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CLIENT'S COPY

COPY

BOOLOS + OAKES CPA FIRM
1007 MISSION PARK DR.
VICKSBURG, MS 39180

AUGUST 23, 2020

DELISH! BRANDS LLC
3144 INDIANA AVE.
VICKSBURG, MS 39180

DELISH! BRANDS LLC:

WE HAVE PREPARED AND ENCLOSED YOUR 2019 LIMITED LIABILITY
PARTNERSHIP RETURN FOR THE YEAR ENDED DECEMBER 31, 2019.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-PE TO OUR OFFICE. WE WILL
THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IRS. DO NOT MAIL
THE PAPER COPY OF THE RETURN TO THE IRS.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

ATTACHED ARE SCHEDULES K-1 FOR ALL PARTNERS INDICATING THEIR
SHARE OF INCOME, DEDUCTIONS AND CREDITS TO BE REPORTED ON
THEIR RESPECTIVE TAX RETURNS. THESE SCHEDULES SHOULD BE
IMMEDIATELY FORWARDED TO EACH OF THE PARTNERS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

KINDEST PERSONAL REGARDS,

BOOLOS + OAKES CPA FIRM

Form **8879-PE**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization
for Form 1065**

▶ ERO must obtain and retain completed Form 8879-PE.

▶ Go to www.irs.gov/Form8879PE for the latest information.

OMB No. 1545-0123

2019

For calendar year 2019, or tax year beginning

, 2019, ending

, 20

Name of partnership

DELISH! BRANDS LLC

Employer identification number

**** - *** 0516****Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)	2	
3	Ordinary business income (loss) (Form 1065, line 22)	3	
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of Partner or Member
(Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined a copy of the partnership's 2019 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

Partner or Member's PIN: check one box only

☒ I authorize **BOOLOS + OAKES CPA FIRM** to enter my PIN **61501**
ERO firm name Don't enter all zeros

as my signature on the partnership's 2019 electronically filed return of partnership income.

☐ As a partner or member of the partnership, I will enter my PIN as my signature on the partnership's 2019 electronically filed return of partnership income.

Partner or member's signature ▶

Title ▶ **MEMBER**Date ▶ **09/15/20****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

64045905860

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **08/23/20****ERO Must Retain This Form - See Instructions**
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2019)

LHA

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**
▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

OMB No. 1545-0233

**Print
or
Type**

Name	Identifying number
DELISH! BRANDS LLC	** - *** 0516
Number, street, and room or suite no. (If P.O. box, see instructions.)	
3144 INDIANA AVE.	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	
VICKSBURG, MS 39180	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for 09

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

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year 2019, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions	7	
8 Balance due. Subtract line 7 from line 6. See instructions	8	

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

Form **7004** (Rev. 12-2018)

Form **1065**Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0123

For calendar year 2019, or tax year beginning _____, ending _____
▶ Go to www.irs.gov/Form1065 for instructions and the latest information.**2019**

A Principal business activity RESTAURANT SERVICES	Type or Print	Name of partnership DELISH! BRANDS LLC	D Employer identification number ** - ***0516
B Principal product or service FULL SERVICE RESTAURAN		Number, street, and room or suite no. If a P.O. box, see instructions. 3144 INDIANA AVE.	E Date business started 10/01/2015
C Business code number 722511		City or town, state or province, country, and ZIP or foreign postal code VICKSBURG MS 39180	F Total assets \$ 482,147.

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 ▶ **3**

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 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		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 or 1040-SR))		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	
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 Other deductions (attach statement)		20	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21	
22 Ordinary business income (loss). Subtract line 21 from line 8		22	0.
Tax and Payments	23 Interest due under the look-back method-completed long-term contracts (attach Form 8697)		23
	24 Interest due under the look-back method-income forecast method (attach Form 8866)		24
	25 BBA AAR imputed underpayment (see instructions)		25
	26 Other taxes (see instructions)		26
	27 Total balance due. Add lines 23 through 26		27
	28 Payment (see instructions)		28
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed		29
	30 Overpayment. If line 28 is larger than line 27, enter overpayment		30

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 instr. ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name TODD A. BOOLOS, CPA	Preparer's signature TODD A. BOOLOS, CPA	Date 08/23/20	Check <input type="checkbox"/> if self-employed	PTIN P00105860
	Firm's name ▶ BOOLOS + OAKES CPA FIRM			Firm's EIN ▶ ** - ***0167	
	Firm's address ▶ 1007 MISSION PARK DR. VICKSBURG, MS 39180			Phone no. 601-636-6996	

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input type="checkbox"/> Domestic limited liability company	d <input checked="" 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	(iv) Percentage Owned in Voting Stock	
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				X	
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.					
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 2019, 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
10 a Is the partnership making, or had it previously made (and not revoked), a section 754 election?					X
See instructions for details regarding a section 754 election.					
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions					X

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets 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," 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		
16 a Did you make any payments in 2019 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?		
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 Form 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)-1T(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$		
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		X
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 \$26 million and the partnership has business interest.		
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.		
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		X
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.		

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 ▶ **R. MILLER RIALS, JR.**U.S. address of PR ▶ **109 CARLTON PLACE DR.
VICKSBURG, MS 39180**U.S. phone number of PR ▶ **601-415-2722**

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 ▶

26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 14 \$		
27 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		
28 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

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	0.
	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	4c	
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6b c Dividend equivalents 6c	6a	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Income (Loss)	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 Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	0.
	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	
Foreign Transactions	16a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Reserved for future use ▶ e Foreign branch category ▶	16e	
	f Passive category ▶ g General category ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Reserved for future use ▶ l Foreign branch category ▶	16l	
	m Passive category ▶ n General category ▶ o Other ▶	16o	
	p Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/> Other ▶	16p	
q Reduction in taxes available for credit (attach statement)	16q		
r Other foreign tax information (attach statement)			
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)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p						1	0.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners							

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				103,013.
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)			134,287.	
b Less accumulated amortization				134,287.
13 Other assets (attach statement)	STATEMENT 1			244,847.
14 Total assets		0.		482,147.
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)	STATEMENT 2			412,147.
21 Partners' capital accounts				70,000.
22 Total liabilities and capital		0.		482,147.

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

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

1 Net income (loss) per books	0.	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 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	0.
5 Add lines 1 through 4	0.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash	70,000.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	70,000.
5 Add lines 1 through 4	70,000.		

Cost of Goods Sold

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

OMB No. 1545-0123

DELISH! BRANDS LLC		Employer identification number **-***0516
1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	

9 a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶ _____

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

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

SCHEDULE L	OTHER ASSETS	STATEMENT	1
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
DUE FROM DELISH REAL ESTATE		226,097.	
DUE FROM MEMBERS		17,450.	
UTILITY DEPOSITS		1,300.	
TOTAL TO SCHEDULE L, LINE 13		244,847.	

SCHEDULE L	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
N/P CITIBANK		50,000.	
N/P MEADOWS BANK		362,147.	
TOTAL TO SCHEDULE L, LINE 20		412,147.	

FORM 1065	PARTNERS' CAPITAL ACCOUNT SUMMARY				STATEMENT	3
PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL	
1	0.	28,000.	0.		28,000.	
2	0.	21,000.	0.		21,000.	
3	0.	21,000.	0.		21,000.	
TOTAL	0.	70,000.	0.		70,000.	

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2019**

For calendar year 2019, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number

-*0516

B Partnership's name, address, city, state, and ZIP codeDELISH! BRANDS LLC
3144 INDIANA AVE.
VICKSBURG, MS 39180**C** IRS Center where partnership filed return ▶

E-FILE

D ☐ 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 inst.)

--9978

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.ROBERT M RIALS
109 CARLTON PLACE
VICKSBURG, MS 39180**G** ☐ General partner or LLC
member-manager☒ Limited partner or other LLC
member**H1** ☒ Domestic partner☐ Foreign partner**H2** ☐ 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 ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	40.0000000%	40.0000000%
Loss	40.0000000%	40.0000000%
Capital	40.0000000%	40.0000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis****SEE STATEMENT**

Beginning capital account	\$	
Capital contributed during the year	\$	28,000.
Current year net income (loss)	\$	0.
Other increase (decrease) (attach explanation)	\$	
Withdrawals & distributions	\$	()
Ending capital account	\$	28,000.

M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$	
Ending	\$	

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

1 Ordinary business income (loss)	0.	15 Credits
2 Net rental real estate income (loss)		16 Foreign transactions
3 Other net rental income (loss)		
4a Guaranteed payments for services		
4b Guaranteed payments for capital		
4c Total guaranteed payments		
5 Interest income		17 Alternative min tax (AMT) items
6a Ordinary dividends		18 Tax-exempt income and nondeductible expenses
6b Qualified dividends		
6c Dividend equivalents		
7 Royalties		19 Distributions
8 Net short-term capital gain (loss)		20 Other information
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		
9c Unrecaptured section 1250 gain		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)	0.	
21 <input type="checkbox"/> More than one activity for at-risk purposes*		
22 <input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

COPY

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2019**

For calendar year 2019, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number

-*0516

B Partnership's name, address, city, state, and ZIP codeDELISH! BRANDS LLC
3144 INDIANA AVE.
VICKSBURG, MS 39180**C** IRS Center where partnership filed return ▶

E-FILE

D ☐ 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 inst.)

--2273

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.BARBARA H RIALS
109 CARLTON PLACE
VICKSBURG, MS 39180**G** ☐ General partner or LLC
member-manager☒ Limited partner or other LLC
member**H1** ☒ Domestic partner☐ Foreign partner**H2** ☐ 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 ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	30.0000000%	30.0000000%
Loss	30.0000000%	30.0000000%
Capital	30.0000000%	30.0000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis****SEE STATEMENT**

Beginning capital account	\$	
Capital contributed during the year	\$	21,000.
Current year net income (loss)	\$	0.
Other increase (decrease) (attach explanation)	\$	
Withdrawals & distributions	\$()
Ending capital account	\$	21,000.

M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$	
Ending	\$	

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

1 Ordinary business income (loss)	0.	15 Credits
2 Net rental real estate income (loss)		16 Foreign transactions
3 Other net rental income (loss)		
4a Guaranteed payments for services		
4b Guaranteed payments for capital		
4c Total guaranteed payments		
5 Interest income		17 Alternative min tax (AMT) items
6a Ordinary dividends		18 Tax-exempt income and nondeductible expenses
6b Qualified dividends		
6c Dividend equivalents		
7 Royalties		19 Distributions
8 Net short-term capital gain (loss)		20 Other information
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		
9c Unrecaptured section 1250 gain		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)	0.	
21 <input type="checkbox"/> More than one activity for at-risk purposes*		
22 <input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

COPY

**Schedule K-1
(Form 1065)**Department of the Treasury
Internal Revenue Service**2019**

For calendar year 2019, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number

-*0516

B Partnership's name, address, city, state, and ZIP codeDELISH! BRANDS LLC
3144 INDIANA AVE.
VICKSBURG, MS 39180**C** IRS Center where partnership filed return ▶

E-FILE

D ☐ 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 inst.)

--5313

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.ROBERT M RIALS, JR
109 CARLTON PLACE
VICKSBURG, MS 39180**G** ☒ General partner or LLC
member-manager☐ Limited partner or other LLC
member**H1** ☒ Domestic partner☐ Foreign partner**H2** ☐ 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 ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	30.0000000%	30.0000000%
Loss	30.0000000%	30.0000000%
Capital	30.0000000%	30.0000000%

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 412,147.

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L Partner's Capital Account Analysis****SEE STATEMENT**

Beginning capital account	\$	
Capital contributed during the year	\$	21,000.
Current year net income (loss)	\$	0.
Other increase (decrease) (attach explanation)	\$	
Withdrawals & distributions	\$	()
Ending capital account	\$	21,000.

M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$	
Ending	\$	

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

1 Ordinary business income (loss)	0.	15 Credits
2 Net rental real estate income (loss)		16 Foreign transactions
3 Other net rental income (loss)		
4a Guaranteed payments for services		
4b Guaranteed payments for capital		
4c Total guaranteed payments		
5 Interest income		17 Alternative min tax (AMT) items
6a Ordinary dividends		18 Tax-exempt income and nondeductible expenses
6b Qualified dividends		
6c Dividend equivalents		
7 Royalties		19 Distributions
8 Net short-term capital gain (loss)		20 Other information
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		
9c Unrecaptured section 1250 gain		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)	0.	
21 <input type="checkbox"/> More than one activity for at-risk purposes*		
22 <input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

COPY

BOOLOS + OAKES CPA FIRM
1007 MISSION PARK DR.
VICKSBURG, MS 39180

AUGUST 23, 2020

DELISH! BRANDS LLC
3144 INDIANA AVE.
VICKSBURG, MS 39180

DELISH! BRANDS LLC:

WE HAVE PREPARED AND ENCLOSED YOUR 2019 MISSISSIPPI LIMITED LIABILITY PARTNERSHIP TAX RETURN FOR THE YEAR ENDED DECEMBER 31, 2019.

THE MISSISSIPPI FORM 84-105 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE MSDOR, PLEASE SIGN, DATE AND RETURN FORM MS8453-PTE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE MSDOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE MSDOR.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

ATTACHED ARE SCHEDULES K-1 FOR ALL PARTNERS INDICATING THEIR SHARE OF INCOME, DEDUCTIONS AND CREDITS TO BE REPORTED ON THEIR RESPECTIVE TAX RETURNS. THESE SCHEDULES SHOULD BE IMMEDIATELY FORWARDED TO EACH OF THE PARTNERS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

KINDEST PERSONAL REGARDS,

BOOLOS + OAKES CPA FIRM

Mississippi

MS8453-PTE Pass - Through Entity Declaration for Electronic Filing 2019

Tax Year Beginning 01012019

Tax Year Ending 12312019

FEIN *****0516

**DO NOT MAIL THIS DOCUMENT
TO THE DEPARTMENT OF REVENUE**
DELISH! BRANDS LLC

Legal Name and DBA

3144 INDIANA AVE.

Address

VICKSBURG

City

MS

State

39180

ZIP +4

75

County Code

PART I: TAX RETURN INFORMATION**(ROUND TO THE NEAREST DOLLAR)**

1 Mississippi taxable income (Form 84-105, line 5)	1	
2 Total income tax (Form 84-105, line 6)	2	
3 Total payments & credits (Form 84-105, line 7 and line 12)	3	
4 Amount you owe (Form 84-105, line 18)	4	
5 Overpayment (Form 84-105, line 19)	5	
6 Refund (Form 84-105, line 21)	6	
7 Amount of payment remitted electronically	7	

* If the pass-through entity is filing a balance due return and the Department of Revenue does not receive full and timely payment of its tax liability, the pass-through entity will be liable for the tax liability and all applicable interest and penalties.

PART II: DECLARATION OF OFFICER

Under the penalties of perjury, I declare that I am an officer of the above pass-through entity and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the pass-through entity's Mississippi Pass-Through Entity Tax Return. To the best of my knowledge and belief, the pass-through entity's return is true, correct and complete. I consent to my ERO, transmitter, and/or ISP sending the pass-through entity's return, this declaration, and accompanying schedules and statements to the Department of Revenue (DOR). I also consent to the DOR my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the pass-through entity's return is accepted, and, if rejected, the reason(s) for the rejection. This declaration is to be maintained by the ERO and provided to DOR on request.

Sign Here	Signature of Officer	Date	MEMBER	Title
------------------	----------------------	------	---------------	-------

PART III: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above pass-through entity's return and that the entries on Form MS8453-PTE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Department of Revenue (DOR), and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above pass-through entity's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only	ERO Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
		08 23 20			P00105860
	Firm Name (or yours if self-employed), address and ZIP code				EIN
	BOOLOS + OAKES CPA FIRM				*****0167
	1007 MISSION PARK DR.				Phone No.
	VICKSBURG, MS 39180				601-636-6996

Under penalties of perjury, I declare that I have examined the above pass-through entity's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Preparer Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN
	Firm Name (or yours if self-employed), address and ZIP code				EIN
					Phone No.



Mississippi

Pass-Through Entity Tax Return

2019

Tax Year Beginning 01012019

Tax Year Ending 12312019

FEIN *****0516

Mississippi Secretary of State ID 1076985

NAICS Code 722511

Legal Name and DBA DELISH! BRANDS LLC			X Partnership / LLC / LLP (Federal 1065)	S Corporation (Federal 1120-S)
Address 3144 INDIANA AVE.				
City State ZIP + 4 VICKSBURG MS 39180			CHECK ALL THAT APPLY	CHECK ONE
County Code 75 Total Number of Mississippi K-1s 3			Composite Return	X 100% Mississippi
			Amended Return	Multistate Apportioning
			Final Return	Multistate Direct Accounting
If issuing 100 or more K-1s, this return must be filed electronically. See www.dor.ms.gov for information.			Non Profit	
S CORPORATION FRANCHISE TAX			(ROUND TO THE NEAREST DOLLAR)	

1 Taxable capital (from Form 84-110, line 18)	1	
2 Franchise tax (minimum tax \$25)	2	
3 Franchise tax credit (from Form 84-401, line 1)	3	
4 Net franchise tax due (line 2 minus line 3)	4	

COMPOSITE INCOME TAX		
5 Mississippi net taxable income (from Form 84-122, line 32)	5	0
6 Income tax	6	0
7 Income tax credits (from Form 84-401, line 3)	7	0
8 Net income tax due (line 6 minus line 7)	8	0

PAYMENTS AND TAX DUE		
9 Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9	0
10 Overpayments from prior year	10	0
11 Estimated tax payments and payment with extension	11	0
12 Total payments (line 10 plus line 11)	12	0
13 Net total franchise and/or income tax (line 9 minus line 12)	13	0
14 Interest and penalty on underestimated income tax payments (composite S corporations from Form 83-305, line 19 and composite partnerships from IIT Form 80-320, line 11)	14	0
15 Late payment interest	15	0
16 Late payment penalty	16	0



Mississippi Pass-Through Entity Tax Return 2019

Page 2

FEIN *****0516

17 Late filing penalty (minimum income tax penalty \$100)	17	0
18 Total balance due (if line 9 is larger than line 12, add line 13 through line 17)	18	0
19 Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12)	19	0
20 Overpayment credited to next year (from line 19)	20	0
21 Overpayment to be refunded (line 19 minus line 20)	21	0

See instructions for electronic payment options or attach payment voucher, Form 84-300, with check or money order for balance due.

PART I: ENTITY INFORMATION

1 If final return, enter reason and date effective: _____ Date _____

If the entity has been sold or merged or incorporated, complete the following: Name, address and FEIN of the new existing corporation: _____
FEIN _____

2 If amended return, check reason. Mississippi Correction Federal Correction Other

3 If a partnership or LLC, has a federal election been made to file as a corporation? Yes ☒ No

4 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved?

5 Principal business activity in Mississippi **RESTAURANT SERV** 5a County location in Mississippi **WARREN**

6 Principal product or service in Mississippi **FULL SERVICE RESTAURAN**

7 Contact person for this return 7a Location and phone number

PART II: PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE



Mississippi

Pass-Through Entity Schedule

2019

FEIN *****0516

PART III Q-SUBS/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Subs) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

PART IV ENTITY OFFICER INFORMATION

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
R. RIALS, JR MEMBER	*****5313	109 CARLTON PLACE DR VICKSBURG MS, 39180	30.0000

☒ Check box if return may be discussed with preparer.

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

		601 415 2722	
Officer Signature and Title	Date	Business Phone	
TODD A. BOLOS, CPA	082320	1007 MISSION PARK DR.	
Paid Preparer Signature	Date	Paid Preparer Address	
P00105860	601 636 6996	VICKSBURG	MS 39180
Paid Preparer PTIN	Paid Preparer Phone	City	State ZIP Code



Mississippi

Net Taxable Income Schedule

2019

FEIN *****0516

FEDERAL TAXABLE INCOME (ROUND TO THE NEAREST DOLLAR)

1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1	0
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 10 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2	0
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3	0
4 Total federal business income (loss) (line 1 plus line 2 minus line 3)	4	0

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

5 State, local or foreign government taxes based on income	5	0
6 Interest on obligations of other states or political subdivisions (net of expenses)	6	0
7 Depletion expense in excess of cost	7	0
8 Federal special depreciation allowance	8	0
9 Other additions required by law (attach schedule)	9	0
10 Total additions (add line 5 through line 9)	10	0

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

11 Interest on obligations of the United States (net of expenses)	11	0
12 Wages reduced on federal return for federal employment tax credits	12	0
13 Income (loss) from partnership, S corporation or trust	13	0
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14	0
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15	0
16 Other deductions (attach schedule)	16	0
17 Total deductions (add line 11 through line 16)	17	0

APPORTIONMENT / ALLOCATION

If 100% Mississippi, complete line 18 then skip to page 2, line 22

18 Adjusted federal income (loss) (line 4 plus line 10 minus line 17)	18	0
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19	0
20 Apportionable business income (loss) (line 18 minus line 19)	20	0



Mississippi

Net Taxable Income Schedule

2019

FEIN *****0516

APPORTIONMENT / ALLOCATION

21	Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21	
	<div style="display: flex; justify-content: space-between;"> <div>Sales (retail)</div> <div>Manufacturers (retail)</div> <div>Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)</div> <div>Special Formula</div> </div>		
22	Mississippi apportioned income (loss) (if 100% Mississippi, enter line 18, otherwise, multiply line 20 by line 21)	22	0
23	Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	0
24	Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1s, Form 84-132)	24	0
25	Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 or page 3, line 46)	25	0
26	Other adjustments required by law (attach schedule)	26	0
27	Income exemption (attach schedule; if not applicable, enter zero)	27	0
28	Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 26 minus line 27)	28	0

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29	Mississippi composite net income (loss) (from Form 84-131) line 4a	29	0
30	Composite return filing adjustment (attach schedule)	30	0
31	Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	0
32	Mississippi composite net taxable income (loss) (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	0



Mississippi Schedule K 2019

FEIN *****0516

☒ Partnership / LLC / LLP (Federal 1065)☐ S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C	COLUMN D
OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME ROBERT M RIALS FEIN SSN <input checked="" type="checkbox"/> *****9978	40.0000 STATE MS COMPOSITE	a b c b c b c b c	
NAME BARBARA H RIAL FEIN SSN <input checked="" type="checkbox"/> *****2273	30.0000 STATE MS COMPOSITE	a b c b c b c b c	
NAME ROBERT M RIALS FEIN SSN <input checked="" type="checkbox"/> *****5313	30.0000 STATE MS COMPOSITE	a b c b c b c b c	
NAME FEIN SSN	.0000 STATE COMPOSITE	a b c b c b c b c	
NAME FEIN SSN	.0000 STATE COMPOSITE	a b c b c b c b c	

960931 09-03-19

2 Total column B, column C and column D (from above)	100.0000	2a 2c	2
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)		3a 3c	3
4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3)	100.0000	4a 4c	4
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)			5

Mississippi Schedule K-1 2019

Tax Year Beginning 01012019

Tax Year Ending 12312019

S Corporation ☐ Partnership ☒

Final K-1

Amended K-1

Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS														
A Entity FEIN *****0516	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1 Ordinary business income (loss) </div> <div style="width: 48%;"> 15 Self-employment earnings (loss) </div> </div>															
B Entity's name, address, city, state and ZIP code DELISH! BRANDS LLC 3144 INDIANA AVE. VICKSBURG MS 39180	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 2 Net rental real estate income (loss) </div> <div style="width: 48%;"></div> </div>															
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E Owner / partner's name, address, city, state and ZIP code ROBERT M RIALS 109 CARLTON PLACE VICKSBURG MS 39180	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 5 Interest income </div> <div style="width: 48%;"> 6a Ordinary dividends </div> </div>															
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Mississippi Schedule K-1 2019

Tax Year Beginning 01012019

Tax Year Ending 12312019

S Corporation ☐ Partnership ☒

Final K-1

Amended K-1

Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS											
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Mississippi Schedule K-1 2019

Tax Year Beginning 01012019

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S Corporation ☒ Partnership

Final K-1

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