 4 2020		<div style="display: flex; justify-content: space-between;"> (i) Before Decrease or Termination (ii) End of Year </div>	
<input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return		Profit Sharing 50.0000 % 50.0000 % Loss Sharing 50.0000 % 50.0000 % Capital Ownership 50.0000 % 50.0000 %	
<input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ Federal EIN _____ Name </div>			

Part II Income Information				
Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)	-6,792.		-6,792.	
2. Net Guaranteed Payments	0.		0.	
3. Partner's 401(k) Contribution	0.		0.	
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	-6,792.	Line 21	-6,792.	Line 23
5. Pension	0.	Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation	0.	Line 19	0.	Line 19

Part III Partner's Information			
1. Nonresident Partner's Share of NJ Tax	1.	0.	Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.	0.	
3. Partner's Sheltered Workshop Tax Credit	3.	0.	
4. Share of Pass-Through Business Alternative Income Tax	4.	0.	

Part IV Supplemental Information (Attach Schedule)

Schedule NJK-1

(Form NJ-1065)

**State of New Jersey
Partner's Share of Income****2024**

For Calendar Year 2024, or Fiscal Year Beginning _____ and ending _____

Part I General Information			
Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) 579-37-4923		Partnership's Federal EIN 85-2879898	
Partner's Name VIJAY LAXMI SINGH		Partnership's Name LARVY LLC	
Street Address 24 IROQUOIS TRL		Partnership's Street Address 24 IROQUOIS TRL	
City BRANCHBURG	State NJ	ZIP Code 08876	City SOMERVILLE
What type of entity is partner? (see instructions) RIG		Enter partner's percentage of:	
Date partner's interest in partnership began: 9 4 2020		<div style="display: flex; justify-content: space-between;"> (i) Before Decrease or Termination (ii) End of Year </div>	
<input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's		<div style="display: flex; justify-content: space-between;"> <div>Profit Sharing 50.0000 %</div> <div>50.0000 %</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Loss Sharing 50.0000 %</div> <div>50.0000 %</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Capital Ownership 50.0000 %</div> <div>50.0000 %</div> </div>	
<div style="display: flex; justify-content: space-between;"> _____ Federal EIN _____ Name </div>			

Part II Income Information				
Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)	-6,792.		-6,792.	
2. Net Guaranteed Payments	0.		0.	
3. Partner's 401(k) Contribution	0.		0.	
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	-6,792.	Line 21	-6,792.	Line 23
5. Pension	0.	Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation	0.	Line 19	0.	Line 19

Part III Partner's Information			
1. Nonresident Partner's Share of NJ Tax	1.	0.	Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.	0.	
3. Partner's Sheltered Workshop Tax Credit	3.	0.	
4. Share of Pass-Through Business Alternative Income Tax	4.	0.	

Part IV Supplemental Information (Attach Schedule)	
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