

APPLICATION FOR RENTAL

Rental Application for **The Copper**

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APPLICANT INFORMATION			
LAST NAME SHEIKH		FIRST NAME ABDUL	M.I. R.
SSN ***_**_****		BIRTH DATE 4/9/1967	PHONE - TYPE (917) 442 - 8555 - Mobile
EMAIL ab@cintra.com			
CURRENT ADDRESS			
STREET ADDRESS 213 PARK AVENUE SOUTH, APT 3		CITY NEW YORK	STATE NY
DATE IN		DATE OUT current	MONTHLY RENT \$7,000.00 / Mo.
EMPLOYMENT & INCOME INFORMATION			
OCCUPATION CHIEF TECHNOLOGY OFFICE		EMPLOYER/COMPANY CINTRA	
SUPERVISOR BRENDAN MCNAMEE		SUPERVISOR PHONE (212) 481 - 6501	SALARY \$234,000.00/Yr.
EMPLOYER ADDRESS 3 PARK AVENUE, 32ND FLOOR		CITY NEW YORK	STATE NY
			ZIP 10016
BACKGROUND INFORMATION			
Have you ever filed for bankruptcy? NO		Have you ever willfully refused to pay rent when due? NO	
Have you ever been evicted from a tenancy or left owing money? NO		Have you ever been convicted of a crime? NO	
SUPPLEMENTAL QUESTIONS			
Will the tenant be receiving stove knob covers from property? ☒ No, I do not want stove knob covers for my stove, even though I have a child under age six residing in my apartment.			
Window Guards: ☒ No children 10 years of age or younger live in my apartment			
Were you referred by a broker? NO			
I (we) have seen the actual apartment for which I (we) are applying?: NO			
Preferred Mailing Address: 213 PARK AVENUE SOUTH, APT 3, NEW YORK, NY 10003 - US			

APPLICATION CONSENT

I hereby warrant that all statements set forth above are true.

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **The Copper** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **The Copper** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **The Copper** within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **The Copper** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **The Copper**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at <https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf>.

I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports", I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. I acknowledge that I have received and read Article 23-A of the New York Correction Law (<https://www.on-site.com/resources/consent/correctionLawArticle23a.pdf>)

☒ Application consent was digitally accepted by ABDUL R. SHEIKH

ABDUL R. SHEIKH (Applicant)

Date

The following charge(s) will appear on your card statement as "ClickPay"

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
ABDUL SHEIKH	XXXXXXXXXXXX6620	15074797	\$21.50
Transaction	Transaction Date	Charged	
T2409180223_MV2PA7	9/18/2024 12:48 PM PDT	\$21.50	

Initials: _____

Subcode: 476270
Transaction Number: C050955597
Search Inquiry: CINTRA SOFTWARE SERVICES/213 PARK AVE S/NEW YORK/NY/10003
Model Description: Intelliscore Plus V2

Ordered: 09/16/2024 08:57:25 CST



Business Name
CINTRA SOFTWARE & SERVICES INC.

Business Identification Number
700796998

Primary Address: 3 PARK AVE FL 32
NEW YORK, NY 10016-5902

Website: cintra.com
Phone: (212) 481-6501
Tax ID: 00-1477141

This business is the ultimate parent.
[See the corporate hierarchy by clicking here](#)

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Risk Dashboard

Risk Scores and Credit Limit Recommendation		Days Beyond Terms	Derogatory Legal	Fraud Alerts
Intelliscore Plus	Financial Stability Risk	Company DBT	Original Filings	High Risk Alerts
70 LOW TO MEDIUM RISK	54 LOW TO MEDIUM RISK	0	0	0
Score range: 1 - 100 percentile				
Credit Limit Recommendation: \$11,800				

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Business Facts

Years on File:	27 (FILE ESTABLISHED 03/1997)	SIC Code:	COMPUTER & SOFTWARE STORES - 5734
State of Incorporation:	NY		COMPUTER SOFTWARE, PREPACKAGED - 7372
Date of Incorporation:	05/14/1996		COMPUTER PROGRAMMING SERVICES - 7371
Business Type:	Institutions - Profit	NAICS Code:	Electronics and Appliance Retailers - 449210
Contacts:	MCNAMEE BRENDAN - PRESIDENT		Software Publishers - 513210
	ABDUL SHEIKH - CHIEF TECHNOLOGY OFFICER		Custom Computer Programming Services - 541511
	RUSTY MOORE - EXECUTIVE	Number of Employees:	1
		Sales:	\$162,000

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Commercial Fraud Shield
Evaluation for: CINTRA SOFTWARE & SERVICES INC, 3 PARK AVE FL 32, NEW YORK, NY10016-5902

Business Alerts		Verification Triggers
Active Business Indicator:	Experian shows this business as active	The primary Business Name, Address, and Phone Number on Experian File were reviewed for High Risk indicators, no High Risk indicators were found.
Possible OFAC Match:	No OFAC match found	
Business Victim Statement:	No victim statement on file	

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Credit Risk Score and Credit Limit Recommendation

Credit Risk Score: Intelliscore Plus

Current Intelliscore Plus Score: 70

Risk Class: 2

LOW - MEDIUM RISK



The risk class groups scores by risk into ranges of similar performance. Range 5 is the highest risk, range 1 is the lowest risk.

This score predicts the likelihood of serious credit delinquencies for this business within the next 12 months. Payment history and public record along with other variables are used to predict future risk. Higher scores indicate lower risk.

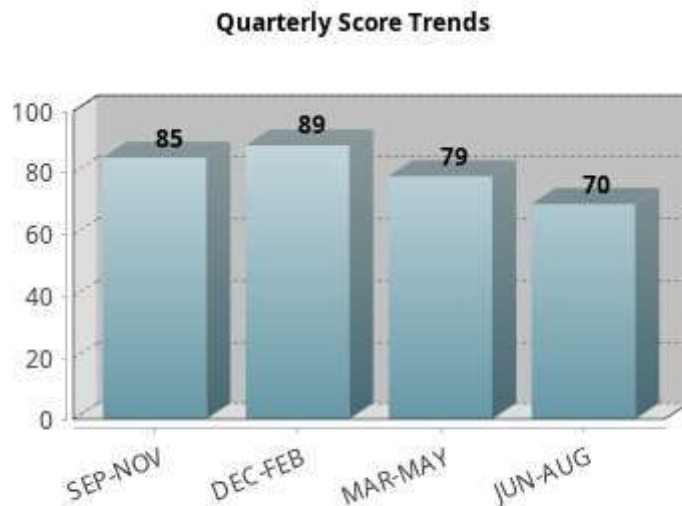
Factors lowering the score

- NUMBER OF COMMERCIAL ACCOUNTS WITH NET 1-30 DAYS TERM
- NBR OF ACTIVE COMMERCIAL ACCTS WITHIN THE LAST 12 MOS
- NUMBER OF RECENTLY ACTIVE COMMERCIAL ACCOUNTS
- NUMBER OF COMMERCIAL ACCOUNTS WITH HIGH UTILIZATION

Industry Risk Comparison

69% of businesses indicate a higher likelihood of severe delinquency.

Intelliscore Plus Quarterly Score Trends



The Intelliscore Plus Quarterly Score Trends provide a view of the likelihood of delinquency over the past 12 months for this business. The trends will indicate if the score improved, remained stable, fluctuated or declined over the last 12 months

Credit Risk Score: Financial Stability Risk

Current Financial Stability Risk Score: 54



Risk Class: 2

LOW - MEDIUM RISK

The risk class groups scores by risk into ranges of similar performance. Range 5 is the highest risk, range 1 is the lowest risk.

This score predicts the likelihood of financial stability risk for this business within the next 24 months. Payment history and public record along with other variables are used to predict future risk. Higher scores indicate lower risk.

Factors lowering the score

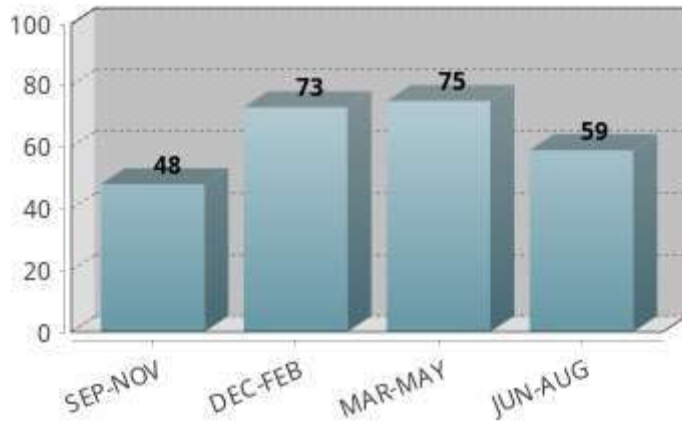
- NUMBER OF ACTIVE COMMERCIAL ACCOUNTS
- RISK ASSOCIATED WITH THE COMPANY'S INDUSTRY SECTOR
- BALANCE TO HIGH CREDIT RATIO FOR COMMERCIAL ACCOUNTS
- RISK ASSOCIATED WITH THE BUSINESS TYPE

Industry Risk Comparison

53% of businesses indicate a higher likelihood of financial stability risk.

Financial Stability Risk Quarterly Score Trends

Quarterly Score Trends



The Financial Stability Risk Quarterly Score Trends provide a view of the likelihood of financial stability risk over the past 12 months for this business. The trends will indicate if the score improved, remained stable, fluctuated or declined over the last 12 months

Credit Limit Recommendation

Credit Limit Recommendation

\$11,800

This recommendation compares this business against similar businesses in the Experian business credit database. It is based on trade information, industry, age of business and the Intelliscore Plus. The recommendation is a guide. The final decision must be made based on your company's business policies.

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Payment and Legal Filings Summary

Payment Performance		Trade and Collection Balance		Legal Filings	
Current DBT:	0	Total trade and collection (4):	\$1,500	Bankruptcy:	No
Predicted DBT :	N/A	All trades (4):	\$1,500	Tax Lien filings:	0
Monthly Average DBT:	0	All collections (0):	\$0	Judgment filings:	0
Highest DBT Previous 6 Months:	0	Continuous trade (1):	\$1,400	Sum of legal filings:	\$0
Highest DBT Previous 5 Quarters:	0	6 month average:	N/A	UCC filings:	1
Payment Trend Indication:		Highest credit amount extended:	\$1,400	Cautionary UCC filings:	Yes
Payment trend indicator not available		Most frequent industry purchasing terms:			
		Industry purchasing terms not available			

Industry Comparison

Industry DBT Range Comparison

The current DBT of this business is 0. 80% of businesses have a DBT range of 0-5.

DBT for this business: 0



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Trade Payment Summary

Trade Line Type	Lines Reported	DBT	Recent High Credit	Balance	Current	01-30	31-60	61-90	91+
Continuous	1		\$1,400	\$1,400	100%				
New	0			\$0					
Combined Trade	1		\$1,400	\$1,400	100%				
Additional	3		\$200	\$100	100%				
Total Trade	4		\$1,600	\$1,500	100%				

Trade Payment - New and Continuously Reported Trade Details

Payment Experiences (Trade Lines with an (*) after the date are newly reported)						Account Status Days Beyond Terms					Comments
Business Category	Date Reported	Last Sale	Payment Terms	Recent High Credit	Balance	Cur	1-30	31-60	61-90	91+	
BUS SERVCS	09/2024		VARIED	\$1,400	\$1,400	100%					

Trade Payment - Additional Trade Details

Payment Experiences (Trade Lines with an (*) after the date are newly reported)						Account Status Days Beyond Terms					Comments
Business Category	Date Reported	Last Sale	Payment Terms	Recent High Credit	Balance	Cur	1-30	31-60	61-90	91+	
CELLUL/PAG	08/2024	05/2023	NET 30		\$0						
COMMUNICTN	01/2024	01/2024	NET 21	\$200	\$100	100%					
PACKAGING	01/2023	10/2019	NET 30		\$0						CUST 6 YR

Uniform Commercial Code (UCC) Filings

UCC Filing Summary

Date Range	Year	Cautionary UCCs **	Total Filed	Released / Termination	Continuous	Amended / Assigned
JUL - PRESENT	2024					
JAN - JUN	2024					
JUL - DEC	2023	1	1	1		
JAN - JUN	2023					
JUL - DEC	2022					
PRIOR TO JUL	2022					
Total		1	1	1	0	0

** Cautionary UCC Filings include one or more of the following collateral:

Accounts, Accounts Receivables, Contract Rights, Hereafter Acquired Property, Inventory, Leases, Notes Receivable or Proceeds.

UCC Details

UCC TERMINATED Date: 01/24/2024

Filing Number: 202401240024383

Original Filing Date: 08/30/2023

Original Filing Number: 2023083062

Original Filing State: NY

Jurisdiction: SEC OF STATE NY

Secured Party: CORPORATION SERVICE COMPANY, AS REPRESENTEN

UCC FILED Date: 08/30/2023

Filing Number: 202308306216696

Jurisdiction: SEC OF STATE NY

Secured Party: CORPORATION SERVICE COMPANY, AS REPRESENTEN IL UCCSPREP CSCINFO

Collateral: UNDEFINED, ACCTS REC, EQUIP, FURN & FIX, INVENTORY, HEREAFTER ACQUIRED PROP

Additional Business Facts

Corporate Registration

THE FOLLOWING INFORMATION WAS PROVIDED BY THE STATE OF NEW YORK. THE DATA IS CURRENT AS OF 09/16/2024.

State of Origin: NY

Date of Incorporation: 05/14/1996

Current Status: Active

Business Type: Institutions - Profit

Charter Number: 2029345

Corporate Linkage

Business Name	Location	BIN
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The inquired upon business, CINTRA SOFTWARE & SERVICES INC, is the Ultimate Parent		
CINTRA SOFTWARE & SERVICES INC	3 PARK AVE FL 32 - NEW YORK,NY	700796998
Branches of the inquired upon business:		
CINTRA SOFTWARE & SERVICES INC	4300 FERN VALLEY RD - LOUISVILLE,KY	497894037

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Inquiries									
Summary of Inquiries									
Business Category	SEP24	AUG24	JUL24	JUN24	MAY24	APR24	MAR24	FEB24	JAN24
PERSCOMPTR						1			
Totals						1			

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Experian prides itself on the depth and accuracy of the data maintained on our databases. Reporting your customer's payment behavior to Experian will further strengthen and enhance the power of the information available for making sound credit decisions. Give credit where credit is due. Call 1-800-520-1221, option #4 for more information.

End of report 1 of 1 report

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This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or <https://www.on-site.com/request-rental-report-or-submit-dispute/>.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

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Rental Report for CINTRA SOFTWARE & SERVICES represented by ABDUL SHEIKH

The property's screening criteria result**PENDING**

There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for CINTRA SOFTWARE & SERVICES represented by ABDUL SHEIKH: No Credit

	Importance	Result
AI Score	Not Considered	No Credit

Addresses**Employment****Applicant:**

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Rental Report for ABDUL R. SHEIKH**The property's screening criteria result****PENDING**

There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for ABDUL R. SHEIKH: 867

		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍



Rental Report for ABDUL R. SHEIKH, 9/18/2024 at The Copper

Government Obstruction	None ever	Pass/Fail	
Kidnapping	None ever	Pass/Fail	
Property Destruction	None ever	Pass/Fail	
Property Other	None ever	Pass/Fail	
Property Theft	None ever	Pass/Fail	
Prostitution	None ever	Pass/Fail	
Sex Offense Coerced	None ever	Pass/Fail	
Sex Offense Willful	None ever	Pass/Fail	
Society Other	None ever	Pass/Fail	
Violent Fatal	None ever	Pass/Fail	
Violent Non Fatal	None ever	Pass/Fail	
Weapons	None ever	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Criminal and Other Public Records: Misdemeanor Convictions		Pass/Fail	
Total Considered Misdemeanor Convictions	None	Pass/Fail	
Alcohol	None ever	Pass/Fail	
Bad Check	None ever	Pass/Fail	
Criminal Other	None ever	Pass/Fail	
Drug Manufacture Distribution	None ever	Pass/Fail	
Drug Marijuana Use	None ever	Pass/Fail	
Drug Meth Manufacture	None ever	Pass/Fail	
Drug Use	None ever	Pass/Fail	
Fraud	None ever	Pass/Fail	
Government Obstruction	None ever	Pass/Fail	
Kidnapping	None ever	Pass/Fail	
Property Destruction	None ever	Pass/Fail	
Property Other	None ever	Pass/Fail	
Property Theft	None ever	Pass/Fail	
Prostitution	None ever	Pass/Fail	
Sex Offense Coerced	None ever	Pass/Fail	
Sex Offense Willful	None ever	Pass/Fail	
Society Other	None ever	Pass/Fail	
Violent Fatal	None ever	Pass/Fail	
Violent Non Fatal	None ever	Pass/Fail	
Weapons	None ever	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Is not a registered sex offender		Pass/Fail	

Credit Quick Summary		
Total annual income (reported by Applicant)	\$234,000.00	
Total verified annual income	Pending	
Total verified combined annual income to rent ratio	Pending (based on rent of \$9,018.26)	
Total number of accounts	10	
Accounts with no late payments	10 (0 unpaid past due)	
Accounts paid 30-59 days past due	0 (0 unpaid past due)	
Accounts paid 60-89 days past due	0 (0 unpaid past due)	
Accounts paid more than 90 days past due	0 (0 unpaid past due)	
Total outstanding balance	\$443,845.00 (\$0.00 past due)	
Outstanding revolving debt	\$6,731.00 (1% of limit) (\$0.00 past due)	
Outstanding loan balance	\$437,114.00 (\$0.00 past due)	
Bankruptcies, foreclosures, and legal items	0	
Collection total balance (includes past due)	\$0.00	
Rental History records found	0	

Identity	From Application	From Equifax
Name:	ABDUL R. SHEIKH	ABDUL R. SHEIKH
SSN:	***_**_****	***_**_****
Birth Date:	4/**/1967	4/**/1967

Addresses	From Application	From Equifax
	213 PARK AVENUE SOUTH, APT 3 NEW YORK, NY 10003 - US	3250 NE 188TH ST. 802 AVENTURA, FL 33180 (Applicant) Reported 9/2024 213 PARK AVE S FL 3 NEW YORK, NY 10003 (Applicant) Reported 9/2024 239 PARK AVE S 5A NEW YORK, NY 10003 (Applicant) Reported 12/2008 54 W 39TH ST FL 9 NEW YORK, NY 10018 (Applicant) Reported 12/2008 401 E 34TH ST. S17K NEW YORK, NY 10016 (Applicant) Reported 12/2008

Employment	From Application	From Equifax
Applicant:	CHIEF TECHNOLOGY OFFICE CINTRA \$234,000.00/Yr. Total annual Income: \$234,000.00	

Employment Verifications
From RealPage



Rental Report for ABDUL R. SHEIKH, 9/18/2024 at The Copper

Requested For ABDUL R. SHEIKH Requested Date 9/18/2024	Employer CINTRA	Position Held CHIEF TECHNOLOGY OFFICE	Annual Salary \$234,000.00	Supervisor BRENDAN MCNAMEE (212) 481 - 6501
	Results Pending			

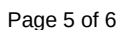
Criminal and Other Public Records				
Requested For ABDUL R. SHEIKH	Location Searched Multistate Search	Period Searched 9/18/2017 - 9/18/2024	Requested 9/18/2024	Returned 9/18/2024
Results No Records Found				

National Sex Offender Registry History		
Requested For ABDUL R. SHEIKH	Date Requested 9/18/2024	Date Returned 9/18/2024
Results No Records Found		

Restricted Person Search		
Requested For ABDUL R. SHEIKH	Requested 9/18/2024	Returned 9/18/2024
Results No Records Found		

Risk Models		
From RealPage		
Risk Model Name RealPage AI Score (Applicant)	Score 867	Score Factors Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History
	Description RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).	

From Equifax		
Risk Model Name Credit Score (Applicant)	Score 816	Score Factors The balances on your accounts are too high compared to loan amounts Your largest credit limit on open bankcard or revolving accounts is too low Total of all balances on bankcard or revolving accounts is too high You have too many inquiries on your credit report.
	Description This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).	

[illegible]

Rental Report for ABDUL R. SHEIKH, 9/18/2024 at The Copper

Account Name BEST BUY/CBNA (Applicant)	Opened 11/2023	Last Active 12/2023	30-59	60-89	90+	Past Due	Balance \$0.00																																									
	Monthly Payment	High Credit \$1,986.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																												
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>8/ 24</td><td>6/ 24</td><td>4/ 24</td><td>2/ 24</td><td>12/ 23</td><td></td><td></td><td></td><td></td></tr></table>							0	0	0	0	0	0	0	0	0	8/ 24	6/ 24	4/ 24	2/ 24	12/ 23																											
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8/ 24	6/ 24	4/ 24	2/ 24	12/ 23																																												
Account Name SYNCB/BANANA REP DC (Applicant)	Opened 11/2012	Last Active 4/2016	30-59	60-89	90+	Past Due	Balance \$0.00																																									
	Monthly Payment	High Credit \$489.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																												
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>9/ 24</td><td>7/ 24</td><td>5/ 24</td><td>3/ 24</td><td>1/ 24</td><td>11/ 23</td><td>9/ 23</td><td>7/ 23</td><td>5/ 23</td><td>3/ 23</td><td>1/ 23</td><td>11/ 22</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23	5/ 23	3/ 23	1/ 23	11/ 22											
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Previous Credit Inquiries	
From Equifax	
11/2023	CITIBANK NA., BEST B (Applicant)

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

Equifax Security Freeze

P.O. Box 105788

Atlanta, GA 30348

(800) 685-1111

<https://www.freeze.equifax.com>

Experian Security Freeze

P.O. Box 9554

Allen, TX 75013

(888) 397-3742

<https://www.experian.com/freeze/center.html>

TransUnion LLC

P.O. Box 2000

Chester, PA 19022-2000

(888) 909-8872

www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit.

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.

APPLICATION FOR RENTAL

Rental Application for **The Copper**

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APPLICANT INFORMATION				
FULL COMPANY NAME CINTRA SOFTWARE & SERVICES represented by ABDUL SHEIKH			PHONE - TYPE (917) 442 - 8555 - Mobile	
EMAIL ab@cintra.com				
COMPANY INFORMATION				
COMPANY NAME CINTRA SOFTWARE & SERVICES		JOB TITLE CTO & OWNER		FEDERAL TAX ID # 13-3890680
COMPANY TYPE Corporation		NATURE OF BUSINESS TECHNOLOGY SERVICES		COMPANY LOCATIONS NEW YORK
PRESIDENT ABDUL SHEIKH		YEARS IN BUSINESS 28	YEARS AT ADDRESS 11	YEARS WITH FIRM 28 YEARS
BANK REFERENCES				
BANK BRANCH CHASE NEW YORK		BANK ACCOUNT TYPE CHECKING		BANK CONTACT Edlira Balla
TRADE REFERENCES				
CONTACT NAME NICOLE BERRIOS	COMPANY CDW		PHONE 732-948-1095	RELATIONSHIP ACCOUNTING
BUSINESS REFERENCES				
BUSINESS CPA OR ACCOUNTANT Cherry Bekaert Accounting Firm			PHONE 919-782-1040	
BUSINESS ATTORNEY Murphy Bova LLP			PHONE 646-405-6100	
CURRENT ADDRESS				
STREET ADDRESS 213 PARK AVENUE SOUTH		CITY NEW YORK	STATE NY	ZIP 10003
DATE IN	DATE OUT current	MONTHLY RENT \$7,000.00 / Mo.		
BACKGROUND INFORMATION				
Have you ever filed for bankruptcy? NO		Have you ever willfully refused to pay rent when due? NO		
Have you ever been evicted from a tenancy or left owing money? NO		Have you ever been convicted of a crime? NO		
SUPPLEMENTAL QUESTIONS				
Will the tenant be receiving stove knob covers from property? ☒ No, I do not want stove knob covers for my stove, even though I have a child under age six residing in my apartment.				
Window Guards: ☒ No children 10 years of age or younger live in my apartment				
Were you referred by a broker? NO				
I (we) have seen the actual apartment for which I (we) are applying?: NO				
Preferred Mailing Address: 213 PARK AVENUE SOUTH, NEW YORK, NY 10003 - US				

APPLICATION CONSENT

I hereby warrant that all statements set forth above are true.

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **The Copper** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **The Copper** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **The Copper** within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **The Copper** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **The Copper**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at <https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf>.

I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports", I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. I acknowledge that I have received and read Article 23-A of the New York Correction Law (<https://www.on-site.com/resources/consent/correctionLawArticle23a.pdf>)

☒ Application consent was digitally accepted by CINTRA SOFTWARE & SERVICES represented by ABDUL SHEIKH



Signed by ABDUL SHEIKH

Fri Sep 6 2024 10:22:00 AM EDT

Key: D92DC848; IP Address: 184.74.196.226

CINTRA SOFTWARE & SERVICES represented by ABDUL
SHEIKH (Applicant)

Date

The following charge(s) will appear on your card statement as "ClickPay"

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
ABDUL R SHEIKH	XXXXXXXXXXXX0972	15035913	\$21.50

This card has been authorized for the amount above and will be charged when the application is processed.

Initials:



California Required Notices

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or <https://www.on-site.com/request-rental-report-or-submit-dispute/>.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or <https://www.on-site.com/request-rental-report-or-submit-dispute/>.

Rental Report for CINTRA SOFTWARE & SERVICES represented by ABDUL SHEIKH

The property's screening criteria result**PENDING**

There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for CINTRA SOFTWARE & SERVICES represented by ABDUL SHEIKH: No Credit

	Importance	Result
AI Score	Not Considered	No Credit

Addresses**Employment****Applicant:**

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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

Equifax Security Freeze

P.O. Box 105788

Atlanta, GA 30348

(800) 685-1111

<https://www.freeze.equifax.com>

Experian Security Freeze

P.O. Box 9554

Allen, TX 75013

(888) 397-3742

<https://www.experian.com/freeze/center.html>

TransUnion LLC

P.O. Box 2000

Chester, PA 19022-2000

(888) 909-8872

www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit.

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.

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BRITISH CITIZEN

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09 MAR /MARS 34



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3609 Williams Dr., Suite 105
Georgetown, Texas 78628

7000 N. Mopac Expy., Suite 200
Austin, Texas 78731

(512) 346-9623
www.faskelay.com

September 20, 2023

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Cintra Software and Services Inc.:

Enclosed are your 2022 corporate tax returns and 2023 estimated tax vouchers, as follows...

2022 U.S. Corporation Income Tax Return

2023 Federal Estimated Tax Worksheet

2022 Form 5472 Information Return of a Foreign-Owned Corporation

2022 California Corporation Income Tax Return

2023 California Estimated Tax Vouchers

2022 Colorado Corporation Income Tax Return

2023 Colorado Estimated Tax Vouchers

2022 Connecticut Corporation Income Tax Return

2022 Delaware Corporation Income Tax Return

2023 Delaware Estimated Tax Vouchers

2022 Florida Corporation Income Tax Return

2022 Georgia Corporation Income Tax Return

2022 Illinois Corporation Income Tax Return

2023 Illinois Estimated Tax Vouchers

2022 Indiana Corporation Income Tax Return

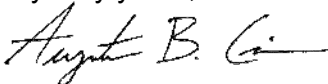
2022 Maryland Corporation Income Tax Return

2023 Maryland Estimated Tax Vouchers
2022 Massachusetts Corporate Income Tax Return
2023 Massachusetts Annual Report
2022 Minnesota Corporation Income Tax Return
2023 Minnesota Estimated Tax Vouchers
2022 New Hampshire Corporation Income Tax Return
2022 New Jersey Corporation Income Tax Return
2023 New Jersey Estimated Tax Vouchers
2022 New York Corporation Income Tax Return
2023 New York Estimated Tax Vouchers
2022 North Carolina Corporation Income Tax Return
2023 North Carolina Estimated Tax Vouchers
2022 North Carolina Annual Report
2022 Pennsylvania Corporation Income Tax Return
2023 Pennsylvania Estimated Tax Vouchers
2022 Tennessee Corporation Income Tax Return
2022 Virginia Corporation Income Tax Return
2023 Virginia Estimated Tax Information
2022 New York City Corporation Income Tax Return
2023 New York City Estimated Tax Vouchers
2023 New York State Mandatory First Installment
2022 New York MTA Surcharge Return
2023 New York City Mandatory First Installment

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Your copy should be retained for your files.

Very truly yours,

A handwritten signature in black ink, appearing to read "Augustus B. Crimm". The signature is fluid and cursive, with the first name "Augustus" being the most prominent part.

Augustus B. Crimm, CPA

Direct Deposit/Debit Report

Name: **CINTRA SOFTWARE AND SERVICES INC.**

Employer Identification Number: **13-3890680**

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
FED	1120		CHECKING	021000021	937506690965	DEBIT 09/20/23	143,383.
CA	100		CHECKING	021000021	937506690965	DEBIT 09/20/23	780.
CO	112		CHECKING	021000021	937506690965	DEPOSIT	10.
CT	CT-1120		CHECKING	021000021	937506690965	DEBIT 09/20/23	250.
GA	600			021000021	937506690965		101.
IL	IL-1120		CHECKING	021000021	937506690965	DEPOSIT	89.
MN	M4		CHECKING	021000021	937506690965	DEPOSIT	1,338.
NC	CD-405		CHECKING	021000021	937506690965	DEBIT 09/20/23	1,247.
NH	BT-SUMMAR		CHECKING	021000021	937506690965	DEBIT 09/20/23	127.
NJ	CBT-100		CHECKING	021000021	937506690965	DEPOSIT	2,903.
NYC	NYC-2		CHECKING	021000021	937506690965	DEPOSIT	23,931.
PA	RCT-101		CHECKING	021000021	937506690965	DEBIT 09/20/23	2.
TN	FAE 170		CHECKING	021000021	937506690965	DEBIT 09/20/23	407.
VA	500		CHECKING	021000021	937506690965	DEBIT 09/20/23	395.

2022 TAX RETURN FILING INSTRUCTIONS

U.S. CORPORATION INCOME TAX RETURN

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	161,610
Less: payments and credits	\$	24,045
Plus: interest and penalties	\$	5,818
Balance Due	\$	143,383

Overpayment:

Not applicable

Make Check Payable To:

Not Applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date, and return Form 8879-CORP to our office. We will then submit your electronic return.

Return Must be Mailed on or Before:

Not Applicable

Special Instructions:

Your balance due of \$143,383 will be automatically withdrawn from the bank account ending in 0965 on or after September 20, 2023. Refer to Form 1120 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

CORPORATION ESTIMATED INCOME TAX

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	161,640
Less credit from prior year	\$	0
Less amount paid on 2023 Estimate	\$	0
Balance Due	\$	161,640

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 80,820	September 15, 2023
No. 3	\$ 40,410	December 15, 2023
No. 4	\$ 40,410	March 15, 2024

Make Check Payable To:

Not applicable

Mail Voucher and Check (if applicable) To:

Deposit your funds using the IRS electronic remittance processing system, EFTPS.

Special Instructions:

Deposit your funds using the IRS electronic remittance processing system, EFTPS. Taxpayers can make payments online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-3453. EFTPS deposits must be initiated during business hours at least 1 business day before the date the deposit is due. If you are using the ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

TAX RETURN FILING INSTRUCTIONS
FORM 5472 INFORMATION RETURN OF A FOREIGN-OWNED CORPORATION

FOR THE YEAR ENDING
March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Mail Tax Return To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Form 5472 has been prepared for electronic filing with the federal return.

For calendar year, or tax year

Estimated Tax for Corporationsbeginning **APRIL 01, 2023**, and ending **MARCH 31, 2024****2023**

► Keep for the corporation's records - Do not send to the Internal Revenue Service.

Estimated Tax Computation

1	Taxable income expected for the tax year	1				
2	Multiply line 1 by 21% (0.21)	2				
3	Tax credits	3				
4	Subtract line 3 from line 2	4				
5	Other taxes	5				
6	Total tax. Add lines 4 and 5	6				
7	Credit for federal tax paid on fuels and other refundable credits	7				
8	Subtract line 7 from line 6. Note: If the result is less than \$500, the corporation is not required to make estimated tax payments	8				
9a	Enter the tax shown on the corporation's 2022 tax return. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 8 on line 9b	9a			161,610.	
b	Enter the smaller of line 8 or line 9a. If the corporation is required to skip line 9a, enter the amount from line 8	9b			161,610.	
			ADJUSTED TO		161,640.	
			(a)	(b)	(c)	(d)
10	Installment due dates	10	07/17/2023	09/15/2023	12/15/2023	03/15/2024
11	Required installments. Enter 25% of line 9b in columns (a) through (d). If the corporation uses the annualized income installment method, or adjusted seasonal installment method, or is a "large corporation," see the instructions for the amount to enter ...	11	0.	80,820.	40,410.	40,410.

Form **1120-W**

AMOUNT ALREADY PAID	0.	TOTAL OVERPAYMENT	0.
OVERPAYMENT APPLIED	0.	AMOUNT REFUNDED	0.
NO. OF INSTALLMENTS REQUIRED	3		

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

Asset No.	Description	Date Acquired			Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES													
12	AIR CONDITIONER	11	01	11	200DB	7.00	17	1,728.		1,728.				0.
13	AWNING - SIG	07	01	14	SL	7.00	17	3,716.		3,716.				0.
27	OFFICE FURNITURE	04	01	15	SL	7.00	17	179,546.			179,546.	153,894.		25,649.
28	OFFICE FURNITURE	07	01	14	SL	7.00	17	11,972.		11,972.				0.
29	OFFICE BLINDS	03	17	17	SL	7.00	17	1,175.		1,175.				0.
	* OTHER TOTAL - FURNITURE & FIXTURE							198,137.		18,591.	179,546.	153,894.		25,649.
	EQUIPMENT - OFFICE													
24	EQUIPMENT - OFFICE	04	01	15	SL	5.00	17	41,948.			41,948.	41,948.		0.
25	OFFICE EQUIP LEASEHOLD	06	01	14	SL	5.00	17	3,305.		3,305.				0.
26	IMPROVEMENTS (EQUIP	07	01	09	SL	15.00	17	1,071.			1,071.	426.		71.
34	NEXUS SWITCHES	05	01	16	SL	5.00	17	2,530.		2,530.				0.
	* OTHER TOTAL - EQUIPMENT - OFFICE							48,854.		5,835.	43,019.	42,374.		71.
	EQUIPMENT - DESKTOP													
10	MONITORS	04	01	11	200DB	7.00	17	1,308.		1,308.				0.
23	EQUIPMENT - DESKTOP	04	01	15	SL	5.00	17	1,427.			1,427.	1,425.		0.
	* OTHER TOTAL - EQUIPMENT - DESKTOP							2,735.		1,308.	1,427.	1,425.		0.
	EQUIPMENT - LAPTOP													

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
9	COMPUTERS	040111	200DB	7.00	17	18,816.		18,816.				0.
18	COMPUTERS	040115	SL	5.00	17	6,361.		6,361.				0.
22	EQUIPMENT - LAPTOP	040115	SL	5.00	17	10,141.			10,141.	10,140.		0.
33	LAPTOP	090116	SL	5.00	17	3,298.		3,298.				0.
37	MAC BOOK PRO	043018	SL	5.00	17	4,041.		4,041.				0.
39	LAPTOPS FOR INDIA (3 ROUNDS)	092221	SL	5.00	17	46,500.		46,500.				0.
40	SOFTWARE- ARCTIC WOLF MDR USER LIC	070122	SL	5.00	19B	161,600.		161,600.				161,600.
	* OTHER TOTAL - EQUIPMENT - LAPTOP					250,757.		240,616.	10,141.	10,140.		161,600.
	EQUIPMENT - SERVERS											
17	COMPUTERS	040113	200DB	7.00	17	22,721.		22,721.				0.
21	EQUIPMENT - SERVERS	040115	SL	5.00	17	22,466.			22,466.	22,465.		0.
30	SERVER	102516	SL	5.00	17	7,000.		7,000.				0.
38	COMPUTER EQUIPMENT	093018	SL	5.00	17	3,489.		3,489.				0.
	* OTHER TOTAL - EQUIPMENT - SERVERS					55,676.		33,210.	22,466.	22,465.		0.
	SIGNS											
20	SIGNS	040115	SL	7.00	17	3,716.		1,060.	2,656.	2,274.		379.
	* OTHER TOTAL - SIGNS					3,716.		1,060.	2,656.	2,274.		379.
	SECURITY SYSTEM											

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

Asset No.	Description	Date Acquired			Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	SURVEILLANCE	10	01	11	200DB	7.00	17	2,503.		2,503.				0.
19	SECURITY SYSTEM	04	01	15	SL	5.00	17	2,432.			2,432.	2,432.		0.
	* OTHER TOTAL - SECURITY SYSTEM							4,935.		2,503.	2,432.	2,432.		0.
	LEASEHOLD IMPROVEMENTS													
14	LEASEHOLD IMPROVEMENTS	04	01	13		468M	43	68,435.			68,435.	15,795.		1,755.
15	LEASEHOLD IMPROVEMENTS	04	01	14		120M	43	490,137.			490,137.	302,252.		49,014.
16	LEASEHOLD IMPROVEMENTS	04	01	15		468M	43	280,908.			280,908.	50,421.		7,203.
36	LEASEHOLD IMPROVEMENTS	05	20	17	SL	15.00	17	3,266.		1,633.	1,633.	491.		109.
	* OTHER TOTAL - LEASEHOLD IMPROVEME							842,746.		1,633.	841,113.	368,959.		58,081.
31	INTACCT SOFTWARE	04	04	16	SL	5.00	17	29,302.		29,302.				0.
32	SALESFORCE SOFTWARE	05	02	16	SL	5.00	17	17,122.		17,122.				0.
35	SOFTWARE	04	01	15	SL	7.00	17							0.
41					200DB	5.00	19B							0.
	* OTHER TOTAL - LEASEHOLD IMPROVEME							46,424.		46,424.	0.	0.		0.
	* GRAND TOTAL OTHER DEPR & AMORT							1453980.		351,180.	1102800.	603,963.		245,780.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE							1292380.		189,580.	1102800.	603,963.		

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

[illegible]

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

Asset No.	Description	Date Acquired			Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES										
12	AIR CONDITIONER	11	01	11	200DB	7.00	1,728.	1,728.			0.
13	AWNING - SIG	07	01	14	SL	7.00	3,716.	3,716.			0.
27	OFFICE FURNITURE	04	01	15	SL	7.00	179,546.		179,546.	179,543.	0.
	AMT DEPRECIATION				SL	7.00				179,546.	
	ACE DEPRECIATION				SL	7.00				179,546.	
28	OFFICE FURNITURE	07	01	14	SL	7.00	11,972.	11,972.			0.
29	OFFICE BLINDS	03	17	17	SL	7.00	1,175.	1,175.			0.
	* OTHER TOTAL - FURNITURE & FIXTURES						198,137.	18,591.	179,546.	179,543.	0.
	EQUIPMENT - OFFICE										
24	EQUIPMENT - OFFICE	04	01	15	SL	5.00	41,948.		41,948.	41,948.	0.
25	OFFICE EQUIP	06	01	14	SL	5.00	3,305.	3,305.			0.
26	LEASEHOLD IMPROVEMENTS (EQUIPMENT)	07	01	09	SL	15.00	1,071.		1,071.	497.	71.
	AMT DEPRECIATION				SL	15.00				961.	71.
	ACE DEPRECIATION				SL	15.00				961.	71.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
34	NEXUS SWITCHES	050116	SL	5.00	2,530.	2,530.			0.
	* OTHER TOTAL - EQUIPMENT - OFFICE				48,854.	5,835.	43,019.	42,445.	71.
	EQUIPMENT - DESKTOP								
10	MONITORS	040111	200DB	7.00	1,308.	1,308.			0.
23	EQUIPMENT - DESKTOP	040115	SL	5.00	1,427.		1,427.	1,425.	0.
	* OTHER TOTAL - EQUIPMENT - DESKTOP				2,735.	1,308.	1,427.	1,425.	0.
	EQUIPMENT - LAPTOP								
9	COMPUTERS	040111	200DB	7.00	18,816.	18,816.			0.
18	COMPUTERS	040115	SL	5.00	6,361.	6,361.			0.
22	EQUIPMENT - LAPTOP	040115	SL	5.00	10,141.		10,141.	10,140.	0.
33	LAPTOP	090116	SL	5.00	3,298.	3,298.			0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
37	MAC BOOK PRO	043018	SL	5.00	4,041.	4,041.			0.
39	LAPTOPS FOR INDIA (3 ROUNDS)	092221	SL	5.00	46,500.	46,500.			0.
40	SOFTWARE- ARCTIC WOLF MDR USER LIC	070122	SL	5.00	161,600.	161600.			0.
	AMT DEPRECIATION		SL	5.00					
	ACE DEPRECIATION		SL	5.00					
	* OTHER TOTAL - EQUIPMENT - LAPTOP				250,757.	240616.	10,141.	10,140.	0.
	EQUIPMENT - SERVERS								
17	COMPUTERS	040113	200DB	7.00	22,721.	22,721.			0.
21	EQUIPMENT - SERVERS	040115	SL	5.00	22,466.		22,466.	22,465.	0.
30	SERVER	102516	SL	5.00	7,000.	7,000.			0.
38	COMPUTER EQUIPMENT	093018	SL	5.00	3,489.	3,489.			0.
	* OTHER TOTAL - EQUIPMENT - SERVERS				55,676.	33,210.	22,466.	22,465.	0.
	SIGNS								

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
20	SIGNS	040115	SL	7.00	3,716.	1,060.	2,656.	2,653.	0.
	AMT DEPRECIATION		SL	7.00				2,656.	
	ACE DEPRECIATION		SL	7.00				2,656.	
	* OTHER TOTAL - SIGNS				3,716.	1,060.	2,656.	2,653.	0.
	SECURITY SYSTEM								
11	SURVEILLANCE	100111	200DB	7.00	2,503.	2,503.			0.
19	SECURITY SYSTEM	040115	SL	5.00	2,432.		2,432.	2,432.	0.
	* OTHER TOTAL - SECURITY SYSTEM				4,935.	2,503.	2,432.	2,432.	0.
	LEASEHOLD IMPROVEMENTS								
14	LEASEHOLD IMPROVEMENTS	040113		468M	68,435.		68,435.	17,550.	1,755.
15	LEASEHOLD IMPROVEMENTS	040114		120M	490,137.		490,137.	351,266.	49,014.
16	LEASEHOLD IMPROVEMENTS	040115		468M	280,908.		280,908.	57,624.	7,203.
36	LEASEHOLD IMPROVEMENTS	052017	SL	15.00	3,266.	1,633.	1,633.	600.	109.
	AMT DEPRECIATION		SL	15.00				600.	109.
	ACE DEPRECIATION		SL	15.00				600.	109.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CINTRA SOFTWARE AND SERVICES INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* OTHER TOTAL - LEASEHOLD IMPROVEMEN				842,746.	1,633.	841,113.	427,040.	58,081.
31	INTACCT SOFTWARE	040416	SL	5.00	29,302.	29,302.			0.
32	SALESFORCE SOFTWARE	050216	SL	5.00	17,122.	17,122.			0.
35	SOFTWARE	040115	SL	7.00					0.
41			200DB	5.00					0.
	* OTHER TOTAL - LEASEHOLD IMPROVEMEN				46,424.	46,424.	0.	0.	0.
	* GRAND TOTAL OTHER DEPR & AMORT AMT DEPRECIATION ACE DEPRECIATION				1453980. 349,199. 4,337.	351180. 2,704.	1102800. 184,906. 2,704.	688,143. 183,763. 1,561.	58,152. 180. 180.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	2,257
Less: payments and credits	\$	1,500
Plus: other amount	\$	0
Plus: interest and penalties	\$	23
Balance due	\$	780

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the FTB, please sign, date and return Form 8453-C to our office. We will then submit the return to the FTB. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your balance due of \$780 will be automatically withdrawn from the bank account ending in 0965 on or after September 20, 2023. Refer to Form 100 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

CALIFORNIA FORM 100-ES

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	2,270
Less credit from prior year	\$	0
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	2,270

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 1,590	September 15, 2023
No. 3	\$ 0	December 15, 2023
No. 4	\$ 680	March 15, 2024

Mail Check Payable to:

Not applicable

Mail Voucher and Check (if applicable) to:

Payments must be filed and paid electronically via the Franchise Tax Board website at:
WWW.FTB.CA.GOV/PAY

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

COLORADO FORM 112

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	227
Less: payments and credits	\$	297
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	70

Overpayment:

Credit to your estimated tax	\$	60
Other amount	\$	0
Refunded to you	\$	10

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the CDOR, please sign, date and return DR 8454 to our office. We will then submit the return to the CDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your refund of \$10 will be deposited directly into the bank account ending in 0965. Refer to Form 112 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

COLORADO FORM 112-EP

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	240
Less credit from prior year	\$	60
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	180

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 60	September 15, 2023
No. 3	\$ 60	December 15, 2023
No. 4	\$ 60	March 15, 2024

Mail Check Payable to:

Colorado Department of Revenue

Mail Voucher and Check (if applicable) to:

Colorado Department of Revenue
Denver, CO 80261-0008
(Or pay online at
[Colorado.gov/RevenueOnline](https://colorado.gov/RevenueOnline))

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-1120

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	250
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	250

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the Connecticut DRS, please sign, date and return Form 8879-SO to our office. We will then submit the return to the Connecticut DRS. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your balance due of \$250 will be automatically withdrawn from the bank account ending in 0965 on or after September 20, 2023. Refer to Form CT-1120 on the Direct Deposit/Debit Report for complete account information.

TAX RETURN FILING INSTRUCTIONS

DELAWARE FORM 1100

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the DDOR, please sign, date and return Form 8879-SO to our office. We will then submit the return to the DDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

2023 ESTIMATED TAX FILING INSTRUCTIONS

DELAWARE FORM 1100-T

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	0
Less credit from prior year	\$	0
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	0

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 0	September 15, 2023
No. 3	\$ 0	December 15, 2023
No. 4	\$ 0	March 15, 2024

Mail Check Payable to:

Mail Voucher and Check (if applicable) to:

Delaware Division of Revenue
P.O. Box 830
Wilmington, DE 19899-0830

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the Florida DOR, please sign, date and return Form 8879-SO to our office. We will then submit the return to the Florida DOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	249
Less: payments and credits	\$	350
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	101

Overpayment:

Credit to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	101

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the GA DOR, please sign, date and return Form 8453-C to our office. We will then submit the return to the GA DOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your refund of \$101 will be deposited directly into the bank account ending in 0965. Refer to Form 600 on the Direct Deposit/Debit Report for complete account information.

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-1120

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	291
Less: payments and credits	\$	460
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	169

Overpayment:

Credit to your estimated tax	\$	80
Other amount	\$	0
Refunded to you	\$	89

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the IDOR, please sign, date and return Form 8879-SO to our office. We will then submit the return to the IDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your refund of \$89 will be deposited directly into the bank account ending in 0965. Refer to Form IL-1120 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

ILLINOIS FORM IL-1120-V

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	320
Less credit from prior year	\$	80
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	240

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 80	September 15, 2023
No. 3	\$ 80	December 15, 2023
No. 4	\$ 80	March 15, 2024

Mail Check Payable to:

Illinois Department of Revenue

Mail Voucher and Check (if applicable) to:

Illinois Department of Revenue
P.O. Box 19038
Springfield, IL 62794-9038

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM IT-20

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the INDOR, please sign, date and return Form IT-8879C to our office. We will then submit the return to the INDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

IN

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
12	AIR CONDITIONER	11/01/11	200DB	7.00	HY	17	1,728.		1,728.					0.	
13	AWNING - SIG	07/01/14	SL	7.00	HY	17	3,716.		3,716.					0.	
27	OFFICE FURNITURE	04/01/15	SL	7.00	HY	17	179,546.				179,546.	153,894.		25,649.	179,543.
28	OFFICE FURNITURE	07/01/14	SL	7.00	HY	17	11,972.		11,972.					0.	
29	OFFICE BLINDS	03/17/17	SL	7.00	HY	17	1,175.		1,175.					0.	
	* OTHER TOTAL - FURNITURE & FIXTURES						198,137.		18,591.		179,546.	153,894.		25,649.	179,543.
	EQUIPMENT - OFFICE														
24	EQUIPMENT - OFFICE	04/01/15	SL	5.00	HY	17	41,948.				41,948.	41,948.		0.	41,948.
25	OFFICE EQUIP	06/01/14	SL	5.00	HY	17	3,305.		3,305.					0.	
26	LEASEHOLD IMPROVEMENTS (EQUIPMENT)	07/01/09	SL	15.00	HY	17	1,071.				1,071.	426.		71.	497.
34	NEXUS SWITCHES	05/01/16	SL	5.00	HY	17	2,530.		2,530.					0.	
	* OTHER TOTAL - EQUIPMENT - OFFICE						48,854.		5,835.		43,019.	42,374.		71.	42,445.
	EQUIPMENT - DESKTOP														
10	MONITORS	04/01/11	200DB	7.00	HY	17	1,308.		1,308.					0.	
23	EQUIPMENT - DESKTOP	04/01/15	SL	5.00	HY	17	1,427.				1,427.	1,425.		0.	1,425.
	* OTHER TOTAL - EQUIPMENT - DESKTOP						2,735.		1,308.		1,427.	1,425.		0.	1,425.
	EQUIPMENT - LAPTOP														

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

IN

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	COMPUTERS	04/01/11	200DB	7.00		HY17	18,816.		18,816.					0.	
18	COMPUTERS	04/01/15	SL	5.00		HY17	6,361.		6,361.					0.	
22	EQUIPMENT - LAPTOP	04/01/15	SL	5.00		HY17	10,141.				10,141.	10,140.		0.	10,140.
33	LAPTOP	09/01/16	SL	5.00		HY17	3,298.		3,298.					0.	
37	MAC BOOK PRO	04/30/18	SL	5.00		HY17	4,041.			4,041.				0.	
39	LAPTOPS FOR INDIA (3 ROUNDS)	09/22/21	SL	5.00		HY17	46,500.				46,500.	4,650.		9,300.	13,950.
40	SOFTWARE- ARCTIC WOLF MDR USER LIC	07/01/22	SL	5.00		HY19B	161,600.				161,600.			16,160.	16,160.
	* OTHER TOTAL - EQUIPMENT - LAPTOP						250,757.		28,475.	4,041.	218,241.	14,790.		25,460.	40,250.
	EQUIPMENT - SERVERS														
17	COMPUTERS	04/01/13	200DB	7.00		HY17	22,721.		22,721.					0.	
21	EQUIPMENT - SERVERS	04/01/15	SL	5.00		HY17	22,466.				22,466.	22,465.		0.	22,465.
30	SERVER	10/25/16	SL	5.00		HY17	7,000.		7,000.					0.	
38	COMPUTER EQUIPMENT	09/30/18	SL	5.00		HY17	3,489.			3,489.				0.	
	* OTHER TOTAL - EQUIPMENT - SERVERS						55,676.		29,721.	3,489.	22,466.	22,465.		0.	22,465.
	SIGNS														
20	SIGNS	04/01/15	SL	7.00		HY17	3,716.		1,060.		2,656.	2,274.		379.	2,653.
	* OTHER TOTAL - SIGNS						3,716.		1,060.		2,656.	2,274.		379.	2,653.
	SECURITY SYSTEM														

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

IN

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	SURVEILLANCE	10/01/11	200DB	7.00		HY17	2,503.		2,503.					0.	
19	SECURITY SYSTEM	04/01/15	SL	5.00		HY17	2,432.				2,432.	2,432.		0.	2,432.
	* OTHER TOTAL - SECURITY SYSTEM						4,935.		2,503.		2,432.	2,432.		0.	2,432.
	LEASEHOLD IMPROVEMENTS														
14	LEASEHOLD IMPROVEMENTS	04/01/13		468M		43	68,435.				68,435.	15,795.		1,755.	17,550.
15	LEASEHOLD IMPROVEMENTS	04/01/14		120M		43	490,137.				490,137.	302,252.		49,014.	351,266.
16	LEASEHOLD IMPROVEMENTS	04/01/15		468M		43	280,908.				280,908.	50,421.		7,203.	57,624.
36	LEASEHOLD IMPROVEMENTS	05/20/17	SL	15.00		HY17	3,266.			1,633.	1,633.	491.		109.	600.
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						842,746.			1,633.	841,113.	368,959.		58,081.	427,040.
31	INTACCT SOFTWARE	04/04/16	SL	5.00		HY17	29,302.		29,302.					0.	
32	SALESFORCE SOFTWARE	05/02/16	SL	5.00		HY17	17,122.		17,122.					0.	
35	SOFTWARE	04/01/15	SL	7.00		HY17								0.	
41			200DB	5.00		HY19B								0.	
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						46,424.		46,424.		0.			0.	0.
	* GRAND TOTAL OTHER DEPR AND AMORT						1,453,980.		133,917.	9,163.	1,310,900.	608,613.		109,640.	718,253.

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM 355

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	960
Less: payments and credits	\$	2,603
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	1,643

Overpayment:

Credit to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	1,643

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the MADOR, please sign, date and return Form M-8453C to our office. We will then submit the return to the MADOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS
MASSACHUSETTS ANNUAL REPORT FOR PROFESSIONAL CORPORATIONS
FOR THE YEAR ENDING
March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Balance Due \$125

Make Check Payable To:

Commonwealth of Massachusetts

Mail Tax Return To:

William Francis Galvin
Secretary of the Commonwealth
Corporations Division
One Ashburton Place, Room 1717
Boston, MA 02108-1512

Return Must be Mailed On or Before:

The report must be in the Office of the Secretary of the Commonwealth as soon as possible.

Special Instructions:

The return should be signed by the appropriate corporate officer(s).

TAX RETURN FILING INSTRUCTIONS

MARYLAND FORM 500

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	1,090
Less: payments and credits	\$	1,260
Plus: other amount	\$	0
Plus: interest and penalties	\$	148
Overpayment	\$	22

Overpayment:

Credit to your estimated tax	\$	22
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the MDDOR, please sign, date and return Form EL101B to our office. We will then submit the return to the MDDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

2023 ESTIMATED TAX FILING INSTRUCTIONS

MARYLAND FORM 500D

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	1,052
Less credit from prior year	\$	22
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	1,030

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 430	September 15, 2023
No. 3	\$ 300	December 15, 2023
No. 4	\$ 300	March 15, 2024

Mail Check Payable to:

Comptroller of Maryland

Mail Voucher and Check (if applicable) to:

Comptroller of Maryland
Revenue Administration Div.
110 Carroll Street
Annapolis, MD 21411-0001

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	462
Less: payments and credits	\$	1,800
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	1,338

Overpayment:

Credit to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	1,338

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the MDOR, please sign, date and return Form 8879-SO to our office. We will then submit the return to the MDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your refund of \$1,338 will be deposited directly into the bank account ending in 0965. Refer to Form M4 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

MINNESOTA FORM CORPORATION ESTIMATE

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	480
Less credit from prior year	\$	0
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	480

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	June 15, 2023
No. 2	\$ 240	September 15, 2023
No. 3	\$ 120	December 15, 2023
No. 4	\$ 120	March 15, 2024

Mail Check Payable to:

Not applicable

Mail Voucher and Check (if applicable) to:

Payment should be electronically transferred to the Minnesota Revenue. Payments need to be initiated prior to the due date. Please check with the appropriate financial institution for the exact date.

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

NORTH CAROLINA FORM CD-405

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	1,215
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	32
Balance due	\$	1,247

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the NCDOR, please sign, date and return Form 8879-SO to our office. We will then submit the return to the NCDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your balance due of \$1,247 will be automatically withdrawn from the bank account ending in 0965 on or after September 20, 2023. Refer to Form CD-405 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

NORTH CAROLINA FORM CD-429

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	800
Less credit from prior year	\$	0
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	800

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 400	September 15, 2023
No. 3	\$ 200	December 15, 2023
No. 4	\$ 200	March 15, 2024

Mail Check Payable to:

N.C. Dept of Revenue

Mail Voucher and Check (if applicable) to:

NCDOR
P.O. Box 25000
Raleigh, NC 27640-0650

Special Instructions:

TAX RETURN FILING INSTRUCTIONS
NORTH CAROLINA BUSINESS CORPORATION ANNUAL REPORT
FOR THE YEAR ENDING
March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Balance Due \$25

Make Check Payable To:

Secretary of State

Mail Tax Return To:

Secretary of State
Business Registration Division
Post Office Box 29525
Raleigh, NC 27626-0525

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

NH BUSINESS ENTERPRISE/PROFITS TAX

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	147
Less: payments and credits	\$	20
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	127

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the NH DRA, please sign, date and return Form 8879-SO to our office. We will then submit the return to the NH DRA. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your balance due of \$127 will be automatically withdrawn from the bank account ending in 0965 on or after September 20, 2023. Refer to Form BT-Summary on the Direct Deposit/Debit Report for complete account information.

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CBT-100

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	11,645
Less: payments and credits	\$	17,828
Plus: other amount	\$	0
Plus: interest and penalties	\$	360
Overpayment	\$	5,823

Overpayment:

Credit to your estimated tax	\$	2,920
Other amount	\$	0
Refunded to you	\$	2,903

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the New Jersey DOR, please sign, date and return Form 8879-SO to our office. We will then submit the return to the New Jersey DOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your refund of \$2,903 will be deposited directly into the bank account ending in 0965. Refer to Form CBT-100 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

NEW JERSEY FORM CBT-150

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	11,680
Less credit from prior year	\$	2,920
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	8,760

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 2,920	September 15, 2023
No. 3	\$ 2,920	December 15, 2023
No. 4	\$ 2,920	March 15, 2024

Mail Check Payable to:

Not applicable

Mail Voucher and Check (if applicable) to:

Payments must be filed and paid electronically via the State of New Jersey - CBT website at:
www.state.nj.us/treasury/taxation/eservicesother.shtml#eft

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-3

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	31,554
Less: payments and credits	\$	62,000
Plus: other amount	\$	0
Plus: interest and penalties	\$	1,922
Overpayment	\$	28,524

Overpayment:

Credit to your estimated tax	\$	27,811	
Other amount	\$	713	Credit to MTA Surcharge
Refunded to you	\$	0	

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the NYSDTF, please sign, date and return Form TR-579-CT to our office. We will then submit the return to the NYSDTF. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

2023 ESTIMATED TAX FILING INSTRUCTIONS

NEW YORK FORM CT-400

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	59,886
Less credit from prior year	\$	27,811
Less amount already paid on 2023 Estimate	\$	23,045
Balance Due	\$	9,030

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	June 15, 2023
No. 2	\$ 3,010	September 15, 2023
No. 3	\$ 3,010	December 15, 2023
No. 4	\$ 3,010	March 15, 2024

Mail Check Payable to:

Not applicable

Mail Voucher and Check (if applicable) to:

Payments must be filed and paid electronically via the New York State Corporation Tax website at:
<https://www.tax.ny.gov/online/>

Special Instructions:

2023 TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-300

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	23,045
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	23,045

Overpayment:

Not applicable

Make Check Payable to:

New York State Corporation Tax

Mail Tax Return and Check (if applicable) to:

NYS Estimated Corporation Tax
P.O. Box 15200
Albany, NY 12212-5200

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

2022 TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-3M

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	9,466
Less: payments and credits	\$	10,013
Plus: other amount	\$	0
Plus: interest and penalties	\$	547
No payment required	\$	

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the NYSDTF, please sign, date and return Form TR-579-CT to our office. We will then submit the return to the NYSDTF. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not Applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM RCT-101

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	1,320
Less: payments and credits	\$	1,318
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	2

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the PADOR, please sign, date and return Form PA-8879-C to our office. We will then submit the return to the PADOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your balance due of \$2 will be automatically withdrawn from the bank account ending in 0965 on or after September 20, 2023. Refer to Form RCT-101 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

PENNSYLVANIA FORM REV-857

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	1,320
Less credit from prior year	\$	0
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	1,320

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	June 15, 2023
No. 2	\$ 660	September 15, 2023
No. 3	\$ 330	December 15, 2023
No. 4	\$ 330	March 15, 2024

Mail Check Payable to:

Not applicable

Mail Voucher and Check (if applicable) to:

Payments must be filed and paid electronically via the PA Department of Revenue website at:
mypath.pa.gov

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

TENNESSEE FORM FAE 170

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	407
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	407

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the TNDOR, please sign, date and return Form 8879-SO to our office. We will then submit the return to the TNDOR. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your balance due of \$407 will be automatically withdrawn from the bank account ending in 0965 on or after September 20, 2023. Refer to Form FAE 170 on the Direct Deposit/Debit Report for complete account information.

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	795
Less: payments and credits	\$	400
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	395

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the VADOT, please sign, date and return VA-8879C to our office. We will then submit the return to the VADOT. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your balance due of \$395 will be automatically withdrawn from the bank account ending in 0965 on or after September 20, 2023. Refer to Form 500 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

VIRGINIA FORM ESTIMATED PAYMENTS

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	800
Less credit from prior year	\$	0
Less amount already paid on 2023 Estimate	\$	0
Balance Due	\$	800

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	July 17, 2023
No. 2	\$ 400	September 15, 2023
No. 3	\$ 200	December 15, 2023
No. 4	\$ 200	March 15, 2024

Mail Check Payable to:

Not applicable

Mail Voucher and Check (if applicable) to:

Refer to the Virginia Department of Taxation website for payment information.
<https://www.tax.virginia.gov/payments>

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

NEW YORK CITY FORM NYC-2

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	32,621
Less: payments and credits	\$	62,009
Plus: other amount	\$	0
Plus: interest and penalties	\$	1,407
Overpayment	\$	27,981

Overpayment:

Credit to your estimated tax	\$	4,050
Other amount	\$	0
Refunded to you	\$	23,931

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the NYC DOF, please sign, date and return NYC-579-COR to our office. We will then submit the return to the NYC DOF. Do not mail a paper copy of the return.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your refund of \$23,931 will be deposited directly into the bank account ending in 0965. Refer to Form NYC-2 on the Direct Deposit/Debit Report for complete account information.

2023 ESTIMATED TAX FILING INSTRUCTIONS

NEW YORK CITY FORM NYC-400

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

Amount of Tax:

Total Estimated Tax	\$	32,629
Less credit from prior year	\$	4,050
Less amount already paid on 2023 Estimate	\$	20,479
Balance Due	\$	8,100

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No. 1	\$ 0	June 15, 2023
No. 2	\$ 0	September 15, 2023
No. 3	\$ 4,050	December 15, 2023
No. 4	\$ 4,050	March 15, 2024

Mail Check Payable to:

NYC Department of Finance

Mail Voucher and Check (if applicable) to:

NYC Department of Finance
P.O. Box 3922
New York, NY 10008-3922

Special Instructions:

2023 TAX RETURN FILING INSTRUCTIONS

NEW YORK CITY FORM NYC-300

FOR THE YEAR ENDING

March 31, 2024

Prepared For:

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Prepared By:

Faske Lay & Co., L.L.P.
3609 Williams Drive, Suite 105
Georgetown, TX 78628-2510

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	20,479
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	20,479

Overpayment:

Not applicable

Make Check Payable to:

NYC Department of Finance

Mail Tax Return and Check (if applicable) to:

NYC Department of Finance
P.O. Box 3929
New York, NY 10008-3929

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

PROPERTY FACTOR	Apportionment Summary Worksheet			2022
CINTRA SOFTWARE AND SERVICES INC.			13-3890680	
	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida	0.	1,373,179.	.000000	.000000
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	0.	1,373,179.	.000001	.000001
Massachusetts	0.	1,373,179.	.000000	.000000
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire	0.	1,373,179.	.000000	.000000
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee	0.	1,373,179.	.000000	.000000
Texas				
Utah				
Vermont				
Virginia	0.	1,373,179.	.000000	.000000
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.000001

210731
04-01-22

PROPERTY FACTOR	Apportionment Summary Worksheet (Continued)	2022
CINTRA SOFTWARE AND SERVICES INC.		13-3890680

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City				
* New York - MCTD				

* Not included in everywhere totals

PAYROLL FACTOR	Apportionment Summary Worksheet			2022
CINTRA SOFTWARE AND SERVICES INC.			13-3890680	
	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida	285,418.	7,996,386.	.035693	.008923
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	264,176.	7,996,386.	.033037	.033037
Massachusetts	214,421.	7,996,386.	.026815	.026815
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee	193,812.	7,996,386.	.024237	.024237
Texas				
Utah				
Vermont				
Virginia	314,377.	7,996,386.	.039315	.039315
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.132327
210731				
04-01-22				

PAYROLL FACTOR	Apportionment Summary Worksheet (Continued)	2022
CINTRA SOFTWARE AND SERVICES INC.		13-3890680

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City				
* New York - MCTD				

* Not included in everywhere totals

SALES FACTOR	Apportionment Summary Worksheet			2022
CINTRA SOFTWARE AND SERVICES INC.			13-3890680	
	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California	475,112.	20,728,188.	.022921	.022921
Colorado			.006570	.006570
Connecticut	0.	20,728,188.	.000000	.000000
Delaware				
District of Columbia				
Florida	294,875.	20,728,188.	.014226	.007113
Georgia	79,637.	20,728,188.	.003842	.003842
Hawaii				
Idaho				
Illinois	70,125.	20,728,188.	.003383	.003383
Indiana	0.	18,366,953.		
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	243,146.	20,728,188.	.011730	.011730
Massachusetts	130,436.	20,728,188.	.006293	.012586
Michigan				
Minnesota			.004538	.004538
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire	35,650.	20,728,188.	.001720	.001720
New Jersey	2,380,073.	20,728,188.	.114823	.114823
New Mexico				
New York	8,992,686.	20,728,188.	.433839	.433839
North Carolina	582,123.	20,728,188.	.028084	.028084
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania	258,881.	20,728,188.	.012489	.012489
Rhode Island				
South Carolina				
South Dakota				
Tennessee	0.	20,728,188.	.000000	.000000
Texas	3,282,980.	20,728,188.	.158400	.158400
Utah				
Vermont				
Virginia	122,480.	20,728,188.	.005909	.011818
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.833856

210731
04-01-22

SALES FACTOR	Apportionment Summary Worksheet (Continued)	2022
CINTRA SOFTWARE AND SERVICES INC.		13-3890680

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City	8,992,686.	20,728,188.	.433839	.433839
* New York - MCTD				

* Not included in everywhere totals

SUMMARY	Apportionment Summary Worksheet			2022
CINTRA SOFTWARE AND SERVICES INC.			13-3890680	
SUMMARY OF FACTORS	PROPERTY	PAYROLL	SALES	APPORTIONMENT
Alabama				
Alaska				
Arizona				
Arkansas				
California			.022921	.022921
Colorado			.006570	.006570
Connecticut			.000000	.000000
Delaware				
District of Columbia				
Florida	.000000	.008923	.007113	.016036
Georgia			.003842	.003842
Hawaii				
Idaho				
Illinois			.003383	.003383
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland	.000001	.033037	.011730	.011730
Massachusetts	.000000	.026815	.012586	.009850
Michigan				
Minnesota			.004538	.004538
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire	.000000		.001720	.001720
New Jersey			.114823	
New Mexico				
New York			.433839	.433839
North Carolina			.028084	.028084
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania			.012489	.012489
Rhode Island				
South Carolina				
South Dakota				
Tennessee	.000000	.024237	.000000	.004847
Texas			.158400	.158400
Utah				
Vermont				
Virginia	.000000	.039315	.011818	.012783
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	.000001	.132327	.833856	.731032
210731 04-01-22				

SUMMARY	Apportionment Summary Worksheet (Continued)	2022
CINTRA SOFTWARE AND SERVICES INC.		13-3890680

SUMMARY OF FACTORS

	PROPERTY	PAYROLL	SALES	APPORTIONMENT
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City			.433839	.433839
* New York - MCTD				

* Not included in everywhere totals

Form **8879-CORP****E-file Authorization for Corporations**

(December 2022)

For calendar year 2022, or tax year beginning APR 1, 2022, ending MAR 31, 20 23

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879CORP for the latest information.

Name of corporation

CINTRA SOFTWARE AND SERVICES INC.

Employer identification number

13-3890680**Part I** **Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	14,432,043.
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	

Part II **Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize FASKE LAY & CO., L.L.P. to enter my PIN 36091
ERO firm name do not enter all zeros
as my signature on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

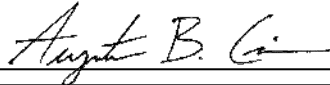
Officer's signature _____ Date _____ Title PRESIDENT**Part III** **Certification and Authentication**

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

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation 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 09/20/23**ERO Must Retain This Form - See Instructions**
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-CORP** (12-2022)

LHA

Form	1120	U.S. Corporation Income Tax Return		OMB No. 1545-0123
Department of the Treasury Internal Revenue Service		For calendar year 2022 or tax year beginning APRIL 1, 2022 , ending MARCH 31, 2023		
Go to www.irs.gov/Form1120 for instructions and the latest information.				
A Check if: 1a Consolidated return (attach Form 851) ☐ b Life/nonlife consolidated return ☐ 2 Personal holding co. (attach Sch. PH) ☐ 3 Personal service corp. (see instructions) ☐ 4 Schedule M-3 attached ☒		NAME CINTRA SOFTWARE AND SERVICES INC. Number, street, and room or suite no. If a P.O. box, see instructions. 3 PARK AVENUE 32ND FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016		B Employer identification number 13-3890680 C Date incorporated 05/14/1996 D Total assets (see instructions) \$ 13,204,845.
E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change				
Income	1a Gross receipts or sales	1a	20,728,188.	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c	20,728,188.	
	2 Cost of goods sold (attach Form 1125-A)	2	6,303,956.	
	3 Gross profit. Subtract line 2 from line 1c	3	14,424,232.	
	4 Dividends and inclusions (Schedule C, line 23)	4		
	5 Interest SEE STATEMENT 1	5	2,454.	
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (attach statement) SEE STATEMENT 2	10	5,357.		
11 Total income. Add lines 3 through 10	11	14,432,043.		
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (attach Form 1125-E)	12		
	13 Salaries and wages (less employment credits)	13	7,996,386.	
	14 Repairs and maintenance	14	13,085.	
	15 Bad debts	15		
	16 Rents	16	544,464.	
	17 Taxes and licenses SEE STATEMENT 3	17	783,505.	
	18 Interest (see instructions)	18	18,924.	
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	187,808.	
	21 Depletion	21		
	22 Advertising	22	91,765.	
	23 Pension, profit-sharing, etc., plans	23	101,680.	
	24 Employee benefit programs	24	731,146.	
	25 Reserved for future use	25		
	26 Other deductions (attach statement) SEE STATEMENT 4	26	3,193,708.	
	27 Total deductions. Add lines 12 through 26	27	13,662,471.	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	769,572.	
29a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 24)	29b			
c Add lines 29a and 29b	29c			
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	769,572.	
	31 Total tax (Schedule J, Part I, line 11)	31	161,610.	
	32 Reserved for future use	32		
	33 Total payments and credits (Schedule J, Part III, line 23)	33	24,045.	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached ☒	34	5,818.	
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35	143,383.	
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36		
37 Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded	37			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below? ☒ Yes ☐ No
	Signature of officer	Date	PRESIDENT	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐ PTIN
	AUGUSTUS B. CRIMM	AUGUSTUS B. CRIMM	09/20/23	P01904833
Preparer Use Only	Firm's name	Firm's EIN	Firm's address	
	FASKE LAY & CO., L.L.P.	74-2335626	3609 WILLIAMS DRIVE, SUITE 105 GEORGETOWN, TX 78628-2510	
	Phone no.	(512) 346-9623		

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations		See Instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Subtotal. Add lines 1 through 8		See Instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15 Reserved for future use			
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17 Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993)			
23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	☐	
2	Income tax. See instructions		161,610.
3	Base erosion minimum tax amount (attach Form 8991)		
4	Add lines 2 and 3		161,610.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	161,610.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f	
g	Other (see instructions - attach statement)	9g	
10	Total. Add lines 9a through 9g	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	161,610.

Part II - Reserved For Future Use

12	Reserved for future use	12	
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Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022	13	24,045.
14	2022 estimated tax payments	14	
15	2022 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	24,045.
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	24,045.
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	24,045.

Form **1120** (2022)

Schedule K Other Information (see instructions)

1 Check accounting method: a ☐ Cash b ☒ Accrual c ☐ Other (specify) _____	Yes	No
2 See the instructions and enter the:		
a Business activity code no. <u>541519</u>		
b Business activity <u>LICENSE AND CONSULTI</u>		
c Product or service <u>DATABASE MANAGEMENT</u>		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ If "Yes," enter name and EIN of the parent corporation _____		X
4 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 own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) _____	X	
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) _____	X	
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? 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 any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below.		X
---	--	----------

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

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 _____ If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? _____ For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned <u>50.0000</u> and (b) Owner's country <u>UNITED KINGDOM</u> (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached <u>2</u>	X	
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) <u>2</u>		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here _____ If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) _____ \$ _____		

Form **1120** (2022)

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote By Value		

Form **1120** (2022)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		8,206,706.		7,044,073.
2a	Trade notes and accounts receivable	3,710,498.		2,292,152.	
b	Less allowance for bad debts	()	3,710,498.	()	2,292,152.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.) STMT 5		365,534.		495,187.
7	Loans to shareholders		24,095.		24,095.
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10a	Buildings and other depreciable assets	449,633.		449,633.	
b	Less accumulated depreciation	(422,951.)	26,682.	(449,059.)	574.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	842,746.		1,004,346.	
b	Less accumulated amortization	(370,592.)	472,154.	(590,264.)	414,082.
14	Other assets (att. stmt.) STMT 6		268,053.		2,934,682.
15	Total assets		13,073,722.		13,204,845.
Liabilities and Shareholders' Equity					
16	Accounts payable		1,839,657.		2,174,757.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.) STMT 7		1,780,332.		983,465.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (att. stmt.)				
22	Capital stock: a Preferred stock				
b	Common stock	100,000.	100,000.	100,000.	100,000.
23	Additional paid-in capital				
24	Retained earnings - Appropriated (attach statement) STMT 8				282,426.
25	Retained earnings - Unappropriated		9,353,733.		9,664,197.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		13,073,722.		13,204,845.

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

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

1	Net income (loss) per books	310,464.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	451,672.		Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
5	Expenses recorded on books this year not deducted on this return (itemize):			a Depreciation \$	
a	Depreciation \$			b Charitable contributions \$	
b	Charitable contributions \$				
c	Travel and entertainment \$		9	Add lines 7 and 8	
STMT 9	7,436.	7,436.	10	Income (page 1, line 28) - line 6 less line 9	769,572.
6	Add lines 1 through 5	769,572.			

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	9,353,733.	5	Distributions: a Cash	
2	Net income (loss) per books	310,464.		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	9,664,197.	8	Balance at end of year (line 4 less line 7)	9,664,197.

Cost of Goods Sold

(Rev. November 2018)

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name

Employer identification number

CINTRA SOFTWARE AND SERVICES INC.**13-3890680**

1	Inventory at beginning of year	1	
2	Purchases	2	4,030,963.
3	Cost of labor	3	2,272,993.
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	6,303,956.
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	6,303,956.

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 G
(Form 1120)**(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**Information on Certain Persons Owning the
Corporation's Voting Stock**

OMB No. 1545-0123

▶ Attach to Form 1120.

Name

Employer identification number (EIN)

CINTRA SOFTWARE AND SERVICES INC.

13-3890680

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock
CINTRA GROUP HOLDINGS, LLC	81-3701549	CORPORATION	UNITED STATES	100.00%

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
ABDUL SHEIKH	064-86-8324	UNITED KINGDOM	50.00%
BRENDAN MCNAMEE	042-98-3153	UNITED KINGDOM	50.00%

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule G (Form 1120) (Rev. 12-2011)

217701
04-01-22 LHA

SCHEDULE M-3
(Form 1120)

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

Net Income (Loss) Reconciliation for Corporations
With Total Assets of \$10 Million or More

▶ Attach to Form 1120 or 1120-C.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name of corporation (common parent, if consolidated return)

Employer identification number

CINTRA SOFTWARE AND SERVICES INC.

13-3890680

Check applicable box(es): (1) ☒ Non-consolidated return

(2) ☐ Consolidated return (Form 1120 only)

(3) ☐ Mixed 1120/L/PC group

(4) ☐ Dormant subsidiaries schedule attached

Part I Financial Information and Net Income (Loss) Reconciliation (see instructions)

1 a Did the corporation file SEC Form 10-K for its income statement period ending with or within this tax year?

☐ Yes. Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.

☒ No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the corporation prepare a certified audited non-tax-basis income statement for that period?

☐ Yes. Skip line 1c and complete lines 2a through 11 with respect to that income statement.

☒ No. Go to line 1c.

c Did the corporation prepare a non-tax-basis income statement for that period?

☒ Yes. Complete lines 2a through 11 with respect to that income statement.

☐ No. Skip lines 2a through 3c and enter the corporation's net income (loss) per its books and records on line 4a.

2 a Enter the income statement period: Beginning 04/01/2022 Ending 03/31/2023

b Has the corporation's income statement been restated for the income statement period on line 2a?

☐ Yes. (If "Yes," attach an explanation and the amount of each item restated.)

☒ No.

c Has the corporation's income statement been restated for any of the five income statement periods immediately preceding the period on line 2a?

☐ Yes. (If "Yes," attach an explanation and the amount of each item restated.)

☒ No.

3 a Is any of the corporation's voting common stock publicly traded?

☐ Yes.

☒ No. If "No," go to line 4a.

b Enter the symbol of the corporation's primary U.S. publicly traded voting common stock

c Enter the nine-digit CUSIP number of the corporation's primary publicly traded voting

common stock

4 a Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1

4a **310,464.**

b Indicate accounting standard used for line 4a (see instructions): (1) ☐ GAAP (2) ☐ IFRS

(3) ☐ Statutory (4) ☐ Tax-basis (5) ☐ Other (specify) _____

5 a Net income from nonincludible foreign entities (attach statement)

5a ()

b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)

5b _____

6 a Net income from nonincludible U.S. entities (attach statement)

6a ()

b Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)

6b _____

7 a Net income (loss) of other includible foreign disregarded entities (attach statement)

7a _____

b Net income (loss) of other includible U.S. disregarded entities (attach statement)

7b _____

c Net income (loss) of other includible entities (attach statement)

7c _____

8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)

8 _____

9 Adjustment to reconcile income statement period to tax year (attach statement)

9 _____

10 a Intercompany dividend adjustments to reconcile to line 11 (attach statement)

10a _____

b Other statutory accounting adjustments to reconcile to line 11 (attach statement)

10b _____

c Other adjustments to reconcile to amount on line 11 (attach statement)

10c _____

11 Net income (loss) per income statement of includible corporations. Combine lines 4 through 10

11 **310,464.**

Note: Part I, line 11, must equal Part II, line 30, column (a), or Schedule M-1, line 1 (see instructions).

12 Enter the total amount (not just the corporation's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
a Included on Part I, line 4	13,204,845.	3,158,222.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

Compensation of Officers

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

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

OMB No. 1545-0123

Name

Employer Identification number	
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CINTRA SOFTWARE AND SERVICES INC.

13-3890680

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

[illegible]

2	Total compensation of officers	2	
3	Compensation of officers claimed on Form 1125-A or elsewhere on return	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return	4	0.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 10-2016)

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2022

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name CINTRA SOFTWARE AND SERVICES INC.	Employer identification number 13-3890680
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	161,610.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	161,610.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	360,507.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	161,610.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 07/15/2022	09/15/2022	12/15/2022	03/15/2023
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10 40,403.	40,402.	40,403.	40,402.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11 24,045.			
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13			
14 Add amounts on lines 16 and 17 of the preceding column	14	16,358.	56,760.	97,163.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 24,045.			
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	16,358.	56,760.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17 16,358.	40,402.	40,403.	40,402.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	STATEMENT 10			
20 Number of days from due date of installment on line 9 to the date shown on line 19				
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	\$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022 ...				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023 ...				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	\$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023 ...				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	\$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	\$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024 ...				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$ 1,035.	\$ 2,213.	\$ 1,625.	\$ 945.
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				\$ 5,818.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **4562**Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property) OTHER

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

Attach to your tax return.

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

CINTRA SOFTWARE AND SERVICES INC.

OTHER DEPRECIATION

13-3890680

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	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
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 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	161,600.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	26,208.
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 ☐		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	187,808.
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							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
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.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer 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.

	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?		

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 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year			STMT 11	43	57,972.
44 Total. Add amounts in column (f). See the instructions for where to report				44	57,972.

**Information Return of a 25% Foreign-Owned U.S. Corporation
or a Foreign Corporation Engaged in a U.S. Trade or Business**(Under Sections 6038A and 6038C of the Internal Revenue Code)
Go to www.irs.gov/Form5472 for instructions and the latest information.For tax year of the reporting corporation beginning **APR 1, 2022** and ending **MAR 31, 2023****Note:** Enter all information in English and money items in U.S. dollars.

OMB No. 1545-0123

Part I Reporting Corporation (see instructions). All reporting corporations must complete Part I.			
1a Name of reporting corporation CINTRA SOFTWARE AND SERVICES INC.		1b Employer identification number 13-3890680	
Number, street, and room or suite no. (if a P.O. box, see instructions.) 3 PARK AVENUE 32ND FL		1c Total assets	
City or town, state, and ZIP code (if a foreign address, see instructions.) NEW YORK NY 10016		\$ 13,204,845.	
1d Principal business activity LICENSE AND CONSULTING		1e Principal business activity code 541519	
1f Total value of gross payments made or received reported on this Form 5472. See instructions. \$ 92,324.		1g Total number of Forms 5472 filed for the tax year 2	
1h Total value of gross payments made or received reported on all Forms 5472. See instructions. \$ 92,324.		1i Country of incorporation US	
1i Check here if this is a consolidated filing of Form 5472 ☐	1j Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472 ☐	1k Total number of Parts VIII attached to Form 5472	
1m Date of incorporation 05/14/1996		1n Country(ies) under whose laws the reporting corporation files an income tax return as a resident US	
1o Principal country(ies) where business is conducted US			
2 Check here if, at any time during the tax year, any foreign person owned, directly or indirectly, at least 50% of (a) the total voting power of all classes of the stock of the reporting corporation entitled to vote, or (b) the total value of all classes of stock of the reporting corporation ☐			
3 Check here if the reporting corporation is a foreign-owned domestic disregarded entity (foreign-owned U.S. DE) treated as a corporation for purposes of section 6038A. See instructions ☐			
Part II 25% Foreign Shareholder (see instructions)			
Check here if any direct (or ultimate indirect) 25% foreign shareholder listed in Part II is a surrogate foreign corporation under section 7874(a)(2)(B). ☐			
4a Name and address of direct 25% foreign shareholder ABDUL SHEIKH 3250 NE 188TH STREET APT 802 AVENTURA FL 33180			
4b(1) U.S. identifying number, if any 064-86-8324		4b(2) Reference ID number (see instructions)	
4c Principal country(ies) where business is conducted US		4d Country of citizenship, organization, or incorporation UK	
4e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident US			
5a Name and address of direct 25% foreign shareholder BRENDAN MCNAMEE 3 ALL SAINTS MANSIONS, ALL SAINTS RO BRISTOL UNITED KINGDOM BS8 2JQ			
5b(1) U.S. identifying number, if any 042-98-3153		5b(2) Reference ID number (see instructions)	
5c Principal country(ies) where business is conducted US		5d Country of citizenship, organization, or incorporation UK	
5e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident US			
6a Name and address of ultimate indirect 25% foreign shareholder			
6b(1) U.S. identifying number, if any		6b(2) Reference ID number (see instructions)	
6b(3) FTIN, if any (see instructions)			
6c Principal country(ies) where business is conducted		6d Country of citizenship, organization, or incorporation	
6e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident			
7a Name and address of ultimate indirect 25% foreign shareholder			
7b(1) U.S. identifying number, if any		7b(2) Reference ID number (see instructions)	
7b(3) FTIN, if any (see instructions)			
7c Principal country(ies) where business is conducted		7d Country of citizenship, organization, or incorporation	
7e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident			

Part III Related Party (see instructions). All reporting corporations must complete this question and the rest of Part III.Check applicable box: Is the related party a ☒ foreign person or ☐ U.S. person?

8a Name and address of related party ABDUL SHEIKH 3250 NE 188TH STREET #802 MIAMI FL 33180		
8b(1) U.S. identifying number, if any 064868624	8b(2) Reference ID number (see instructions)	8b(3) FTIN, if any (see instructions)
8c Principal business activity LICENSE AND CONSULTING		8d Principal business activity code 541519
8e Relationship-Check boxes that apply: ☐ Related to reporting corporation ☐ Related to 25% foreign shareholder ☒ 25% foreign shareholder		
8f Principal country(ies) where business is conducted US	8g Country(ies) under whose laws the related party files an income tax return as a resident US	

Part IV Monetary Transactions Between Reporting Corporations and Foreign Related Party (see instructions)**Caution:** Part IV must be completed if the "foreign person" box is checked in the heading for Part III.If estimates are used, check here. ☐

9 Sales of stock in trade (inventory)	9	
10 Sales of tangible property other than stock in trade	10	
11 Platform contribution transaction payments received	11	
12 Cost-sharing transaction payments received	12	
13a Rents received (for other than intangible property rights)	13a	
b Royalties received (for other than intangible property rights)	13b	
14 Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	14	
15 Consideration received for technical, managerial, engineering, construction, scientific, or like services	15	
16 Commissions received	16	
17 Amounts borrowed a Beginning balance b Ending balance or monthly average	17b	
18 Interest received	18	
19 Premiums received for insurance or reinsurance	19	
20 Loan guarantee fees received	20	
21 Other amounts received (see instructions)	21	
22 Total. Combine amounts on lines 9 through 21	22	0.
23 Purchases of stock in trade (inventory)	23	
24 Purchases of tangible property other than stock in trade	24	
25 Platform contribution transaction payments paid	25	
26 Cost-sharing transaction payments paid	26	
27a Rents paid (for other than intangible property rights)	27a	
b Royalties paid (for other than intangible property rights)	27b	
28 Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	28	
29 Consideration paid for technical, managerial, engineering, construction, scientific, or like services	29	0.
30 Commissions paid	30	
31 Amounts loaned a Beginning balance 190,142. b Ending balance or monthly average	31b	24,095.
32 Interest paid	32	
33 Premiums paid for insurance or reinsurance	33	
34 Loan guarantee fees paid	34	
35 Other amounts paid (see instructions)	35	68,229.
36 Total. Combine amounts on lines 23 through 35	36	92,324.

Part V Reportable Transactions of a Reporting Corporation That Is a Foreign-Owned U.S. DE (see instructions)Describe on an attached separate sheet any other transaction as defined by Regulations section 1.482-1(i)(7), such as amounts paid or received in connection with the formation, dissolution, acquisition, and disposition of the entity, including contributions to and distributions from the entity, and check here. ☐**Part VI Nonmonetary and Less-Than-Full Consideration Transactions Between the Reporting Corporation and the Foreign Related Party** (see instructions)Describe these transactions on an attached separate sheet and check here. ☐

Part VII Additional Information. All reporting corporations must complete Part VII.

37 Does the reporting corporation import goods from a foreign related party? ☐ Yes ☒ No

38a If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? ☐ Yes ☐ No

b If "Yes," attach a statement explaining the reason or reasons for such difference.

c If the answers to questions 37 and 38a are "Yes," were the documents used to support this treatment of the imported goods in existence and available in the United States at the time of filing Form 5472? ☐ Yes ☐ No

39 During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement (CSA)? ☐ Yes ☒ No

40a During the tax year, did the reporting corporation pay or accrue any interest or royalty, to the related party, for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No

b If "Yes," enter the total amount of the disallowed deductions \$ _____

41a Is the reporting corporation claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 41b, 41c, and 41d. See instructions ☐ Yes ☒ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions \$ _____

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____

d Enter the amount of gross receipts derived from all services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____

42 Did the reporting corporation have any loan to or from the related party, to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safehaven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? ☐ Yes ☒ No

43a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the tax year or, during the period beginning 36 months before the date of the respective acquisition or distribution and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? ☐ Yes ☒ No

b If the answer to question 43a is "Yes," provide the following.

(1) The amount of such distribution(s) and acquisition(s) _____

(2) The amount of such related party indebtedness \$ _____

Part VIII Cost Sharing Arrangement (CSA)

Note: Complete a separate Part VIII for each CSA in which the reporting corporation was a participant during the tax year. Report all amounts in U.S. dollars. (See instructions.)

44 Provide a brief description of the CSA with respect to which this Part VIII is being completed.

45 During the course of the tax year, did the reporting corporation become a participant in the CSA? ☐ Yes ☐ No

46 Was the CSA in effect before January 5, 2009? ☐ Yes ☐ No

47 What was the reporting corporation's share of reasonably anticipated benefits for the CSA? _____ %

48a Enter the total amount of stock-based compensation deductions claimed by the reporting corporation _____

b Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and, at date of grant, is directly identified with, or reasonably allocable to, the intangible development activity under the CSA \$ _____

c Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity? ☐ Yes ☐ No

49a Enter the total amount of intangible development costs for the CSA _____

b Enter the amount of intangible development costs allocable to the reporting corporation based on the reporting corporation's reasonably anticipated benefits share \$ _____

Part IX Base Erosion Payments and Base Erosion Tax Benefits Under Section 59A (see instructions)

50 Amounts defined as base erosion payments under section 59A(d) _____

51 Amount of base erosion tax benefits under section 59A(c)(2) \$ _____

52 Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation \$ _____

53 Reserved for future use \$ **5472** _____

Form **5472** (Rev. 12-2022)

**Information Return of a 25% Foreign-Owned U.S. Corporation
or a Foreign Corporation Engaged in a U.S. Trade or Business**(Under Sections 6038A and 6038C of the Internal Revenue Code)
Go to www.irs.gov/Form5472 for instructions and the latest information.

OMB No. 1545-0123

For tax year of the reporting corporation beginning **APR 1, 2022** and ending **MAR 31, 2023****Note:** Enter all information in English and money items in U.S. dollars.

Part I Reporting Corporation (see instructions). All reporting corporations must complete Part I.			
1a Name of reporting corporation CINTRA SOFTWARE AND SERVICES INC.		1b Employer identification number 13-3890680	
Number, street, and room or suite no. (if a P.O. box, see instructions.) 3 PARK AVENUE 32ND FL		1c Total assets	
City or town, state, and ZIP code (if a foreign address, see instructions.) NEW YORK NY 10016		\$ 13,204,845.	
1d Principal business activity LICENSE AND CONSULTING		1e Principal business activity code 541519	
1f Total value of gross payments made or received reported on this Form 5472. See instructions. \$		1g Total number of Forms 5472 filed for the tax year 2	
1h Total value of gross payments made or received reported on all Forms 5472. See instructions. \$ 92,324.			
1i Check here if this is a consolidated filing of Form 5472 ☐	1j Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472 ☐	1k Total number of Parts VIII attached to Form 5472	1l Country of incorporation US
1m Date of incorporation 05/14/1996	1n Country(ies) under whose laws the reporting corporation files an income tax return as a resident US	1o Principal country(ies) where business is conducted US	
2 Check here if, at any time during the tax year, any foreign person owned, directly or indirectly, at least 50% of (a) the total voting power of all classes of the stock of the reporting corporation entitled to vote, or (b) the total value of all classes of stock of the reporting corporation ☐			
3 Check here if the reporting corporation is a foreign-owned domestic disregarded entity (foreign-owned U.S. DE) treated as a corporation for purposes of section 6038A. See instructions ☐			
Part II 25% Foreign Shareholder (see instructions)			
Check here if any direct (or ultimate indirect) 25% foreign shareholder listed in Part II is a surrogate foreign corporation under section 7874(a)(2)(B). ☐			
4a Name and address of direct 25% foreign shareholder ABDUL SHEIKH 3250 NE 188TH STREET APT 802 AVENTURA FL 33180			
4b(1) U.S. identifying number, if any 064-86-8324	4b(2) Reference ID number (see instructions)	4b(3) Foreign taxpayer identification number (FTIN), if any (see instructions)	
4c Principal country(ies) where business is conducted US	4d Country of citizenship, organization, or incorporation UK	4e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident US	
5a Name and address of direct 25% foreign shareholder BRENDAN MCNAMEE 3 ALL SAINTS MANSIONS, ALL SAINTS RO BRISTOL UNITED KINGDOM BS8 2JQ			
5b(1) U.S. identifying number, if any 042-98-3153	5b(2) Reference ID number (see instructions)	5b(3) FTIN, if any (see instructions)	
5c Principal country(ies) where business is conducted US	5d Country of citizenship, organization, or incorporation UK	5e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident US	
6a Name and address of ultimate indirect 25% foreign shareholder			
6b(1) U.S. identifying number, if any	6b(2) Reference ID number (see instructions)	6b(3) FTIN, if any (see instructions)	
6c Principal country(ies) where business is conducted	6d Country of citizenship, organization, or incorporation	6e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident	
7a Name and address of ultimate indirect 25% foreign shareholder			
7b(1) U.S. identifying number, if any	7b(2) Reference ID number (see instructions)	7b(3) FTIN, if any (see instructions)	
7c Principal country(ies) where business is conducted	7d Country of citizenship, organization, or incorporation	7e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident	

Part III Related Party (see instructions). All reporting corporations must complete this question and the rest of Part III.Check applicable box: Is the related party a ☒ foreign person or ☐ U.S. person?

8a Name and address of related party BRENDAN MCNAMEE 213 PARK AVENUE SOUTH APT 3 NEW YORK NY 10003		
8b(1) U.S. identifying number, if any 042983153	8b(2) Reference ID number (see instructions)	8b(3) FTIN, if any (see instructions)
8c Principal business activity LICENSE AND CONSULTING		8d Principal business activity code 541519
8e Relationship-Check boxes that apply: ☐ Related to reporting corporation ☐ Related to 25% foreign shareholder ☒ 25% foreign shareholder		
8f Principal country(ies) where business is conducted US	8g Country(ies) under whose laws the related party files an income tax return as a resident UK	

Part IV Monetary Transactions Between Reporting Corporations and Foreign Related Party (see instructions)**Caution:** Part IV must be completed if the "foreign person" box is checked in the heading for Part III.If estimates are used, check here. ☐

9 Sales of stock in trade (inventory)	9	
10 Sales of tangible property other than stock in trade	10	
11 Platform contribution transaction payments received	11	
12 Cost-sharing transaction payments received	12	
13a Rents received (for other than intangible property rights)	13a	
b Royalties received (for other than intangible property rights)	13b	
14 Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	14	
15 Consideration received for technical, managerial, engineering, construction, scientific, or like services	15	
16 Commissions received	16	
17 Amounts borrowed a Beginning balance b Ending balance or monthly average	17b	
18 Interest received	18	
19 Premiums received for insurance or reinsurance	19	
20 Loan guarantee fees received	20	
21 Other amounts received (see instructions)	21	
22 Total. Combine amounts on lines 9 through 21	22	0.
23 Purchases of stock in trade (inventory)	23	
24 Purchases of tangible property other than stock in trade	24	
25 Platform contribution transaction payments paid	25	
26 Cost-sharing transaction payments paid	26	
27a Rents paid (for other than intangible property rights)	27a	
b Royalties paid (for other than intangible property rights)	27b	
28 Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	28	
29 Consideration paid for technical, managerial, engineering, construction, scientific, or like services	29	
30 Commissions paid	30	
31 Amounts loaned a Beginning balance b Ending balance or monthly average	31b	
32 Interest paid	32	
33 Premiums paid for insurance or reinsurance	33	
34 Loan guarantee fees paid	34	
35 Other amounts paid (see instructions)	35	
36 Total. Combine amounts on lines 23 through 35	36	0.

Part V Reportable Transactions of a Reporting Corporation That Is a Foreign-Owned U.S. DE (see instructions)Describe on an attached separate sheet any other transaction as defined by Regulations section 1.482-1(i)(7), such as amounts paid or received in connection with the formation, dissolution, acquisition, and disposition of the entity, including contributions to and distributions from the entity, and check here. ☐**Part VI Nonmonetary and Less-Than-Full Consideration Transactions Between the Reporting Corporation and the Foreign Related Party** (see instructions)Describe these transactions on an attached separate sheet and check here. ☐

Part VII Additional Information. All reporting corporations must complete Part VII.

- 37** Does the reporting corporation import goods from a foreign related party? ☐ Yes ☒ No
- 38a** If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? ☐ Yes ☐ No
- b** If "Yes," attach a statement explaining the reason or reasons for such difference.
- c** If the answers to questions 37 and 38a are "Yes," were the documents used to support this treatment of the imported goods in existence and available in the United States at the time of filing Form 5472? ☐ Yes ☐ No
- 39** During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement (CSA)? ☐ Yes ☒ No
- 40a** During the tax year, did the reporting corporation pay or accrue any interest or royalty, to the related party, for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No
- b** If "Yes," enter the total amount of the disallowed deductions \$ _____
- 41a** Is the reporting corporation claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 41b, 41c, and 41d. See instructions ☐ Yes ☒ No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions \$ _____
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____
- d** Enter the amount of gross receipts derived from all services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____
- 42** Did the reporting corporation have any loan to or from the related party, to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safehaven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? ☐ Yes ☒ No
- 43a** Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the tax year or, during the period beginning 36 months before the date of the respective acquisition or distribution and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? ☐ Yes ☒ No
- b** If the answer to question 43a is "Yes," provide the following.
- (1) The amount of such distribution(s) and acquisition(s) _____
- (2) The amount of such related party indebtedness \$ _____

Part VIII Cost Sharing Arrangement (CSA)

Note: Complete a separate Part VIII for each CSA in which the reporting corporation was a participant during the tax year. Report all amounts in U.S. dollars. (See instructions.)

- 44** Provide a brief description of the CSA with respect to which this Part VIII is being completed.
- _____
- _____
- _____
- 45** During the course of the tax year, did the reporting corporation become a participant in the CSA? ☐ Yes ☐ No
- 46** Was the CSA in effect before January 5, 2009? ☐ Yes ☐ No
- 47** What was the reporting corporation's share of reasonably anticipated benefits for the CSA? _____ %
- 48a** Enter the total amount of stock-based compensation deductions claimed by the reporting corporation _____
- b** Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and, at date of grant, is directly identified with, or reasonably allocable to, the intangible development activity under the CSA \$ _____
- c** Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity? ☐ Yes ☐ No
- 49a** Enter the total amount of intangible development costs for the CSA _____
- b** Enter the amount of intangible development costs allocable to the reporting corporation based on the reporting corporation's reasonably anticipated benefits share \$ _____

Part IX Base Erosion Payments and Base Erosion Tax Benefits Under Section 59A (see instructions)

- 50** Amounts defined as base erosion payments under section 59A(d) _____
- 51** Amount of base erosion tax benefits under section 59A(c)(2) \$ _____
- 52** Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation \$ _____
- 53** Reserved for future use \$ _____

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

Cintra Software and Services Inc.
3 Park Avenue 32nd Fl
New York, NY 10016

Employer Identification Number: 13-3890680

For the Year Ending March 31, 2023

Cintra Software and Services Inc. is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1120	INTEREST INCOME	STATEMENT 1
DESCRIPTION	US	OTHER
INTEREST INCOME		2,454.
TOTAL TO FORM 1120, LINE 5		2,454.

FORM 1120	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER MISCELLANEOUS INCOME		5,357.
TOTAL TO FORM 1120, LINE 10		5,357.

FORM 1120	TAXES AND LICENSES	STATEMENT 3
DESCRIPTION	AMOUNT	
FEDERAL UNEMPLOYMENT TAX	2,208.	
FICA TAX	468,134.	
NEW YORK TAXES - BASED ON INCOME	131,022.	
NEW YORK TAXES - OTHER	54,127.	
NEW YORK CITY TAXES - BASED ON INCOME	60,452.	
NEW YORK CITY TAXES - OTHER	37,871.	
TEXAS TAXES - BASED ON INCOME	29,691.	
TOTAL TO FORM 1120, LINE 17	783,505.	

FORM 1120

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	AMOUNT
AMORTIZATION	57,972.
BANK CHARGES	4,155.
COMMISSIONS	743,428.
COMPUTER EXPENSE	276,378.
CONSULTANCY FEES	1,122,873.
CONTINUING EDUCATION	18,763.
DELIVERY AND FREIGHT	3,487.
DOMAINS	83.
DUES AND SUBSCRIPTIONS	64,597.
INSURANCE	118,427.
INTERNET & DATA STORAGE	9,366.
LEGAL AND PROFESSIONAL	192,519.
MEALS NOT SUBJECT TO LIMITATION	33,886.
MISCELLANEOUS	-53,988.
MOVING	3,068.
OFFICE	3,977.
PAYROLL SERVICES	5,571.
POSTAGE	10,021.
PROMOTIONAL/MARKETING	130,361.
RECRUITMENT	200,422.
SECURITY	531.
SMALL EQUIPMENT	2,403.
STORAGE FEES	27,617.
TELEPHONE	52,074.
TRAVEL	113,837.
UTILITIES	51,880.
TOTAL TO FORM 1120, LINE 26	3,193,708.

SCHEDULE L

OTHER CURRENT ASSETS

STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
EMPLOYEE ADVANCES	166,047.	0.
ERC REFUND RECEIVABLE		282,426.
PREPAID EXPENSES	184,533.	212,761.
SUNDRY RECEIVABLES	14,954.	0.
TOTAL TO SCHEDULE L, LINE 6	365,534.	495,187.

SCHEDULE L	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INCOME	79,488.	226,836.
EBT	0.	2,500,000.
IMPERIUM LOAN-UK	0.	19,281.
SECURITY DEPOSIT	188,565.	188,565.
TOTAL TO SCHEDULE L, LINE 14	268,053.	2,934,682.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
CUSTOMER DEPOSIT PAYABLE	1,147,479.	553,852.
DIVIDENDS PAYABLE	0.	89,286.
DUE TO/FROM CINTRA UK	600,419.	110,952.
EMPLOYEE EXPENSE PAYABLE	0.	12,970.
LEASE PAYABLE-HPFSC	0.	221,461.
PENSION FUND	14,252.	0.
SALES TAX PAYABLE	2,432.	-5,056.
TAX PAYABLE	15,750.	0.
TOTAL TO SCHEDULE L, LINE 18	1,780,332.	983,465.

SCHEDULE L	APPROPRIATED RETAINED EARNINGS	STATEMENT 8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ERC REFUND RECEIVABLE PER FY22 AMENDED RETURN		282,426.
TOTAL TO SCHEDULE L, LINE 24		282,426.

SCHEDULE M-1	OTHER EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN THIS RETURN	STATEMENT 9
--------------	---	-------------

DESCRIPTION	AMOUNT
PENALTIES AND FINES	5,039.
ENTERTAINMENT	2,397.
TOTAL TO SCHEDULE M-1, LINE 5	7,436.

FORM 2220	COMPUTATION OF UNDERPAYMENT PENALTY	STATEMENT 10
-----------	-------------------------------------	--------------

Q T R	EVENT AMOUNT TYPE	*	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INT RATE	AMOUNT OF PENALTY
A							
	Q		16,358.	07/15/2022 09/30/2022	77	5%	173.
	R		16,358.	09/30/2022 12/31/2022	92	6%	247.
	R		16,358.	12/31/2022 07/15/2023	196	7%	615.
B							
	Q		40,402.	09/15/2022 09/30/2022	15	5%	83.
	R		40,402.	09/30/2022 12/31/2022	92	6%	611.
	R		40,402.	12/31/2022 07/15/2023	196	7%	1,519.
C							
	Q		40,403.	12/15/2022 12/31/2022	16	6%	106.
	R		40,403.	12/31/2022 07/15/2023	196	7%	1,519.
D							
	Q		40,402.	03/15/2023 07/15/2023	122	7%	945.
TOTAL TO FORM 2220, LINE 38							5,818.

EVENT TYPE: Q = AMOUNT UNDERPAID AT START OF QUARTER
P = PAYMENT
W = WITHHOLDING
R = INTEREST RATE CHANGE
L = SWITCH TO OR FROM A LEAP YEAR

FORM 4562

PART VI - AMORTIZATION

STATEMENT 11

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
LEASEHOLD IMPROVEMENTS	04/01/13	68,435.		468M	15,795.	1,755.
LEASEHOLD IMPROVEMENTS	04/01/14	490,137.		120M	302,252.	49,014.
LEASEHOLD IMPROVEMENTS	04/01/15	280,908.		468M	50,421.	7,203.
TOTAL TO FORM 4562, LINE 43						57,972.

Form at bottom of page.

Installment 1 - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE:

Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2023 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

WORKSHEET FOR COMPUTATION OF ESTIMATED TAX
(Complete and retain for your files)

1. Estimated Income	\$	<u>25,537</u>
2. Tax - Amount on line 1 X <u>8.8400%</u>	\$	<u>2,257</u>
3. Tax Credits	\$	
4. Balance (subtract line 3 from line 2) (not less than minimum tax, if applicable)	\$	<u>2,257</u>
5. Other taxes	\$	
6. Total estimated tax - Add lines 4 and 5 (not less than minimum tax, if applicable)	\$	<u>2,270</u>
7. Overpayment on prior year return designated to be credited to this estimate	\$	
8. Amount already paid towards estimated tax	\$	
9. Net estimated tax	\$	<u>2,270</u>

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2023**Corporation Estimated Tax****Installment 1****CALIFORNIA FORM****100-ES**

8302480 CINT 13-3890680 000000000000 23 FORM 1
 TYB 04-01-2023 TYE 03-31-2024
 CINTRA SOFTWARE AND SERVICES INC

3 PARK AVENUE 32ND FL
 NEW YORK NY 10016

EST TAX AMT

QSUB TAX AMT

Amount of Payment

Form at bottom of page.

Installment 2 - File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE:

Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2023 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2023

Corporation Estimated Tax

Installment 2

CALIFORNIA FORM

100-ES

8302480 CINT 13-3890680 000000000000 23 FORM 1
TYB 04-01-2023 TYE 03-31-2024
CINTRA SOFTWARE AND SERVICES INC

3 PARK AVENUE 32ND FL
NEW YORK NY 10016

EST TAX AMT 1590. QSUB TAX AMT
Amount of Payment 1590.

Form at bottom of page.

Installment 4 - File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2023 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2023

Corporation Estimated Tax

Installment 4

CALIFORNIA FORM

100-ES

8302480 CINT 13-3890680 000000000000 23 FORM 1
TYB 04-01-2023 TYE 03-31-2024
CINTRA SOFTWARE AND SERVICES INC

3 PARK AVENUE 32ND FL
NEW YORK NY 10016

EST TAX AMT 680. QSUB TAX AMT
Amount of Payment 680.

TAXABLE YEAR

2022**Underpayment of Estimated Tax
by Corporations**

CALIFORNIA FORM

5806For calendar year 2022 or fiscal year beginning (mm/dd/yyyy) **04/01/2022** and ending (mm/dd/yyyy) **03/31/2023**

Corporation name

CINTRA SOFTWARE AND SERVICES INC

California corporation number

8302480**Part I Figure the Underpayment**

1	Current year's tax. See instructions	1	2,257
2	Installment due dates. See instructions	(a) 07/15/2022	(b) 09/15/2022
3	Percentage required. See instructions	(c) 12/15/2022	(d) 03/15/2023
4	Amount due. See instructions	30% (not less than min.)	70% less 1st
5a	Amount paid or credited for each installment	70% less prior	100% less prior
5b	Overpayment from previous installment	800	
6	Add line 5a and line 5b		
7	Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.		800

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)	Yes	No	Yes	No	Yes	No	Yes	No
8a Exception A - Regular Corporations, line 26, met?		X		X		X		X
8b Exception A - Large Corporations, line 30, met?								
9 Exception B (line 42) met?								
10 Exception C (line 64) met?								

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instr.	11	04/24/2023
12	Number of days from date shown on line 2 to date shown on line 11	12	283
13	Number of days on line 12 before 7/01/22, or the payment date, whichever is earlier	13	
14	Number of days on line 12 after 6/30/22 and before 1/01/23, or the payment date, whichever is earlier	14	169
15	Number of days on line 12 after 12/31/22 and before 7/01/23, or the payment date, whichever is earlier. Calendar yr corps. , see instr.	15	114
16	For fiscal yr corps. only. Number of days on line 12 after 6/30/23 and before 1/01/24. See instr.	16	
17	For fiscal year corps. only. Number of days on line 12 after 12/31/23 and before 2/15/24	17	
18	Number of days on line 13 Number of days in taxable year x 3% x line 7	18	
19	Number of days on line 14 Number of days in taxable year x 3% x line 7	19	11
20	Number of days on line 15 Number of days in taxable year x 5% x line 7	20	12
21	Number of days on line 16 Number of days in taxable year x % (see instr.) x line 7	21	
22	Number of days on line 17 Number of days in taxable year x % (see instr.) x line 7	22	
22a	Add amounts for each column from line 18 through line 22	22a	23
22b	Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 44a; or Form 109, line 27	22b	SEE STATEMENT 1
			23

8302480 CINT 13-3890680 000000000000 22
TYB 04-01-2022 TYE 03-31-2023
CINTRA SOFTWARE AND SERVICES INC

3 PARK AVENUE 32ND FL
NEW YORK NY 10016

Schedule Q Questions (continued on Side 2)

- A FINAL RETURN?** • ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election
Enter date (mm/dd/yyyy) • _____
- B 1.** Is income included in a combined report of a unitary group? • ☐ Yes ☒ No
If "Yes," indicate: ☐ Wholly within CA (R&TC 25101.15)
☐ Within and outside of CA
- 2.** Is there a change in the members listed in Schedule R-7 from the prior year? • ☐ Yes ☐ No
- 3.** Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax • _____
- 4.** Is form FTB 3544 attached to the return? • ☐ Yes ☒ No
- C 1.** During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No
- 2.** During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No
- 3.** During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? • ☐ Yes ☒ No
(Yes requires filing of statement, penalties may apply - see instructions.)

State Adjustments	1 Net income (loss) before state adjustments. See instructions	• 1	769,572	00
	2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A	• 2	191,474	00
	3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	• 3		00
	4 Interest on government obligations	• 4		00
	5 Net California capital gain from Side 6, Schedule D, line 11	• 5		00
	6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	• 6	136,140	00
	7 Net income from corporations not included in federal consolidated return. See instructions	• 7		00
	8 Other additions. Attach schedule(s) SEE STATEMENT 2	• 8	16,943	00
	9 Total. Add line 1 through line 8	• 9	1,114,129	00

State Adjustments (con't)	10	Intercompany dividend elimination. Attach Schedule H (100)	•	10		00	
	11	Dividends received deduction. Attach Schedule H (100)	•	11		00	
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	•	12		00	
	13	Capital gain from federal Form 1120, line 8	•	13		00	
	14	Charitable Contributions	•	14		00	
	15	Other deductions. Attach schedule(s)	•	15		00	
	16	Total. Add line 10 through line 15	•	16			00
CA Net Income	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	•	17	1,114,129	00	
	18	Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions	•	18	25,537	00	
	19	Net operating loss (NOL) deduction. See instructions	•	19		00	
	20	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	•	20		00	
	21	Disaster loss deduction. See instructions	•	21		00	
22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	•	22	25,537	00		
Taxes	23	Tax. <u>8.8400</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	•	23	2,257	00	
	24	Credit name _____ code • _____ amount ▶	•	24		00	
	25	Credit name _____ code • _____ amount ▶	•	25		00	
	26	To claim more than two credits, see instructions	•	26		00	
	27	Add line 24 through line 26	•	27		00	
	28	Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	•	28	2,257	00	
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	•	29		00	
30	Total tax. Add line 28 and line 29	•	30	2,257	00		
Payments	31	Overpayment from prior year allowed as a credit	•	31		00	
	32	2022 Estimated tax payments. See instructions	•	32	1,500	00	
	33	2022 Withholding (Form 592-B and/or 593). See instructions	•	33		00	
	34	Amount paid with extension of time to file tax return	•	34		00	
	35	Total payments. Add line 31 through line 34	•	35	1,500	00	
Refund or Amount Due	36	Use tax. This is not a total line. See instructions	•	36		00	
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	•	37	1,500	00	
	38	Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	•	38		00	
	39	Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30	•	39	757	00	
	40	Overpayment. If line 37 is more than line 30, subtract line 30 from line 37	•	40		00	
	41	Amount of line 40 to be credited to 2023 estimated tax	•	41		00	
	42	Refund. Subtract line 41 from line 40	•	42		00	
	See instructions to have the refund directly deposited.						
	☐ Checking ☐ Savings						
	42a. • Routing number 42b. • Type 42c. • Account number						
43 a	Penalties and interest	•	43a	23	00		
b •	☐ Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.						
44	Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result	•	44	780	00		

Schedule Q Questions (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • _____
- E Was the corporation's income included in a consolidated federal return? • ☐ Yes ☒ No
- F Principal business activity code. (Do not leave blank): • 541519
Business activity LICENSE AND CONSULTING
Product or service DATABASE MANAGEMENT

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 05/14/1996

Where: • State NY Country UNITED STATES

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 04/23/2020

I First return? • ☐ Yes ☒ No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.

• (1) ☐ Sole proprietorship (2) ☐ Partnership (3) ☐ Joint venture (4) ☐ Corporation (5) ☐ Other
(Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions: • _____

K At any time during the taxable year, was more than 50% of the voting stock:

1. Of the corporation owned by any single interest? • ☐ Yes ☒ No
2. Of another corporation owned by this corporation? • ☐ Yes ☒ No
3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • ☐ Yes ☒ No

If 1 or 3 is "Yes," enter the country of the ultimate parent • _____

If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.

If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131 EN-SP, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) • ☐ Yes ☒ No

If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? • ☒ Yes ☐ No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? • _____

O Corporation headquarters are: • (1) ☐ Within California (2) ☒ Outside of California, within the U.S. (3) ☐ Outside of the U.S.

P Location of principal accounting records: 3 PARK AVENUE 32ND FL, NEW YORK, NY 10016

Q Accounting method: • (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • ☐ Yes ☒ No

If "Yes," enter the total balance of all DISAs • \$ _____

S Is this corporation or any of its subsidiaries a RIC? • ☐ Yes ☒ No

T Is this corporation treated as a REMIC for California purposes? • ☐ Yes ☒ No

U 1. Is this corporation a REIT for California purposes? • ☐ Yes ☒ No

2. If question U1 is "Yes," does the entity own any qualified REIT
subsidiaries that are incorporated or qualified with the California

Secretary of State? If yes, see instructions • ☐ Yes ☒ No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • ☐ Yes ☒ No

If "Yes," enter the effective date of the election (mm/dd/yyyy) • _____

W Is this corporation to be treated as a credit union? • ☐ Yes ☒ No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • ☐ Yes ☒ No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? ☐ N/A ☒ Yes ☐ No

Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? ☒ Yes ☐ No

AA Did the corporation file the federal Schedule UTP (Form 1120)? • ☐ Yes ☒ No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? • ☐ Yes ☒ No

CC 1. Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? • ☐ Yes ☒ No

2. If "Yes," when was the last report filed? (mm/dd/yyyy) • _____ 3. Amount last remitted ■ \$ _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Title PRESIDENT	Date	• Telephone 212-481-6501
Officer's email address (optional) PNARAYANAN@CINTRA.COM				
Paid Preparer's Use Only	Preparer's signature 	Date 09/20/23	Check if self-employed ☐	• PTIN P01904833
	Firm's name (or yours, if self-employed) and address FASKE LAY & CO., L.L.P. 3609 WILLIAMS DRIVE, SUITE 105 GEORGETOWN, TX 78628-2510	• Firm's FEIN 74-2335626		
				• Telephone (512) 346-9623
	May the FTB discuss this return with the preparer shown above? See instructions • ☒ Yes ☐ No			

Schedule A Taxes Deducted. Use additional sheet(s) if necessary.

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
SEE STATEMENT 3			00
			00
Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.		783,505	191,474 00

Schedule F Computation of Net Income. See instructions.

Income	1	a) Gross receipts or gross sales	20,728,188				
		b) Less returns and allowance		c) Balance	1c	20,728,188	00
	2	Cost of goods sold. Attach federal Form 1125-A (California Schedule V)			2	6,303,956	00
	3	Gross profit. Subtract line 2 from line 1c			3	14,424,232	00
	4	Total dividends. Attach federal Schedule C (California Schedule H (100))			4		00
	5	a) Interest on obligations of the United States and U.S. instrumentalities			5a		00
		b) Other interest. Attach schedule	SEE STATEMENT 4		5b	2,454	00
	6	Gross rents			6		00
	7	Gross royalties			7		00
	8	Capital gain net income. Attach federal Schedule D (California Schedule D)			8		00
	9	Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)			9		00
10	Other income (loss). Attach schedule	SEE STATEMENT 5		10	5,357	00	
11	Total income. Add line 3 through line 10			11	14,432,043	00	
Deductions	12	Compensation of officers. Attach federal Form 1125-E or equivalent schedule		12		00	
	13	Salaries and wages (not deducted elsewhere)		13	7,996,386	00	
	14	Repairs and maintenance		14	13,085	00	
	15	Bad debts		15		00	
	16	Rents		16	544,464	00	
	17	Taxes (California Schedule A). See instructions		17	783,505	00	
	18	Interest. Attach schedule		18	18,924	00	
	19	Charitable Contributions. Attach schedule		19		00	
	20	Depreciation. Attach fed Form 4562 & FTB 3885	20 187,808 00				
	21	Less depreciation claimed elsewhere on return	21a	21b 187,808 00			
	22	Depletion. Attach schedule		22		00	
	23	Advertising		23	91,765	00	
	24	Pension, profit-sharing plans, etc.		24	101,680	00	
	25	Employee benefit plans		25	731,146	00	
	26	a) Total travel and entertainment	113,837				
		b) Deductible amounts		26b 113,837 00			
	27	Other deductions. Attach schedule	SEE STATEMENT 6	27 3,079,871 00			
	28	Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr		28		00	
	29	Total deductions. Add line 12 through line 28		29	13,662,471	00	
30	Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1		30	769,572	00		

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1	LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$	1		00
2	Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	2		00
3	Interest on tax attributable to installment: a Sales of certain timeshares and residential lots	3a		00
	b Method for nondealer installment obligations	3b		00
4	IRC Section 197(f)(9)(B)(ii) election	4		00
5	Credit recapture name:	5		00
6	Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40	6		00

Schedule V Cost of Goods Sold

1	Inventory at beginning of year	1		00
2	Purchases	2	4,030,963	00
3	Cost of labor	3	2,272,993	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a		00
b	Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5	6,303,956	00
6	Inventory at end of year	6		00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2	7	6,303,956	00

Method of inventory valuation ▶

Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. ☐ Yes ☒ No

Enter California seller's permit number, if any ▶

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☒ No**The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.****Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		8,206,706		7,044,073
2 a Trade notes and accounts receivable	3,710,498		2,292,152	
b Less allowance for bad debts	()	3,710,498	()	2,292,152
3 Inventories				
4 Federal and state government obligations				
5 Other current assets. Attach sch(s) STMT 7		365,534		495,187
6 Loans to stockholders/officers. Att sch		24,095		24,095
7 Mortgage and real estate loans				
8 Other investments. Attach sch(s)				
9 a Buildings and other fixed depreciable assets	449,633		449,633	
b Less accumulated depreciation	(422,951)	26,682	(449,059)	574
10 a Depletable assets				
b Less accumulated depletion	()	()	()	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)	842,746		1,004,346	
b Less accumulated amortization	(370,592)	472,154	(590,264)	414,082
13 Other assets. Attach sch(s) STMT 8		268,053		2,934,682
14 Total assets		13,073,722		13,204,845
Liabilities and Stockholders' Equity				
15 Accounts payable		1,839,657		2,174,757
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Att. sch(s) STMT 9		1,780,332		983,465
18 Loans from stockholders. Att. sch(s)				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach sch(s)				
21 Capital stock: a Preferred stock				
b Common stock	100,000	100,000	100,000	100,000
22 Paid-in or capital surplus. Attach reconciliation				
23 Retained earnings - Appropriated. Att. sch.	STMT 10			282,426
24 Retained earnings - Unappropriated		9,353,733		9,664,197
25 Adjustments to shareholders' equity. Att. sch.				
26 Less cost of treasury stock		()		()
27 Total liabilities and stockholders' equity		13,073,722		13,204,845

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

If the corporation completed federal Sch M-3 (Form 1120/1120F), see instructions.

1 Net income per books	310,464	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax	451,672	a Tax-exempt interest ☒ \$	
3 Excess of capital losses over capital gains		b Other \$	
4 Taxable income not recorded on books this year (itemize)		c Total. Add line 7a and line 7b	
5 Expenses recorded on books this year not deducted in this return (itemize)		8 Deductions in this return not charged against book income this year (itemize)	
a Depreciation		a Depreciation \$	
b State taxes		b State tax refunds \$	
c Travel and entertainment ☒		c Other \$	
d Other	7,436	d Total. Add line 8a through line 8c	
e Total. Add line 5a through line 5d	7,436	9 Total. Add line 7c and line 8d	
6 Total. Add line 1 through line 5e	769,572	10 Net income per return. Subtract line 9 from line 6	769,572

Schedule M-2**Analysis of Unappropriated Retained Earnings per Books** (Side 5, Schedule L, line 24)

1 Balance at beginning of year	9,353,733	5 Distributions: a Cash	
2 Net income per books	310,464	b Stock	
3 Other increases (itemize)		c Property	
4 Total. Add line 1 through line 3	9,664,197	6 Other decreases (itemize)	
		7 Total. Add line 5 and line 6	
		8 Balance at end of year. Subtract line 7 from line 4	9,664,197

Schedule D**California Capital Gains and Losses****Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less.** Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					00
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
3 Unused capital loss carryover from 2021					00
4 Net short-term capital gain (loss). Combine line 1 through line 3					00

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year. Use additional sheet(s) if necessary.

5					00
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions					00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
8 Net long-term capital gain (loss). Combine line 5 through line 7					00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)					00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)					00
11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2023					00

2022

Apportionment and Allocation of Income

R

Attach this schedule behind the California tax return and prior to the supporting schedules.

For calendar year 2022 or fiscal year beginning month (mm/dd/yyyy)

04/01/2022, and ending (mm/dd/yyyy)

03/31/2023

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

CINTRA SOFTWARE AND SERVICES INC

8302480

Water's-Edge Filers Only: If controlled foreign corporations are included in the combined report, attach form FTB 2416.

Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.

1 a	Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568)	1a	1,114,129	00
b	Water's-edge foreign investment interest offset from form FTB 2424, line 17	1b		00
c	Total. Combine line 1a and line 1b	1c	1,114,129	00
Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.				
2	Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10	2		00
3	Interest. Attach schedule	3		00
4	Net income (loss) from the rental of property from Schedule R-3, line 3, column (c)	4		00
5	Royalties. Attach schedule	5		00
6	Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e)	6		00
7	Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach sch	7		00
8	Miscellaneous nonbusiness income (loss). Attach schedule	8		00
9	Total nonbusiness income (loss). Combine line 2 through line 8	9		00
Business Income (Loss) before Apportionment (subject to a separate apportionment formula)				
10	Nonunitary partnership or LLC business income (loss)	10		00
11	Income (loss) from a separate trade or business. Attach supplemental Schedule R	11		00
12	Business income (loss) deferred from prior years. See General Information L	12		00
13	Capital gain (loss) netting subject to separate apportionment. See Gen Information M	13		00
14	Total separately apportionable business income (loss). Combine line 10 through line 13	14		00
15	Tot business inc (loss) subject to apportionment for this trade or business, subtract the sum of ln 9 and ln 14 from ln 1c	15	1,114,129	00
16	Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only)	16		00
17	Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16	17	1,114,129	00
18 a	Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	18a	2.2921	%
b	Business income (loss) apportioned to California. Multiply line 17 by line 18a	18b	25,537	00
Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.				
19	Dividends and interest income (if taxpayer's commercial domicile is in California):			
a	Dividends included in line 2 above	19a		00
b	Interest included in line 3 above	19b		00
20	Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b)	20		00
21	Royalties. Attach schedule	21		00
22	Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M	22		00
23	Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule	23		00
24	Miscellaneous nonbusiness income (loss). Attach schedule	24		00
25	Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24	25		00
26	Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J	26		00
27	Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25	27		00

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

CINTRA SOFTWARE AND SERVICES INC

8302480

California Business Income (Loss) subject to a separate apportionment formula.

28 California business income (loss) from a nonunitary partnership or LLC	•	28		00	
29 California income (loss) from a separate trade or business. Attach supplemental schedule R.	•	29		00	
30 California business income (loss) deferred from prior yrs. See General Information L	•	30		00	
31 Total business income (loss) separately apportioned to California. Combine line 28 through line 30	•	31			00
Net Income (Loss) for California Purpose					
32 Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M	•	32			00
33 Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32	•	33		25,537	00
34 Contributions adjustment from Schedule R-6, line 15	•	34			00
35 Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	•	35		25,537	00

**Complete the applicable
Schedules R-1 through R-7,
starting on Side 3.**

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

CINTRA SOFTWARE AND SERVICES INC**8302480****Schedule R-1 Apportionment Formula.****Part A Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

See General Information G and Specific Instructions.	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
1 Sales: Gross receipts, less returns, and allowances	3,182,641		
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California		0	
(ii) Shipped from within California		0	
b Sales shipped from California to:			
(i) The United States Government		0	
(ii) Purchasers in a state where the taxpayer is not taxable		0	
c Total other gross receipts	17,545,547		
(i) Sales from services		0	
(ii) Sales or other income from intangibles		475,112	
(iii) Sales from rental, leasing or licensing of tangible or real property ...		0	
(iv) Sales from other gross receipts			
d Sales from partnerships or LLCs treated as partnerships			
Total sales	20,728,188	475,112	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H			2.2921 %

Part B Three-Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
1 Property: Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress.			
Inventory			
Buildings			
Machinery and equipment (including delivery equipment)			
Furniture and fixtures			
Land			
Other tangible assets. Attach schedule			
Rented property used in the business. See General Information E			
Total property			%
2 Payroll: Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.			
Total payroll			%
3 Sales: Gross receipts, less returns, and allowances. See General Information G and Specific Instructions			
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable			
c Total other gross receipts			
Total sales			%
4 Total percent. Add the percentages in col (c)			%
5 Apportionment percentage. Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H			%

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

CINTRA SOFTWARE AND SERVICES INC**8302480****Schedule R-2 Sales and General Questionnaire.** Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of the California business activities. **LICENSE AND CONSULTING; LOCATION: NONE**
- 2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest. **N/A**
- 3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government? ☐ Yes ☒ No If "No," explain.
- 4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G and Specific Instructions. ☐ Yes ☒ No If "No," explain.
- 5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? ☒ Yes ☐ No
If "Yes," provide a brief description.
- b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions ☐ Yes ☒ No
If "Yes," provide a brief description of the new method.
- 6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? ☒ Yes ☐ No If "No," explain.
- 7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I. ☐ Yes ☒ No If "Yes," explain.
- 8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations? ☒ Yes ☐ No
If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune.
- 9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? ☐ Yes ☒ No If "No," explain.

Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property

	(a) Total outside California	(b) Total within California	(c) Total outside and within California (a) + (b)
1 Income from rents			
2 Rental deductions			
3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20		●	●

Schedule R-4 Gain (Loss) from the Sale of Nonbusiness Assets

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

Description of property sold	Real estate and other tangible assets		Intangible assets		Total (e) Gain (loss) (a) + (b) + (c) + (d)
	(a) Gain (loss) from outside California	(b) Gain (loss) from within California	(c) Gain (loss) from outside California	(d) Gain (loss) from within California	
1	●	●	●	●	●
	●	●	●	●	●
	●	●	●	●	●
2 Total gain (loss)	●	●	●	●	●

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, columns (b) and (d) on Side 1, line 22.

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

CINTRA SOFTWARE AND SERVICES INC**8302480****Schedule R-5 Computation of Interest Offset.** Complete only if there are entries on line 2 and/or line 3 of Schedule R and if Schedule R-1 is required. See General Information J. **(California domiciliary only)**

1 Total interest expense deducted	1		
2 Water's-edge foreign investment interest offset from Side 1, line 1b	2		
3 Balance. Subtract line 2 from line 1	3		
4 Total interest income (Form 100 or Form 100W, Side 1, line 4 and Schedule F, line 5a and line 5b; or Form 100S, Side 1, line 3 and interest income included on Schedule F, line 5 or Schedule K, line 4)	4		
5 Nonbusiness interest income from Side 1, line 3	5		
6 Business interest income. Subtract line 5 from line 4	6		
7 Excess interest expense over business interest income. Subtract line 6 from line 3. If line 6 exceeds line 3, enter -0- here and on Side 1, line 16, and do not complete the rest of this schedule ☒	7		
8 Total dividend income	8		
9 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10	9		
10 Net dividend income. Subtract line 9 from line 8	10		
11 Business dividend income	11		
12 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10, attributable to business dividend income	12		
13 Net business dividend income. Subtract line 12 from line 11	13		
14 Net nonbusiness dividend income. Subtract line 13 from line 10	14		
15 Total nonbusiness interest and dividend income. Add line 5 and line 14	15		
16 Enter the lesser of line 7 or line 15. Enter here and on Side 1, line 16 ☒	16		

If interest and/or dividend income is reported on Side 1, line 19a or line 19b, enter the allocable portion of Schedule R-5, line 16 on Side 1, line 26.
See General Information J. If no interest or dividend income is reported on Side 1, line 19a or line 19b, **do not** deduct any interest expense on Side 1, line 26.

Schedule R-6 Contributions Adjustment. See General Information N.

1 Total contributions paid (current year and carryover amount)	1	
2 Net income (loss) after state adjustments from Side 1, line 1c	2	
3 Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11; Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N	3	
4 Contributions deducted on Form 100, Form 100W, or Form 100S	4	
5 Total. Add line 2 through line 4. If zero or less, enter -0-	5	
6 Multiply line 5 by 10% (.10)	6	
7 Net income (loss) for state purposes before contributions adjustment from Side 2, line 33	7	
8 Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	8	
9 Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a	9	
10 Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	10	
11 Total. Add line 7 through line 10. If zero or less, enter -0-	11	
12 Multiply line 11 by 10% (.10)	12	
Contributions Adjustment		
13 Enter the amount shown on line 10	13	
14 Amount of contributions allowable:		
a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12	14a	
b If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here	14b	
15 Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34. If the result is a negative amount, enter in brackets ☒	15	

TAXABLE YEAR
2022

**Corporation Depreciation
and Amortization**

13-3890680
CALIFORNIA FORM
3885

Attach to Form 100 or Form 100W.

Corporation name

California corporation number

CINTRA SOFTWARE AND SERVICES INC

8302480

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	161,600
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 12							
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	51,668

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	51,668
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	187,808
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	-136,140

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19 14 LEASEHOLD IMPROVEMENTS	04/01/13	68,435.	15,795.		468M	1,755	
15 LEASEHOLD IMPROVEMENTS	04/01/14	490,137.	302,252.		120M	49,014	
16 LEASEHOLD IMPROVEMENTS	04/01/15	280,908.	50,421.		468M	7,203	
20	Total. Add the amounts in column (g)					20	57,972
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	57,972
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	0

TAXABLE YEAR

2022

California e-file Return Authorization for Corporations

FORM

8453-C

Corporation name

CINTRA SOFTWARE AND SERVICES INC.

California Corporation No.,
CA SOS file no., or FEIN

8302480

Part I Tax Return Information (whole dollars only)

1	Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)	1	1,114,129
2	Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)	2	25,537
3	Total tax (Form 100, line 30; Form 100S, line 30; Form 100W, line 30 or Form 100X, line 19)	3	2,257
4	Tax due (Form 100, line 39; Form 100S, line 40; Form 100W, line 36 or Form 100X, line 21)	4	757
5	Overpayment (Form 100, line 40; Form 100S, line 41; Form 100W, line 37 or Form 100X, line 28)	5	

Part II Settle the Account Electronically for Taxable Year 2022

- 6 ☐ Direct deposit of refund (For Forms 100, 100S, and 100W only.)
- 7 ☒ Electronic funds withdrawal 7a Amount 780 7b Withdrawal date (mm/dd/yyyy) 09/20/2023

Part III Schedule of Estimated Tax Payments for Taxable Year 2023 (These are NOT installment payments for the current amount the corporation owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the corporation's banking information?)

- 10 Routing number 021000021
- 11 Account number 937506690965 12 Type of account: ☒ Checking ☐ Savings

Part V Declaration of Officer

I authorize the corporate account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

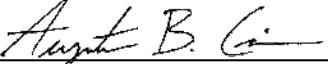
Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2022 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign
Here

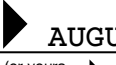
Signature of officer _____ Date _____ Title **PRESIDENT**

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature 	Date 09/20/23	Check if also paid preparer ☒	Check if self-employed ☐	ERO's PTIN P01904833
	Firm's name (or yours if self-employed) and address FASKE LAY & CO., L.L.P. 3609 WILLIAMS DRIVE, SUITE 105 GEORGETOWN, TX	Firm's FEIN 74-2335626	ZIP code 78628-2510		

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature 	Date	Check if self-employed ☐	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address		Firm's FEIN	ZIP code

STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

[illegible]

FORM 5806			COMPUTATION OF INTEREST ON UNDERPAYMENT					STATEMENT 1	
Q T R - A	EVENT AMOUNT TYPE		REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY	
	800.	Q	800.	07/15/2022	12/31/2022	169	3.0000	11.	
		R	800.	12/31/2022	04/24/2023	114	5.0000	12.	
	-800.	O	0.	04/24/2023		0	5.0000	0.	
TOTAL TO FORM 5806 LINE 22B								23.	

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
 P = PAYMENT
 R = INTEREST RATE CHANGE
 L = LEAP YEAR CHANGE
 W = NONRESIDENT WITHHOLDING
 O = PRIOR YEAR OVERPAYMENTS & PAYMENTS MADE AFTER AN
 INSTALLMENT DUE DATE BUT BEFORE THE 1ST DAY OF THE MONTH
 THE NEXT INSTALLMENT IS DUE - APPLIED AS LATE PAYMENT TO
 A PREVIOUS INSTALLMENT

FORM 100/100W	OTHER ADDITIONS	STATEMENT 2
DESCRIPTION		AMOUNT
DISALLOWED AMOUNT OF IRS 100% BUSINESS MEALS EXPENSE		16,943.
TOTAL TO FORM 100/100W, OTHER ADDITIONS		16,943.

FORM 100/100W, SCHEDULE A		TAXES DEDUCTED	STATEMENT 3
(A) NATURE OF TAX	AND (B) TAXING AUTHORITY	(C) TOTAL TAXES	(D) NONDED AMOUNT
FEDERAL UNEMPLOYMENT TAX		2,208.	
FICA TAX		468,134.	
BASED ON INCOME	NEW YORK	131,022.	131,022.
OTHER	NEW YORK	54,127.	
OTHER	TEXAS	29,691.	
BASED ON INCOME	CITY TAXES	60,452.	60,452.
OTHER	CITY TAXES	37,871.	
TOTAL TO FORM 100/100W, SCHEDULE A		783,505.	191,474.

FORM 100/100W, SCHEDULE F	INTEREST INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
INTEREST INCOME		2,454.
TOTAL TO FORM 100/100W, SCHEDULE F		2,454.

FORM 100/100W, SCHEDULE F	OTHER INCOME	STATEMENT 5
DESCRIPTION		AMOUNT
OTHER MISCELLANEOUS INCOME		5,357.
TOTAL TO FORM 100/100W, SCHEDULE F		5,357.

FORM 100/100W, SCHEDULE F

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION	AMOUNT
AMORTIZATION	57,972.
BANK CHARGES	4,155.
COMMISSIONS	743,428.
COMPUTER EXPENSE	276,378.
CONSULTANCY FEES	1,122,873.
CONTINUING EDUCATION	18,763.
DELIVERY AND FREIGHT	3,487.
DOMAINS	83.
DUES AND SUBSCRIPTIONS	64,597.
INSURANCE	118,427.
INTERNET & DATA STORAGE	9,366.
LEGAL AND PROFESSIONAL	192,519.
MEALS NOT SUBJECT TO LIMITATION	33,886.
MISCELLANEOUS	-53,988.
MOVING	3,068.
OFFICE	3,977.
PAYROLL SERVICES	5,571.
POSTAGE	10,021.
PROMOTIONAL/MARKETING	130,361.
RECRUITMENT	200,422.
SECURITY	531.
SMALL EQUIPMENT	2,403.
STORAGE FEES	27,617.
TELEPHONE	52,074.
UTILITIES	51,880.
TOTAL TO FORM 100/100W, SCHEDULE F	3,079,871.

FORM 100/100W, SCHEDULE L

OTHER CURRENT ASSETS

STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
EMPLOYEE ADVANCES	166,047.	0.
ERC REFUND RECEIVABLE		282,426.
PREPAID EXPENSES	184,533.	212,761.
SUNDRY RECEIVABLES	14,954.	0.
TOTAL TO FORM 100/100W, SCHEDULE L	365,534.	495,187.

FORM 100/100W, SCHEDULE L

OTHER ASSETS

STATEMENT 8

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INCOME	79,488.	226,836.
EBT	0.	2,500,000.
IMPERIUM LOAN-UK	0.	19,281.
SECURITY DEPOSIT	188,565.	188,565.
TOTAL TO FORM 100/100W, SCHEDULE L	268,053.	2,934,682.

FORM 100/100W, SCHEDULE L OTHER CURRENT LIABILITIES

STATEMENT 9

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
CUSTOMER DEPOSIT PAYABLE	1,147,479.	553,852.
DIVIDENDS PAYABLE	0.	89,286.
DUE TO/FROM CINTRA UK	600,419.	110,952.
EMPLOYEE EXPENSE PAYABLE	0.	12,970.
LEASE PAYABLE-HPFSC	0.	221,461.
PENSION FUND	14,252.	0.
SALES TAX PAYABLE	2,432.	-5,056.
TAX PAYABLE	15,750.	0.
TOTAL TO FORM 100/100W, SCHEDULE L	1,780,332.	983,465.

SCHEDULE L

APPROPRIATED RETAINED EARNINGS

STATEMENT 10

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ERC REFUND RECEIVABLE PER FY22 AMENDED RETURN		282,426.
TOTAL TO SCHEDULE L		282,426.

FORM 100/100W, SCHEDULE M-1 EXPENSES RECORDED ON BOOKS
NOT DEDUCTED ON RETURN

STATEMENT 11

DESCRIPTION	AMOUNT
PENALTIES AND FINES	5,039.
ENTERTAINMENT	2,397.
TOTAL TO FORM 100/100W, SCHEDULE M-1	7,436.

FORM 3885 DEPRECIATION STATEMENT 12

ASSET NO.	DESCRIP- TION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
20	SIGNS	04/01/15	3,716.	3,334.	SL	7.00	379.	
26	LEASEHOLD IMPROVEMENTS (EQUIPMENT)	07/01/09	1,071.	426.	SL	15.00	71.	
27	OFFICE FURNITURE	04/01/15	179,546.	153,894.	SL	7.00	25,649.	
36	LEASEHOLD IMPROVEMENTS	05/20/17	3,266.	491.	SL	15.00	109.	
39	LAPTOPS FOR INDIA (3 ROUNDS)	09/22/21	46,500.	4,650.	SL	5.00	9,300.	
40	SOFTWARE- ARCTIC WOLF MDR USER LIC	07/01/22	161,600.	0.	SL	5.00	16,160.	
TOTAL TO FORM 3885			395,699.	162,795.			51,668.	

**Information Return of a 25% Foreign-Owned U.S. Corporation
or a Foreign Corporation Engaged in a U.S. Trade or Business**(Under Sections 6038A and 6038C of the Internal Revenue Code)
Go to www.irs.gov/Form5472 for instructions and the latest information.

OMB No. 1545-0123

For tax year of the reporting corporation beginning **APR 1, 2022** and ending **MAR 31, 2023****Note:** Enter all information in English and money items in U.S. dollars.

Part I Reporting Corporation (see instructions). All reporting corporations must complete Part I.			
1a Name of reporting corporation CINTRA SOFTWARE AND SERVICES INC.		1b Employer identification number 13-3890680	
Number, street, and room or suite no. (if a P.O. box, see instructions.) 3 PARK AVENUE 32ND FL		1c Total assets	
City or town, state, and ZIP code (if a foreign address, see instructions.) NEW YORK NY 10016		\$ 13,204,845.	
1d Principal business activity LICENSE AND CONSULTING		1e Principal business activity code 541519	
1f Total value of gross payments made or received reported on this Form 5472. See instructions. \$ 92,324.		1g Total number of Forms 5472 filed for the tax year 2	
1h Total value of gross payments made or received reported on all Forms 5472. See instructions. \$ 92,324.		1i Country of incorporation US	
1i Check here if this is a consolidated filing of Form 5472 ☐	1j Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472 ☐	1k Total number of Parts VIII attached to Form 5472	
1m Date of incorporation 05/14/1996		1n Country(ies) under whose laws the reporting corporation files an income tax return as a resident US	
1o Principal country(ies) where business is conducted US			
2 Check here if, at any time during the tax year, any foreign person owned, directly or indirectly, at least 50% of (a) the total voting power of all classes of the stock of the reporting corporation entitled to vote, or (b) the total value of all classes of stock of the reporting corporation ☐			
3 Check here if the reporting corporation is a foreign-owned domestic disregarded entity (foreign-owned U.S. DE) treated as a corporation for purposes of section 6038A. See instructions ☐			
Part II 25% Foreign Shareholder (see instructions)			
Check here if any direct (or ultimate indirect) 25% foreign shareholder listed in Part II is a surrogate foreign corporation under section 7874(a)(2)(B). ☐			
4a Name and address of direct 25% foreign shareholder ABDUL SHEIKH 3250 NE 188TH STREET APT 802 AVENTURA FL 33180			
4b(1) U.S. identifying number, if any 064-86-8324		4b(2) Reference ID number (see instructions)	
4b(3) Foreign taxpayer identification number (FTIN), if any (see instructions)			
4c Principal country(ies) where business is conducted US		4d Country of citizenship, organization, or incorporation UK	
4e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident US			
5a Name and address of direct 25% foreign shareholder BRENDAN MCNAMEE 3 ALL SAINTS MANSIONS, ALL SAINTS RO BRISTOL UNITED KINGDOM BS8 2JQ			
5b(1) U.S. identifying number, if any 042-98-3153		5b(2) Reference ID number (see instructions)	
5b(3) FTIN, if any (see instructions)			
5c Principal country(ies) where business is conducted US		5d Country of citizenship, organization, or incorporation UK	
5e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident US			
6a Name and address of ultimate indirect 25% foreign shareholder			
6b(1) U.S. identifying number, if any		6b(2) Reference ID number (see instructions)	
6b(3) FTIN, if any (see instructions)			
6c Principal country(ies) where business is conducted		6d Country of citizenship, organization, or incorporation	
6e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident			
7a Name and address of ultimate indirect 25% foreign shareholder			
7b(1) U.S. identifying number, if any		7b(2) Reference ID number (see instructions)	
7b(3) FTIN, if any (see instructions)			
7c Principal country(ies) where business is conducted		7d Country of citizenship, organization, or incorporation	
7e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident			

Part III Related Party (see instructions). All reporting corporations must complete this question and the rest of Part III.Check applicable box: Is the related party a ☒ foreign person or ☐ U.S. person?

8a Name and address of related party **ABDUL SHEIKH**
3250 NE 188TH STREET #802
MIAMI FL 33180

8b(1) U.S. identifying number, if any **064868624** **8b(2)** Reference ID number (see instructions) **8b(3)** FTIN, if any (see instructions)

8c Principal business activity **LICENSE AND CONSULTING** **8d** Principal business activity code **541519**

8e Relationship-Check boxes that apply: ☐ Related to reporting corporation ☐ Related to 25% foreign shareholder ☒ 25% foreign shareholder

8f Principal country(ies) where business is conducted **US** **8g** Country(ies) under whose laws the related party files an income tax return as a resident **US**

Part IV Monetary Transactions Between Reporting Corporations and Foreign Related Party (see instructions)**Caution:** Part IV must be completed if the "foreign person" box is checked in the heading for Part III.If estimates are used, check here. ☐

9 Sales of stock in trade (inventory)	9	
10 Sales of tangible property other than stock in trade	10	
11 Platform contribution transaction payments received	11	
12 Cost-sharing transaction payments received	12	
13a Rents received (for other than intangible property rights)	13a	
b Royalties received (for other than intangible property rights)	13b	
14 Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	14	
15 Consideration received for technical, managerial, engineering, construction, scientific, or like services	15	
16 Commissions received	16	
17 Amounts borrowed a Beginning balance b Ending balance or monthly average	17b	
18 Interest received	18	
19 Premiums received for insurance or reinsurance	19	
20 Loan guarantee fees received	20	
21 Other amounts received (see instructions)	21	
22 Total. Combine amounts on lines 9 through 21	22	0.
23 Purchases of stock in trade (inventory)	23	
24 Purchases of tangible property other than stock in trade	24	
25 Platform contribution transaction payments paid	25	
26 Cost-sharing transaction payments paid	26	
27a Rents paid (for other than intangible property rights)	27a	
b Royalties paid (for other than intangible property rights)	27b	
28 Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	28	
29 Consideration paid for technical, managerial, engineering, construction, scientific, or like services	29	0.
30 Commissions paid	30	
31 Amounts loaned a Beginning balance 190,142. b Ending balance or monthly average	31b	24,095.
32 Interest paid	32	
33 Premiums paid for insurance or reinsurance	33	
34 Loan guarantee fees paid	34	
35 Other amounts paid (see instructions)	35	68,229.
36 Total. Combine amounts on lines 23 through 35	36	92,324.

Part V Reportable Transactions of a Reporting Corporation That Is a Foreign-Owned U.S. DE (see instructions)

Describe on an attached separate sheet any other transaction as defined by Regulations section 1.482-1(i)(7), such as amounts paid or received in connection with the formation, dissolution, acquisition, and disposition of the entity, including contributions to and distributions from the entity, and check here. ☐

Part VI Nonmonetary and Less-Than-Full Consideration Transactions Between the Reporting Corporation and the Foreign Related Party (see instructions)Describe these transactions on an attached separate sheet and check here. ☐

Part VII Additional Information. All reporting corporations must complete Part VII.

- 37** Does the reporting corporation import goods from a foreign related party? ☐ Yes ☒ No
- 38a** If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? ☐ Yes ☐ No
- b** If "Yes," attach a statement explaining the reason or reasons for such difference.
- c** If the answers to questions 37 and 38a are "Yes," were the documents used to support this treatment of the imported goods in existence and available in the United States at the time of filing Form 5472? ☐ Yes ☐ No
- 39** During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement (CSA)? ☐ Yes ☒ No
- 40a** During the tax year, did the reporting corporation pay or accrue any interest or royalty, to the related party, for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No
- b** If "Yes," enter the total amount of the disallowed deductions \$ _____
- 41a** Is the reporting corporation claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 41b, 41c, and 41d. See instructions ☐ Yes ☒ No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions \$ _____
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____
- d** Enter the amount of gross receipts derived from all services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____
- 42** Did the reporting corporation have any loan to or from the related party, to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safehaven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? ☐ Yes ☒ No
- 43a** Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the tax year or, during the period beginning 36 months before the date of the respective acquisition or distribution and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? ☐ Yes ☒ No
- b** If the answer to question 43a is "Yes," provide the following.
- (1) The amount of such distribution(s) and acquisition(s) _____
- (2) The amount of such related party indebtedness \$ _____

Part VIII Cost Sharing Arrangement (CSA)

Note: Complete a separate Part VIII for each CSA in which the reporting corporation was a participant during the tax year. Report all amounts in U.S. dollars. (See instructions.)

- 44** Provide a brief description of the CSA with respect to which this Part VIII is being completed.
- _____
- _____
- _____
- 45** During the course of the tax year, did the reporting corporation become a participant in the CSA? ☐ Yes ☐ No
- 46** Was the CSA in effect before January 5, 2009? ☐ Yes ☐ No
- 47** What was the reporting corporation's share of reasonably anticipated benefits for the CSA? _____ %
- 48a** Enter the total amount of stock-based compensation deductions claimed by the reporting corporation _____
- b** Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and, at date of grant, is directly identified with, or reasonably allocable to, the intangible development activity under the CSA \$ _____
- c** Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity? ☐ Yes ☐ No
- 49a** Enter the total amount of intangible development costs for the CSA _____
- b** Enter the amount of intangible development costs allocable to the reporting corporation based on the reporting corporation's reasonably anticipated benefits share \$ _____

Part IX Base Erosion Payments and Base Erosion Tax Benefits Under Section 59A (see instructions)

- 50** Amounts defined as base erosion payments under section 59A(d) _____
- 51** Amount of base erosion tax benefits under section 59A(c)(2) \$ _____
- 52** Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation \$ _____
- 53** Reserved for future use \$ _____

Form **5472** (Rev. 12-2022)

**Information Return of a 25% Foreign-Owned U.S. Corporation
or a Foreign Corporation Engaged in a U.S. Trade or Business**(Under Sections 6038A and 6038C of the Internal Revenue Code)
Go to www.irs.gov/Form5472 for instructions and the latest information.For tax year of the reporting corporation beginning **APR 1, 2022** and ending **MAR 31, 2023****Note:** Enter all information in English and money items in U.S. dollars.

OMB No. 1545-0123

Part I Reporting Corporation (see instructions). All reporting corporations must complete Part I.			
1a Name of reporting corporation CINTRA SOFTWARE AND SERVICES INC.		1b Employer identification number 13-3890680	
Number, street, and room or suite no. (if a P.O. box, see instructions.) 3 PARK AVENUE 32ND FL		1c Total assets	
City or town, state, and ZIP code (if a foreign address, see instructions.) NEW YORK NY 10016		\$ 13,204,845.	
1d Principal business activity LICENSE AND CONSULTING		1e Principal business activity code 541519	
1f Total value of gross payments made or received reported on this Form 5472. See instructions. \$		1g Total number of Forms 5472 filed for the tax year 2	
1h Total value of gross payments made or received reported on all Forms 5472. See instructions. \$ 92,324.			
1i Check here if this is a consolidated filing of Form 5472 ☐	1j Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472 ☐	1k Total number of Parts VIII attached to Form 5472	1l Country of incorporation US
1m Date of incorporation 05/14/1996	1n Country(ies) under whose laws the reporting corporation files an income tax return as a resident US	1o Principal country(ies) where business is conducted US	
2 Check here if, at any time during the tax year, any foreign person owned, directly or indirectly, at least 50% of (a) the total voting power of all classes of the stock of the reporting corporation entitled to vote, or (b) the total value of all classes of stock of the reporting corporation ☐			
3 Check here if the reporting corporation is a foreign-owned domestic disregarded entity (foreign-owned U.S. DE) treated as a corporation for purposes of section 6038A. See instructions ☐			
Part II 25% Foreign Shareholder (see instructions)			
Check here if any direct (or ultimate indirect) 25% foreign shareholder listed in Part II is a surrogate foreign corporation under section 7874(a)(2)(B). ☐			
4a Name and address of direct 25% foreign shareholder ABDUL SHEIKH 3250 NE 188TH STREET APT 802 AVENTURA FL 33180			
4b(1) U.S. identifying number, if any 064-86-8324	4b(2) Reference ID number (see instructions)	4b(3) Foreign taxpayer identification number (FTIN), if any (see instructions)	
4c Principal country(ies) where business is conducted US	4d Country of citizenship, organization, or incorporation UK	4e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident US	
5a Name and address of direct 25% foreign shareholder BRENDAN MCNAMEE 3 ALL SAINTS MANSIONS, ALL SAINTS RO BRISTOL UNITED KINGDOM BS8 2JQ			
5b(1) U.S. identifying number, if any 042-98-3153	5b(2) Reference ID number (see instructions)	5b(3) FTIN, if any (see instructions)	
5c Principal country(ies) where business is conducted US	5d Country of citizenship, organization, or incorporation UK	5e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident US	
6a Name and address of ultimate indirect 25% foreign shareholder			
6b(1) U.S. identifying number, if any	6b(2) Reference ID number (see instructions)	6b(3) FTIN, if any (see instructions)	
6c Principal country(ies) where business is conducted	6d Country of citizenship, organization, or incorporation	6e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident	
7a Name and address of ultimate indirect 25% foreign shareholder			
7b(1) U.S. identifying number, if any	7b(2) Reference ID number (see instructions)	7b(3) FTIN, if any (see instructions)	
7c Principal country(ies) where business is conducted	7d Country of citizenship, organization, or incorporation	7e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident	

Part III Related Party (see instructions). All reporting corporations must complete this question and the rest of Part III.Check applicable box: Is the related party a ☒ foreign person or ☐ U.S. person?

8a Name and address of related party **BRENDAN MCNAMEE**
213 PARK AVENUE SOUTH APT 3
NEW YORK NY 10003

8b(1) U.S. identifying number, if any
042983153

8b(2) Reference ID number (see instructions)

8b(3) FTIN, if any (see instructions)

8c Principal business activity
LICENSE AND CONSULTING

8d Principal business activity code
541519

8e Relationship-Check boxes that apply: ☐ Related to reporting corporation ☐ Related to 25% foreign shareholder ☒ 25% foreign shareholder

8f Principal country(ies) where business is conducted
US

8g Country(ies) under whose laws the related party files an income tax return as a resident
UK

Part IV Monetary Transactions Between Reporting Corporations and Foreign Related Party (see instructions)**Caution:** Part IV must be completed if the "foreign person" box is checked in the heading for Part III.If estimates are used, check here. ☐

9 Sales of stock in trade (inventory)	9	
10 Sales of tangible property other than stock in trade	10	
11 Platform contribution transaction payments received	11	
12 Cost-sharing transaction payments received	12	
13a Rents received (for other than intangible property rights)	13a	
b Royalties received (for other than intangible property rights)	13b	
14 Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	14	
15 Consideration received for technical, managerial, engineering, construction, scientific, or like services	15	
16 Commissions received	16	
17 Amounts borrowed a Beginning balance b Ending balance or monthly average	17b	
18 Interest received	18	
19 Premiums received for insurance or reinsurance	19	
20 Loan guarantee fees received	20	
21 Other amounts received (see instructions)	21	
22 Total. Combine amounts on lines 9 through 21	22	0.
23 Purchases of stock in trade (inventory)	23	
24 Purchases of tangible property other than stock in trade	24	
25 Platform contribution transaction payments paid	25	
26 Cost-sharing transaction payments paid	26	
27a Rents paid (for other than intangible property rights)	27a	
b Royalties paid (for other than intangible property rights)	27b	
28 Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	28	
29 Consideration paid for technical, managerial, engineering, construction, scientific, or like services	29	
30 Commissions paid	30	
31 Amounts loaned a Beginning balance b Ending balance or monthly average	31b	
32 Interest paid	32	
33 Premiums paid for insurance or reinsurance	33	
34 Loan guarantee fees paid	34	
35 Other amounts paid (see instructions)	35	
36 Total. Combine amounts on lines 23 through 35	36	0.

Part V Reportable Transactions of a Reporting Corporation That Is a Foreign-Owned U.S. DE (see instructions)

Describe on an attached separate sheet any other transaction as defined by Regulations section 1.482-1(i)(7), such as amounts paid or received in connection with the formation, dissolution, acquisition, and disposition of the entity, including contributions to and distributions from the entity, and check here. ☐

Part VI Nonmonetary and Less-Than-Full Consideration Transactions Between the Reporting Corporation and the Foreign Related Party (see instructions)

Describe these transactions on an attached separate sheet and check here. ☐

Part VII Additional Information. All reporting corporations must complete Part VII.

- 37** Does the reporting corporation import goods from a foreign related party? ☐ Yes ☒ No
- 38a** If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? ☐ Yes ☐ No
- b** If "Yes," attach a statement explaining the reason or reasons for such difference.
- c** If the answers to questions 37 and 38a are "Yes," were the documents used to support this treatment of the imported goods in existence and available in the United States at the time of filing Form 5472? ☐ Yes ☐ No
- 39** During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement (CSA)? ☐ Yes ☒ No
- 40a** During the tax year, did the reporting corporation pay or accrue any interest or royalty, to the related party, for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No
- b** If "Yes," enter the total amount of the disallowed deductions \$ _____
- 41a** Is the reporting corporation claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 41b, 41c, and 41d. See instructions ☐ Yes ☒ No
- b** Enter the amount of gross receipts derived from all sales of general property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions \$ _____
- c** Enter the amount of gross receipts derived from all sales of intangible property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____
- d** Enter the amount of gross receipts derived from all services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____
- 42** Did the reporting corporation have any loan to or from the related party, to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safehaven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? ☐ Yes ☒ No
- 43a** Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the tax year or, during the period beginning 36 months before the date of the respective acquisition or distribution and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? ☐ Yes ☒ No
- b** If the answer to question 43a is "Yes," provide the following.
- (1) The amount of such distribution(s) and acquisition(s) _____
- (2) The amount of such related party indebtedness \$ _____

Part VIII Cost Sharing Arrangement (CSA)

Note: Complete a separate Part VIII for each CSA in which the reporting corporation was a participant during the tax year. Report all amounts in U.S. dollars. (See instructions.)

- 44** Provide a brief description of the CSA with respect to which this Part VIII is being completed.
- _____
- _____
- _____
- 45** During the course of the tax year, did the reporting corporation become a participant in the CSA? ☐ Yes ☐ No
- 46** Was the CSA in effect before January 5, 2009? ☐ Yes ☐ No
- 47** What was the reporting corporation's share of reasonably anticipated benefits for the CSA? _____ %
- 48a** Enter the total amount of stock-based compensation deductions claimed by the reporting corporation _____
- b** Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and, at date of grant, is directly identified with, or reasonably allocable to, the intangible development activity under the CSA \$ _____
- c** Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity? ☐ Yes ☐ No
- 49a** Enter the total amount of intangible development costs for the CSA _____
- b** Enter the amount of intangible development costs allocable to the reporting corporation based on the reporting corporation's reasonably anticipated benefits share \$ _____

Part IX Base Erosion Payments and Base Erosion Tax Benefits Under Section 59A (see instructions)

- 50** Amounts defined as base erosion payments under section 59A(d) _____
- 51** Amount of base erosion tax benefits under section 59A(c)(2) \$ _____
- 52** Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation \$ _____
- 53** Reserved for future use \$ _____



228454 11019

DR 8454 (01/26/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax.Colorado.gov
Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. **Retain with your records.**

For Tax Year (MM/DD/YY)	or Fiscal Year beginning (MM/DD/YY)
04/01/22	03/31/23

Tax Type				
☐ Individual Income (DR 0104)	☒ Corporate Income (DR 0112)	☐ Partnership/S-Corp Income (DR 0106)	☐ Fiduciary Income (DR 0105)	
Taxpayer Last Name or Business Name		First Name or Business DBA if different from Business Name		Middle Initial
CINTRA SOFTWARE AND SERVIC				
Spouse's Last Name (if applicable)		First Name		Middle Initial
Taxpayer SSN or ITIN		Spouse SSN or ITIN (if applicable)		FEIN
				13-3890680
Taxpayer or Business Address		City	State	ZIP
3 PARK AVENUE 32ND FL		NEW YORK	NY	10016

Part I - Tax Return Information

1. Total Income from your federal return (see instructions for more information)	1	\$	14,432,043
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	2	\$	769,572
3. Colorado Tax from your Colorado return (see instructions for more information)	3	\$	227
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information)	4	\$	297

Part II - Declaration of Tax Payer

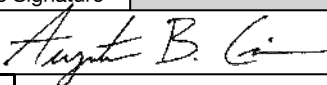
Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date (MM/DD/YY)
Spouse's Signature (If Joint Return, Both Must Sign)	Date (MM/DD/YY)

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here ☒

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number, Your SSN, or ITIN
	P01904833
Check if also Preparer ☐	Date (MM/DD/YY)
	09/20/23

Colorado Estimated Tax - Corporate Worksheet

Do not send, keep for your records

1. Estimated 2023 Colorado income tax-Corporate tax rate is 4.4%					\$	235	00
2. Recapture of prior year credits					\$		00
3. Total of lines 1 and 2					\$	235	00
4. Estimated 2023 credits					\$		00
5. Colorado tax liability, subtract line 4 from line 3					\$	235	00
6. Net estimated tax liability, line 5 multiplied by 70%					\$	227	00
Payment Number	Net Amount Due		2022 Overpayment Applied		Payment Due		Due Dates
1	\$	60 00	\$	60 00	\$	00	April 15
2	\$	60 00	\$	00	\$	60 00	June 15
3	\$	60 00	\$	00	\$	60 00	September 15
4	\$	60 00	\$	00	\$	60 00	December 15

Round your payment to the nearest dollar. If paying by check, the amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account. It is strongly recommended that estimated payments be submitted online at [Colorado.gov/RevenueOnline](https://colorado.gov/RevenueOnline) or by EFT at [Tax. Colorado.gov/electronic-funds-transfer](https://tax.colorado.gov/electronic-funds-transfer) to avoid problems or delays with the 2023 income tax return.

Due Dates: If the due date falls on a weekend or federal holiday, payment will be due the next business day.



230112EP11019

DR 0112EP (11/21/22)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0008
Tax.Colorado.gov
Page 1 of 1

(0022)

2023 Corporate Estimated Tax Payment Form

240241 01-03-23

Only return this payment form with a check or money order.**DO NOT CUT - Return Full Page**

DR 0112EP			
For the calendar year 2023 or the fiscal year:			
Beginning (MM/DD/23)		Ending (MM/DD/YY)	
04/01/23		03/31/24	
Return the DR 0112EP with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Colorado Account Number or FEIN and "2023 DR 0112EP" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form. File only if you are making a payment of estimated tax.			
FEIN			
13-3890680			
Colorado Account Number			
27989381			
Corporation Name			
CINTRA SOFTWARE AND SERVICES INC.			
Address			
3 PARK AVENUE 32ND FL			
City			
NEW YORK			
State		ZIP	Due Date (MM/DD/YY)
NY		10016	09/15/23
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			Amount of Payment
			\$ 60.00

DO NOT CUT - Return Full Page. IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.

10190022 03312024 02 000133890680 11 00027989381 27



230112EP11019

DR 0112EP (11/21/22)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0008
Tax.Colorado.gov
Page 1 of 1

(0022)

2023 Corporate Estimated Tax Payment Form

240241 01-03-23

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DR 0112EP			
For the calendar year 2023 or the fiscal year:			
Beginning (MM/DD/23)		Ending (MM/DD/YY)	
04/01/23		03/31/24	
Return the DR 0112EP with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Colorado Account Number or FEIN and "2023 DR 0112EP" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form. File only if you are making a payment of estimated tax.			
FEIN			
13-3890680			
Colorado Account Number			
27989381			
Corporation Name			
CINTRA SOFTWARE AND SERVICES INC.			
Address			
3 PARK AVENUE 32ND FL			
City			
NEW YORK			
State		ZIP	Due Date (MM/DD/YY)
NY		10016	12/15/23
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			Amount of Payment
			\$ 60.00

DO NOT CUT - Return Full Page. IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.

10190022 03312024 02 000133890680 11 00027989381 27



230112EP11019

DR 0112EP (11/21/22)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0008
Tax.Colorado.gov
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(0022)

2023 Corporate Estimated Tax Payment Form

240241 01-03-23

Only return this payment form with a check or money order.**DO NOT CUT - Return Full Page**

DR 0112EP			
For the calendar year 2023 or the fiscal year:			
Beginning (MM/DD/23)		Ending (MM/DD/YY)	
04/01/23		03/31/24	
Return the DR 0112EP with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Colorado Account Number or FEIN and "2023 DR 0112EP" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form. File only if you are making a payment of estimated tax.			
FEIN			
13-3890680			
Colorado Account Number			
27989381			
Corporation Name			
CINTRA SOFTWARE AND SERVICES INC.			
Address			
3 PARK AVENUE 32ND FL			
City			
NEW YORK			
State		ZIP	Due Date (MM/DD/YY)
NY		10016	03/15/24
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			Amount of Payment
			\$ 60.00

DO NOT CUT - Return Full Page. IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.

10190022 03312024 02 000133890680 11 00027989381 27



220112 11019

2022 Colorado C Corporation Income Tax Return

Do not submit federal return, forms or schedules when filing this return.

(0023)

Fiscal Year Beginning (MM/DD/22)		Year Ending (MM/DD/YY)	
04/01/22		03/31/23	
Name of Corporation		• Colorado Account Number	
CINTRA SOFTWARE AND SERVICES INC.		27989381	
Address		• Federal Employer ID Number	
3 PARK AVENUE 32ND FL		13-3890680	
City	State	ZIP	
NEW YORK	NY	10016	
• ☐ Mark for Final Return		• ☐ If you are submitting a statement disclosing a listed or reported transaction, mark this box	

• **A. Apportionment of Income.** This return is being filed for:

- | | |
|---|---|
| ☐ (42) A corporation not apportioning income; | ☐ (45) A corporation electing to pay a tax on its gross Colorado sales; |
| ☒ (43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required); | ☐ (46) A corporation claiming an exemption under P.L. 86-272; |
| ☐ (44) A corporation engaged in interstate business apportioning income using special regulation (DR 0112RF required); | ☐ (47) Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below); |

• **B. Separate/Consolidated/Combined Filing.** This return is being filed for:

- | | |
|---|---|
| ☒ A single corporation filing a separate return; | ☐ An affiliated group of corporations required to file a combined return (Schedule C required); |
| ☐ An affiliated group of corporations electing to file a consolidated report. Warning: such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required); | ☐ An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required); |

• Enter the year of election (YYYY)

Federal Taxable Income		Round to nearest dollar	
1. Federal taxable income from Federal form 1120 or 990-T	• 1	769,572	00
2. Federal taxable income of companies not included in this return	• 2	0	00
3. Net federal taxable income, subtract line 2 from line 1	3	769,572	00
Additions			
4. Federal net operating loss deduction	• 4		00
5. Colorado income tax deduction	• 5		00



220112 21019

Name	Account Number
CINTRA SOFTWARE AND SERVICES INC.	27989381
6. Other additions, submit explanation STATEMENT 1 • 6	16,943 00
7. Sum of lines 3 through 6 7	786,515 00
Subtractions	
8. Exempt federal interest • 8	00
9. Excludable foreign source income • 9	00
10. Colorado Marijuana Business Deduction • 10	00
11. Other subtractions, explanation required below • 11	00
Explain:	
12. Sum of lines 8 through 11 12	00
Taxable Income	
13. Modified federal taxable income, subtract line 12 from line 7 13	786,515 00
14. Colorado taxable income before net operating loss deduction • 14	5,167 00
15. Colorado net operating loss deduction: (see instructions)	
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018 • 15(a)	00
(b) Subtract line 15(a) from line 14, if zero skip to 15(d) 15(b)	00
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018 • 15(c)	00
(d) Colorado net operating loss deduction, sum of (a) and (c) 15(d)	00
16. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions) • 16	00
17. Colorado taxable income, subtract the sum of lines 15(d) and 16 from line 14 17	5,167 00
18 Tax, 4.4% of the amount on line 17 • 18	227 00
Credits	
19. Sum of nonrefundable credits from line 27, form DR 0112CR (the sum of lines 19, 20, and 21 cannot exceed tax on line 18.) You must submit the DR 0112CR with your return. • 19	00
20. Non-refundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 85 (the sum of lines 19, 20, and 21 cannot exceed tax on line 18). You must submit the DR 1366 with your return. • 20	00
21. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 19, 20, and 21 cannot exceed line 18, you must submit the DR 1330 with your return. • 21	00
22. Net tax, sum of lines 19, 20, and 21. Subtract that sum from line 18. 22	227 00
23. Recapture of prior year credits • 23	00



220112 31019

Name	Account Number
CINTRA SOFTWARE AND SERVICES INC.	27989381
24. Sum of lines 22 and 23	24 227 00
25. Estimated tax, extension payments, and credits • 25	297 00
W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return. • 26	00
27. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 27	00
28. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit the DR 0617(s) with your return. • 28	00
29. Business Personal Property Credit: Use the worksheet in the 112 book instructions to calculate, you must submit copy of assessor's statement with your return. • 29	00
30. Renewable Energy Tax Credit from form DR 1366 line 86, you must submit the DR 1366 with your return. • 30	00
31. Electing Pass-Through Entity Owner Tax Credit (see instructions). • 31	00
32. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return. • 32	00
33. Sum of lines 25 through 32	33 297 00
34. Net tax due. Subtract line 33 from line 24	34 00
35. Penalty • 35	00
36. Interest • 36	00
37. Estimated tax penalty due • 37	00
38. Total due. Enter the sum of lines 34 through 37 • 38	
39. Overpayment, subtract line 24 from line 33	39 70 00
40. Amount from line 39 to carry forward to the next year's estimated tax • 40	60 00
41. Amount from line 39 to be refunded • 41	10 00

Direct Deposit

 Routing Number Type: ☒ Checking ☐ Savings

 Account Number

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

File and pay at: Colorado.gov/RevenueOnline or
Mail and Make Checks Payable to: Colorado Department of Revenue
 Denver, CO 80261-0006



220112 41019

Name		Account Number	
CINTRA SOFTWARE AND SERVICES INC.		27989381	
C. The corporation's books are in care of:			
Last Name	First Name	Middle Initial	Phone Number
NARAYANAN	PADMA		
Address		City	State ZIP
3 PARK AVENUE 32ND FL		NEW YORK	NY 10016
D. Business code number per federal return (NAICS)		E. Year corporation began doing business in Colorado	
• 541519		•	
F. Do you want to allow the paid preparer shown below to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			• ☒ Yes ☐ No
G. Kind of business in detail LICENSE AND CONSULTING			
H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?			• ☐ Yes ☐ No
If yes, for which year(s)? (YYYY)			
Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?			• ☐ Yes ☐ No
Last Name of person or firm preparing return		First Name	Middle Initial
CRIMM		AUGUSTUS	B
Address of person or firm preparing return		Phone Number	
3609 WILLIAMS DRIVE, SUITE 105		(512) 346-9623	
City		State	ZIP
GEORGETOWN		TX	78628-
Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Signature or Title of Officer		Date (MM/DD/YY)	
PRESIDENT			
Do Not Submit Federal Return, Forms or Schedules when Filing this Return			

If you are filing this return **with** a check or payment,
please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-000 6If you are filing this return **without** a check or payment
please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-000 5

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



220112RF11019

2022 Schedule RF - Apportionment Schedule

Complete this form in accordance with section **39-22-303.6 C.R.S.**, and the regulations thereunder.

Name			Account Number	
CINTRA SOFTWARE AND SERVICES INC.			27989381	
1. Total modified federal taxable income from the DR 0112 line 13	1			786,515
Apportionable Income Apportioned to Colorado By Use of the Receipts Factor				
Do not include foreign source income modified out on the DR 0112 line 9.				
		● Colorado	● Everywhere	
2. Gross receipts from the sale of tangible personal property ● 2			3,196,977	
3. Gross receipts from the sale of services ● 3		136,270	10,045,656	
4. Gross receipts from the sale, rental, lease, or license of real property ● 4				
5. Gross receipts from the rental, lease, or license of tangible personal property ● 5				
6. Gross receipts from the sale, rental, lease, or license of intangible property ● 6			7,499,891	
7. Distributive share of partnership factors ● 7				
8. Total receipts (total of lines 2 through 7 in each column) 8		136,270	20,742,524	
9. Line 8 (Colorado) divided by line 8 (Everywhere) 9			.6570	
Complete Lines 10 and 13 only if nonapportionable income is being directly allocated. If all income is being treated as apportionable income, enter 0 (Zero) on Lines 10 and 13.				
10. Less income directly allocable to any state, including Colorado				
Nonapportionable Income Only	(a) Net rents and royalties from real or tangible property ●			
	(b) Capital gains and losses ●			
	(c) Interest and dividends ●			
	(d) Patents and copyright royalties ●			
	(e) Other nonapportionable income ●			
	(f) Total income directly allocable (add lines (a) through (e)) 10			0
11. Modified federal taxable income subject to apportionment, line 1 less line 10 11				786,515
12. Income apportioned to Colorado, line 9 multiplied by line 11 12				5,167

Do not submit federal return, forms or schedules when filing this return.



220112RF21019

Name		Account Number
CINTRA SOFTWARE AND SERVICES I		27989381
13. Add income directly allocable to Colorado:		
Nonapportionable Income Only	(a) Net rents and royalties from real or tangible property •	
	(b) Capital gains and losses •	
	(c) Interest and dividends •	
	(d) Patents and copyright royalties •	
	(e) Other nonapportionable income •	
	(f) Total income directly allocable to Colorado (add lines (a) through (e))	13 0
14. Total income apportioned and allocated to Colorado, sum of lines 12 and 13(f). Enter here and on the DR 0112 line 14		14 5,167
15. ☐ Pursuant to §39-22-303.6(8) C.R.S. , taxpayer elects to treat all income as apportionable income for the tax year covered by this return		

CO 112	OTHER ADDITIONS	STATEMENT 1
DESCRIPTION		AMOUNT
FOOD AND BEVERAGE EXPENSE DEDUCTION ADDBACK		16,943.
TOTAL		16,943.

8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.

▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

CONNECTICUT

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.** to enter or generate my PIN

ERO firm name

as my signature on my tax year 2022 electronically filed income tax return.

36091Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

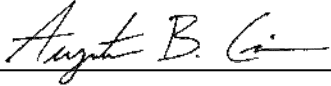
Title ▶ **PRESIDENT****Part III Certification and Authentication**

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

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶  Date ▶ **09/20/2023****ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**

11201222V011019

**Form CT-1120**

Corporation Business Tax Return

(Rev. 12/22)

2022

NAICS code

Enter Income Year Beginning ▶ 04012022 and Ending ▶ 03312023 ▶ 133890680 ▶ 541519

▶ CINTRA SOFTWARE AND SERVICES INC ▶ 10304384002

▶ 3 PARK AVENUE 32ND FL ▶ Total assets ▶ 13204845

▶ NEW YORK ▶ NY ▶ 10016 Amount from federal Form 1120, Line 11 ▶ 14432043

Student Loan Payment tax credit refund request?

▶ N Amount of credit refund request: ▶ 0

R & D tax credit exchange?

▶ N Amount of credit refund request: ▶ 0

Schedule C - Computation of Amount Payable (Minimum Tax \$250)

1a. Tax: Greater of <i>Schedule A</i> , Line 6; <i>Schedule B</i> , Line 6; or \$250.	1a. ▶	250
1b. Surtax: Line 1a multiplied by 10%. If federal Form 1120, Ln 11 is less than \$100,000,000 or Ln 1a is \$250 enter zero ("0").	1b. ▶	0
1c. Recapture of tax credits	1c. ▶	0
1. Total tax: Enter the total of Lines 1a through Line 1c. If no tax credits claimed, enter also on Line 6.	1. ▶	250
2. Multiply Line 1 by 49.99% (0.4999).	2. ▶	125
3. Enter the greater of Line 2 or \$250.	3. ▶	250
4. Tax credit limitation: Subtract Line 3 from Line 1.	4. ▶	0
5a. Tax credits from Form CT-1120K , Part II, Line 9. Do not exceed amount on Line 4.	5a. ▶	0
5b. Excess credit utilization from Form CT-1120K , Part II, Line 12.	5b. ▶	0
5. Total tax credits: Add Line 5a and Line 5b.	5. ▶	0
6. Balance of tax before PE credit: Subtract Line 5 from Line 1.	6. ▶	250
7. PE credit from Form CT-1120PE , Line 3.	7. ▶	0
8. Balance of tax payable: Subtract Line 7 from Line 6, but not less than zero ("0").	8. ▶	250
9a. Paid with application for extension from Form CT-1120 EXT .	9a. ▶	0
9b. Paid with estimates from Forms CT-1120 ESA, ESB, ESC, and ESD .	9b. ▶	0
9c. Overpayment from prior year.	9c. ▶	0
9d. Amended filers only. Amounts paid with original return, plus additional tax paid after original return was filed. (No P&I.)	9d. ▶	0
9. Tax payments: Enter the total of Lines 9a, 9b, 9c, and 9d.	9. ▶	0
10a. Amended filers only. Overpayment, if any, as shown on original return or as previously adjusted. All others enter zero ("0").	10a. ▶	0
10b. Subtract Line 10a from Line 9.	10b. ▶	0
10. Balance of tax due (overpaid): Subtract Line 10b from Line 8.	10. ▶	250
11a. Penalty.	11a. ▶	0
11b. Interest.	11b. ▶	0
11c. Form CT-1120I Interest.	11c. ▶	0
11. Total penalty and interest: Enter the total of Lines 11a, 11b, and Line 11c.	11. ▶	0
12a. Amount to be credited to 2023 estimated tax.	12a. ▶	0
12b. Amount to be refunded.	12b. ▶	0
12c. Acct. type ▶ Ck. ▶ Sv. 12d. Rout. # ▶ 12e. Acct # ▶		
12f. Refund going to a bank account outside the U.S. ▶ N 12g. ▶		
12. Total to be credited or refunded: Enter the total of Line 12a and Line 12b.	12. ▶	0
13. Balance due with this return: Add Line 10 and Line 11.	13. ▶	250 .00

For faster
refund,
use Direct
Deposit by
completing
Lines 12c,
12d, and
12e.



241701 11-02-22

11201222V011019

**Schedule A - Computation of Tax on Net Income**

1. Net income: Enter amount from <i>Schedule D</i> , Line 24. If 100% Connecticut, enter also on Line 3.	1. ►	1120017
2. Apportionment fraction: Carry to six places.	2. ►	.000000
3. Connecticut net income: Multiply Line 1 by Line 2.	3. ►	0
4. Operating loss carryover from Form CT-1120 ATT , <i>Schedule H</i> , Line 22, Column E. Do not exceed 50% of Line 3.	4. ►	0
5. Income subject to tax: Subtract Line 4 from Line 3.	5. ►	0
6. Tax: Multiply Line 5 by 7.5% (.075).	6. ►	0

Schedule B - Computation of Minimum Tax on Capital

1. Minimum tax base from <i>Schedule E</i> , Line 6, Column C. If 100% Connecticut, enter also on Line 3.	1. ►	9750178
2. Apportionment fraction: Carry to six places.	2. ►	.000000
3. Multiply Line 1 by Line 2.	3. ►	0
4. Number of months covered by this return.	4. ►	12
5. Multiply Line 3 by Line 4, divide the result by 12.	5. ►	0
6. Tax (3 and 1/10 mills per dollar): Multiply Line 5 by .0031. Maximum tax for <i>Schedule B</i> is \$1,000,000.	6. ►	0

Schedule D - Computation of Net Income

1. Federal taxable income (loss) before net operating loss and special deductions.	1. ►	769572
2. Interest income wholly exempt from federal tax.	2. ►	0
3. State and local income taxes.	3. ►	221165
4. Interest expenses paid to a related member from Form CT-1120AB , Part I A, Line 1.	4. ►	0
5. Intangible expenses and costs paid to a related member from Form CT-1120AB , Part I B, Line 3.	5. ►	0
6. Federal bonus depreciation.	6. ►	161600
7. Business interest expense carried forward under IRC § 163(j) and deducted for federal tax purposes in the current year.	7. ►	0
8. 80% of IRC §179 deduction.	8. ►	0
9. Other.	9. ►	0
10. Total: Add Lines 1 through 9.	10. ►	1152337
11. Dividend deduction from Form CT-1120 ATT , <i>Schedule I</i> , Line 5.	11. ►	0
12. Capital loss carryover (if not deducted in computing federal capital gain).	12. ►	0
13. Capital gain from sale of preserved land.	13. ►	0
14. Federal bonus depreciation recovery from Form CT-1120 ATT , <i>Schedule J</i> , Line 26.	14. ►	32320
15. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 1.	15. ►	0
16. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 2.	16. ►	0
17. Exceptions to interest add back from Form CT-1120AB , Part II A, Line 3.	17. ►	0
18. Exceptions to add back of intangible expenses paid to a related member from Form CT-1120AB , Part II B, Line 1.	18. ►	0
19. 25% of IRC § 179 deduction added back in the preceding four years.	19. ►	0
20. IRC §163(j) business interest deduction disallowed for federal tax purposes.	20. ►	0
21. Contributions from Connecticut or its municipalities included in <i>Schedule D</i> , Line 1.	21. ►	0
22. Other.	22. ►	0
23. Total: Add Lines 11 through 22.	23. ►	32320
24. Net income: Subtract Line 23 from Line 10. Enter here and on <i>Schedule A</i> , Line 1.	24. ►	1120017



10304384002

Schedule E - Computation of Minimum Tax Base

	Column A Beginning of Year	Column B End of Year	Column C
1. Capital stock from federal Schedule L, Line 22a and Line 22b.	100000	100000	
2. Surplus and undivided profits from federal Schedule L, Lines 23, 24, and 25.	9353733	9946623	(Column A plus Column B)
3. Surplus reserves: Attach schedule.	0	0	Divided by 2
4. Total: Add Lines 1, 2, and 3. Enter average in Column C.	9453733	10046623	9750178
5. Holdings of stock of private corporations: Attach schedule. Enter average in Column C.	0	0	0
6. Balance: Subtract Line 5, Column C, from Line 4, Column C. Enter here and on <i>Schedule B</i> , Line 1.			9750178

Schedule G - Additional Required Information

Attach a schedule of corporate officers' names, titles, and addresses.

1. In which Connecticut (CT) town(s) does the corporation own or lease, as lessee, real or tangible personal property, or perform services?

NOT APPLICABLE

2. (a) Did this corporation directly or indirectly transfer a controlling interest in an entity owning CT real property?

If **Yes**, enter: Entity name ►► **N**
FEIN ►

- (b) Was there a direct or indirect transfer of a controlling interest in your company owning CT real property?

If **Yes**, enter: Transferor name ►► **N**
FEIN/SSN ►

- (c) If the answer to either 2(a) or 2(b) is
- Yes**
- , enter: Transferee(s) name

Date of transfer , and attach a list of addresses for all Connecticut real property transferred.

3. Did any corporation at any time during the year own a majority of the voting stock of this corporation?

If **Yes**, enter: Corporation name► **N**
FEIN

4. Last taxable year this corporation was audited by the Internal Revenue Service ►

Were adjustments reported to CT? ► **N** (If **No**, attach explanation).

11201222V041019



Form CT-1120, Page 4 of 4

10304384002

Check All Applicable Boxes:

1. ☐ N Address change 2. Return status: ☐ N Initial ☐ N Amended ☐ N Final ☐ N Short period

Reason for amending, if applicable:

☐ N CT corp business tax credit change☐ N IRS adjustments/federal Form 1120X.Final determination date: ☐☐ N CT apportionment change☐ N CT net operating loss change☐ N Other. Specify:3. If this is a final return, has the corporation: ☐ N Dissolved? ☐ N Withdrawn?☐ N Merged/reorganized: Enter survivor's CT Tax Reg. #4. Federal return was filed on: ☐ Y 1120 ☐ N 1120-H ☐ N 1120-REIT ☐ N 1120-RIC☐ N Other:Consolidated basis: Parent co. name ☐Parent co. FEIN ☐5. ☐ N Did this company file as part of a **Form CT-1120CU** for the previous year?6. ☐ N Does this company file as part of a Form CT-1120CU and is filing this return to report non-unitary business income?If Yes, enter the CT Tax Reg. # of the group's designated taxable member: ☐7. ☐ N Is the principal place of business located in CT? If No, enter principal place of business location: **NEW YORK**State of incorporation: **NE** Date of organization: **05141996** Date qualified in CT: **05141996** Date business began in CT:8. Is this corporation exempt from CT Corporation Business tax? ☐ N (If Yes, attach explanation of exemption including statutory cite).9. Did this corporation use the annualized method to calculate its estimated tax installments? ☐ N (If Yes, attach **Form CT-1120I**).

10. Does this corporation pay, accrue, or incur interest expenses or intangible expenses, costs, and related interest expenses to a related member?

☐ N (If Yes, attach **Form CT-1120AB**).

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

Corporate officer's name (print)

BRENDAN MCNAMEE

Corporate officer's email address

Corporate officer's signature

Date

Title

PRESIDENTMay DRS contact the preparer
shown below about this return?**Y**

Telephone number

2124816501

Paid preparer's name (print)

AUGUSTUS B CRIMM

Paid preparer's signature

AUGUSTUS B. CRIMM

Date

09202023

Preparer's SSN or PTIN

P01904833

Firm's name, address, and ZIP code

**FASKE LAY CO LLP 3609 WILLIAMS DRIVE SUITE
GEORGETOWN TX 78628 2510**

Firm's FEIN

742335626

Telephone number

5123469623

11201222V041019

241722 11-02-22

Visit us at portal.ct.gov/DRS for more information.Sign Here
Keep a copy for your records

Form CT-1120 Required Fields

Do not send this sheet with your return.

Checklist for filing your Connecticut Corporation Business Tax Return:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
5. Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your CTID (optional) and **"2022 Form CT-1120"** on your check.
8. File returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return **with payment** to:
Department of Revenue Services
State of Connecticut
PO Box 2974
Hartford CT 06103-2974

Mail paper return **without payment** to:
Department of Revenue Services
State of Connecticut
PO Box 150406
Hartford CT 06103-150406

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Do Not File - Do Not File

1120A1222V011019

**Form CT-1120A****2022**Corporation Business Tax Return
Apportionment Computation (Rev. 12/22)Enter Income Year Beginning **04012022** and Ending **03312023****CINTRA SOFTWARE AND SERVICES INC****10304384002****Schedule Q - Net Income Apportionment** - Do not include receipts from the sale of property if the property is not held for sale in the ordinary course of business.

		Column A Connecticut	Column B Everywhere
1. Gross receipts from sales of tangible personal property held for sale in the ordinary course of trade or business	1.	0	3182641
2. Gross receipts from services	2.	0	10045656
3. Gross receipts from the rental, lease or license of real or tangible personal property	3.	0	0
4. Gross receipts from the rental, lease or license of intangible personal property	4.	0	0
5. Interest	5.	0	0
6. Gross receipts from the sale or disposition of real or intangible property held for sale in the ordinary course of trade or business	6.	0	7499891
7. Other	7.	0	0
8. Total: Add Lines 1 through 7 in Column A and Column B.	8. ►	0	► 20728188

Computation of Connecticut Net Income Apportionment Fraction

9. Apportionment fraction: Divide Line 8, Column A, by Line 8, Column B, and carry to six places.

Enter here and on **Form CT-1120, Schedule A, Line 2.**

9. .000000

Schedule S - Minimum Tax Base Apportionment

		Column A Connecticut	Column B Everywhere	Column C
Intangible Assets	1. (a) Cash (a) ►	0 ►	7044072	
	(b) Notes and accounts receivable (b) ►	0 ►	2292152	
	(c) Investments (other than stock) (c) ►	0 ►	0	
	(d) Other (d) ►	0 ►	3171538	
	1. Total	1. 0	12507762	Divide Line 3, Column A by Line 3, Column B.
Average Monthly Net Book Value	2. (a) Inventories (a) ►	0 ►	0	
	(b) Depreciable assets (b) ►	0 ►	414656	
	(c) Land (c) ►	0 ►	0	
	(d) Other (d) ►	0 ►	0	
	2. Total	2. 0	414656	Enter below and on Form CT-1120, Schedule B, Line 2.
Apportionment Fraction	3. Total: Add Line 1 and Line 2. 3.	0	12922418	Carry to six places .000000



1120A1222V011019

241861 11-01-22

1120ATT1222V011019

**Form CT-1120 ATT**Corporation Business Tax Return
Attachment Schedules I, H, and J**2022**

(Rev. 12/22)

CINTRA SOFTWARE AND SERVICES INC

10304384002

Schedule I - Dividend Deduction

	Column A Amount	Column B Deduction Rate	Column C Balance (Col. A x Col. B)	Column D Related Expenses (Col. A x 5% [.05])	Column E Dividend Deduction (Col. C - Col. D)
1. Dividend income included in computation of federal taxable income from Form CT-1120, Schedule D, Line 1. ▶	0				
2. Dividends from domestic corporations less than 20% owned ▶	0	70% (.70)	0 ▶	0	0
3. Dividend balance: Subtract Line 2 from Line 1.	0	100% (1.0)	0 ▶	0	0
4. Dividends from a Captive REIT that is taxable in Connecticut Captive REIT Name:					
FEIN: ▶	0	100% (1.0)	0 ▶	0	0
5. Total dividend deduction: Add Lines 2, 3, and 4 in Column E. Enter the result here and on Form CT-1120, Schedule D, Line 11.					0



1120ATT1222V011019

241821 11-01-22



10304384002

Schedule H - Connecticut Apportioned Loss Carryover

	Column A Connecticut Apportioned Loss (Enter loss years only as a positive number)	Column B Connecticut Apportioned Loss Carryover Applied 2003 to 2021	Column C Carryover to 2022 Subtract Column B from Column A.	Column D Shared Losses From Unitary Affiliates (CT-1120CU filers only)
1. 2002	0	0	0	0
2. 2003	0	0	0	0
3. 2004	0	0	0	0
4. 2005	0	0	0	0
5. 2006	0	0	0	0
6. 2007	0	0	0	0
7. 2008	0	0	0	0
8. 2009	0	0	0	0
9. 2010	0	0	0	0
10. 2011	0	0	0	0
11. 2012	0	0	0	0
12. 2013	0	0	0	0
13. 2014	0	0	0	0
14. 2015	0	0	0	0
15. 2016	0	0	0	0
16. 2017	0	0	0	0
17. 2018	0	0	0	0
18. 2019	0	0	0	0
19. 2020	0	0	0	0
20. 2021	0	0	0	0
21. 2022	0			

	Column E Connecticut Apportioned Loss Carryover Applied to 2022	Column F Shared Loss to Unitary Affiliates (CT-1120CU filers only)	Column G Remaining Apportioned Carryover Available for 2023
1. 2002	0	0	0
2. 2003	0	0	0
3. 2004	0	0	0
4. 2005	0	0	0
5. 2006	0	0	0
6. 2007	0	0	0
7. 2008	0	0	0
8. 2009	0	0	0
9. 2010	0	0	0
10. 2011	0	0	0
11. 2012	0	0	0
12. 2013	0	0	0
13. 2014	0	0	0
14. 2015	0	0	0
15. 2016	0	0	0
16. 2017	0	0	0
17. 2018	0	0	0
18. 2019	0	0	0
19. 2020	0	0	0
20. 2021	0	0	0
21. 2022			

22. **Total:** Add Lines 1 through 20 in Column E. Enter the result here and on **Form CT-1120, Schedule A**, Line 4 or **Form CT-1120CU-NI**, Part III, Line 10. Do not exceed 50% of Form CT-1120, *Schedule A*, Line 3, or 50% of Form CT-1120CU-NI, Part III, Line 8. ► 0

23. **Total operating loss carryover to 2023:** Add Lines 2 through 21 in Column G. ► 0

1120ATT1222V021019



Schedule J - Bonus Depreciation Recovery

Assets Subject to IRC § 168(k) Placed in Service During Income Year	Column A 2022 MACRS Depreciation on Federal Basis (after IRC § 168(k) Bonus)	Column B 2022 MACRS Depreciation on Connecticut Basis (without IRC § 168(k) Bonus)	Column C 2022 Recovery of IRC § 168(k) Bonus Depreciation (Col. B - Col. A)
1. 2000	0	0	0
2. 2001	0	0	0
3. 2002	0	0	0
4. 2003	0	0	0
5. 2004	0	0	0
6. 2005	0	0	0
No bonus depreciation was available for 2006			
7. 2007	0	0	0
8. 2008	0	0	0
9. 2009	0	0	0
10. 2010	0	0	0
11. 2011	0	0	0
12. 2012	0	0	0
13. 2013	0	0	0
14. 2014	0	0	0
15. 2015	0	0	0
16. 2016	0	0	0
17. 2017	0	0	0
18. 2018	0	0	0
19. 2019	0	0	0
20. 2020	0	0	0
21. 2021	0	16160	16160
22. 2022	0	16160	16160
23. 2023			
24. 2024			
25. 2025			
26. Federal bonus depreciation recovery: Add Lines 1 through 22 in Column C. Enter the result here and on Form CT-1120, Schedule D, Line 14.			32320

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

OTHER

Attach to your tax return.

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

CT

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

CINTRA SOFTWARE AND SERVICES INC.

OTHER DEPRECIATION

13-3890680

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	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
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 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	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.)

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	35,508.
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 ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		161,600.	5 YRS.	HY	SL	16,160.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,668.
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							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
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.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	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?		

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 2022 tax year:					
43 Amortization of costs that began before your 2022 tax year					43 57,972.
44 Total. Add amounts in column (f). See the instructions for where to report					44 57,972.

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

CT

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
12	AIR CONDITIONER	11/01/11	200DB	7.00	HY	17	1,728.		1,728.					0.	
13	AWNING - SIG	07/01/14	SL	7.00	HY	17	3,716.		3,716.					0.	
27	OFFICE FURNITURE	04/01/15	SL	7.00	HY	17	179,546.				179,546.	153,894.		25,649.	179,543.
28	OFFICE FURNITURE	07/01/14	SL	7.00	HY	17	11,972.		11,972.					0.	
29	OFFICE BLINDS	03/17/17	SL	7.00	HY	17	1,175.		1,175.					0.	
	* OTHER TOTAL - FURNITURE & FIXTURES						198,137.		18,591.		179,546.	153,894.		25,649.	179,543.
	EQUIPMENT - OFFICE														
24	EQUIPMENT - OFFICE	04/01/15	SL	5.00	HY	17	41,948.				41,948.	41,948.		0.	41,948.
25	OFFICE EQUIP	06/01/14	SL	5.00	HY	17	3,305.		3,305.					0.	
26	LEASEHOLD IMPROVEMENTS (EQUIPMENT)	07/01/09	SL	15.00	HY	17	1,071.				1,071.	426.		71.	497.
34	NEXUS SWITCHES	05/01/16	SL	5.00	HY	17	2,530.		2,530.					0.	
	* OTHER TOTAL - EQUIPMENT - OFFICE						48,854.		5,835.		43,019.	42,374.		71.	42,445.
	EQUIPMENT - DESKTOP														
10	MONITORS	04/01/11	200DB	7.00	HY	17	1,308.		1,308.					0.	
23	EQUIPMENT - DESKTOP	04/01/15	SL	5.00	HY	17	1,427.				1,427.	1,425.		0.	1,425.
	* OTHER TOTAL - EQUIPMENT - DESKTOP						2,735.		1,308.		1,427.	1,425.		0.	1,425.
	EQUIPMENT - LAPTOP														

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

CT

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	COMPUTERS	04/01/11	200DB	7.00		HY17	18,816.		18,816.					0.	
18	COMPUTERS	04/01/15	SL	5.00		HY17	6,361.		6,361.					0.	
22	EQUIPMENT - LAPTOP	04/01/15	SL	5.00		HY17	10,141.				10,141.	10,140.		0.	10,140.
33	LAPTOP	09/01/16	SL	5.00		HY17	3,298.		3,298.					0.	
37	MAC BOOK PRO	04/30/18	SL	5.00		HY17	4,041.			4,041.				0.	
39	LAPTOPS FOR INDIA (3 ROUNDS)	09/22/21	SL	5.00		HY17	46,500.				46,500.	4,650.		9,300.	13,950.
40	SOFTWARE- ARCTIC WOLF MDR USER LIC	07/01/22	SL	5.00		HY19B	161,600.				161,600.			16,160.	16,160.
	* OTHER TOTAL - EQUIPMENT - LAPTOP						250,757.		28,475.	4,041.	218,241.	14,790.		25,460.	40,250.
	EQUIPMENT - SERVERS														
17	COMPUTERS	04/01/13	200DB	7.00		HY17	22,721.		22,721.					0.	
21	EQUIPMENT - SERVERS	04/01/15	SL	5.00		HY17	22,466.				22,466.	22,465.		0.	22,465.
30	SERVER	10/25/16	SL	5.00		HY17	7,000.		7,000.					0.	
38	COMPUTER EQUIPMENT	09/30/18	SL	5.00		HY17	3,489.			3,489.				0.	
	* OTHER TOTAL - EQUIPMENT - SERVERS						55,676.		29,721.	3,489.	22,466.	22,465.		0.	22,465.
	SIGNS														
20	SIGNS	04/01/15	SL	7.00		HY17	3,716.		1,060.		2,656.	2,274.		379.	2,653.
	* OTHER TOTAL - SIGNS						3,716.		1,060.		2,656.	2,274.		379.	2,653.
	SECURITY SYSTEM														

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

CT

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	SURVEILLANCE	10/01/11	200DB	7.00		HY17	2,503.		2,503.					0.	
19	SECURITY SYSTEM	04/01/15	SL	5.00		HY17	2,432.				2,432.	2,432.		0.	2,432.
	* OTHER TOTAL - SECURITY SYSTEM						4,935.		2,503.		2,432.	2,432.		0.	2,432.
	LEASEHOLD IMPROVEMENTS														
14	LEASEHOLD IMPROVEMENTS	04/01/13		468M		43	68,435.				68,435.	15,795.		1,755.	17,550.
15	LEASEHOLD IMPROVEMENTS	04/01/14		120M		43	490,137.				490,137.	302,252.		49,014.	351,266.
16	LEASEHOLD IMPROVEMENTS	04/01/15		468M		43	280,908.				280,908.	50,421.		7,203.	57,624.
36	LEASEHOLD IMPROVEMENTS	05/20/17	SL	15.00		HY17	3,266.			1,633.	1,633.	491.		109.	600.
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						842,746.			1,633.	841,113.	368,959.		58,081.	427,040.
31	INTACCT SOFTWARE	04/04/16	SL	5.00		HY17	29,302.		29,302.					0.	
32	SALESFORCE SOFTWARE	05/02/16	SL	5.00		HY17	17,122.		17,122.					0.	
35	SOFTWARE	04/01/15	SL	7.00		HY17								0.	
41			200DB	5.00		HY19B								0.	
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						46,424.		46,424.		0.			0.	0.
	* GRAND TOTAL OTHER DEPR AND AMORT						1,453,980.		133,917.	9,163.	1,310,900.	608,613.		109,640.	718,253.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

CT-1120 SCHEDULE G - CORPORATE OFFICERS STATEMENT 1

NAME	ADDRESS	TITLE
ABDUL SHEIKH	3250 NE 188TH ST APT 802 ADVENTURA, FL 33180	CTO

CT-1120 TAXES FROM OTHER STATES STATEMENT 2

STATE	INCOME TAX	+	RENTAL TAX	-	REFUND	=	TOTAL TAX
NEW YORK	191,474.		0.		0.		191,474.
TEXAS	29,691.		0.		0.		29,691.
TOTAL TO CT-1120, PAGE 2, SCHEDULE D, LINE 3							221,165.

CT-1120A SALES OF TANGIBLES STATEMENT 3

DESCRIPTION	CONNECTICUT	EVERYWHERE
TOTAL GROSS SALES OF PERSONAL PROPERTY		3,182,641.
SALES FROM OUTSIDE CT TO WITHIN CT	0.	
SALES FROM WITHIN CT TO WITHIN CT	0.	
TOTAL TO SCHEDULE Q, LINE 1	0.	3,182,641.

8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.

▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

DELAWARE

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.**

to enter or generate my PIN

36091

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2022 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____

Date ▶ _____

Title ▶ **PRESIDENT****Part III Certification and Authentication**

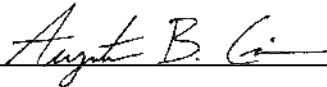
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶

Date ▶ **09/20/2023****ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**

2022 DELAWARE
CORPORATION INCOME TAX RETURN
FORM 1100

DO NOT WRITE OR STAPLE IN THIS AREA - REVENUE CODE 0042

for Fiscal year beginning 04 01 22 and ending 03 31 23

EMPLOYER IDENTIFICATION NUMBER 1 3 3 8 9 0 6 8 0

Name of Corporation

CINTRA SOFTWARE AND SERVICES INC.

Street Address

3 PARK AVENUE 32ND FL

City

NEW YORK

State

NY

ZIP Code

10016

Delaware Address if Different than Above

CHECK APPLICABLE BOX:

Small Corporation

ESOP

INITIAL RETURN

CHANGE OF
ADDRESS

EXTENSION
ATTACHED X

IF OUT OF BUSINESS, ENTER DATE HERE:

City

State

ZIP Code

DATE OF INCORPORATION: 05 14 96

State of Incorporation

NY

Nature of Business:

LICENSE AND CONSULTING

ATTACH COMPLETED COPY OF FEDERAL FORM 1120

1. Federal Taxable Income (See Specific Instructions)	769572	1
2. Total subtractions from Schedule 4A	0	2
3. Line 1 minus Line 2	769572	3
4. Total additions from Schedule 4B	221165	4
5. Entire net income. Line 3 plus Line 4	990737	5
WHERE LINE 5 IS DERIVED ENTIRELY FROM SOURCES WITHIN DELAWARE, ENTER AMOUNT ON LINE 11.		
WHERE THE ENTIRE INCOME IS NOT DERIVED FROM SOURCES WITHIN DELAWARE, COMPLETE ITEMS 6 TO 10 INCLUSIVE.		
6. Total non-apportionable income (or loss) (Schedule 2, Column 3, Line 8)		6
7. Income (or loss) subject to apportionment (Line 5 minus Line 6)	990737	7
8. Apportionment percentage (Schedule 3B, Line 3)	0.000000	8
9. Income (or loss) apportioned to Delaware (Line 7 multiplied by Line 8)		9
10. Non-apportionable income (or loss) (Schedule 2, Column 1, Line 8)		10
11. Total (Line 9 plus or minus Line 10)	0	11
12. Delaware Taxable Income (Line 5 or Line 11, whichever is less)	0	12
13. Tax @ 8.7%		13
14. Approved non-refundable tax credits		14
15. Balance due after non-refundable tax credits	0	15
16. Delaware tentative tax paid		16
17. Credit carry-over from prior year		17
18. Other payments (attach statement)		18
19. Approved refundable income tax credits		19
20. Total payments and credits. Add Lines 16 through 19		20
21. If Line 15 is greater than Line 20 enter BALANCE DUE AND PAY IN FULL		21
22. If Line 20 is greater than Line 15 enter OVERPAYMENT:		
(a) Total OVERPAYMENT		22a
(b) to be REFUNDED		22b
(c) to be CREDITED to 2023 TENTATIVE TAX		22c

PLEASE SEE PAGE 3 FOR SIGNATURE LINES AND MAILING INSTRUCTIONS



SCHEDULE 1 - INTEREST INCOME

	Description of Interest	Column 1 Foreign Interest	Column 2 Interest Received From U.S. Securities	Column 3 Interest Received From Affiliated Companies	Column 4 Interest Received From State Obligations	Column 5 Other Interest Income	
1							1
2							2
3							3
4							4
5							5
6	Totals						6

SCHEDULE 2 - NON-APPORTIONABLE INCOME ALLOCATED WITHIN AND WITHOUT DELAWARE

	Description	Column 1 Within Delaware	Column 2 Without Delaware	Column 3 Total	
1	Rents and royalties from tangible property				1
2	Royalties from patents and copyrights				2
3	Gains or (losses) from sale of real property				3
4	Gains or (losses) from sale of depreciable tangible property				4
5	Interest income from Schedule 1, Columns 4 and 5, Line 6				5
6	Total				6
7	Less: Applicable expenses (Attach statement)				7
8	Total non-apportionable income				8

SCHEDULE 3 - APPORTIONMENT PERCENTAGE**Schedule 3-A - Gross Receipts Subject to Apportionment**

	Description	Within Delaware	Within and Without Delaware	
1	Gross receipts from sales of tangible personal property		3182641	1
2	Gross income from other sources (Attach statement)		17545547	2
3	Total		20728188	3

Schedule 3-B - Determination of Apportionment Percentage

1	Gross receipts and gross income from within Delaware		=	1
2	Gross receipts and gross income from within and without Delaware	20728188		2
3	Apportionment percentage (See instruction)		0.000000	3

Schedule 3-C - Gross Real and Tangible Personal Property

	Description	Within Delaware		Within and Without Delaware		
		Beginning of Year	End of Year	Beginning of Year	End of Year	
1	Real and tangible property owned			1292379	1453979	1
2	Real and tangible property rented (Eight times annual rental paid)					2
3	Total			1292379	1453979	3
4	Less: Value at original cost of real and tangible property, the income from which is separately allocated (See instructions)					4
5	Total			1292379	1453979	5
6	Average value (See instructions)				1373179	6

Schedule 3-D - Wages, Salaries, and Other Compensation Paid or Accrued to Employees

	Description	Within Delaware	Within and Without Delaware	
1	Wages, salaries, and other compensation of all employees			1
2	Less: Wages, salaries, and other compensation of general executive officers			2
3	Total			3



SCHEDULE 4-A - SUBTRACTIONS

1. Foreign dividends, interest and royalties	1
2. Net interest from U.S. securities (Schedule 1, Column 2)	2
3. Interest from affiliated companies (Schedule 1, Column 3)	3
4. Gain from sale of U.S. or Delaware securities	4
5. Wage deduction - Federal Jobs Credit	5
6. Handicapped accessibility deduction (Attach statement)	6
7. Net operating loss carry-over	7
8. NBI must attach form 1100 NBI	8
9. TOTAL Subtractions (Add lines 1 thru 8)	9

SCHEDULE 4-B - ADDITIONS

1. All state and political subdivision income taxes deducted in computing Line 1	221165	1
2. Loss from sale of U.S. or Delaware securities		2
3. Interest income from obligations of any state except DE (Schedule 1, Column 4)		3
4. Depletion expense - oil and gas		4
5. Interest paid affiliated companies (See Instructions)		5
6. Donations included in Line 1 for which Delaware income tax credits were granted		6
7. TOTAL Additions (Add lines 1 thru 7)	221165	7

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. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

_____	_____	PRESIDENT	PNARAYANAN@CINT
Date	Signature of Officer	Title	Email Address
09/20/23	AUGUSTUS B. CRIMM	3609 WILLIAMS DRIVE, SUITE 105 GEORG	
Date	Signature of Individual or firm preparing the return	Address	

MAKE CHECK PAYABLE AND MAIL TO: Delaware Division of Revenue, P.O. Box 2044, Wilmington, DE 19899-2044



DE 1100	GROSS RECEIPTS FROM OTHER SOURCES	STATEMENT 1
DESCRIPTION	DELAWARE	EVERYWHERE
INTEREST	0.	0.
SALES OF REAL AND TANGIBLE PERSONAL PROPERTY	0.	0.
SALES OF INTANGIBLES	0.	7,499,891.
SERVICE INCOME	0.	10,045,656.
TOTAL TO FORM 1100, SCHEDULE 3-A, LINE 2	0.	17,545,547.

8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.

▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

FLORIDA

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.**

to enter or generate my PIN

36091

ERO firm name

as my signature on my tax year 2022 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____

Date ▶ _____

Title ▶ **PRESIDENT****Part III Certification and Authentication**

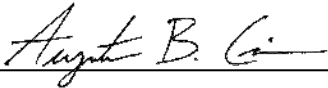
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶

Date ▶ **09/20/2023****ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**



Florida Corporate Income/Franchise Tax Return

FEIN 13-3890680

For calendar year 2022
or tax year beginning

APR 1

, 2022
ending

MAR 31, 2023

F-1120, R. 01/23 1019

Rule 12C-1.051
Florida Administrative Code
Effective 01/23
Page 1 of 6

833302023033100020050370313389068000003

Name CINTRA SOFTWARE AND SERVICES INC.

Address 3 PARK AVENUE 32ND FL

City/State/ZIP NEW YORK, NY 10016

☐ Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

1. Federal taxable income (see instructions) - **Attach pages 1-5 of federal return** Check here if negative ☐ 769,572.00
2. State income taxes deducted in computing federal taxable income **STATEMENT 1**
(attach schedule) Check here if negative ☐ 160,713.00
3. Additions to federal taxable income (from Schedule I) Check here if negative ☐ 178,543.00
4. Total of Lines 1, 2 and 3 Check here if negative ☐ 1,108,828.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative ☐ 31,038.00
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative ☐ 1,077,790.00
7. Florida portion of adjusted federal income (see instructions) Check here if negative ☐ 17,283.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative ☐
9. **Florida exemption** 17,283.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due: 5.5% of Line 10 0.00
12. Credits against the tax (from Schedule V) 0.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 b) Other
c) Interest: F-2220 d) Other Line 14 Total ▶
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$
Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
If the amount is negative (overpayment), enter on Line 18 and/or Line 19
18. Credit: Enter amount of overpayment **credited** to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be **refunded** here and on payment coupon

244081 10-04-22

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 03/31/23

1019
F-1120
R. 01/23

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name CINTRA SOFTWARE AND SERVICES

Address 3 PARK AVENUE 32ND FL

City/State/ZIP NEW YORK, NY 10016

If 6/30 year end, return is due 1st day of the 4th month after the close of the
taxable year, otherwise return is due 1st day of the 5th month after the close
of the taxable year.

133890680	17854300	0	0
20220401	3103800	0	0
20230331	107779000	0	0
00000000	0.016036	0	0
001	0	0	0
201	0	0	0
76957200	0	0	0
16071300	1728300	0	0

0

8333 0 20230331 0002005037 0 3133890680 0000 3



CINTRA SOFTWARE AND SERVICES INC.

FEIN 13-3890680

1019
F-1120
R. 01/23
Page 2 of 6**This return is considered incomplete unless a copy of the federal return is attached.**

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here	Signature of officer (must be an original signature) AUGUSTUS B. CRIMM Date 09/20/23	Title PRESIDENT
Paid preparers only	Preparer's signature AUGUSTUS B. CRIMM Date 09/20/23	Preparer's PTIN P01904833
	Firm's name (or yours if self-employed) and address FASKE LAY & CO., L.L.P. 3609 WILLIAMS DRIVE, SUITE 105 GEORGETOWN, TX	FEIN 74-2335626 ZIP 78628-2510

All Taxpayers Must Answer Questions A through L Below - See Instructions

- A. State of incorporation: **NEW YORK**
- B. Florida Secretary of State document number: **4615797**
- C. Florida consolidated return? YES ☐ NO ☒
- D. ☐ Initial return ☐ Final return (final federal return filed)
- E. Principal Business Activity Code (as pertains to Florida)
541519
- F. A Florida extension of time was timely filed? YES ☒ NO ☐
- G-1. Corporation is a member of a controlled group? YES ☐ NO ☐ If yes, attach list.
- G-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- G-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☒
- H. Location of corporate books:
3 PARK AVENUE 32ND FL
City, State, ZIP: **NEW YORK, NY 10016**
- I. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒
- J. Enter date of latest IRS audit: _____
- a) List years examined: _____
- K. Contact person concerning this return: **BRENDAN MCNAMEE**
a) Contact person telephone number: **212-481-6501**
b) Contact person e-mail address: **PNARAYANAN@CINTRA.COM**
- L. Type of federal return filed ☒ 1120 ☐ 1120S or _____

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135If you are requesting a **refund** (Line 19), send your return to:Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440**Remember:**

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



NAME CINTRA SOFTWARE AND SERVICES INC. FEIN 13-3890680 TAXABLE YEAR ENDING 03/31/23

Schedule I - Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high-crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.
13. New worlds reading initiative credit	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. s. 168(k), IRC, special bonus depreciation	19. 161,600.00
20. Depreciation of qualified improvement property (see instructions)	20.
21. Expenses for business meals provided by a restaurant (see instructions)	21. 16,943.00
22. Film, television, and live theatrical production expenses (see instructions)	22.
23. Internship tax credit	23.
24. Other additions (attach schedule)	24.
25. Total Lines 1 through 24. Enter total on this line and on Page 1, Line 3.	25. 178,543.00

Schedule II - Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____ Total ►	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ►	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3. 0.00
4. Florida net capital loss carryover deduction (see instructions)	4. 0.00
5. Florida excess charitable contribution carryover (see instructions)	5. 0.00
6. Florida employee benefit plan contribution carryover (see instructions)	6. 0.00
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 168(k), IRC, special bonus depreciation (see instructions) STATEMENT 2	9. 31,038.00
10. Depreciation of qualified improvement property (see instructions)	10.
11. Film, television, and live theatrical production expenses (see instructions)	11.
12. Other subtractions (attach schedule)	12.
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13. 31,038.00



NAME CINTRA SOFTWARE AND SERVICES INC. FEIN 13-3890680 TAXABLE YEAR ENDING 03/31/23

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0.00	1,373,179.00	.000000	X 25% or	.000000
2. Payroll	285,418.00	7,996,386.00	.035693	X 25% or	.008923
3. Sales (Schedule III-C below)	294,875.00	20728188.00	.014226	X 50% or	.007113
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					.016036
III-B For use in computing average value of property (use original cost).					
	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets	0.00	0.00	1,292,379.00	1,453,979.00	
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)	0.00	0.00	1,292,379.00	1,453,979.00	
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)		6a. 0.00			
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)		6b. 1,373,179.00			
7. Rented property (8 times net annual rent)					
a. Rented property in Florida		7a.			
b. Rented property Everywhere		7b.			
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida		8a. 0.00			
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere		8b. 1,373,179.00			
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A	3,182,641.00	
2. Sales delivered or shipped to Florida purchasers			0.00	N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)			294,875.00	17545547.00	
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])			294,875.00	20728188.00	
III-D Special Apportionment Fractions (see instructions)			(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income	
1. Apportionable adjusted federal income from Page 1, Line 6	1. 1,077,790.00
2. Florida apportionment fraction (Schedule III-A, Line 4)	2. .016036
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. 17,283.00
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. 17,283.00



NAME CINTRA SOFTWARE AND SERVICES INC. FEIN 13-3890680 TAXABLE YEAR ENDING 03/31/23

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high-crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. New worlds reading initiative credit (attach certificate)	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. Internship tax credit	19.
20. Other credits (attach schedule)	20.
21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21.

Schedule R - Nonbusiness Income		
Line 1. Nonbusiness income (loss) allocated to Florida		
Type		Amount
_____		_____
_____		_____
_____		_____
Total allocated to Florida (Enter here and on Page 1, Line 8)		1. _____
Line 2. Nonbusiness income (loss) allocated elsewhere		
Type	State/country allocated to	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____
Line 3. Total nonbusiness income		
Grand total. Total of Lines 1 and 2		3. _____
(Enter here and on Schedule II, Line 7)		



NAME CINTRA SOFTWARE AND SERVICES INC. FEIN 13-3890680 TAXABLE YEAR ENDING 03/31/23

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2024

- | | | | |
|--|----|----|------------------|
| 1. Florida income expected in taxable year | 1. | \$ | <u>17,283.00</u> |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) | 2. | \$ | <u>17,283.00</u> |
| 3. Estimated Florida net income (Line 1 less Line 2) | 3. | \$ | _____ |
| 4. Total Estimated Florida tax (4.458% of Line 3) | | \$ | _____ |
| Less: Credits against the tax | 4. | \$ | _____ |
5. Computation of installments:
- | | | |
|-----------------------|--|-----------|
| Payment due dates and | If 6/30 year end, last day of 4th month, | |
| payment amounts: | otherwise last day of 5th month - Enter 0.25 of Line 4 | 5a. _____ |
| | Last day of 6th month - Enter 0.25 of Line 4 | 5b. _____ |
| | Last day of 9th month - Enter 0.25 of Line 4 | 5c. _____ |
| | Last day of fiscal year - Enter 0.25 of Line 4 | 5d. _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- | | | | |
|--|--------|----|-------|
| 1. Amended estimated tax | 1. | \$ | _____ |
| 2. Less: | | | |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date | 2a. -- | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) | 2b. -- | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) | 2c. | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) | 3. | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) | 4. | \$ | _____ |

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.

The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



FEIN 13-3890680

DATA Page 1 of 2

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0	0	0	0
0	0	16160000	0
0	0	0	0
0	0	1694300	0
0	0	0	3103800
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0	0	0	28541800
0	0	0	29487500
0	0	0	137317900
0	0	0	799638600
0	0	0	2072818800
0	0	0	0.016036



FEIN 13-3890680

DATA Page 2 of 2

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0	0	0	0
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137317900	0	0	0
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129237900	107779000	0	0
0	1728300	0	0
0	0	0	0
0	0	0	0
145397900	0	0	0
0	0	0	0
0	1728300	0	0

FL F-1120

STATE INCOME TAXES DEDUCTED

STATEMENT 1

DESCRIPTION

AMOUNT

NEW YORK

131,022.00

TEXAS

29,691.00

TOTAL TO FORM F-1120, PAGE 1, LINE 2

160,713.00

FL F-1120

DISALLOWED BONUS SUBTRACTION FROM INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
1/7TH OF DISALLOWED BONUS DEPRECIATION - 2017	233.00
1/7TH OF DISALLOWED BONUS DEPRECIATION - 2018	1,076.00
1/7TH OF DISALLOWED BONUS DEPRECIATION - 2021	6,643.00
1/7TH OF DISALLOWED BONUS DEPRECIATION - 2022	23,086.00
TOTAL TO FORM F-1120, SCHEDULE II, LINE 10	31,038.00



2301415014

Georgia Form 600 (Rev. 07/20/22) **Page 1**Corporation Tax Return
Georgia Department of Revenue
2022 Income Tax ReturnBeginning 04-01-2022Ending 03-31-2023**2023** Net Worth Tax ReturnBeginning 04-01-2023Ending 03-31-2024

☒ Original Return	☐ Consolidated GA Parent Return (attach approval)	☐ Address Change	☐ UET Annualization Exception attached
☐ Initial Net Worth	☐ GA Consolidated Subsidiary	☐ Name Change	☐ IT-552 attached
☐ Amended Return	☐ Consolidated Parent FEIN	☐ Final (attach explanation)	☒ Extension attached
☐ Amended due to IRS Audit		☐ PL 86-272	

A. Federal Employer ID Number
13-3890680B. Name (Corporate title) Please give former name if applicable.
CINTRA SOFTWARE AND SERVICES INC.

C. GA Withholding Tax Account Number

D. Business Address (Number and Street)
3 PARK AVENUE 32ND FL

E. GA Sales Tax Registration Number

F. City or Town
NEW YORKG. State
NYH. ZIP Code
10016

I. Foreign Country Name

J. NAICS Code
541519K. Date of Incorporation
05/14/1996L. Incorporated under laws of what state
NYM. Date admitted into GA
04/23/2020N. Location of Records for Audit (City, State & Country)
NEW YORK NYO. Corporation's Telephone Number
212-481-6501P. Type of Business
LICENSE AND CONSULTING

Q. Indicate latest taxable year adjusted by IRS

R. And when reported to Georgia

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX		(ROUND TO NEAREST DOLLAR)	SCHEDULE 1
1. Federal Taxable Income (Copy of Federal return and supporting schedules must be attached)	1.		769572
2. Additions to Federal Income (from Schedule 4)	2.		408973
3. Total (add Lines 1 and 2)	3.		1178545
4. Subtractions from Federal Income (from Schedule 5)	4.		51668
5. Balance (Line 3 less Line 4)	5.		1126877
6. Georgia Net Operating loss deduction (from Schedule 9; See IT-611 instructions for 80% limitation)	6.		
7. Georgia Taxable Income (Line 5 less Line 6 or Schedule 7, Line 9)	7.		4329
8. Income Tax (5.75% x Line 7)	8.		249

COMPUTATION OF NET WORTH TAX		(ROUND TO NEAREST DOLLAR)	SCHEDULE 2
1. Total Capital stock issued	1.		100000
2. Paid in or Capital surplus	2.		
3. Total Retained earnings	3.		9946623
4. Net Worth (Total of Lines 1, 2, and 3)	4.		10046623
5. Ratio (GA. and Dom. For. Corp. - 100%) (Foreign Corp. - Line 4, Sch. 8)	5.	.003275	
6. Net Worth Taxable by Georgia (Line 4 x Line 5)	6.		32903
7. Net Worth Tax (from table in instructions)	7.		



2301415024

(Corporation) Name **CINTRA SOFTWARE AND SERVICE**FEIN **13-3890680**

COMPUTATION OF TAX DUE OR OVERPAYMENT		(ROUND TO NEAREST DOLLAR)	SCHEDULE 3	
	A. Income Tax	B. Net Worth Tax	C. Total	
1. Total Tax (Schedule 1, Line 8, and Schedule 2, Line 7)	249			249
2. Credits and payments of estimated tax				350
3. Schedule 10* Credits (must be filed electronically)				
4. Withholding Credits (G2-A, G2-LP, and/or G2-RP)				
5. Schedule 10B Refundable tax credits (must be filed electronically)				
6. Balance of tax due (Line 1, less Lines 2, 3, 4, and 5)				
7. Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)				101
8. Interest due (See Instructions)				
9. Form 600 UET (Estimated tax penalty)				
10. Other penalty due (See Instructions)				
11. Amount Due (Add Lines 6, 8, 9 and 10)				
12. Amount to be credited to 2023 estimated tax (Line 7 less Lines 8-10)		Refunded		101

***NOTE:** Any tax credits from Schedule 10 may be applied against income tax liability only, **not** net worth tax liability.

SEE PAGE 3 SIGNATURE SECTION FOR DIRECT DEPOSIT OPTIONS

ADDITIONS TO FEDERAL TAXABLE INCOME	(ROUND TO NEAREST DOLLAR)	SCHEDULE 4
1. State and municipal bond interest (other than Georgia or political subdivision thereof)		1.
2. Net income or net profits taxes imposed by taxing jurisdictions other than Georgia		2. 221165
3. Expense attributable to tax exempt income		3.
4. Net operating loss deducted on Federal return		4.
5. Reserved		5.
6. Intangible expenses and related interest cost		6.
7. Captive REIT expenses and costs		7.
8. Other Additions (Attach Schedule)	SEE STATEMENT 1	8. 187808
9. TOTAL - Enter also on Line 2, Schedule 1		9. 408973

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME	(ROUND TO NEAREST DOLLAR)	SCHEDULE 5
1. Interest on obligations of United States (must be reduced by direct and indirect interest expense)		1.
2. Exception to intangible expenses and related interest cost (Attach IT-Addback)		2.
3. Exception to captive REIT expenses and costs (Attach IT-REIT)		3.
4. Other Subtractions (Must Attach Schedule)	SEE STATEMENT 2	4. 51668
5. TOTAL - Enter also on Line 4, Schedule 1		5. 51668

APPORTIONMENT OF INCOME	A. WITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A) / COL (B) COMPUTE TO SIX DECIMALS
1. Gross receipts from business	1. 79637	20728188	
2. Georgia Ratio (Divide Column A by Column B)	2.		.003842

COMPUTATION OF GEORGIA NET INCOME	(ROUND TO NEAREST DOLLAR)	SCHEDULE 7
1. Net business income (Schedule 1, Line 5)		1. 1126877
2. Income allocated everywhere (Must Attach Schedule)		2.
3. Business income subject to apportionment (Line 1 less Line 2)		3. 1126877
4. Georgia Ratio (Schedule 6, Column C)	4. .003842	
5. Net business income apportioned to Georgia (Line 3 x Line 4)		5. 4329
6. Net income allocated to Georgia (Attach Schedule)		6.
7. Total of Lines 5 and 6		7. 4329
8. Less: Net operating loss apportioned to GA (from Schedule 9, see IT-611 80% instructions)		8.
9. Georgia taxable income (Enter also on Schedule 1, Line 7)		9. 4329



2301415034

(Corporation) Name CINTRA SOFTWARE AND SERVICESFEIN 13-3890680**COMPUTATION OF GEORGIA NET WORTH RATIO**

(TO BE USED BY FOREIGN CORPS ONLY)

SCHEDULE 8

	A. WITHIN GEORGIA	B. TOTAL EVERYWHERE	C. GA Ratio (A/B) DO NOT ROUND COMPUTE TO SIX DECIMALS
1. Total value of property owned (Total assets from Federal balance sheet)	1. 0	3586194	
2. Gross receipts from business	2. 79637	20728188	
3. Totals (Line 1 plus Line 2)	3. 79637	24314382	
4. Georgia Ratio (Divide Line 3A by 3B)	4.		.003275

A copy of the Federal Return and supporting Schedules must be attached if filing by paper. No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue

Mail to: Georgia Department of Revenue, Processing Center, PO Box 740397, Atlanta, Georgia 30374-0397

DIRECT DEPOSIT OPTIONS

A. Direct Deposit (For U.S. Accounts Only) See booklet for further instructions . **If Direct Deposit is not selected, a paper check will be issued.**

Type: Checking ☒ Savings Routing Number 021000021
Account Number 937506690965

Declaration: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address: PNARAYANAN@CINTRA.COM

☒ Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.

SIGNATURE OF OFFICER

PRESIDENT

TITLE

DATE

AUGUSTUS B. CRIMM

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

FASKE LAY & CO., L.L.P.

FIRM PREPARING THE RETURN

P01904833

IDENTIFICATION OR SOCIAL SECURITY NUMBER



2301415044

(Corporation) Name CINTRA SOFTWARE AND SERVICESFEIN 13-3890680**GA NOL Carry Forward Worksheet**

(ROUND TO NEAREST DOLLAR)

SCHEDULE 9For calendar year or fiscal year beginning 04/01/2022 and ending 03/31/2023

	A	B	C	D	E	F
	Loss Year	Loss Amount	Income Year	NOL Utilized	Balance	Remaining NOL
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

1. NOL Carry Forward Available to Current Year
2. Current Year Income/(Loss) (Schedule 1, Line 5 or Schedule 7, Line 7)
3. NOL from Taxable Years Beginning before 1/1/2018 Applied to Current Year
4. NOL from Taxable Years Beginning on or after 1/1/2018 Applied to Current Year
(Cannot exceed 80% of Line 2, see instructions for more information)
5. Total NOL applied
Add Lines 3 and 4, Enter on Schedule 1, Line 6 or Schedule 7, Line 8)*
6. NOL Carry Forward Available to Next Year
(Line 1 less Line 5 plus any loss amount on Line 2)

INSTRUCTIONS

* Cannot Exceed the Current Year Income Reported on Line 2.

Column A: List the loss year(s).**Column B:** List the loss amount for the tax year listed in Column A.**Columns C & D:** List the years in which the losses were utilized and the amount utilized each year.**Column E:** List the balance of the NOL after each year has been applied. (Column B less Column D)**Column F:** List the remaining NOL applicable to each loss year.

Total the remaining NOL (Col. F) and enter in the space at the bottom of the worksheet for "NOL Carry Forward Available to Current Year". Then insert "Current Year Income/(Loss)" in the space provided and compute the remainder of the schedule. Create photocopies as needed. See example worksheet in 611 instructions.

GA 600	OTHER ADDITIONS	STATEMENT 1
DESCRIPTION		AMOUNT
FEDERAL DEPRECIATION ADJUSTMENT		187808
TOTAL TO FORM 600, SCHEDULE 4, LINE 8		187808

GA 600	OTHER SUBTRACTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
STATE DEPRECIATION ADJUSTMENT		51668
TOTAL TO FORM 600, SCHEDULE 5, LINE 4		51668



2301415054

(Corporation) Name **CINTRA SOFTWARE AND SERVICES**FEIN **13-3890680****CREDIT USAGE AND CARRYOVER**

(ROUND TO NEAREST DOLLAR)

SCHEDULE 10

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the tax booklet for a list of credit codes.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

- | | |
|---|-----------------------------------|
| 1. Credit Code | ID Number |
| 2. Credit remaining from previous years (do not include amounts elected to be applied to withholding) | |
| 3. Company Name | ID Number |
| Credit Certificate # | Credit Generated
this Tax Year |
| 4. Company Name | ID Number |
| Credit Certificate # | Credit Generated
this Tax Year |
| 5. Company Name | ID Number |
| Credit Certificate # | Credit Generated
this Tax Year |
| 6. Company Name | ID Number |
| Credit Certificate # | Credit Generated
this Tax Year |
| 7. Company Name | ID Number |
| Credit Certificate # | Credit Generated
this Tax Year |
| 8. Company Name | ID Number |
| Credit Certificate # | Credit Generated
this Tax Year |
| 9. Company Name | ID Number |
| Credit Certificate # | Credit Generated
this Tax Year |
| 10. Total available credit for this tax year. (sum of Lines 2 through 9) | 10. |
| 11. Enter the amount assigned to affiliated entities (see Schedule 11) | 11. |
| 12. Enter the amount of the credit sold (only certain credits can be sold; see instructions) | 12. |
| 13. Credit used for this tax year (enter here and on Schedule 3, Line 3) | 13. |
| 14. Potential carryover to next tax year. (Line 10 less Lines 11, 12, and 13) | 14. |

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY

Page 6
SCHEDULE 10B


2301415064

(Corporation) Name **CINTRA SOFTWARE AND SERVICES**FEIN **13-3890680****REFUNDABLE TAX CREDITS**

(ROUND TO NEAREST DOLLAR)

SCHEDULE 10B

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover to this tax year, please complete a schedule even if the credit is not used for this tax year.
4. See the tax booklet for a list of credit codes.
 - i. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and, to determine when carryovers expire.
 - ii. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
 - iii. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
 - iv. Before the Line 14 carryover is applied to the next tax year, the amount must be reduced by any amounts elected to be applied to withholding for this tax year and by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number if applicable. Purchased credits and credits received from an assignment should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

Note: A purchased Timber Tax Credit is not a refundable tax credit. Use Schedule 10 if the Timber Tax Credit was purchased.

- | | |
|---|--------------------------------|
| 1. Credit Code | ID Number |
| 2. Credit remaining from previous years (do not include amounts elected to be applied to withholding) | |
| 3. Company Name | Credit Generated this Tax Year |
| Credit Certificate # | ID Number |
| 4. Company Name | Credit Generated this Tax Year |
| Credit Certificate # | ID Number |
| 5. Company Name | Credit Generated this Tax Year |
| Credit Certificate # | ID Number |
| 6. Company Name | Credit Generated this Tax Year |
| Credit Certificate # | ID Number |
| 7. Company Name | Credit Generated this Tax Year |
| Credit Certificate # | ID Number |
| 8. Company Name | Credit Generated this Tax Year |
| Credit Certificate # | ID Number |
| 9. Company Name | Credit Generated this Tax Year |
| Credit Certificate # | ID Number |
| 10. Total available credit for this tax year. (sum of Lines 2 through 9) | 10. |
| 11. Enter the amount assigned to affiliated entities (see Schedule 11) | 11. |
| 12. Enter the amount of the credit sold (only certain credits can be sold; see instructions) | 12. |
| 13. Credit used for this tax year (enter here and on Schedule 3, Line 5) | 13. |
| 14. Potential carryover to next tax year. (Line 10 less Lines 11, 12, and 13) | 14. |

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY



2301415074

(Corporation) Name CINTRA SOFTWARE AND SERVICESFEIN 13-3890680**ASSIGNED TAX CREDITS**

(ROUND TO NEAREST DOLLAR)

SCHEDULE 11

Georgia Code Section 48-7-42 provides that in lieu of claiming any Georgia income tax credit for which a taxpayer otherwise is eligible for the taxable year, the taxpayer may elect to assign credits in whole or in part to one or more "affiliated entities". The term "affiliated entities" is defined as:

- ⌋ A corporation that is a member of the taxpayer's affiliated group within the meaning of Section 1504(a) of the Internal Revenue Code; or
- ⌋ An entity affiliated with a corporation, business, partnership, or limited liability company taxpayer, which entity:
 - (a) Owns or leases the land on which a project is constructed;
 - (b) Provides capital for construction of the project; and
 - (c) Is the grantor or owner under a management agreement with a managing company for the project.

o carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except if the assignor and the recipient of an assigned tax credit cease to be affiliated entities, then any carryover attributable to the unused portion of the credit is transferred back to the assignor of the credit. The assignor is permitted to use any such carryover and also shall be permitted to assign the carryover to one or more affiliated entities, as if such carryover were an income tax credit for which the assignor became eligible in the taxable year in which the carryover was transferred back to the assignor. In the case of any credit that must be claimed in installments in more than one taxable year, the election under this subsection may be made on an annual basis with respect to each such installment. For additional information, please refer to Georgia Code Section 48-7-42.

If the corporation filing this return is assigning tax credits to other affiliates, please provide detail below specifying where the tax credits are being assigned.

II assignments of credits must be made before the statutory due date of the return (including extensions) per**C.G.A. § 48-7-42 (b).**

Credit Code	Corporation Name	FEIN	Amount of Credit	Credit Certificate # (if applicable)
			1.	
			2.	
			3.	
			4.	
			5.	
			6.	
			7.	
			8.	

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

OTHER

Attach to your tax return.

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

GA

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

CINTRA SOFTWARE AND SERVICES INC.

OTHER DEPRECIATION

13-3890680

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	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
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 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	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.)

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	35,508.
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 ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		161,600.	5 YRS.	HY	SL	16,160.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,668.
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							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
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.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	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?		

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 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year					43
					57,972.
44 Total. Add amounts in column (f). See the instructions for where to report					44
					57,972.

ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.

GA-8453C
2022

☐ GA Consolidated Subsidiary ☐ Address Change ☐ Final Return
☐ Consolidated Parent FEIN ☐ Name Change ☐ Amended Due to IRS Audit

PART I

TAX RETURN INFORMATION

PART II

DECLARATION OF CORPORATE OFFICER

Under penalties of perjury, I declare that the information I have provided to the corporation's Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of the corporation's 2022 Georgia Corporate Income Tax Return. I declare that I have examined the corporation's tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent that the electronic portion of the corporation's return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN HERE	<u>SIGNATURE OF OFFICER</u>	<u>DATE</u>	<u>PRESIDENT</u>
	<u>BRENDAN MCNAMEE</u>	<u>PNARAYANAN@CINTRA.COM</u>	<u>TITLE</u>
	PRINT NAME	EMAIL	

PART III

DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

ERO's Use Only	ERO's Signature _____		Date _____
	Firm's Name FASKE LAY & CO., L.L.P.	Check also if paid preparer ☐	
	Address 3609 WILLIAMS DRIVE, SUITE 105		
	City, State & ZIP Code GEORGETOWN TX 78628-2510		

Paid Preparer's Use Only	Paid Preparer's Signature <u>AUGUSTUS B. CRIMM</u>		Date <u>09/20/23</u>
	Firm's Name <u>FASKE LAY & CO., L.L.P.</u>		FEIN/PTIN <u>74-2335626</u>
	Address <u>3609 WILLIAMS DRIVE, SUITE 105</u>		SSN/TIN _____
	City, State & ZIP Code <u>GEORGETOWN TX 78628-2510</u>		

KEEP A COPY WITH YOUR RECORDS

150 2022

11

2022.04020 CINTRA SOFTWARE AND SERVI 33134 1

8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.

▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

ILLINOIS

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.**

to enter or generate my PIN

36091

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2022 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____

Date ▶ _____

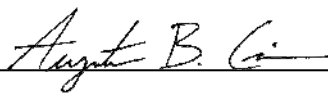
Title ▶ **PRESIDENT****Part III Certification and Authentication**

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

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶ Date ▶ **09/20/2023****ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**

249992 01-23-23

Illinois Department of Revenue

2023 IL-1120-V

IL-1120-V (R-12/22) ID:2BX

Payment Voucher for Corporation
Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19038, Springfield, IL 62794-9038

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN: 13-3890680 000 1

Tax year ending

03

Month

24

Year

CINTRA SOFTWARE AND SERVICES INC.
3 PARK AVENUE 32ND FL
NEW YORK, NY 10016

\$ 80.00

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-1120-V" on your check or
money order and make it payable to "Illinois Department of Revenue."(512) 346-9623
Preparer's Phone

112080324 1 133890680 000 1 00000008000

249992 01-23-23

Illinois Department of Revenue

2023 IL-1120-V

IL-1120-V (R-12/22) ID:2BX

Payment Voucher for Corporation
Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19038, Springfield, IL 62794-9038

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FEIN: 13-3890680 000 1

Tax year ending

03

Month

24

Year

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3 PARK AVENUE 32ND FL
NEW YORK, NY 10016

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249992 01-23-23

Illinois Department of Revenue

2023 IL-1120-V

IL-1120-V (R-12/22) ID:2BX

Payment Voucher for Corporation
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FEIN: 13-3890680 000 1

Tax year ending

03

Month

24

Year

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3 PARK AVENUE 32ND FL
NEW YORK, NY 10016

\$ 80.00

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-1120-V" on your check or
money order and make it payable to "Illinois Department of Revenue."(512) 346-9623
Preparer's Phone

112080324 1 133890680 000 1 00000008000

Illinois Department of Revenue
2022 Form IL-1120
Corporation Income and Replacement Tax Return



See "When should I file?" in the Form IL-1120 instructions for a list of due dates.

If this return is not for calendar year 2022, enter your fiscal tax year here.

Tax year beginning APRIL 1, 2022, ending MARCH 31, 2023
month day month day year

Enter the amount you are paying.

\$ 0.00

WARNING

This form is for tax years ending on or after December 31, 2022, and before December 31, 2023.
For all other situations, see instructions to determine the correct form to use.

Step 1: Identify your corporation

A Enter your complete legal business name.

If you have a name change, check this box. ☐

Name: CINTRA SOFTWARE AND SERVICES INC.

B Enter your mailing address.

Check this box if either of the following apply: ☐

- this is your **first return**, or
- you have an **address change**.

C/O: PADMA NARAYANAN

Mailing address: 3 PARK AVENUE 32ND FL

City: NEW YORK State: NY ZIP: 10016

C If this is the first or final return, check the applicable box(es).

☐ First return

☐ Final return (Enter the date of termination. mm dd yyyy)

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy) _____, and the new owner's FEIN. _____

E Check the box and see the instructions if your business is a:

☐ Unitary Filer (Combined return) ☐ Foreign insurer

F If you completed the following, check the box and **attach** the federal form(s) to this return.

☐ Federal Form 8886 ☐ Federal Schedule M-3,
Part II, Line 12

G Apportionment Formulas. Mark the appropriate box or boxes and see

Apportionment Formula instructions. ☒ Sales companies
☐ Insurance companies ☐ Financial organizations
☐ Transportation companies ☐ Federally regulated exchanges

H Check this box if you attached Illinois Schedule UB. ☐

I Check this box if you attached the Subgroup Schedule. ☐

J Check this box if you attached Illinois Schedule 1299-D. ☐

K Check this box if you attached Form IL-4562. ☒

L Check this box if you attached Illinois Schedule M (for businesses). ☐

M Check this box if you attached Schedule 80/20. ☐

N Enter your federal employer identification number (FEIN).

13-3890680

O If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent. _____

P Enter your North American Industry Classification System (NAICS) Code. See instructions.

541519

Q Enter your corporate file (charter) number assigned to you by the Secretary of State.

55566944

R Enter the city, state, and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)

NEW YORK NY 10016
City State ZIP

S If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 24 and 32. ☐

T Check your method of accounting.

☐ Cash ☒ Accrual ☐ Other _____

U If you are making a discharge of indebtedness adjustment on Schedules NLD or UB/NLD, or Form IL-1120, Line 36, check this box and **attach** federal Form 982. ☐

V Check this box if you attached Schedule INL. ☐

W If you annualized your income on Form IL-2220, check this box and **attach** Form IL-2220. ☐

X Check this box if your business activity is protected under Public Law 86-272. ☐

Y Check this box if you are a 52/53 week filer. ☐

▼
Attach your payment and Form IL-1120-V here.
▲

► If you owe tax on Line 67, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.

► Enter the amount of your payment on the top of this page in the space provided.

► If a payment is not enclosed, mail this return to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19048
SPRINGFIELD IL 62794-9048

► If a payment is enclosed, mail this return to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19038
SPRINGFIELD IL 62794-9038

ID: 2BX

249401 01-23-23

IL-1120 (R-12/22)

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

IR

NS

DR

**Step 2: Figure your income or loss**

(Whole dollars only)

1	Federal taxable income from U.S. Form 1120, Line 30. Attach a copy of your federal return.	1	769,572 .00
2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative.	2	.00
3	State, municipal, and other interest income excluded from Line 1.	3	.00
4	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	4	.00
5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	161,600 .00
6	Related-Party Expenses additions. Attach Schedule 80/20.	6	.00
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	7	.00
8	Other additions. Attach Schedule M (for businesses).	8	.00
9	Add Lines 1 through 8. This amount is your income or loss.	9	931,172 .00

Step 3: Figure your base income or loss

10	Interest income from U.S. Treasury and other exempt federal obligations.	10	.00
11	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B.	11	.00
12	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-B.	12	.00
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13	.00
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14	.00
15	Contribution subtraction. Attach Schedule 1299-B.	15	.00
16	Contributions to certain job training projects. See instructions.	16	.00
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17	.00
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	25,569 .00
19	Related-Party Expenses subtraction. Attach Schedule 80/20.	19	.00
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	20	.00
21	Other subtractions. Attach Schedule M (for businesses).	21	.00
22	Total subtractions. Add Lines 10 through 21.	22	25,569 .00
23	Base income or loss. Subtract Line 22 from Line 9.	23	905,603 .00

STOP

A If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.)

Note → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4.

B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions.

Step 4: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

24	Nonbusiness income or loss. Attach Schedule NB.	24	0 .00
25	Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	25	0 .00
26	Add Lines 24 and 25.	26	0 .00
27	Business income or loss. Subtract Line 26 from Line 23.	27	905,603 .00
28	Total sales everywhere. This amount cannot be negative.	28	20,728,188
29	Total sales inside Illinois. This amount cannot be negative.	29	70,125
30	Apportionment Factor. Divide Line 29 by Line 28. Round to six decimal places.	30	.003383
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	31	3,064 .00
32	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	32	0 .00
33	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	33	0 .00
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	34	3,064 .00

**Step 5: Figure your net income**

35	Base income or net loss from Step 3, Line 23, or Step 4, Line 34.	35	3,064 .00
36	Discharge of indebtedness adjustment. Attach federal Form 982. See instructions.	36	.00
37	Adjusted base income or net loss. Add Lines 35 and 36. See instructions.	37	3,064 .00
38	Illinois net loss deduction. If Line 37 is zero or a negative amount, enter zero. Attach Schedule NLD or UB/NLD. Check this box and attach a detailed statement if you have merged losses.	38	.00
39	Net income. Subtract Line 38 from Line 37.	39	3,064 .00

Step 6: Figure your replacement tax after credits

40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40	77 .00
41	Recapture of investment credits. Attach Schedule 4255.	41	.00
42	Replacement tax before credits. Add Lines 40 and 41.	42	77 .00
43	Investment credits. Attach Form IL-477.	43	.00
44	Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter zero.	44	77 .00

Step 7: Figure your income tax after credits

45	Income tax. Multiply Line 39 by 7.0% (.07).	45	214 .00
46	Recapture of investment credits. Attach Schedule 4255.	46	.00
47	Income tax before credits. Add Lines 45 and 46.	47	214 .00
48	Income tax credits. Attach Schedule 1299-D.	48	.00
49	Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, enter zero.	49	214 .00

Step 8: Figure your refund or balance due

50	Replacement tax before reductions. Enter the amount from Line 44.	50	77 .00
51	Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions.	51	.00
52	Subtract Line 51 from Line 50. This is your net replacement tax.	52	77 .00
53	Income tax before reductions. Enter the amount from Line 49.	53	214 .00
54	Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions.	54	.00
55	Subtract Line 54 from Line 53. This is your net income tax.	55	214 .00
56	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	56	.00
57	Sale of assets by gaming licensee surcharge. See instructions.	57	.00
58	Total net income and replacement taxes and surcharges. Add Lines 52, 55, 56, and 57.	58	291 .00
59	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	59	.00
60	Total taxes, surcharges, and penalty. Add Lines 58 and 59.	60	291 .00

61	Payments. See instructions.		
a	Credits from previous overpayments.	61a	460 .00
b	Total payments made before the date this return is filed.	61b	.00
c	Pass-through withholding reported to you. Attach Schedule(s) K-1-P or K-1-T.	61c	.00
d	Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or K-1-T.	61d	.00
e	Illinois income tax withholding. Attach Form(s) W-2G.	61e	.00
62	Total payments. Add Lines 61a through 61e.	62	460 .00
63	Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62.	63	169 .00
64	Amount to be credited forward. See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN.	64	80 .00
65	Refund. Subtract Line 64 from Line 63. This is the amount to be refunded.	65	89 .00

66 **Complete to direct deposit your refund.**

Routing Number	0 2 1 0 0 0 0 2 1	☒ Checking or ☐ Savings
Account Number	9 3 7 5 0 6 6 9 0 9 6 5	

67 **Tax due.** If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe. 67 .00

Step 9: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Sign Here	Signature of authorized officer	Date (mm/dd/yyyy)	Title	Phone	☒ Check if the Department may discuss this return with the paid preparer shown in this step.
	AUGUSTUS B. CRIMM	09/20/2023	PRESIDENT	212-481-6501	
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN
	FASKE LAY & CO., L.L.P.				P01904833
	Firm's address	Firm's FEIN	Firm's phone		
	3609 WILLIAMS DRIVE, SUITE 105 GEORGETOWN, TX 78628-2510	74-2335626	(512) 346-9623		



Illinois Department of Revenue

2022 IL-4562 Special Depreciation

For tax years ending **on or after** December 31, 2022.
Attach to your Form IL-1120, IL-1120-ST, IL-1065, IL-1041, or IL-1040.

Year ending

3 2023

Month Year

IL Attachment No. 11

Step 1: Provide the following information

CINTRA SOFTWARE AND SERVICES INC.

Enter your name as shown on your return.

13-3890680

Enter your Social Security number (SSN) or
federal employer identification number (FEIN).

Special Note →

You must read the instructions before completing Form IL-4562. Do not use negative figures.

Step 2: Figure your Illinois special depreciation addition

- 1 Enter the total amount claimed as a special depreciation allowance on your current federal Form 4562, Depreciation and Amortization, Lines 14 and 25, for property acquired after September 10, 2001 1 161,600.00
- 2 *Individuals only:* Enter the total amount claimed as a special depreciation allowance from federal Form 2106, Employee Business Expenses. 2
- 3 *Last year of regular depreciation:* Enter the total amount of all Illinois depreciation subtractions claimed on this year and any prior year Forms IL-4562, Step 3, for each property. See instructions. 3
- 4 Add Lines 1 through 3. This is your Illinois special depreciation addition. Enter the total here and see instructions for the list of Illinois form and line references to report this addition. 4 161,600.00

Step 3: Figure your Illinois special depreciation subtraction

- 5 a Enter the portion of depreciation allowance claimed on federal Form 4562, for property for which you claimed bonus depreciation **equal to 30 percent** of your basis in the property. See instructions. 5a
- b *Individuals only:* Enter the portion of depreciation allowance claimed for bonus depreciation **equal to 30 percent** of your basis in the property. See instructions. 5b
- c Add Lines 5a and 5b. 5c
- 6 Multiply Line 5c by 42.9 percent (0.429). 6
- 7 a Enter the portion of depreciation allowance claimed on federal Form 4562, for property for which you claimed bonus depreciation **equal to 50 percent** of your basis in the property. See instructions. 7a 109.00
- b *Individuals only:* Enter the portion of depreciation allowance claimed for bonus depreciation **equal to 50 percent** of your basis in the property. See instructions. **STATEMENT 1** 7b
- c Add Lines 7a and 7b. 7c 109.00
- 8 a Enter the portion of depreciation allowance claimed on federal Form 4562, for property for which you claimed bonus depreciation equal to 80 percent of your basis in the property. See instructions. 8a
- b *Individuals only:* Enter the portion of depreciation allowance claimed for bonus depreciation **equal to 80 percent** of your basis in the property. See instructions. 8b
- c Add Lines 8a and 8b. 8c
- 9 Multiply Line 8c by four (4). 9
- 10 Enter the amount of federal depreciation you would have claimed if you elected not to claim bonus depreciation on your federal return. **STATEMENT 2** 10 25,460.00
- 11 Add Lines 6, 7c, 9, and 10. 11 25,569.00
- 12 *Last year of regular depreciation:* Enter the Illinois special depreciation addition reported on any prior year Form IL-4562, Step 2, Line 1 plus Line 2, for each property. See instructions. 12
- 13 Add Lines 11 and 12. This is your Illinois depreciation subtraction for this year. Enter the total here and see instructions for the list of Illinois form and line references to report this subtraction. 13 25,569.00

→ Attach this form to your Illinois return. ←

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

IL-4562	50% BONUS PROPERTY	STATEMENT 1
---------	--------------------	-------------

ASSET #	DESCRIPTION	CURRENT DEPRECIATION
36	LEASEHOLD IMPROVEMENTS	109.00
TOTAL TO FORM IL-4562, STEP 3, LINE 7A		109.00

IL-4562	FEDERAL DEPRECIATION IF NOT CLAIMING BONUS DEPRECIATION	STATEMENT 2
---------	--	-------------

ASSET	AMOUNT
LAPTOPS FOR INDIA (3 ROUNDS)	9,300.
SOFTWARE- ARCTIC WOLF MDR USER LIC	16,160.
TOTAL TO IL-4562, LINE 10	25,460.

Submission ID

							-								-									
--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--

Corporation/Partnership/Fiduciary Name CINTRA SOFTWARE AND SERVICES INC.				Federal Employer Identification Number 13 3890680	
Street Address 3 PARK AVENUE 32		City NEW YORK	State NY	ZIP Code 10016	Daytime Telephone Number 212 481 6501

Part I Tax Return Information (See Instructions)

1.	Total net income (loss) from Form IT-20S/IT-65/IT-20/IT-41, line 1	1.	769572.00
2.	Total income as adjusted (Form IT-20S/IT-65, line 3; Form IT-20, line 21; Form IT-41, line 9)	2.	.00
3.	IT-20S ONLY: Total income tax from Schedule B (IT-20S, line 13)	3.	.00
4.	Total tax (Form IT-20S, line 16; Form IT-65, line 7; Form IT-20, line 23; Form IT-41, line 12)	4.	.00
5.	Subtotal (Form IT-20S, line 23; Form IT-65, line 14; Form IT-20, line 41; Form IT-41, line 15)	5.	.00
6.	Total amount due (Form IT-20S, line 27; Form IT-65, line 18; Form IT-20, line 45; Form IT-41, line 19)	6.	.00
7.	Overpayment/Refund (Form IT-20S, line 28; Form IT-65, line 19; Form IT-20, line 46; Form IT-41, line 20)	7.	.00

Part II Electronic Settlement

8. Type of settlement: ☐ Direct Deposit of Refund ☐ Direct Debit of Amount Owed Amount Date of Withdrawal

9. Routing number: *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

10. Account number:

11. Type of account: ☐ Checking ☐ Savings ☐

12. Place an "X" in the box if refund will go to an account outside the United States. ☐

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund, or direct debit of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Federal Employer Identification Number to ensure my refund or payment is properly processed.

Part III Declaration of Taxpayer

Under penalties of perjury, I declare that I am an officer of the corporation/partnership/fiduciary listed above and the amounts in Part I agree with the amounts on the corresponding lines of the electronic portion of the corporation's/partnership's/fiduciary's 2022 Indiana income tax returns. To the best of my knowledge and belief, this 2022 return is true, correct, and complete. I consent to my electronic return originator (ERO) sending my return, this declaration, and accompanying schedule and statements to the Indiana Department of Revenue (DOR). I also consent to DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to DOR of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Officer's signature Title **PRESIDENT** Date

Part IV. Declaration of ERO/Preparer/Transmitter

I confirm that I am submitting this return in accordance with the IRS and Indiana Department of Revenue electronic filing programs.

ERO's EFIN **747784** PTIN (if preparer) **P01904833** Phone **(512) 346-9623**

ERO's Signature

ERO Must Retain This Form - See instructions. Do Not Submit this form to DOR unless requested to do so.

250075 01-11-23 1019

INDIANA

Form IT-20

State Form 44275
(R20 / 8-22)Indiana Department of Revenue
Indiana Corporate Adjusted Gross Income Tax Return
For Calendar Year Ending December 31, 2022 or Other Tax Year**2022**Beginning **04** **01** 2022 and ending **03** **31** **2023**Check box if amended ☐Check box if amendment is due to a federal audit ☐Check box if name changed ☐

Name of Corporation CINTRA SOFTWARE AND SERVICES INC.			Federal Employer Identification Number 13 3890680		
Number and Street 3 PARK AVENUE 32ND FL			Principal Business Activity Code 541519		
City NEW YORK			Telephone Number 212 481 6501		
State NY		ZIP Code 10016	2-Digit County Code 00		Foreign Country 2-C haracter Code

- J. Check all boxes that apply: Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Insurance Co. ☐ Cooperative/IC-DISC ☐ REMIC ☐
- K. Date of incorporation **051496** in the state of **NY**
- L. State of commercial domicile **IN**
- M. Year of initial Indiana return _____
- N. Location of records if different from above address:
3 PARK AVENUE 32ND FL NEW YORK NY
- O. Check box if the corporation paid any quarterly estimated tax using different federal employer identification numbers ☐
- P. Check box if you file federal Form 1120 on a consolidated basis ☐
- Q. I am filing on a combined basis, and there are material changes in circumstances since the last petition was filed. ☐
- R. 80% or more of gross income is derived from making, acquiring, selling, or servicing loans or extensions of credit. ☐
- S. This is a consolidated return for adjusted gross income tax. ☐
- T. This return is filed on a combined basis. ☐
- U. In determining taxable income, I deducted any intangible expenses or directly related intangible interest expenses paid to ≥ 50% owned affiliates. ☐
- V. I have on file a valid extension of time (federal Form 7004 or an electronic extension of time) to file my return. ☒
- W. This entity reports income from disregarded entities. ☐

Computation of Adjusted Gross Income Tax

1. Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts
2. Net qualifying dividends deduction from federal Schedule C, Form 1120
3. **Subtract** line 2 from line 1

Modifications for Adjusted Gross Income (see instructions)

4. Enter name of addback or deduction **CERTAIN TAXES DEDUCTED** Code No. **1 0 0**
5. Enter name of addback or deduction **MEAL DEDUCTION** Code No. **1 4 9**
6. Enter name of addback or deduction **BONUS DEPRECIATION ADDBACK** Code No. **1 0 4**
7. Enter name of addback or deduction _____ Code No. _____
8. Enter name of addback or deduction _____ Code No. _____
9. Enter name of addback or deduction _____ Code No. _____
10. Enter name of addback or deduction _____ Code No. _____
11. Subtotal (add/subtract lines 3 through 10; use a minus sign for negative amounts)

Other Adjustments

12. Foreign source dividends (enclose Schedule IT-20FSD; enter as a positive amount)
13. Subtotal of income with adjustments (subtract line 12 from line 11)
14. Deduct: All source nonbusiness income or (loss) and non-unitary partnership distributions from IT-20 Schedule F, column C, line 10
15. Taxable business income (subtract line 14 from line 13)

Apportionment of Income for Entity with Multi state Activities

16. Check one of the following apportionment methods used, attach completed schedule, and enter percentage on line 16d
- ☒ 16a Schedule E, from line 9.
- ☐ 16b Schedule E-7, from line 10 (for interstate transportation).
- ☐ 16c Other approved method.

- 16d. Enter Indiana apportionment percentage, if applicable (round percent to two decimals)
17. Indiana apportioned business income (multiply line 15 by percent on line 16d)

*If apportionment of income is not applicable, enter the total amount from line 15.***Add Allocated and Previously Apportioned Income to Indiana**

18. Enter Indiana nonbusiness income or loss and Indiana non-unitary partnership income or loss from IT-20 Schedule F, column D, line 11
19. Indiana adjusted gross income before net operating loss deduction (add lines 17 and 18)

Deduct from Indiana Adjusted Gross Income

20. Indiana NOL deduction. Enter as positive amount from column B of Schedule IT-20NOL(s) for each loss year
21. Taxable adjusted gross income (subtract line 20 from line 19 and carry positive result to line 22 on page 2 of return).

Round All Entries

1	769572	00
2		00
3	769572	00
4	131022	00
5	16943	00
6	136140	00
7		00
8		00
9		00
10		00
11	1053677	00
12		00
13	1053677	00
14		00
15	1053677	00
16d	.00	%
17		000
18		00
19		00
20		00
21		000

Tax Calculation

22. Enter amount of Indiana adjusted gross income subject to tax from line 21	22	000
23. Indiana adjusted gross income tax (multiply line 22 by tax rate; see instructions; cannot be less than zero)	23	000
24. Sales/use tax due from worksheet	24	00
Nonrefundable Tax Liability Credits (enclose supporting documentation)		
25. College and University Contribution Credit (CC-40)	25a. 807	25b. 00
26. Indiana Research Expense Credit (IT-20RE C)	26a. 822	26b. 00
27. Enterprise Zone Employment Expense Credit (EZ 2)	27a. 812	27b. 00
28. Enterprise Zone Loan Interest Credit (LIC)	28a. 814	28b. 00
Other Nonrefundable Credits (see instructions)		
29. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	29	00
30. Enter name of credit Code No. 30a. _ _ _	30	00
31. Enter name of credit Code No. 31a. _ _ _	31	00
32. Total of nonrefundable tax liability credits (add lines 25b through 31b; sum of credits applied may not exceed line 23; other restrictions may apply)	32	00
33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero)	33	000
Credit for Estimated Tax, Other Payments, and Refundable Credits		
34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below)	34	00
Qtr1 _____ Qtr 2 _____ Qtr 3 _____ Qtr 4 _____		
35. Enter overpayment credit from tax year ending	35	00
36. Enter this year's extension payment	36	00
37. Other payments, credits (attach supporting evidence)	37	00
38. EDGE credit (enter amount from line 19 of Schedule IN-EDGE)	38	00
39. EDGE-R credit (enter amount from line 19 of Schedule IN-EDGE-R)	39	00
40. Total payments and credits (add lines 34 through 39)	40	00
Balance of Tax Due or Overpayment		
41. Balance of Tax Due: If line 33 is greater than line 40, enter the difference as the net tax balance due	41	000
42. Penalty for Underpayment of Income Tax from attached Schedule IT-2220 ☐ Check box if using annualization method	42	00
43. Interest: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate)	43	00
44. Late Penalty: If paying late, enter 10% of line 41; see instructions. If lines 23 and 24 are zero, enter \$10 per day filed past due date; see instructions on page 24	44	00
45. Total Amount Owed: Add lines 41 through 44. Make check payable to Indiana Department of Revenue. Pay in U.S. funds ...	45	00
46. Overpayment: If the sum of lines 33, 42, 43, and 44 is less than line 40, enter the difference as an overpayment ...	46	00
47. Refund: Enter portion of line 46 to be refunded	47	00
48. Overpayment Credit: Amount of line 46 less line 47 to be applied to the following year's estimated tax account	48	00

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Paid Preparer's Email Address

GCRIMM@FASKELAY.COM

I authorize the Department to discuss my return with my personal representative (see instructions) Yes ☒ No ☐

BRENDAN MCNAMEE

Personal Representative's Name (Print or Type)

PNARAYANAN@CINTRA.COM

Email Address

FASKE LAY & CO., L.L.P.

Paid Preparer: Firm's Name (or yours if self-employed)

PTIN

P01904833512 346 9623

Telephone Number

3609 WILLIAMS DRIVE, SUITE 105

Address

GEORGETOWN

City

TX

State

78628 2510

ZIP Code + 4

Signature of Corporate Officer

Date

PRESIDENT

Print or Type Name of Corporate Officer

Title

AUGUSTUS B. CRIMM09 20 23

Signature of Paid Preparer

Date

AUGUSTUS B. CRIMM

Print or Type Name of Paid Preparer

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7087, Indianapolis, IN 46207-7087.

If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7231, Indianapolis, IN 46207-7231.

INDIANA DEPRECIATION ADBACK CALCULATION WORKSHEET

ADDBACK CODE 104: BONUS DEPRECIATION

ASSET NO.	YEAR IN SERVICE	DESCRIPTION	AMOUNT
39	2021	LAPTOPS FOR INDIA (3 ROUNDS)	-9300
40	2022	SOFTWARE- ARCTIC WOLF MDR USER LIC	145440
TOTAL			136140

ADDBACK CODE 105: SECTION 179

[illegible]

Indiana Department of Revenue
Apportionment of Income for Indiana

for Tax Year Beginning 2022 and Ending

Name as shown on return

Federal Employer Identification Number

CINTRA SOFTWARE AND SERVICES INC.

13 3890680

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales/Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped to Indiana:			
1. Shipped from within Indiana	0 00		
2. Shipped from outside Indiana	0 00		
Sales shipped from Indiana to:			
3. The United States government	0 00		
4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) (for years beginning prior to Jan. 1, 2016 only)	0 00		
Other			
5. Interest & other receipts from extending credit attributed to Indiana	0 00		
6. Other gross business receipts not previously apportioned	0 00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana	00		
8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B	8A 0 00	8B 18366953 00	
Apportionment of income for Indiana:			
9. Apportionment Percentage: Divide line 8A by line 8B (insert as percent, not decimal)			9 0.00 %

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

City	State	Nature of Business Activity

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

City	State	Nature of Business Activity

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

City	State	Nature of Business Activity

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

City	State	Nature of Business Activity

Accepts Orders? ☐ Yes ☐ No Registered to Do Business? ☐ Yes ☐ No Files Returns in State? ☐ Yes ☐ No

Property in State Leased? ☐ Yes ☐ No Property in State Owned? ☐ Yes ☐ No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

CUSTOMERS LOCATED IN INDIANA

3. Indicate any partnership in which you have a unitary or general partnership relationship:

--

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

--

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? If no, please explain.

☐ Yes ☐ No

--

6. List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:

--

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

OTHER

Attach to your tax return.

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

IN

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

CINTRA SOFTWARE AND SERVICES INC.

OTHER DEPRECIATION

13-3890680

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	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
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 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	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.)

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	35,508.
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 ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		161,600.	5 YRS.	HY	SL	16,160.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,668.
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							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
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.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	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?		

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 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year				43	57,972.
44 Total. Add amounts in column (f). See the instructions for where to report				44	57,972.

Form M-8453C Corporate Tax Declaration for Electronic Filing

2022**Massachusetts
Department of
Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1-December 31, 2022.

Corporation name	Federal Identification number	Form filed:	☒ 355	☐ 355U	☐ 355S	☐ 355SC
CINTRA SOFTWARE AND SERVICES I	13-3890680					
Mailing address	City/Town	State	ZIP			
3 PARK AVENUE 32ND FL	NEW YORK	NY	10016			

Part 1. Tax Return Information for Electronic Filing

1	Excise due before credits (from Form 355, line 6; Form 355U, line 24; Form 355S, line 9; or Form 355SC, line 7)	1	960.
2	Total credits (from Form 355, line 7; Form 355U, lines 25 and 26; Form 355S, line 10; or Form 355SC, line 8)	2	
3	Excise due before voluntary contributions (from Form 355, line 11; Form 355U, line 27; Form 355S, line 14; or Form 355SC, line 11)	3	960.
4	Overpayment amount (from Form 355, line 21; Form 355U, line 37; Form 355S, line 24; or Form 355SC, line 18)	4	1,643.
5	Balance due (from Form 355, line 24; Form 355U, line 40; Form 355S, line 27; or Form 355SC, line 24)	5	

Part 2. Declaration and Signature of Taxpayer

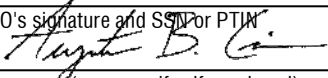
Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature

Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453C are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453C accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453C should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453C relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	☐ Check if self-employed
	09/20/23	74-2335626	
Firm name (or yours, if self-employed) and address	City/Town	State	ZIP
FASKE LAY & CO., L.L.P.	GEORGETOWN, TX		78628-2510
3609 WILLIAMS DRIVE, SUITE 105			

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	☐ Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	ZIP

Annual Report for Professional and
Foreign Professional Corporations

FORM MUST BE TYPED

(General Laws Chapter 156A, Section 18 and Chapter 156D, Section 16.22)

- (1) Exact name of the corporation: CINTRA SOFTWARE AND SERVICES INC.
- (2) Jurisdiction of incorporation: NEW YORK
- (3) Street address of the corporation's registered office in the commonwealth: 155 FEDERAL STREET, STE 700, BOSTON MA 02210
(number, street, city or town, state, ZIP code)
- (4) Name of the registered agent at the registered office: CT CORPORATION SYSTEM
- (5) Street address of the corporation's principal office: 3 PARK AVENUE 32ND FL
NEW YORK, NY 10016
(number, street, city or town, state, ZIP code)
- (6) Provide the names and addresses of the corporation's board of directors, shareholders, and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

	NAME	ADDRESS
President:	<u>BRENDAN MCNAMEE</u>	<u>3 PARK AVE FL 32, NEW YORK, NY 10016</u>
Treasurer:	<u>PADMA NARAYANAN</u>	<u>3 PARK AVE FL 32, NEW YORK, NY 10016</u>
Secretary:	<u>ABDUL SHEIKH</u>	<u>3 PARK AVE FL 32, NEW YORK, NY 10016</u>
Chief Executive Officer:	<u>BRENDAN MCNAMEE</u>	<u>3 PARK AVE FL 32, NEW YORK, NY 10016</u>
Chief Financial Officer:		
Directors:	<u>BRENDAN MCNAMEE</u>	<u>3 PARK AVE FL 32, NEW YORK, NY 10016</u>
	<u>ABDUL SHEIKH</u>	<u>3 PARK AVE FL 32, NEW YORK, NY 10016</u>

Shareholders (with residential address): _____

- (7) Briefly describe the business of the corporation: LICENSE/CONSULTING

(8-9) Capital stock of each class and series:

CLASS OF STOCK	TOTAL AUTHORIZED BY ARTICLES OF ORGANIZATION OR AMENDMENTS Number of Shares	TOTAL ISSUED AND OUTSTANDING Number of Shares
COMMON	200.	200.
PREFERRED		

- (10) Check if the stock of the corporation is publicly traded. ☐
- (11) Report is filed for fiscal year ending: MARCH 31 2023
(month, day, year)

It is hereby certified, pursuant to G.L. Chapter 156A, Section 18, that the shareholders, and all the partners of a general partnership which is a shareholder of the corporation are duly licensed to render one or more professional services for which the corporation was organized, or are professional corporations authorized to render such professional services, and that a copy of this report is being sent to the appropriate regulatory board.

Signed by: _____,

☐ Chairman of the board of directors ☐ President ☐ Other officer ☐ Court appointed fiduciary
on this _____ day of _____,

SEE ATTACHMENT SHEET

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

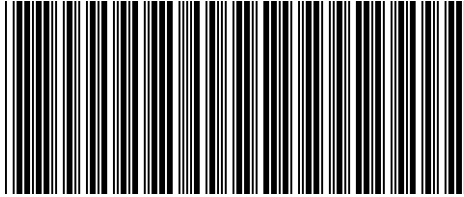
Annual Report for Professional and Foreign Professional Corporations

Attachment Sheet

SHAREHOLDERS: BRENDAN MCNAMEE
3 PARK AVE FL. 32 NEW YORK, NY 10016
ABDUL SHEIKH
3 PARK AVE FL. 32 NEW YORK, NY 10016
COMMON STOCK: CLASS A

200.

200.

**2022 Form 355****MA22397011019**

Business or Manufacturing Corporation Excise Return

Year beginning **04012022** Ending **03312023****CINTRA SOFTWARE AND SERVICES INC 13 3890680****3 PARK AVENUE 32ND FL NEW YORK****NY 10016**

Check if: Initial return Final return Name change Address change Amended return
Amended return due to federal change Amended return due to federal audit Amended return due to IRS BBA Partnership Audit
Enclosing Schedule DRE Enclosing Schedule FCI Enclosing Schedule TDS
S election termination or revocation Member of lower-tier entity

1. Check if the corporation is incorporated within Massachusetts
2. Date of incorporation in Massachusetts **2**
3. Type of corporation Section 38 manufacturer Mutual fund service
4. Type of corporation R&D Classified manufacturing RIC REIT
5. Check if the corporation is filing a Massachusetts combined return
6. FID of principal reporting corporation if answer to line 5 is Yes **6**
7. Check if the corporation's tax year is different from the 355U
8. Check if the corporation is an insurance mutual holding corporation
9. Check if the corporation is requesting alternate apportionment
10. Principal business code **10 541519**
11. Number of employees in Massachusetts **11**
12. Number of employees worldwide **12**
13. Foreign corporation: first date of business in Massachusetts **13**
14. Last year audited by IRS **14**
15. Check if adjustments have been reported to Massachusetts
16. Check if the corporation is deducting intangible or interest expenses paid to a related entity
17. Check if: Taxpayer is claiming exemption from the income measure of the excise pursuant to PL 86-272
Taxable only with respect to partnership activity

DECLARATION. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

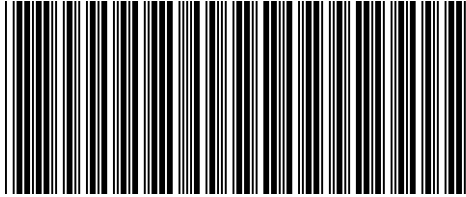
Signature of appropriate officer Date Print paid preparer's name Paid preparer's PTIN
PRESIDENT **AUGUSTUS B. CRIMM** **P01904833**
Title Date Paid preparer's phone Paid preparer's EIN
512 346 9623 **74 2335626**

Are you signing as an authorized delegate
of the appropriate officer of the corporation?
(see instructions) Yes **X** No

Paid preparer's signature
AUGUSTUS B. CRIMM

Date Check if self-employed
09202023

Taxpayer's e-mail address
PNARAYANAN@CINTRA.COM

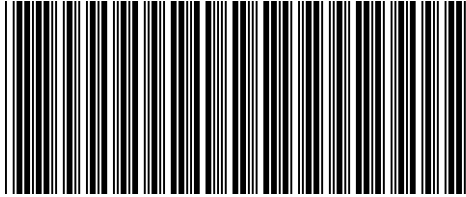


2022 Excise Calculation

MA22397021019

Business or Manufacturing Corporation Excise Return
13 3890680

1. Taxable Massachusetts tangible property, if applicable		x .0026 = 1	
2. Taxable net worth, if applicable	0	x .0026 = 2	0
3. Massachusetts taxable income	12006	x .0800 = 3	960
4. Credit recapture		4	
5. Tax on installment sales		5	
6. Excise before credits		6	960
7. Total credits		7	
8. Excise after credits		8	960
9. Combined filer tax due		9	
10. Minimum excise		10	456
11. Excise due before voluntary contribution		11	960
12. Voluntary contribution for endangered wildlife conservation		12	
13. Excise due plus voluntary contribution		13	960
14. 2021 overpayment applied to your 2022 estimated tax		14	1503
15. 2022 Massachusetts estimated tax payments		15	1100
16. Payment made with extension		16	
17. Payment with original return		17	
18. Pass-through entity withholding. Payer ID number		18	
19. Total refundable credits		19	
20. Total payments		20	2603
21. Amount overpaid		21	1643
22. Amount overpaid to be credited to 2023 estimated tax		22	
23. Amount overpaid to be refunded		Refund 23	1643
24. Balance due		Balance due 24	
25. a. M-2220 penalty	b. Late file/pay penalties	a + b = 25	
26. Interest on unpaid balance		26	
27. Total payment due at time of filing		Total due 27	



2022 Schedule A

MA22060011019

Balance Sheet

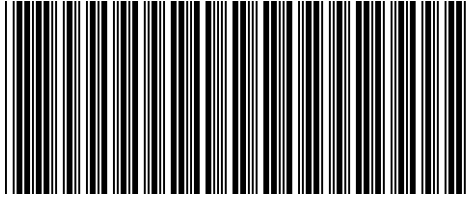
CINTRA SOFTWARE AND SERVICES INC 13 3890680

Tangible Assets

	A. Original cost	B. Accumulated depreciation and amortization	C. Net book value
1. Capital assets in Massachusetts:			
a. Buildings	1a		
b. Land	1b		
c. Motor vehicles and trailers	1c		
d. Machinery taxed locally	1d		
e. Machinery not taxed locally	1e		
f. Equipment	1f		
g. Fixtures	1g		
h. Leasehold improvements taxed locally	1h		
i. Leasehold improvements not taxed locally	1i		
j. Other fixed depreciable assets	1j		
k. Construction in progress	1k		
l. Total capital assets in Massachusetts	1l		
2. Inventories in Massachusetts:			
a. General merchandise	2a		
b. Exempt goods	2b		
3. Supplies and other non-depreciable assets in Mass.	3		
4. Total tangible assets in Massachusetts	4		
5. Capital assets outside of Massachusetts:			
a. Buildings and other depreciable assets	5a		
b. Land	5b		
6. Leaseholds/leasehold improvements outside Mass.	6		
7. Total capital assets outside Massachusetts	7		

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2022 Schedule A, pg. 2

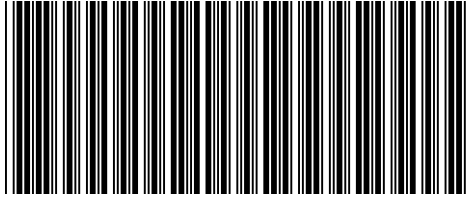
MA22060021019

Business or Manufacturing Corporation Excise Return
13 3890680

8. Inventories outside Massachusetts	8
9. Supplies and other non-depreciable assets outside Massachusetts	9
10. Total tangible assets outside of Massachusetts	10
11. Total tangible assets. Add lines 4 and 10	11
12. Investments:	
a. Investments in subsidiary corporations at least 80% owned	12a
b. Other investments	12b
13. Notes receivable	13
14. Accounts receivable	14
15. Intercompany receivables	15
16. Cash	16
17. Other assets	17
18. Total assets	18

Liabilities and Capital

19. Mortgages on:	
a. Massachusetts tangible property taxed locally	19a
b. Other tangible assets	19b
20. Bonds and other funded debt	20
21. Accounts payable	21
22. Intercompany payables	22
23. Notes payable	23
24. Miscellaneous current liabilities	24
25. Miscellaneous accrued liabilities	25
26. Total liabilities	26
27. Total capital stock issued	27
28. Paid-in or capital surplus	28
29. Retained earnings and surplus reserves	29
30. Undistributed S corporation net income	30
31. Total capital	31
32. Treasury stock	32
33. Total liabilities and capital	33



2022 Schedule B

MA22061011019

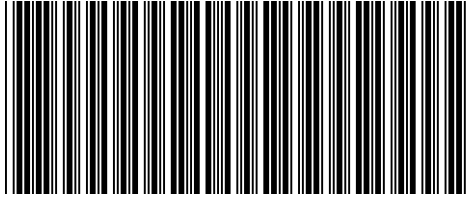
Tangible or Intangible Property Corp. Classification

CINTRA SOFTWARE AND SERVICES INC 13 3890680

1. Total Massachusetts tangible property	1	
2. Massachusetts real estate	2	
3. Massachusetts motor vehicles and trailers	3	
4. Massachusetts machinery taxed locally	4	
5. Massachusetts leasehold improvements taxed locally	5	
6. Massachusetts tangible property taxed locally	6	
7. Massachusetts tangible property not taxed locally	7	
8. Total assets	8	
9. Massachusetts tangible property taxed locally	9	
10. Total assets not taxed locally	10	
11. Investments in subsidiaries at least 80% owned	11	
12. Assets subject to allocation	12	
13. Income apportionment percentage	13	0.009850
14. Allocated assets	14	
15. Tangible property percentage	15	0.000000

Schedule C. Tangible Property Corporation

1. Total Massachusetts tangible property	1
2. Exempt Massachusetts tangible property:	
a. Massachusetts real estate	2a
b. Massachusetts motor vehicles and trailers	2b
c. Massachusetts machinery taxed locally	2c
d. Massachusetts leasehold improvements taxed locally	2d
e. Exempt goods	2e
f. Certified Massachusetts industrial waste/air treatment facilities	2f
g. Certified Massachusetts solar or wind power deduction	2g
3. Total exempt Massachusetts tangible property	3
4. Taxable Massachusetts tangible property	4



2022 Schedule D

MA22062011019

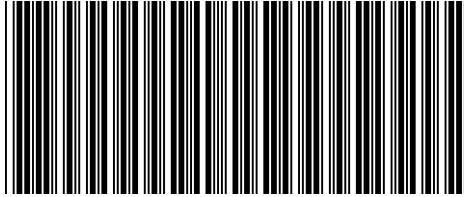
Intangible Property Corporation

13 3890680

1. Total assets	1		
2. Total liabilities	2		
3. Massachusetts tangible property taxed locally	3		
4. Mortgages on Massachusetts tangible property taxed locally	4		
5. Subtract line 4 from line 3	5		0
6. Investments in subsidiaries at least 80% owned	6		
7. Deductions from total assets	7		
8. Allocable net worth	8		0
9. Income apportionment percentage	9	0.009850	
10. Taxable net worth	10		0

Schedule E-1. Dividends Deduction

1. Total dividends	1
2. Dividends from Massachusetts corporate trusts	2
3. Dividends from non-wholly-owned DISCs	3
4. Dividends, if less than 15% of voting stock owned	4
5. Dividends from RICs	5
6. Dividends from REITs	6
7. Total taxable dividends	7
8. Dividends eligible for deduction	8
9. Dividends deduction	9



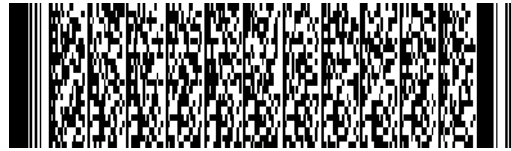
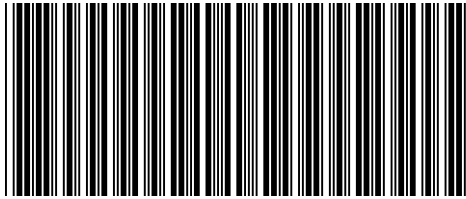
2022 Schedule E

MA22064011019

Taxable Income

CINTRA SOFTWARE AND SERVICES INC 13 3890680

1. Gross receipts or sales	1	20728188
2. Gross profit	2	14424232
3. Other deductions	3	3193708
4. Net income	4	769572
5. Allowable U.S. wage credit	5	
6. Subtract line 5 from line 4	6	769572
7. State and municipal bond interest not included in U.S. net income	7	
8. Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	8	313163
9. Section 168(k) "bonus" depreciation adjustment	9	161600
10. Section(s) 31I and 31K intangible expenses	10	
11. Section(s) 31J and 31K interest expenses	11	
12. Reserved for future use	12	
13. Other adjustments, including research and development expenses	13	-25460
14. Add lines 6 through 13	14	1218875
15. Abandoned building renovation deduction	x .10 = 15	
16. Dividends deduction	16	
17. Add back of intangible expenses exception	17	
18. Add back of interest expenses exception	18	
19. Income subject to apportionment	19	1218875
20. Income apportionment percentage	20	0.009850
21. Multiply line 19 by line 20	21	12006
22. Income not subject to apportionment	22	
23. Total net income allocated or apportioned to Massachusetts	23	12006
24. Certified Massachusetts solar or wind power deduction	24	
25. Massachusetts taxable income before NOL deduction	25	12006
26. Net operating loss deduction	26	
27. Massachusetts taxable income	27	12006
28. Net operating loss carryover	28	



2022 Schedule F

MA22066011019

Income Apportionment

CINTRA SOFTWARE AND SERVICES INC 13 3890680

Fill in: Section 38 manufacturer
Mutual fund service corporation reporting sales of mutual funds only
Mutual fund service corporation reporting sales of non-mutual funds
☒ Other
Change in method of calculating one or more factors from prior year

LOCATION

STATE FACILITY TYPE

ACCEPTS
ORDERS

REG. IN
STATE

FILES IN
STATE

Apportionment Factors

1. Tangible property				
a. Property owned	Massachusetts	0	Worldwide	1373179
b. Property rented	Massachusetts		Worldwide	
c. Total property owned and rented	Massachusetts	0	Worldwide	1373179
d. Tangible property apportionment percentage			1d	0.000000
2. Payroll				
a. Total payroll	Massachusetts	214421	Worldwide	7996386
b. Payroll apportionment percentage			2b	0.026815
3. Sales				
a. Tangible (destination)	Massachusetts	59066		
b. Tangible (throw back)	Massachusetts	0	Worldwide	10682532
c. Services	Massachusetts	71370	Worldwide	10045656
d. Rents and royalties	Massachusetts		Worldwide	
e. Other sales factors	Massachusetts		Worldwide	
f. Total sales factors	Massachusetts	130436	Worldwide	20728188
g. Sales apportionment percentage			3g	0.006293
4. Apportionment percentage			4	0.039401
5. Massachusetts apportionment percentage			5	0.009850

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Massachusetts Department of Revenue
Schedule M-1
Federal Reconciliation

2022

For calendar year 2022 or taxable year beginning **APRIL 1, 2022** and ending **MARCH 31, 2023**

Name of corporation

Federal Identification number

CINTRA SOFTWARE AND SERVICES INC.

13-3890680

Part 1. Income and expenses

1 Net sales	1 20,728,188.
2 Cost of goods sold	2 6,303,956.
3 Gross profit	3 14,424,232.
4 Dividends and inclusions	4
5 Interest income	5 2,454.
6 Gross rents	6
7 Gross royalties	7
8 Capital gains on net income	8
9 Net gain or loss (from Form 4797)	9
10 Other income	10 5,357.
11 Total income	11 14,432,043.
12 Compensation of officers deduction	12
13 Salaries and wages deduction	13 7,996,386.
14 Repairs and maintenance deduction	14 13,085.
15 Bad debts deduction	15
16 Rents deduction	16 544,464.
17 Taxes and licenses deduction	17 783,505.
18 Interest expense deduction	18 18,924.
19 Charitable contributions deduction	19
20 Depreciation deduction	20 187,808.
21 Depletion deduction	21
22 Advertising deduction	22 91,765.
23 Pension and profit sharing deduction	23 101,680.
24 Employee benefit programs deduction	24 731,146.
25 Reserved for future use	25
26 Other deductions	26 3,193,708.
27 Total deductions	27 13,662,471.
28 Taxable income before NOL deduction and special deductions	28 769,572.



Name of corporation **CINTRA SOFTWARE AND SERVICES INC.** Federal Identification number **13-3890680**

Part 2. Corporate ownership

- 1** At the end of the tax year did any foreign or domestic corporation, partnership, including any entity treated as a partnership, trust or tax-exempt organization own, directly or indirectly, more than 50% of the total voting power of all the corporation's stock entitled to vote? ☒ Yes ☐ No

a. Name of entity	b. Federal Identification number	c. Type of entity	d. Country of organization	e. Ownership percentage
CINTRA GROUP HOLDINGS,	81-3701549	CORPORATION	* US	1.000000

- 2** At the end of the tax year did the corporation 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? ☐ Yes ☒ No

a. Name of corporation	b. Federal Identification number	c. Country of incorporation	d. Ownership percentage

* UNITED STATES

SCHEDULE E	OTHER ADJUSTMENTS	STATEMENT 1
DESCRIPTION		AMOUNT
ADDITIONAL STATE DEPRECIATION		-25,460.
TOTAL TO SCHEDULE E, LINE 13		-25,460.

MARYLAND
FORM
EL101B

**E-FILE DECLARATION
FOR BUSINESS &
FIDUCIARY
ELECTRONIC FILING**

DO NOT MAIL



22101B005

2022

OR FISCAL YEAR BEGINNING 0401 2022, ENDING 033123

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

CINTRA SOFTWARE AND SERVICES INC

Name of corporation, pass-through entity, estate or trust

133890680

Federal Employer Identification Number

Name and Title of Fiduciary

3 PARK AVENUE 32ND FL

Street Address

NEW YORK

City or town

NY

State

10016

ZIP Code

+4

PART I Tax Return Information (whole dollars only)

- | | | | | |
|----|---|---------------|---------------|-----------|
| 1. | Amount of overpayment to be applied to 2023 estimated tax | 1. | <u>22</u> .00 | |
| 2. | Amount of overpayment to be refunded | REFUND | 2. |00 |
| 3. | Total amount due | 3. |00 | |

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or passthrough entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

☒ I authorize FASKE LAY & CO., L.L.P. to enter or generate my PIN

as my signature on my tax year 2022 electronically filed income tax return.

36091

Enter five digits.
Do not enter all
zeros.

☐ I will enter my PIN as my signature on the tax year 2022 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature

Date

PART III Certification and Authentication - Practitioner PIN Method Only

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

74778436092

Do not enter
all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2022 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

EROs signature

092023

Date



MARYLAND
FORM
500D

CORPORATION
DECLARATION OF
ESTIMATED INCOME TAX



23500D005

2023

OR FISCAL YEAR BEGINNING 0401 2023, ENDING 033124

133890680

► Federal Employer Identification Number (9 digits)

CINTRA SOFTWARE AND SERVICES INC

Name

3 PARK AVENUE 32ND FL

Current Mailing Address (PO Box, number, street and apt. no.)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

NEW YORK

City or Town

NY

State

10016

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

For Office Use Only

► ME	► YE	► EC	► EC
03	24		

USE THIS FORM TO REMIT ANY ESTIMATED PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS FOR MORE INFORMATION.

IMPORTANT: Review the instructions before completing this form. If you are using this form for subsequent estimated payments, you do not need to complete this worksheet if you previously have calculated the amount you need to pay each quarter.

► ☐ Check here if you are a first time filer or your mailing address has changed.

ESTIMATED TAX WORKSHEET

- | | | |
|--|----|-----------------|
| 1. Taxable income expected for the tax year or period BEGINNING in 2023 | 1. | <u>14533.00</u> |
| 2. Estimated income tax due for the year (8.25% of line 1, reduced by any tax credits) | 2. | <u>1199.00</u> |
| 3. Estimated tax due per quarter (line 2 divided by four) ADJUSTED | 3. | <u>300.00</u> |

Estimated tax paid for 2023 with this declaration ► \$ 0.00

* PROTECTIVE ESTIMATE - 110% OF PY TAX

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)

Print Using Blue or Black Ink Only

STAPLE CHECK HERE



23500D005

OR FISCAL YEAR BEGINNING 0401 2023, ENDING 033124

133890680

► Federal Employer Identification Number (9 digits)

CINTRA SOFTWARE AND SERVICES INC

Name

3 PARK AVENUE 32ND FL

Current Mailing Address (PO Box, number, street and apt. no.)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

NEW YORK

City or Town

NY

State

10016

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

For Office Use Only

► ME	► YE	► EC	► EC
03	24		

USE THIS FORM TO REMIT ANY ESTIMATED PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS FOR MORE INFORMATION.

IMPORTANT: Review the instructions before completing this form. If you are using this form for subsequent estimated payments, you **do not** need to complete this worksheet if you previously have calculated the amount you need to pay each quarter.

► ☐ Check here if you are a first time filer or your mailing address has changed.

ESTIMATED TAX WORKSHEET

- | | | |
|--|----|-----------------|
| 1. Taxable income expected for the tax year or period BEGINNING in 2023 | 1. | <u>14533.00</u> |
| 2. Estimated income tax due for the year (8.25% of line 1, reduced by any tax credits) | 2. | <u>1199.00</u> |
| 3. Estimated tax due per quarter (line 2 divided by four) ADJUSTED | 3. | <u>300.00</u> |

Estimated tax paid for 2023 with this declaration ► \$ 430.00

* PROTECTIVE ESTIMATE - 110% OF PY TAX

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)



MARYLAND
FORM
500D

CORPORATION
DECLARATION OF
ESTIMATED INCOME TAX



23500D005

2023

OR FISCAL YEAR BEGINNING 0401 2023, ENDING 033124

133890680

► Federal Employer Identification Number (9 digits)

CINTRA SOFTWARE AND SERVICES INC

Name

3 PARK AVENUE 32ND FL

Current Mailing Address (PO Box, number, street and apt. no.)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

NEW YORK

City or Town

NY

State

10016

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

For Office Use Only

► ME	► YE	► EC	► EC
03	24		

USE THIS FORM TO REMIT ANY ESTIMATED PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS FOR MORE INFORMATION.

IMPORTANT: Review the instructions before completing this form. If you are using this form for subsequent estimated payments, you do not need to complete this worksheet if you previously have calculated the amount you need to pay each quarter.

► ☐ Check here if you are a first time filer or your mailing address has changed.

ESTIMATED TAX WORKSHEET

- | | | |
|--|----|-----------------|
| 1. Taxable income expected for the tax year or period BEGINNING in 2023 | 1. | <u>14533.00</u> |
| 2. Estimated income tax due for the year (8.25% of line 1, reduced by any tax credits) | 2. | <u>1199.00</u> |
| 3. Estimated tax due per quarter (line 2 divided by four) ADJUSTED | 3. | <u>300.00</u> |

Estimated tax paid for 2023 with this declaration ► \$ 300.00

* PROTECTIVE ESTIMATE - 110% OF PY TAX

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)

Print Using Blue or Black Ink Only

STAPLE CHECK HERE



23500D005

OR FISCAL YEAR BEGINNING 0401 2023, ENDING 033124

133890680

► Federal Employer Identification Number (9 digits)

CINTRA SOFTWARE AND SERVICES INC

Name

3 PARK AVENUE 32ND FL

Current Mailing Address (PO Box, number, street and apt. no.)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

NEW YORK

City or Town

NY

State

10016

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

For Office Use Only

► ME	► YE	► EC	► EC
03	24		

USE THIS FORM TO REMIT ANY ESTIMATED PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS FOR MORE INFORMATION.

IMPORTANT: Review the instructions before completing this form. If you are using this form for subsequent estimated payments, you **do not** need to complete this worksheet if you previously have calculated the amount you need to pay each quarter.

► ☐ Check here if you are a first time filer or your mailing address has changed.

ESTIMATED TAX WORKSHEET

- | | | |
|--|----|-----------------|
| 1. Taxable income expected for the tax year or period BEGINNING in 2023 | 1. | <u>14533.00</u> |
| 2. Estimated income tax due for the year (8.25% of line 1, reduced by any tax credits) | 2. | <u>1199.00</u> |
| 3. Estimated tax due per quarter (line 2 divided by four) ADJUSTED | 3. | <u>300.00</u> |

Estimated tax paid for 2023 with this declaration ► \$ 300.00

* PROTECTIVE ESTIMATE - 110% OF PY TAX

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



2022

\$

OR FISCAL YEAR BEGINNING 0401 2022, ENDING 033123

133890680

► Federal Employer Identification Number (9 digits)

FEIN Applied for Date (MMDDYY)

051496

► Date of Organization or Incorporation (MMDDYY)

541519

► Business Activity Code No. (6 digits)

CINTRA SOFTWARE AND SERVICES INC

Name

3 PARK AVENUE 32ND FL

Current Mailing Address (PO Box, number, street and apt. no)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

NEW YORK

City or Town

NY

State

10016

ZIP Code + 4

Do not write in this space.

03

► ME

23

► YE

**Amended
Return** ► ☐

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

CHECK HERE IF:

- ☐ Name or address has changed ► ☐ Inactive corporation ☐ First filing of the corporation ► ☐ Final Return
 ► ☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX

► ☐ Carryback ► ☐ Carryforward

Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:

☒ 1120 ☐ 1120-REIT ☐ 990T

☐ Other: _____ IF 1120S, FILE ON FORM 510 1a. 769572 .00

1b. Special Deductions (Federal Form 1120 line 29b or

Form 1120-C line 26b.) 1b. _____ .00

1c. Federal Taxable Income before net operating loss deduction

(Subtract line 1b from 1a) ► 1c. 769572 .00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions ► 2a. _____ .00

2b. Decoupling Modification Addition adjustment

(Enter code letter(s) from instructions.) STMT 1 ► E ► 2b. 136140 .00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. 136140 .00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions ► 3a. _____ .00

3b. Dividends for domestic corporation claiming foreign tax credits

(Federal form 1120/1120C Schedule C line 18) ► 3b. _____ .00

NAME CINTRA SOFTWARE FEIN 133890680

- 3c. Dividends from related foreign corporations
(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ▶ 3c. .00
- 3d. Decoupling Modification Subtraction adjustment
(Enter code letter(s) from instructions.) ▶ 3d. 0.00
- 3e. Total Maryland Subtraction Adjustments to Federal Taxable Income
(Add lines 3a through 3d.) 3e. 0.00
4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied
(Add lines 1c and 2c, and subtract line 3e.) 4. 905712.00
5. Enter Adjusted Federal NOL Carry-forward available from previous tax years (including
FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) ▶ 5. .00
6. **Maryland Adjusted Federal Taxable Income** (If line 4 is less than or equal to zero,
enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and
enter result. If result is less than zero, enter zero.) 6. 905712.00

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

- 7a. State and local income tax STATEMENT 2 ▶ 7a. 221165.00
- 7b. Dividends and interest from another state, local or federal tax
exempt obligation ▶ 7b. .00
- 7c. Net operating loss modification recapture (Do not enter NOL carryover.
See instructions.) ▶ 7c. .00
- 7d. Domestic Production Activities Deduction ▶ 7d. .00
- 7e. Deduction for Dividends paid by captive REIT ▶ 7e. .00
- 7f. Other additions (Enter code letter(s) from
instructions and attach schedules) ▶ 7f. .00
- 7g. Total Addition Modifications (Add lines 7a through 7f) 7g. 221165.00

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

- 8a. Income from US Obligations ▶ 8a. .00
- 8b. Other subtractions (Enter code letter(s) from
instructions and attach schedule) ▶ 8b. .00
- If you are claiming subtraction H, enter your state medical cannabis business license number: ▶ .00
- 8c. Total Subtraction Modifications (Add lines 8a and 8b) 8c. .00

NET MARYLAND MODIFICATIONS

9. Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,
enter negative amount.) 9. 221165.00
10. Maryland Modified Income (Add lines 6 and 9.) 10. 1126877.00

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11. Maryland apportionment factor (from page 4 of this form)
(If factor is zero, enter .000000.) ▶ 11. 0.011730
12. Maryland apportionment income (Multiply line 10 by line 11.) 12. 13218.00
13. Maryland taxable income (from line 10 or line 12, whichever is applicable.) 13. 13218.00
14. Tax (Multiply line 13 by 8.25%) 14. 1090.00
- 15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited
from 2021 overpayment ▶ 15a. 1260.00
- 15b. Tax paid with an extension request (Form 500E) ▶ 15b. .00
- 15c. Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)
- 15d. Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)
- 15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR.
Check here ☐ if you are a non-profit corporation.

You must file this form electronically to
claim business tax credits from Form 500CR.

NAME CINTRA SOFTWARE FEIN 133890680

- | | | | |
|---|--------|-------|---------|
| 15f. Nonresident tax paid on behalf of the corporation by pass-through entities
(Attach Maryland Schedule 510/511 K-1.) | ▶ 15f. | _____ | .00 |
| 15g. If amending, total payments made with original plus additional tax paid
after original was filed | ▶ 15g. | _____ | .00 |
| 15h. Total payments and credits (add lines 15a through 15g) | 15h. | _____ | 1260.00 |
| 16. Balance of tax due (If line 14 exceeds line 15h enter the difference.) | ▶ 16. | _____ | 0.00 |
| 17. Overpayment (If line 15h exceeds line 14, enter the difference.) | ▶ 17. | _____ | 170.00 |
| 17a. If amending prior overpayment (Total all refunds previously issued.) | 17a. | _____ | .00 |
| 18. Interest and/or penalty from Form 500UP
_____ for original return | ▶ 18. | _____ | 148.00 |
| 19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.) | ▶ 19. | _____ | 0.00 |
| 20. Amount of overpayment from original return to be applied to estimated tax for 2023
(not to exceed the net of lines 17 minus 17a and 18.) | ▶ 20. | _____ | 22.00 |
| 21. Amount of overpayment TO BE REFUNDED
(Add lines 18 and 20, and subtract the total from line 17.)
(If amending subtract lines 17a and 18 from line 17.) | ▶ 21. | _____ | 0.00 |

DIRECT DEPOSIT OF REFUND (See Instructions.) **Verify that all account information is correct and clearly legible.**

If you are requesting direct deposit of your refund, complete the following.

- ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.
- ☐ Check here if this refund will go to an account outside of the United States.

22a. Type of account: ☐ Checking ☐ Savings

22b. Routing Number (9-digits): _____

22c. Account number:

22d. Name as it appears on the bank account:

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

- | | | |
|-----|---|-----------------|
| 23. | NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss ONLY).
(If line 6 is less than zero, enter on line 23.) | 23. <u>0.00</u> |
| 24. | NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the
amount from line 9 on line 24.) | 24. <u>0.00</u> |

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

1. Amended to claim a Net Operating Loss Deduction

2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)

3. Amended to claim Business Tax Credit.

4. Amended to claim nonresident PTE Tax Credit

5. Amended to report income omitted on previous filing

6. Amended to change apportionment factor

7. Amended for another reason

Explanation of Changes:



NAME CINTRA SOFTWARE FEIN 133890680

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)

NOTE: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1. Receipts	a. Gross receipts or sales less returns and allowances	0.00	3182641.00	
	b. Dividends	.00	.00	
	c. Interest	0.00	0.00	
	d. Gross rents	.00	.00	
	e. Gross royalties	.00	.00	
	f. Capital gain net income	.00	.00	
	g. Other income (Attach schedule.) STMT 3	243146.00	17545547.00	
	h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.)	243146.00	20728188.00	0.011730

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property	a. Inventory	.00	.00	
	b. Machinery and equipment	0.00	449633.00	
	c. Buildings	.00	.00	
	d. Land	.00	.00	
	e. Other tangible assets (Attach schedule.) STMT 4	0.00	923546.00	
	f. Rent expense capitalized (multiply by eight)	.00	.00	
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2.)	0.00	1373179.00	0.000001
3. Payroll	a. Compensation of officers	0.00	0.00	
	b. Other salaries and wages	264176.00	7996386.00	
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)	264176.00	7996386.00	0.033037

4. Maryland apportionment factor Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000000 on line 11, page 2.) 0.011730

☐ Check here if special apportionment or alternative apportionment formula is used.



NAME CINTRA SOFTWARE FEIN 133890680

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Telephone number of corporation tax department: 2124816501
2. Address of principal place of business in Maryland (if other than indicated on page 1): _____
3. Brief description of operations in Maryland: _____
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? ☐ Yes ☒ No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☐ Yes ☒ No
6. Is this entity part of the federal consolidated filing? ☐ Yes ☒ No
If a multistate operation, provide the following:
7. Is this entity a multistate corporation that is a member of a unitary group? ☐ Yes ☒ No
8. Is this entity a multistate manufacturer with more than 25 employees? ☐ Yes ☒ No

SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**
List the name(s) of the qualified charitable entity on the lines below.



SIGNATURE AND VERIFICATION

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here ☒ if you authorize your preparer to discuss this return with us.

Officer's signature Date

BRENDAN MCNAMEE, PRESIDENT

Officer's Name and Title

AUGUSTUS B CRIMM

Preparer's signature (Required by Law) Date

5123469623

Telephone number of preparer

FASKE LAY CO LLP

Printed name of the Preparer / or Firm's name

3609 WILLIAMS DRIVE SUITE 105

Street address of preparer or Firm's address

GEORGETOWN TX 786282510

City, State, ZIP Code + 4

► **P01904833**

Preparer's PTIN (Required by Law)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)

► _____
CODE NUMBERS (3 digits per line)



OR FISCAL YEAR BEGINNING 0401 2022, ENDING 033123

CINTRA SOFTWARE AND SERVICES INC

133890680

Name of taxpayer(s)

Taxpayer Identification Number

Use this form only if the Maryland return is affected by the use (for any tax year) of any of the following federal provisions from which Maryland has decoupled (Decoupled Provisions):

- Certain provisions of the federal CARES Act of 2020 have an impact on business interest expense deductions, limitation on excess business losses for non-corporate taxpayers, net operation losses (NOLs), and qualified improvement property (QIP) bonus depreciation. For more information, see Tax Alert 7-24 at www.marylandtaxes.gov.
- Special Depreciation Allowance under the federal Job Creation and Worker Assistance Act of 2002 (JCWAA) as increased and extended under the federal Jobs and Growth Tax Relief Reconciliation Act of 2003 (JGTRRA); and subsequent federal legislation, including the American Recovery and Reinvestment Act of 2009 (ARRA).
- Carryover of a net operating loss (NOL) under IRC Section 172 without regard to an election under IRC Section 172(b)(1)(H) for a carryback period of up to 2 years (Farming loss only).
- Federal Section 179 depreciation deductions taken for a tax year beginning on or after January 1, 2003. For Maryland tax purposes, a taxpayer only is allowed to expense up to \$25,000, reduced dollar-for-dollar by the amount over \$200,000, of the cost of Section 179 property that is purchased and put in service for a trade or business for the tax year. For vehicles placed in service after May 31, 2004, Maryland also has decoupled from the higher depreciation deduction for certain heavy duty SUVs allowed under Internal Revenue Code Section 280F.
- Deferral of recognition of income from discharge of indebtedness under the ARRA.
- Deferral of deduction for original issue discount in debt for debt exchanges under the ARRA.

Read instructions and complete the worksheet.

	Column 1 Federal Return as Filed	Column 2 Federal Return without Decoupled Provisions	Column 3 Difference Increase/ Decrease (-)
1. Depreciation Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).	<u>187808.00</u>	<u>51668.00</u>	<u>136140.00</u>
2. NOL Deductions Subtract the amount in Column 2 from the amount in Column 1 and enter in Column 3. If less than 0, enter as a negative amount (-).	<u>0.00</u>	<u>0.00</u>	<u>.00</u>
3. Original Issue Discounts Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).	<u>.00</u>	<u>.00</u>	<u>.00</u>
4. Discharge of Business Indebtedness Subtract the amount in Column 1 from the amount in Column 2 and enter in Column 3. If less than 0, enter as a negative amount (-).	<u>.00</u>	<u>.00</u>	<u>.00</u>
5. Other Changes (See instructions.)			<u>.00</u>
6. Net Decoupling Modification Net the amounts on lines 1 through 5 of Column 3. This is the Decoupling Modification. Enter here and include as a positive number on the appropriate line of the Maryland return being filed. Also enter the applicable letter code(s) on the lines provided on the return. See table in instructions			<u>136140.00</u>
7. Decoupling from PTE. Enter code letter dp. (See instructions.)			<u>.00</u>

**UNDERPAYMENT OF
ESTIMATED INCOME
TAX BY CORPORATIONS
AND PASS-THROUGH
ENTITIES
ATTACH TO FORMS 500, 510 OR 511.**



2022

OR FISCAL YEAR BEGINNING 0401 2022, ENDING 033123

133890680

Federal Employer Identification Number (9 digits)

CINTRA SOFTWARE AND SERVICES INC

Name as shown on Forms 500, 510 or 511

☐ Check here if electing to remit tax on all members' shares of income.

IMPORTANT: REVIEW THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

EXCEPTIONS WHICH AVOID INTEREST AND PENALTY

NO INTEREST OR PENALTY IS DUE AND THIS FORM SHOULD NOT BE FILED IF:

- The tax developed for the current tax year is \$1,000 or less; or,
- Four payments of not less than 25% of the required estimated tax were filed on or before the 15th day of the 4th, 6th, 9th and 12th months of the tax year and total either (1) 90% of the tax developed for the current tax year or (2) 110% of the tax that was developed for the prior tax year; or,
- If the entity has a short tax period of less than 4 months.

CALCULATION OF INTEREST AND PENALTY

- Tax for current tax year (line 14 of Form 500 or line 15 of Form 510 or line 12 of Form 511) less any Business Tax Credits or Heritage Structure Rehabilitation Tax Credits (or credit for tax paid on behalf of nonresident/resident entities by a pass-through entity) 1. 1090.00
- Enter 90% of the amount on line 1 2. 981.00
- 3a. Tax for prior tax year (line 14 of prior year Form 500, or line 15 of Form 510), or line 12 of Form 511 less any Business Tax Credits or Heritage Structure Rehabilitation Tax Credits 3a. 1609.00
- 3b. Multiply line 3a by 110% 3b. 1770.00
4. Estimated tax required (Enter lesser of line 2 or line 3b. If first-time filer, enter line 2.) 4. 981.00

- | DUE DATES OF INSTALLMENT PERIODS | | | | |
|---|-----------------------|-----------------------|-----------------------|------------------------|
| | 15th day
4th month | 15th day
6th month | 15th day
9th month | 15th day
12th month |
| | 1st Period | 2nd Period | 3rd Period | 4th Period |
| 5. Installment periods | | | | |
| 6. Estimated payments required per installment period (See instructions.) | 245.00 | 491.00 | 736.00 | 981.00 |
| 7. Estimated tax paid per installment period on or before the due date indicated and prior year's overpayment applied to estimated tax | 60.00 | 60.00 | 60.00 | 60.00 |
| 8. Underpayment per installment period (Subtract line 7 from line 6.) | 185.00 | 431.00 | 676.00 | 921.00 |
| 9. Interest factors (See instructions.) | .0158 | .0238 | .0229 | .0300 |
| 10. Interest per installment period (Multiply line 8 by factors on line 9.) | ▶ 3.00 | ▶ 10.00 | ▶ 15.00 | ▶ 28.00 |
| 11. Total interest (Add all amounts on line 10.) | | | | ▶ 11. <u>56.00</u> |
| 12. Penalty (See instructions.) | | | | ▶ 12. <u>92.00</u> |
| 13. Total interest and penalty (Add lines 11 and 12.) Also enter this amount on line 18 of Form 500 or line 18 of Form 510 or line 16 of Form 511 | | | | ▶ 13. <u>148.00</u> |

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

OTHER

Attach to your tax return.

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

MD

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

CINTRA SOFTWARE AND SERVICES INC.

OTHER DEPRECIATION

13-3890680

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	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
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 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	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.)

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	35,508.
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 ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		161,600.	5 YRS.	HY	SL	16,160.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,668.
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							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
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.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer 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.

	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?		

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 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year					43 57,972.
44 Total. Add amounts in column (f). See the instructions for where to report					44 57,972.

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

MD

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
12	AIR CONDITIONER	11/01/11	200DB	7.00	HY	17	1,728.		1,728.					0.	
13	AWNING - SIG	07/01/14	SL	7.00	HY	17	3,716.		3,716.					0.	
27	OFFICE FURNITURE	04/01/15	SL	7.00	HY	17	179,546.				179,546.	153,894.		25,649.	179,543.
28	OFFICE FURNITURE	07/01/14	SL	7.00	HY	17	11,972.		11,972.					0.	
29	OFFICE BLINDS	03/17/17	SL	7.00	HY	17	1,175.		1,175.					0.	
	* OTHER TOTAL - FURNITURE & FIXTURES						198,137.		18,591.		179,546.	153,894.		25,649.	179,543.
	EQUIPMENT - OFFICE														
24	EQUIPMENT - OFFICE	04/01/15	SL	5.00	HY	17	41,948.				41,948.	41,948.		0.	41,948.
25	OFFICE EQUIP	06/01/14	SL	5.00	HY	17	3,305.		3,305.					0.	
26	LEASEHOLD IMPROVEMENTS (EQUIPMENT)	07/01/09	SL	15.00	HY	17	1,071.				1,071.	426.		71.	497.
34	NEXUS SWITCHES	05/01/16	SL	5.00	HY	17	2,530.		2,530.					0.	
	* OTHER TOTAL - EQUIPMENT - OFFICE						48,854.		5,835.		43,019.	42,374.		71.	42,445.
	EQUIPMENT - DESKTOP														
10	MONITORS	04/01/11	200DB	7.00	HY	17	1,308.		1,308.					0.	
23	EQUIPMENT - DESKTOP	04/01/15	SL	5.00	HY	17	1,427.				1,427.	1,425.		0.	1,425.
	* OTHER TOTAL - EQUIPMENT - DESKTOP						2,735.		1,308.		1,427.	1,425.		0.	1,425.
	EQUIPMENT - LAPTOP														

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

MD

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	COMPUTERS	04/01/11	200DB	7.00		HY17	18,816.		18,816.					0.	
18	COMPUTERS	04/01/15	SL	5.00		HY17	6,361.		6,361.					0.	
22	EQUIPMENT - LAPTOP	04/01/15	SL	5.00		HY17	10,141.				10,141.	10,140.		0.	10,140.
33	LAPTOP	09/01/16	SL	5.00		HY17	3,298.		3,298.					0.	
37	MAC BOOK PRO	04/30/18	SL	5.00		HY17	4,041.			4,041.				0.	
39	LAPTOPS FOR INDIA (3 ROUNDS)	09/22/21	SL	5.00		HY17	46,500.				46,500.	4,650.		9,300.	13,950.
40	SOFTWARE- ARCTIC WOLF MDR USER LIC	07/01/22	SL	5.00		HY19B	161,600.				161,600.			16,160.	16,160.
	* OTHER TOTAL - EQUIPMENT - LAPTOP						250,757.		28,475.	4,041.	218,241.	14,790.		25,460.	40,250.
	EQUIPMENT - SERVERS														
17	COMPUTERS	04/01/13	200DB	7.00		HY17	22,721.		22,721.					0.	
21	EQUIPMENT - SERVERS	04/01/15	SL	5.00		HY17	22,466.				22,466.	22,465.		0.	22,465.
30	SERVER	10/25/16	SL	5.00		HY17	7,000.		7,000.					0.	
38	COMPUTER EQUIPMENT	09/30/18	SL	5.00		HY17	3,489.			3,489.				0.	
	* OTHER TOTAL - EQUIPMENT - SERVERS						55,676.		29,721.	3,489.	22,466.	22,465.		0.	22,465.
	SIGNS														
20	SIGNS	04/01/15	SL	7.00		HY17	3,716.		1,060.		2,656.	2,274.		379.	2,653.
	* OTHER TOTAL - SIGNS						3,716.		1,060.		2,656.	2,274.		379.	2,653.
	SECURITY SYSTEM														

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

MD

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	SURVEILLANCE	10/01/11	200DB	7.00		HY17	2,503.		2,503.					0.	
19	SECURITY SYSTEM	04/01/15	SL	5.00		HY17	2,432.				2,432.	2,432.		0.	2,432.
	* OTHER TOTAL - SECURITY SYSTEM						4,935.		2,503.		2,432.	2,432.		0.	2,432.
	LEASEHOLD IMPROVEMENTS														
14	LEASEHOLD IMPROVEMENTS	04/01/13		468M		43	68,435.				68,435.	15,795.		1,755.	17,550.
15	LEASEHOLD IMPROVEMENTS	04/01/14		120M		43	490,137.				490,137.	302,252.		49,014.	351,266.
16	LEASEHOLD IMPROVEMENTS	04/01/15		468M		43	280,908.				280,908.	50,421.		7,203.	57,624.
36	LEASEHOLD IMPROVEMENTS	05/20/17	SL	15.00		HY17	3,266.			1,633.	1,633.	491.		109.	600.
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						842,746.			1,633.	841,113.	368,959.		58,081.	427,040.
31	INTACCT SOFTWARE	04/04/16	SL	5.00		HY17	29,302.		29,302.					0.	
32	SALESFORCE SOFTWARE	05/02/16	SL	5.00		HY17	17,122.		17,122.					0.	
35	SOFTWARE	04/01/15	SL	7.00		HY17								0.	
41			200DB	5.00		HY19B								0.	
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						46,424.		46,424.		0.			0.	0.
	* GRAND TOTAL OTHER DEPR AND AMORT						1,453,980.		133,917.	9,163.	1,310,900.	608,613.		109,640.	718,253.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.
▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

MINNESOTA

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.**

to enter or generate my PIN

36091

ERO firm name

as my signature on my tax year 2022 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____

Date ▶ _____

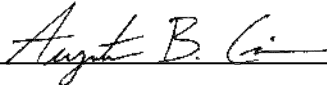
Title ▶ **PRESIDENT****Part III Certification and Authentication**

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

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶ Date ▶ **09/20/2023**

ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority

Minnesota Corporation Franchise Estimated Tax Worksheet (keep for your records)

1	Estimated taxable income	1	4717
2	Estimated tax	2	462
3	Estimated Research and Development credit	3	
4	Net estimated tax after nonrefundable credit	4	462
5	Estimated enterprise zone credit	5	
6	Net estimated tax after refundable credit	6	462

7 Record of estimated payments:

Voucher number	Voucher #1	Voucher #2	Voucher #3	Voucher #4	Total
a. Estimated tax installment		240	120	120	480
b. Less: 2022 over-payment credit					
c. Estimated tax payment due		240	120	120	480



Corporation Estimated Tax Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose Credit or Debit Card from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

VOUCHER NUMBER 2

259482 09-12-22

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



Corporation Estimated Tax Payment

CINTRA SOFTWARE AND SERVICES INC.
BRENDAN MCNAMEE
3 PARK AVENUE 32ND FL
NEW YORK NY 10016

Make check payable to:
Minnesota Revenue
Mail Station 1275, St. Paul, MN 55145-1275

Preparer Tax
Identification Number: P01904833

Minnesota Tax ID
(required): 4222211

Federal ID: 133890680

Tax-Year End: 033124

Amount of Check: 240 00

[illegible]



Corporation Estimated Tax Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose Credit or Debit Card from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

VOUCHER NUMBER 3

259482 09-12-22

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



Corporation Estimated Tax Payment

CINTRA SOFTWARE AND SERVICES INC.
BRENDAN MCNAMEE
3 PARK AVENUE 32ND FL
NEW YORK NY 10016

Make check payable to:
Minnesota Revenue
Mail Station 1275, St. Paul, MN 55145-1275

Preparer Tax
Identification Number: P01904833

Minnesota Tax ID
(required): 422211

Federal ID: 133890680

Tax-Year End: 033124

Amount of Check: 120 00

01000000000000000000000000331240000004222117000000000000000000000000001116



Corporation Estimated Tax Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose Credit or Debit Card from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

VOUCHER NUMBER 4

259482 09-12-22

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



Corporation Estimated Tax Payment

CINTRA SOFTWARE AND SERVICES INC.
BRENDAN MCNAMEE
3 PARK AVENUE 32ND FL
NEW YORK NY 10016

Make check payable to:
Minnesota Revenue
Mail Station 1275, St. Paul, MN 55145-1275

Preparer Tax
Identification Number: P01904833

Minnesota Tax ID
(required): 4222211

Federal ID: 133890680

Tax-Year End: 033124

Amount of Check: 120 00

[illegible]



2022 M4, Corporation Franchise Tax Return

Do not use staples on anything you submit.

Tax year beginning (MM/DD/YYYY) 04 / 01 /2022 and ending (MM/DD/YYYY) 03 / 31 /2023

CINTRA SOFTWARE AND SERVICES INC.

Name of Corporation/Designated Filer

3 PARK AVENUE 32ND FL

Mailing Address

☐ Check if new address

NEW YORK

City

133890680

FEIN

541519

Business Activity Code (from federal)

NY

State

4222211

Minnesota Tax ID Number

10016

ZIP Code

Former Name (if changed since 2021 return)

Federal Consolidated Common Parent Name (if different) FEIN

☐ Check if filing a combined income return

☐ Check if reporting Tax Position Disclosure (Enclose Form TPD)

Is this your final C corporation return? If yes, indicate if:

☐ Withdrawn ☐ Dissolved ☐ Merged ☐ S corp election

Check if a member of the group (place an X in the boxes that apply):

☐ is claiming Public Law 86-272 ☐ is a Co-op ☐ is in Bankruptcy ☐ owns a captive insurance company

Has a federal examination been finalized? (list years) _____

Is a federal examination now in progress? (list years) _____

Tax years and expiration date(s) of federal waivers: _____

Report changes to federal income tax within 180 days of final determination. If there is a change in tax, you must report it on Form M4X.

You must round amounts to nearest whole dollar

- | | | | |
|---|--|----|-------------|
| 1 | Minnesota tax liability (from M4T, line 25) | 1 | <u>462</u> |
| 2 | Minnesota Nongame Wildlife Fund donation (see instructions, pg. 6) | 2 | _____ |
| 3 | Add lines 1 and 2 | 3 | <u>462</u> |
| 4 | Enterprise Zone Credit (attach Schedule EPC) | 4 | _____ |
| 5 | Historic Structure Rehabilitation Credit (attach credit certificate) | 5 | _____ |
| Enter National Park Service (NPS) project number: _____ | | | |
| 6 | Minnesota backup withholding | 6 | _____ |
| 7 | Amount credited from your 2021 return | 7 | _____ |
| 8 | Total corporate estimated tax payments made for 2022 | 8 | <u>1800</u> |
| 9 | 2022 extension payment | 9 | _____ |
| 10 | Add lines 4 through 9 | 10 | <u>1800</u> |
| 11 | Tax due. If line 3 is more than line 10, subtract line 10 from line 3 | 11 | _____ |
| 12 | Penalty (see instructions, pg. 6 and 7) | 12 | _____ |
| 13 | Interest (see instructions, pg. 7) | 13 | _____ |
| 14 | Additional charge for underpayment of estimated tax (attach Schedule M15C) | 14 | _____ |





CINTRA SOFTWARE AND SERVICES INC.

Name of Corporation/Designated Filer

133890680

FEIN

4222211

Minnesota Tax ID

15 AMOUNT DUE. If you entered an amount on line 11, add lines 11 through 14

Payment Method: ☐ Electronic (see inst., pg. 3), or ☐ Check (see inst., pg. 3) **15** ■ _____

16 Overpayment. If line 10 is more than the sum of lines 3 and 12 through 14, subtract line 3

and 12 through line 14 from line 10. If line 10 is less than the sum of lines 3 and 12 through 14,

see instructions, pg. 7 **16** ■ 1338

17 Amount of line 16 to be credited to your 2023 estimated tax **17** ■ _____

18 REFUND. Subtract line 17 from line 16 **18** ■ 1338

If you have a refund, you must enter your banking information below.

Account Type:

☒ Checking ☐ Savings 021000021 937506690965
 Routing Number Account Number (use an account not associated with any foreign banks)

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature _____	<u>PRESIDENT</u> Title	<u>/ /</u> Date (MM/DD/YYYY)	<u>2124816501</u> Direct Phone
<u>AUGUSTUS B. CRIMM</u> Signature of Preparer	<u>P01904833</u> PTIN	<u>09 / 20 / 2023</u> Date (MM/DD/YYYY)	<u>5123469623</u> Preparer's Direct Phone
<u>BRENDAN MCNAMEE</u> Print name of person to contact within corporation to discuss this return		<u>PRESIDENT</u> Title	_____ Direct Phone

Include a complete copy of your federal return including schedules as filed with the IRS.

If you're paying by check, see instructions, page 3.

Mail to: Minnesota Department of Revenue
 Mail Station 1250
 600 N. Robert St.
 St. Paul, MN 55145-1250

☒ I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

☐ I do not want my paid preparer to file my return electronically.



2022 M4I, Income Calculation

See instructions beginning on page 8.

CINTRA SOFTWARE AND SERVICES INC.

Name of Corporation/Designated Filer

133890680

FEIN

4222211

Minnesota Tax ID

You must round amounts
to nearest whole dollar

1 a. Federal taxable income before net operating loss deduction and special deductions (from federal Form 1120, line 28, or see inst., pg. 8)	1a ■	<u>769572</u>
b. Interest expense limitation for combined reports	1b ■	_____
2 Additions to income		
a. Federal deduction taken for taxes based on net income and minimum fee ...	2a ■	<u>131022</u>
b. Federal deduction for capital losses (IRC sections 1211 and 1212)	2b ■	_____
c. Interest income exempt from federal income tax	2c ■	_____
d. Exempt interest dividends (IRC section 852(b)(5))	2d ■	_____
e. Losses from mining operations subject to occupation tax	2e ■	_____
f. Federal deduction for percentage depletion (IRC sections 611-614 and 291) ...	2f ■	_____
g. Federal bonus depreciation and suspended loss (IRC section 168(k))	2g ■	<u>129280</u>
h. Addition due to federal changes not adopted by Minnesota (M4NC, line 33)	2h ■	<u>16943</u>
i. This line intentionally left blank	2i ■	_____
j. This line intentionally left blank	2j ■	_____
k. This line intentionally left blank	2k ■	_____
Total additions (add lines 2a through 2k)	2 ■	<u>277245</u>
3 Total (add lines 1a, 1b, and 2)	3	<u>1046817</u>





See instructions beginning on page 9.

CINTRA SOFTWARE AND SERVICES INC.

Name of Corporation/Designated Filer

133890680

FEIN

422211

Minnesota Tax ID

4 Subtractions from income

a. Refund of taxes based on net income included in federal taxable income	4a ■	_____
b. Minnesota deduction for capital losses	4b ■	_____
c. Certain federal credit expenses (see instructions, pg. 10; attach schedule)	4c ■	_____
d. Gross-up for foreign taxes deemed paid under IRC section 78	4d ■	_____
e. Expenses relating to income taxable by Minnesota, but federally exempt	4e ■	_____
f. Dividends paid by a bank to the U.S. government on preferred stock	4f ■	_____
g. Income/gains from mining operations subject to the occupation tax	4g ■	_____
h. Deduction for cost depletion	4h ■	_____
i. Subtraction for prior bonus depreciation addback	4i ■	7440
j. Subtraction for prior IRC section 179 addback	4j ■	_____
k. This line intentionally left blank	4k ■	_____
l. Deferred foreign income (Section 965)	4l ■	_____
m. Global intangible low-taxed income (GILTI)	4m ■	_____
n. Disallowed section 280E expenses of medical cannabis manufacturers	4n ■	_____
o. Subtraction due to federal changes not adopted by Minnesota (M4NC, line 33, as a positive number)	4o ■	_____
p. This line intentionally left blank	4p ■	_____
q. This line intentionally left blank	4q ■	_____
r. This line intentionally left blank	4r ■	_____
s. This line intentionally left blank	4s ■	_____
Total subtractions (add lines 4a through 4s)	4 ■	7440
5 Intercompany eliminations (attach schedule)	5 ■	_____
6 Add lines 4 and 5	6 ■	7440
7 Minnesota net income (subtract line 6 from line 3)	7 ■	1039377
8 Total nonapportionable income (see instructions, pg. 11; attach schedule)	8 ■	_____
9 Minnesota apportionable income (subtract line 8 from line 7). Enter on Form M4T, line 1	9 ■	1039377





2022 Schedule M4NC, Federal Adjustments

Minnesota has generally adopted the Internal Revenue Code as amended through December 15, 2022.

This schedule allows for any remaining necessary adjustments required to file a state tax return.

Tax year beginning (MM/DD/YYYY) 04 /01 /2022 , and ending (MM/DD/YYYY) 03 /31 /2023

CINTRA SOFTWARE AND SERVICES INC.

Name of Corporation/Designated Filer

133890680

FEIN

4222211

Minnesota Tax ID Number

Before you complete this schedule, read the instructions which are on a separate sheet.

Enter amounts as a positive or
negative. Round amounts
to nearest whole dollar.

Adjustments to Federal Taxable Income (FTI)

- | | | |
|--|----|--------------|
| 1 This line intentionally left blank | 1 | _____ |
| 2 This line intentionally left blank | 2 | _____ |
| 3 This line intentionally left blank | 3 | _____ |
| 4 This line intentionally left blank | 4 | _____ |
| 5 Modification of business interest limitation (CARES Act Sec. 2306) | 5 | _____ |
| 6 This line intentionally left blank | 6 | _____ |
| 7 Employer credit for paid medical leave and Employer payroll credit for
required paid family leave (FFCRA Sec. 7001, 7003) | 7 | _____ |
| 8 This line intentionally left blank | 8 | _____ |
| 9 This line intentionally left blank
..... | 9 | _____ |
| 10 This line intentionally left blank | 10 | _____ |
| 11 This line intentionally left blank | 11 | _____ |
| 12 This line intentionally left blank | 12 | _____ |
| 13 This line intentionally left blank | 13 | _____ |
| 14 Temporary allowance of full deduction for business meals (COVIDTRA Sec. 210) | 14 | <u>16943</u> |
| 15 This line intentionally left blank
..... | 15 | _____ |
| 16 This line intentionally left blank | 16 | _____ |
| 17 This line intentionally left blank | 17 | _____ |
| 18 Credit for COBRA Continuation Coverage (ARPA Sec. 9501) | 18 | _____ |
| 19 This line intentionally left blank | 19 | _____ |





CINTRA SOFTWARE AND SERVICES INC.

Name of Corporation/Designated Filer

133890680

FEIN

4222211

Minnesota Tax ID Number

20	This line intentionally left blank	20	■	_____
21	This line intentionally left blank	21	■	_____
22	This line intentionally left blank	22	■	_____
23	This line intentionally left blank	23	■	_____
24	This line intentionally left blank	24	■	_____
25	This line intentionally left blank	25	■	_____
26	This line intentionally left blank	26	■	_____
27	This line intentionally left blank	27	■	_____
28	This line intentionally left blank	28	■	_____
29	This line intentionally left blank	29	■	_____
30	This line intentionally left blank	30	■	_____
31	This line intentionally left blank	31	■	_____
32	This line intentionally left blank	32	■	_____
33	Total lines 1-32. If the result is positive, enter it on Form M4I, line 2h. If the amount is negative, enter it as a positive number on Form M4I, line 4o.	33	■	16943

You must include this schedule when you file Form M4.




2022 M4A, Apportionment/Fee Calculation
B₁
B₂
B₃

Single/Designated Filer

Corporation Name CINTRA SOFTWARE AND SERVICES IN

FEIN 133890680

Minnesota Tax ID 4222211
A

Total in and

outside Minnesota

In Minnesota

In Minnesota

In Minnesota

1 Average inventory	a1		b1		c1	
2 Average tangible property and land owned/used (at original cost)	a2		b2		c2	
3 Capitalized rents (gross rents x 8).....	a3		b3		c3	
4 Total property (add lines 1, 2 and 3)	a4		b4		c4	
5 Payroll/officer's compensation	a5		b5		c5	
6 MN sales or receipts	a6	<u>94061</u>	b6		c6	
7 MN sales of non-filing entities (see instructions pg. 12)	a7		b7		c7	
8 Sales or receipts (add lines 6 and 7) (Financial institutions: see inst., pg. 14)...	a8	<u>20728188</u>	b8	<u>94061</u>	c8	
9 Minnesota apportionment factor (divide each line 8B amount by line 8A; carry to six decimal places)	a9	<u>.004538</u>	b9		c9	

Enter amounts on Form M4T, line 2.

MINIMUM FEE CALCULATION (see inst., pg. 13)

10 Adjustments (see inst., pg. 13 and 14; attach schedule) ...	a10		b10		c10	
11 Add lines 4, 5, 8 and 10	a11	<u>94061</u>	b11		c11	
12 Minimum fee (see table below)	a12		b12		c12	

Enter amounts on Form M4T, line 17.

Minimum Fee Table

If the amount on line 11 is:	Enter this amount on line 12:
less than \$1,080,000	\$0
\$1,080,000 to \$2,159,999	\$220
\$2,160,000 to \$10,809,999	\$650
\$10,810,000 to \$21,609,999	\$2,160
\$21,610,000 to \$43,219,999	\$4,330
\$43,220,000 or more	\$10,810



2022 M4T, Tax Calculation

B₁
B₂
B₃

Single / designated filer

Corporation Name CINTRA SOFTWARE AND SERVICES IN

FEIN 133890680

Minnesota Tax ID 4222211

1 Minnesota apportionable income (enter amount from M4I, line 9, in each column)	a1 ■	<u>1039377</u>	b1		c1	
2 Apportionment factor (from M4A, line 9)	a2 ■	<u>.004538</u>	b2		c2	
3 Net income apportioned to Minnesota (multiply line 1 by line 2)	a3 ■	<u>4717</u>	b3		c3	
4a Minnesota nonapportionable income (see inst., pg. 15; attach schedule)	a4a ■		b4a		c4a	
4b Minnesota nonunitary partnership income (see inst., pg. 15; attach schedule)	a4b ■		b4b		c4b	
5 Taxable net income (add lines 3, 4a, and 4b)	a5 ■	<u>4717</u>	b5		c5	
6 Net operating loss deduction (from NOL)	a6 ■		b6		c6	
7 Subtract line 6 from line 5	a7 ■	<u>4717</u>	b7		c7	
8 Deduction for dividends received (see inst., pg. 15)	a8 ■		b8		c8	
9 Taxable income (subtract line 8 from line 7)	a9 ■	<u>4717</u>	b9		c9	
10 Regular tax (multiply line 9 by 0.098; if result is zero or less, leave blank)	a10 ■	<u>462</u>	b10		c10	
11 Alternative minimum tax (AMT) (from AMTT, line 10)	a11 ■		b11		c11	
12 Add lines 10 and 11	a12 ■	<u>462</u>	b12		c12	
13 AMT credit (from AMTT, line 13)	a13 ■		b13		c13	
14 Subtract line 13 from line 12	a14 ■	<u>462</u>	b14		c14	
15 Minnesota credit for increasing research activities (from RD, line 45)	a15 ■		b15		c15	
16 Subtract line 15 from line 14	a16 ■	<u>462</u>	b16		c16	
17 Minimum fee (from M4A, line 12)	a17 ■		b17		c17	
18 Tax liability by corporation (add lines 16 and 17)	a18 ■	<u>462</u>	b18		c18	
19 Film Production Tax Credit	a19 ■		b19		c19	

Enter the credit certificate number: TAXC - _____

20 Tax Credit for Owners of Agricultural Assets (see inst.)	a20 ■		b20		c20	
21 Employer Transit Pass Credit (from ETP, line 4)	a21 ■		b21		c21	



**B₁****B₂****B₃**

Single / designated filer

Corporation Name CINTRA SOFTWARE AND SERVICES INFEIN 133890680Minnesota Tax ID 4222211

22 LIFO Recapture Tax Deferral	a22 ■	_____	b22 _____	c22 _____
23 Add lines 19, 20, 21, and 22	a23 ■	_____	b23 _____	c23 _____
24 Subtract line 23 from line 18	a24 ■	<u>462</u>	b24 _____	c24 _____
25 Add all amounts on line 24. This is your MINNESOTA TAX LIABILITY	25 ■	<u>462</u>		

Enter on Form M4, line 1.



MN ADJUSTMENTS TO FEDERAL
NOT ADOPTED BY MINNESOTA

STATEMENT 1

AMOUNT

SECTION	TAX ACT	
210	COVIDTRA	16,943.

DESCRIPTION

TEMPORARY ALLOWANCE OF FULL DEDUCTION FOR BUSINESS MEALS

TOTAL

16,943.



2022 AMTI, Alternative Minimum Tax

Calculation of Income

CINTRA SOFTWARE AND SERVICES INC.

Name of Corporation/Designated Filer

133890680

FEIN

4222211

Minnesota Tax ID Number

**You must round amounts
to nearest whole dollar.**

1	Minnesota net income (from M4I, line 7)	1 ■	<u>1039377</u>
2	Adjustments and preferences		
	a Depreciation of post-1986 property	2a ■	<u>13009</u>
	b Amortization of certified pollution control facilities	2b ■	_____
	c Amortization of mining exploration and development costs	2c ■	_____
	d Amortization of circulation expenditures (personal holding companies only)	2d ■	_____
	e Adjusted gain or loss	2e ■	_____
	f Long-term contracts	2f ■	_____
	g Merchant marine capital construction funds	2g ■	_____
	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h ■	_____
	i Tax shelter farm activities (personal service corporations only)	2i ■	_____
	j Passive activities (closely held corporations and personal service corporations only)	2j ■	_____
	k Loss limitations	2k ■	_____
	l Intangible drilling costs	2l ■	_____
	m Other adjustments and preferences	2m ■	_____
3	Pre-adjustment alternative minimum taxable income. Combine lines 1 through 2m	3 ■	<u>1052386</u>
4	Adjusted current earnings (ACE) adjustment		
	a ACE from line 9 of the ACE worksheet	4a ■	<u>1052386</u>
	b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. (See instructions)	4b ■	_____
	c Multiply line 4b by 75% (0.75). Enter the result as a positive amount .	4c ■	_____
	d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions	4d ■	_____
	Note: You must enter an amount on line 4d (even if line 4b is positive)		
	e ACE adjustment		
	• If line 4b is zero or more, enter the amount from line 4c		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e ■	_____





Calculation of Income

CINTRA SOFTWARE AND SERVICES INC.

133890680

4222211

Name of Corporation/Designated Filer

FEIN

Minnesota Tax ID Number

**You must round amounts
to nearest whole dollar.**

- 5 Combine lines 3 and 4e 5 ■ 1052386
 If result is zero or less, or if \$310,000 or more, skip lines 6a and 6b and leave line 6 blank.
 If between zero and \$310,000, continue on line 6a.
- 6a Subtract \$150,000 from line 5. If result is zero or less,
 leave blank 6a ■ _____
- 6b Multiply line 6a by 25% (0.25) 6b ■ _____
- 6 Exemption (subtract line 6b from \$40,000) 6 ■ _____
- 7 If line 5 is zero or less, enter amount from line 5.
 If line 5 is more than zero, subtract line 6 from line 5; if result is zero or less, leave blank 7 ■ 1052386
- 8 Total nonapportionable income (from M4I, line 8)..... 8 ■ _____
- 9 Alternative minimum taxable income
 (subtract line 8 from line 7) 9 ■ 1052386

Enter amount on AMTT, line 1.



2022 Adjusted Current Earnings (ACE) Worksheet

See ACE Worksheet Instructions. Keep for your records.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Schedule AMTI	1	1052386
2	ACE depreciation adjustment:		
a	AMT depreciation	2a	174799
b	ACE depreciation		
(1)	Post-1993 property	2a(1)	174799
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add line 2b(1) through 2b(6)	2b(7)	174799
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P)		
a	Death benefits from life insurance contracts	3a	
b	All other distributions from life insurance contracts (including surrenders)	3b	
c	Inside buildup of undistributed income in life insurance contracts	3c	
d	Other items (see Regulation section 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3d	
e	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3d	3e	
4	Disallowance of items not deductible from E&P		
a	Dividends paid on certain preferred stock or public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4a	
b	Dividends paid to an ESOP that are deductible under section 404(k)	4b	
c	Nonpatronage dividends that are paid and deductible under section 1382(c)	4c	
d	Other items (see Regulations sections 1.56(g)-1 (d)(3)(i) and (ii) for a partial list)	4d	
e	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4d	4e	
5	Other adjustments based on rules for figuring E&P		
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Basis adjustments in determining gain or loss from sale or exchange of Pre-1994 property	8	
9	Adjusted current earnings. Combine lines 1, 2c, 3e, 4e, and 5f through 8.		
	Enter the result here and on line 4a of Schedule AMTI	9	1052386



2022 AMTT, Alternative Minimum Tax

Calculation of Tax

Unitary businesses: Complete a column for each member with nexus in Minnesota.

	B ₁ Single/designated filer	B ₂	B ₃
Corporation Name	CINTRA SOFTWARE AND SERVICES IN		
FEIN	133890680		
Minnesota Tax ID	4222211		

You must round amounts to nearest whole dollar.

AMT computation

1 Alternative minimum taxable income (from AMTI, line 9)	1	1052386		
2 Apportionment factor (from M4A, line 9).....	2	.004538		
3 Multiply line 1 by line 2	3	4776		
4 Minnesota nonapportionable income (from M4T, line 4)	4			
5 Add lines 3 and 4. If result is zero or less, skip lines 6a, 6b, and 6, and leave line 7 blank	5	4776		
6 a Alternative minimum tax (AMT) net-operating-loss deduction (see instructions below)	6a			
b Deduction for dividends received (from M4T, line 8; do not exceed 90 percent of line 5)	6b			
Total (add lines 6a and 6b; do not exceed 90 percent of line 5)	6			
7 Minnesota alternative minimum taxable income (subtract line 6 from line 5)	7	4776		
8 Tentative minimum tax (multiply line 7 by 0.058)	8	277		
9 Regular tax (from M4T, line 10).....	9	462		
10 AMT (subtract line 9 from line 8; if result is zero or less, leave blank) ... Enter amounts on M4T, line 11.	10			

AMT credit

11 AMT credit carryover from 2021 (from 2021 AMTT, line 15)	11			
12 Subtract line 8 from line 9 (if result is zero or less, leave blank) ...	12	185		
13 AMT credit (enter the amount from line 11 or 12, whichever is less)	13			
Enter amounts on M4T, line 13.				

AMT carryover calculation

14 Add lines 10 and 11	14			
15 AMT credit carried to 2023 (subtract line 13 from line 14)	15			



8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.

▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

NORTH CAROLINA

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.**

to enter or generate my PIN

36091

ERO firm name

as my signature on my tax year 2022 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____

Date ▶ _____

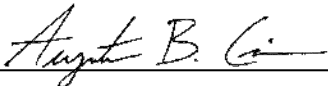
Title ▶ **PRESIDENT****Part III Certification and Authentication**

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

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶ Date ▶ **09/20/2023****ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**

WORK SHEET FOR COMPUTATION OF ESTIMATED N.C. INCOME TAX

1. Total estimated net income from sources everywhere	\$ 1128097.00
2. Total estimated apportionable income	\$ 1128097.00
3. Income estimated to be apportioned to North Carolina by formula (<u>2.8084</u> % of line 2)	\$ 31681.00
4. Add: Income estimated to be allocated directly to North Carolina	0.00
5. Total estimated taxable income in North Carolina	\$ 31681.00
6. Total estimated income tax	\$ 792.00
7. Less credits	\$ 0.00
8. Total estimated income tax payable ROUNDED	\$ 800.00

CD-429 (39)

9-6-18

Corporate Estimated Income Tax

North Carolina Department of Revenue

GENERAL INSTRUCTIONS

Estimated income tax is the amount of income tax a corporation expects to owe for the tax year after subtracting the amount of any tax credits taken during the tax year. A corporation that expects to incur an income tax liability to North Carolina of \$500 or more during the taxable year must submit a declaration of estimated tax.

Generally, a corporation must make its first estimated income tax payment by the fifteenth day of the fourth month of its taxable year.

To pay estimated income tax, a taxpayer must file Form CD-429 by the date determined. A taxpayer can use the Department's website or mail the completed form to the address provided. The Department's website offers two electronic options,

(1) an online filing and payment system, and (2) an eFile program. For more information, visit www.ncdor.gov.

Cut Here

269442 09-22-22

CD-429 (39)

8-8-13

Corporate Estimated Income Tax

North Carolina Department of Revenue

FEIN 133890680 SOS	Tax year starting	04 01 23	and ending	03 31 24
CINTRA SOFTWARE AND SERVICES INC		N NP/TE N NF N		CO/MA
3 PARK AVENUE 32ND FL NEW YORK NY 10016	AMOUNT OF THIS PAYMENT \$ 200.00			
If address has changed since last filing, report the correct address on Form NC-AC, Address Correction Notification.				

6400139009



03247 1338906800 0000000 06602

CD-429 (39)

9-6-18

Corporate Estimated Income Tax

North Carolina Department of Revenue

GENERAL INSTRUCTIONS

Estimated income tax is the amount of income tax a corporation expects to owe for the tax year after subtracting the amount of any tax credits taken during the tax year. A corporation that expects to incur an income tax liability to North Carolina of \$500 or more during the taxable year must submit a declaration of estimated tax.

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(1) an online filing and payment system, and (2) an eFile program. For more information, visit www.ncdor.gov.

Cut Here

269442 09-22-22

CD-429 (39)

8-8-13

Corporate Estimated Income Tax

North Carolina Department of Revenue

FEIN 133890680 SOS	Tax year starting	04 01 23	and ending	03 31 24
CINTRA SOFTWARE AND SERVICES INC		N NP/TE N NF N		CO/MA
3 PARK AVENUE 32ND FL NEW YORK NY 10016	AMOUNT OF THIS PAYMENT \$ 200.00			
If address has changed since last filing, report the correct address on Form NC-AC, Address Correction Notification.				

6400139009



03247 1338906800 0000000 06602

BUSINESS CORPORATION ANNUAL REPORT

1/6/2022

NAME OF BUSINESS CORPORATION: CINTRA SOFTWARE AND SERVICES INC.

SECRETARY OF STATE ID NUMBER: _____ STATE OF FORMATION: NY

REPORT FOR THE FISCAL YEAR END: 03/31/23

Filing Office Use Only

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: PADMA NARAYANAN

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY

4. REGISTERED AGENT OFFICE MAILING ADDRESS

3 PARK AVENUE 32ND FL

3 PARK AVENUE 32ND FL

NEW YORK, NY 10016

NEW YORK, NY 10016

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: LICENSE AND CONSULTING

3. PRINCIPAL

2. PRINCIPAL OFFICE PHONE NUMBER: 212-481-6501

OFFICE EMAIL: PNARAYANAN@CINTRA.COM

4. PRINCIPAL OFFICE STREET ADDRESS

5. PRINCIPAL OFFICE MAILING ADDRESS

3 PARK AVENUE 32ND FL

3 PARK AVENUE 32ND FL

NEW YORK, NY 10016

NEW YORK, NY 10016

6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

☐

The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: ABDUL SHEIKH

NAME: _____

NAME: _____

TITLE: CTO

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

3250 NE 188TH ST APT 802

ADVENTURA, FL 33180

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

SIGNATURE

DATE

Form must be signed by an officer listed under Section C of this form.

BRENDAN MCNAMEE

Print or Type Name of Officer

PRESIDENT

Print or Type Title of Officer

CD-405 (39)

8-18-22

C Corporation Tax Return 2022

North Carolina Department of Revenue

DOR Use Only

For calendar year 2022, or other tax year beginning 04 01 22 and ending 03 31 23

CINTRA SOFTWARE AND SERVICES INC
3 PARK AVENUE 32ND FL
NEW YORK NY 10016Federal Employer ID Number 133890680
N.C. Secretary of State ID Number
NAICS Code 541519

☒ Initial Return ☐ Short Year Return ☐ Captive REIT ☐ Non U.S./Foreign ☐ NC-Rehab ☐ NC-478 is attached
☐ Final Return ☐ Amended Return ☐ Tax Exempt ☐ Combined Return (Approved Taxpayers Only) ☐ Has Escheatable Property

Federal Extension Were you granted an automatic extension to file your 2022 federal income tax return (Form 1120)? ☒ Yes ☐ No

CINT 3 PA 10016 133890680 541519

PP P01904833 PFSP P IR Y FR N SR N AR N

TN 2124816501 RE N TE N NF N CR N NCR N 478 N EP N FDEXT Y

CINTRA SOFTWARE AND SERVICES INC

3 PARK AVENUE 32ND FL NEW YORK NY 10016

GR	20728188	07	769572	19	0	31	32
TA	13204845	08	358525	21	0	EU	
01	282149	10	0	23	792	32A	0
HCE	N	12	0	24A	0	32B	0
02	423	13	1128097	24B	0	35	0
03	0	14	0028084	24C	0	36	0
04	0	15	31681	24D	0	37	0
05	423	16	0	24E	0	38	0
06	0	17	31681	26	792		
		18	0	27	0		

Sch. A Computation of Franchise Tax

1. Net Worth	282149	4. Tax Credits	0
Holding Company Exception	N	5. Franchise Tax Due	423
2. Total Franchise Tax Due	423	6. Franchise Tax Overpaid	0
3. Payment with Franchise Tax Extension	0		

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

☐ Refund Due 0 ☒ Payment Due 1247
☒ Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

Signature and Title of Officer: PRESIDENT

Date

212-481-6501

Corporate Phone Number

PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

AUGUSTUS B. CRIMM

Signature of Paid Preparer:

Date

(512) 346-9623

Preparer's Phone Number

P01904833

Preparer's FEIN, SSN, or PTIN

☐ FEIN
☐ SSN
☒ PTIN

Legal Name (First 10 Characters)	CINTRA SOF	Federal Employer ID Number	133890680
----------------------------------	------------	----------------------------	-----------

CD-405 Line-by-Line Information

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of

0

Sch. B Computation of Corporate Income Tax	Sch. C Net Worth
7. Federal Taxable Income Before NOL 769572	4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes (Attach sch) 1039323
8. Adjustments to Federal Taxable Income 358525	5. Line 3 minus Line 4 10046623
9. Net Income Before Contributions 1128097	6. Affiliated indebtedness (Attach schedule) 0
10. Contributions to Donees Outside N.C. 0	7. Line 5 plus (or minus) Line 6 10046623
11. N.C. Taxable Income 1128097	8. Apportionment factor 2.8084 %
12. Nonapportionable Income 0	9. Net Worth 282149
13. Apportionable Income 1128097	
14. Apportionment Factor 2.8084 %	Sch. G Federal Taxable Income Before NOL Deduction
15. Income Apportioned to N.C. 31681	1. a. Gross receipts or sales 20728188
16. Nonapportionable Income Allocated to N.C. 0	b. Returns and allowances 0
17. Income Subject to N.C. Tax 31681	c. Balance - Line 1a minus Line 1b 20728188
18. % Depletion over Cost - N.C. Property 0	2. Cost of goods sold (Attach schedule) 6303956
19. State Net Loss (Attach schedule) 0	3. Gross Profit (Line 1c minus Line 2) 14424232
20. Income Before Contributions to N.C. Donees 31681	4. Dividends (Attach schedule) 0
21. Contributions to N.C. Donees 0	5. a. Interest on obligations of U.S. and its instrumentalities 0
22. Net Taxable Income 31681	b. Other interest 2454
23. N.C. Net Income Tax 792	6. Gross rents 0
24. Payments and Credits 0	7. Gross royalties (Attach schedule) 0
a. Income Tax Extension 0	8. Capital gain net income (Attach schedule) 0
b. 2022 Estimated Tax (previous payments if amended) 0	9. Net gain (loss) (Attach schedule) 0
c. Partnership (include Form D-403, NC K-1) 0	10. Other income (Attach schedule) 5357
d. Nonresident Withholding (include 1099 or W-2) 0	11. Total Income 14432043
e. Tax Credits 0	12. Compensation of officers (Attach sch., including addresses) 0
25. Add Lines 24a through 24e 0	13. Salaries and wages (less employment credits) 7996386
26. Income Tax Due 792	14. Repairs and maintenance 13085
27. Income Tax Overpaid 0	15. Bad debts 0
Tax Due or Refund	16. Rents 544464
28. Franchise Tax Due or Overpayment 423	17. Taxes and licenses 783505
29. Income Tax Due or Overpayment 792	18. Interest 18924
30. Balance of Tax Due or Overpayment 1215	19. Charitable contributions 0
31. Underpayment of Estimated Income Tax 32	20. a. Depreciation 187808
EU. Exception to Underpayment of Estimated Tax	b. Depreciation included in cost of goods sold 0
32. a. Interest 0	c. Balance - Line 20a minus 20b 187808
b. Penalties 0	21. Depletion 0
c. Add Lines 32a and 32b 0	22. Advertising 91765
33. Total Due 1247	23. Pension, profit-sharing, and similar plans 101680
34. Overpayment 0	24. Employee benefit programs 731146
35. 2023 Estimated Income Tax 0	25. Reserved for future use
36. N.C. Nongame and Endangered Wildlife Fund 0	26. Other deductions (Attach schedule) 3193708
37. N.C. Education Endowment Fund 0	27. Total Deductions 13662471
38. Amount to be Refunded 0	28. Taxable Income Per Federal Return Before NOL and Special Deductions 769572
Sch. C Net Worth	29. Special Deductions 0
1. Total assets 14244168	30. Federal Taxable Income Before NOL 769572
2. Total liabilities 3158222	
3. Line 1 minus Line 2 11085946	

Legal Name (First 10 Characters)

CINTRA SOF

Federal Employer ID Number

133890680

Sch. H Adjustments to Federal Taxable Income

1. Additions		
a. Taxes based on net income	1a.	221165
b. Contributions	1b.	0
c. Royalties to related members	1c.	0
d. Net interest expense to related members	1d.	0
e. Expenses attributable to income not taxed	1e.	0
f. Bonus depreciation	1f.	137360
g. Section 179 expense deduction	1g.	0
h. Other (Attach schedule)	1h.	0
2. Total Additions	2.	358525
3. Deductions		
a. U.S. obligation interest (net of expenses) (Attach schedule)	3a.	0
b. Other deductible dividends	3b.	0
c. Royalties received from related members	3c.	0
d. Qualified interest expense to related members	3d.	0
e. Bonus depreciation	3e.	0
f. Section 179 expense deduction	3f.	0
g. Other (Attach schedule)	3g.	0
4. Total Deductions	4.	0
5. Adjustments to Federal Taxable Income	5.	358525

Sch. I Contributions

1. Contributions to Donees Outside N.C.		
a. Total contributions to donees outside N.C.	1a.	0
b. Multiply Schedule B, Line 9 by 5%, if Line 9 is greater than zero. Otherwise enter zero.	1b.	0
c. Amount Deductible	1c.	0
2. Contributions to N.C. Donees		
a. Total contributions to N.C. donees other than those listed in Line 2d	2a.	0
b. Multiply Sch. B, Line 20 by 5%, if Line 20 is greater than zero. Otherwise enter zero.	2b.	0
c. Enter the lesser of Line 2a or 2b	2c.	0
d. Total contributions to the State of N.C. and its political subdivisions	2d.	0
e. Amount Deductible	2e.	0

Sch. F Other Information - All Taxpayers Must Complete this Schedule

1. a. State of incorporation	NEW YORK	8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation)	N
b. Date incorporated	05 14 96	9. Officers' names and addresses:	
2. Date of N.C. Certificate of Authority		President	STATEMENT 1
3. a. Reg or principal trade or bus. in N.C.	LICENSE AND	Vice-President	
b. Reg or principal trade or bus. everywhere	LICENSE AND	Secretary	
4. Principal place bus. is directed or managed	NEW YORK	Treasurer	
5. What was the last year the IRS redetermined the corporation's federal taxable income?			
6. a. Were adjustments reported to N.C.?	N		
b. If so, when?			
7. Does this corporation finance or discount its receivables through a related or an affiliated company?	N		

Explanation of Changes for Amended Return:

Sch. L Balance Sheet per Books

Assets	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
1. Cash		8206706		7044073
2. a. Trade notes and accounts receivable	3710498		2292152	
b. Less allowance for bad debts (0)		3710498 (0)		2292152
3. Inventories		0		0
4. a. U.S. government obligations		0		0
b. State and other obligations		0		0
5. Tax-exempt securities		0		0
6. Other current assets (Attach end of year sch) STMT 2		365534		495187
7. Loans to shareholders		24095		24095
8. Mortgage and real estate loans		0		0
9. Other investments (Attach end of year sch)		0		0
10. a. Buildings and other depreciable assets	449633		449633	
b. Less accumulated depreciation (422951)		26682 (449059)		574
11. a. Depletable assets	0		0	
b. Less accumulated depletion (0)		0 (0)		0
12. Land (net of any amortization)		0		0
13. a. Intangible assets (amortizable only)	842746		1004346	
b. Less accumulated amortization (370592)		472154 (590264)		414082
14. Other assets (Attach end of year sch.) STMT 3		268053		2934682
15. Total Assets		13073722		13204845
Liabilities and Shareholders' Equity				
16. Accounts payable		1839657		2174757
17. Mortgages, notes, and bonds payable in less than 1 year		0		0
18. Other current liabilities (Attach end of year schedule) STMT 4		1780332		983465
19. Loans from shareholders		0		0
20. Mortgages, notes, and bonds payable in 1 year or more		0		0
21. Other liabilities (Attach end of year schedule)		0		0
22. Capital stock: a. Preferred Stock	0		0	
b. Common Stock	100000	100000	100000	100000
23. Additional paid-in capital		0		0
24. Retained earnings - Appropriated (Attach end of year schedule)		0		282426
25. Retained earnings - Unappropriated		9353733		9664197
26. Adjustments to shareholders' equity (Attach end of year schedule)		0		0
27. Less cost of treasury stock	(0)		(0)	
28. Total Liabilities and Shareholders' Equity		13073722		13204845

Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return

1. Net income (loss) per books	310464	7. Income recorded on books this year	
2. Federal income tax	451672	not included on this return:	
3. Excess of capital losses over capital gains	0	Tax-exempt interest \$	0
4. Income subject to tax not recorded on books this year:	0		0
5. Expenses recorded on books this year		8. Deductions on this return not charged	
not deducted on this return:		against book income this year:	
a. Depreciation \$	0	a. Depreciation \$	0
b. Charitable Contributions \$	0	b. Charitable Contributions \$	0
c. Travel and entertainment \$	0		
STMT 5			0
	7436	9. Add Lines 7 and 8	0
6. Add Lines 1 through 5	769572	10. Income	769572

This page must be filed with
this form.

Legal Name (First 10 Characters)

CINTRA SOF

Federal Employer ID Number

133890680

Sch. M-2 Retained Earnings Analysis

1. Balance at beginning of year	9353733	5. Distributions: a. Cash	0
2. Net income (loss) per books	310464	b. Stock	0
3. Other increases:		c. Property	0
	0	6. Other decreases:	0
4. Add Lines 1, 2, and 3	9664197	7. Add Lines 5 and 6	0
		8. Balance at End of Year	9664197

Sch. N Nonapportionable Income

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts	(E) Net Amounts Allocated Directly to N.C.
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
1. Nonapportionable Income			0	
2. Nonapportionable Income Allocated to N.C.				0

Explanation of why income listed is nonapportionable income rather than apportionable income:

Sch. O Computation of Apportionment Factor**Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C.** 0.0000 %**Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States**

	1. Within North Carolina	2. Total Everywhere
1. Gross Receipts Subject to Apportionment	0	3182641
2. Gross Rents Subject to Apportionment	0	0
3. Gross Royalties Subject to Apportionment	0	0
4. Dividends Subject to Apportionment	0	0
5. Interest Subject to Apportionment	0	0
6. Other Apportionable Income	582123	17545547
7. Share of Receipts from Noncorporate Entities Subject to Apportionment	0	0
8. Total	582123	20728188
9. N.C. Apportionment Factor		2.8084 %

Part 3. Special Apportionment Formulas 0.0000 %

This page must be filed with this form.

CD-429B
Underpayment of Estimated Tax by C-CorporationsFor calendar year **2022**, or other tax year beginning 04 01 2022, and ending 03 31 23DOR
Use
Only

Legal Name

CINTRA SOFTWARE AND SERVICES INC

Federal Employer ID Number

13-3890680

Part 1. Computation of Underpayment

1. 2022 net income tax (From 2022 Form CD-405, Schedule B, Line 23)	1.	792.00			
2. 2022 tax credits (From 2022 Form CD-405, Schedule B, Line 24e)	2.				
3. 2022 net tax due. Line 1 minus Line 2	3.	792.00			
4. Multiply Line 3 by 90%. If less than \$500, do not complete this form; the corporation does not owe interest on the underpayment of estimated tax	4.	713.00			
5. 2021 net tax due (From 2021 Form CD-405, Schedule B, Line 26 minus Line 27e) If corporation is a "large corporation" as defined in IRC Section 6655, enter the amount from Line 4 on Line 5	5.	713.00			
6. Enter the smaller of Line 4 or Line 5	6.	713.00			
7. Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th, 6th, 9th, and 12th months of the corporation's tax year. (If any date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.)	(a)	(b)	(c)	(d)	
7. 07/15/2022 09/15/2022 12/15/2022 03/15/2023					
8. Required installments. Enter 25% of Line 6 above in each column. If corporation is using the annualized income installment method, enter the computed installment amounts on Line 8, Columns (a) - (d) and attach schedule showing computations	8.	178.	179.	178.	178.
9. Estimated tax paid or credited for each period	9.				
10. Overpayment of previous installment. Enter amount from Line 13 of the preceding column. For Lines 10-13, complete one column before going to the next	10.				
11. Add Lines 9 and 10	11.				
12. Underpayment. If Line 11 is less than or equal to Line 8, subtract Line 11 from Line 8; otherwise, go to Line 13	12.	178.	179.	178.	178.
13. Overpayment. If Line 8 is less than Line 11, subtract Line 8 from Line 11	13.				

Part 2. Computation of Underpayment of Estimated Tax (See instructions for interest rate)

14. Enter the installment dates from Line 7	14.	07/15/2022	09/15/2022	12/15/2022	03/15/2023
15. Enter the amount of underpayment from Line 12	15.	178.	179.	178.	178.
16. Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier	16.				
17. Number of days from due date of installment to the date shown on Line 16	17.				
18. Days on Line 17(a) x interest rate x amount on Line 15(a) Days in the tax year	18.	\$			
19. Days on Line 17(b) x interest rate x amount on Line 15(b) Days in the tax year	19.		\$		
20. Days on Line 17(c) x interest rate x amount on Line 15(c) Days in the tax year	20.			\$	
21. Days on Line 17(d) x interest rate x amount on Line 15(d) Days in the tax year	21.				\$
22. Underpayment of Estimated Tax. Add Lines 18 - 21. Enter amount here and on Form CD-405, Schedule B, Line 31	22.	SEE STATEMENT 6	\$	32.00	

Form 2220	Worksheet to Figure Required Installments Using The Annualized Income or Adjusted Seasonal Installment Methods Under Section 6655(e)	2022
CINTRA SOFTWARE AND SERVICES INC		13-3890680

Part I Annualized Income Installment Method

	(a)	(b)	(c)	(d)
		First 3 Months	First 6 Months	First 9 Months
1 Taxable income				
2 Annualization amounts		4	2	1.33333
3 Multiply line 1 by line 2				
	First 3 Months	First 5 Months	First 8 Months	First 11 Months
4 Taxable income				
5 Annualization amounts	4	2.4	1.5	1.09091
6 Multiply line 4 by line 5				
7 Annualized taxable income. Enter the lesser of the amounts in each column on line 3 or 6				
8 Tax on line 7				
9 Other taxes for each period				
10 Total tax. Add lines 8 and 9				
11 Credits as allowed				
12 Total tax after credits				
13 Applicable percentage	.25	.50	.75	1.00
14 Line 12 * line 13				
15 Add the amounts in all preceding columns of line 16				
16 Annualized income installment line 14 minus line 15				

NC SCH F	OFFICERS' NAMES AND ADDRESSES	STATEMENT 1
----------	-------------------------------	-------------

PRESIDENT: ABDUL SHEIKH
 3250 NE 188TH ST APT 802
 ADVENTURA FL 33180

NC SCH L	OTHER CURRENT ASSETS	STATEMENT 2
----------	----------------------	-------------

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
-------------	--------------------------	--------------------

PREPAID EXPENSES	184,533.	212,761.
EMPLOYEE ADVANCES	166,047.	0.
SUNDRY RECEIVABLES	14,954.	0.
ERC REFUND RECEIVABLE		282,426.

TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 6	365,534.	495,187.
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NC SCH L	OTHER ASSETS	STATEMENT 3
----------	--------------	-------------

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
-------------	--------------------------	--------------------

SECURITY DEPOSIT	188,565.	188,565.
ACCRUED INCOME	79,488.	226,836.
IMPERIUM LOAN-UK	0.	19,281.
EBT	0.	2,500,000.

TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 14	268,053.	2,934,682.
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NC SCH L

OTHER CURRENT LIABILITIES

STATEMENT 4

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SALES TAX PAYABLE	2,432.	-5,056.
CUSTOMER DEPOSIT PAYABLE	1,147,479.	553,852.
PENSION FUND	14,252.	0.
TAX PAYABLE	15,750.	0.
DUE TO/FROM CINTRA UK	600,419.	110,952.
EMPLOYEE EXPENSE PAYABLE	0.	12,970.
DIVIDENDS PAYABLE	0.	89,286.
LEASE PAYABLE-HPFSC	0.	221,461.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE L, LINE 18	1,780,332.	983,465.

NC SCH M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

STATEMENT 5

DESCRIPTION	AMOUNT
PENALTIES AND FINES	5,039.
ENTERTAINMENT	2,397.
TOTAL TO FORM CD-405, PAGE 4, SCHEDULE M-1, LINE 5	7,436.

FORM CD-429B COMPUTATION OF PENALTY ON UNDERPAYMENT

STATEMENT 6

Q T R -	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A							
		Q	178.	07/15/2022 12/31/2022	169	5.0000	4.
		R	178.	12/31/2022 07/15/2023	196	7.0000	7.
B							
		Q	179.	09/15/2022 12/31/2022	107	5.0000	3.
		R	179.	12/31/2022 07/15/2023	196	7.0000	7.
C							
		Q	178.	12/15/2022 12/31/2022	16	5.0000	0.
		R	178.	12/31/2022 07/15/2023	196	7.0000	7.
D							
		Q	178.	03/15/2023 07/15/2023	122	7.0000	4.
TOTAL TO FORM CD-429B, LINE 22							32.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
P = PAYMENT
R = INTEREST RATE CHANGE
L = LEAP YEAR CHANGE
O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.
▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

NEW HAMPSHIRE

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.**

to enter or generate my PIN

36091

ERO firm name

as my signature on my tax year 2022 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____

Date ▶ _____

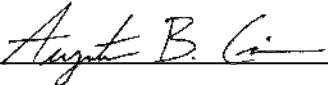
Title ▶ **PRESIDENT****Part III Certification and Authentication**

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

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶ Date ▶ **09/20/2023**

ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority

DO NOT STAPLE

New Hampshire
Department of
Revenue Administration

2022
BT-SUMMARY



BUSINESS TAX RETURN SUMMARY

STEP 1 - PRINT OR TYPE

MMDDYYYY

MMDDYYYY

For the CALENDAR year **2022** or other taxable period beginning:

04012022

and ending:

03312023

Check box if there has been a name change since last filing. List former name.

Proprietor's Last Name

First Name

MI

Social Security Number

If issued a DIN,
use the DIN in the
appropriate taxpayer
identification box.
DO NOT enter SSN or FEIN if
you have a DIN

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification Number

Principal Business Activity Code (Federal)

133890680

541519

Number & Street Address

3 PARK AVENUE 32ND FL

Address (continued)

Unit Type

Unit #

City / Town

State

ZIP Code + 4 (or Canadian Postal Code)

NEW YORK

NY

10016

STEP 2 - Return Type and Federal Information

Are you required to file a BET Return (Gross Business Receipts over \$250,000, or Enterprise Value Tax Base over \$250,000)?

☒ Yes ☐ No

If you checked "yes" to one or both of the first two questions, you must file the completed corresponding return(s) with this BT-Summary.

Are you required to file a BPT Return (Gross Business Income over \$92,000)?

☒ Yes ☐ No

Do you file a Form 990/990T?

Yes ☒ No

Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 10b on Schedule B of Federal Form 1065?

Yes ☒ No

Is the business organization filing its return on an IRS approved 52/53 week tax year?

Yes ☒ No

OR ☒ 2 - CORPORATION

3 - PARTNERSHIP

1 - PROPRIETORSHIP

AMENDED RETURN

LLC

6 - COMBINED GROUP

5 - NON-PROFIT

4 - FIDUCIARY

FINAL RETURN

IRS Adjustment: A complete federal Revenue Agent Report (RAR) with all applicable Schedules must be included with a complete amended NH tax return. Do not use this form to report IRS adjustments for taxable periods ending on or before December 31, 2020.

Check Appropriate Box(es):

☒ Payment Required

Refund Request

Credit Next Year's Tax Liability

No Payment Required



BUSINESS TAX RETURN SUMMARY - Continued

STEP 3 - Complete the BET and / or BPT return(s) and then complete the BT-Summary and attach return(s)

STEP 4 - Calculate Your Balance Due or Overpayment

Round to the nearest whole dollar

1 (a)	Business Enterprise Tax Net of Statutory Credits	1(a)	0	
(b)	Business Profits Tax Net of Statutory Credits	1(b)	147	
(c)	Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)		147
2 PAYMENTS				
(a)	Tax paid with application for extension	2(a)		
(b)	Total of taxable period's estimated tax payments	2(b)		
(c)	Credit carryover from prior tax period	2(c)	20	
(d)	Tax paid with original return (Amended returns only)	2(d)		
(e)	Total of Lines 2(a) through 2(d)	2(e)		20
3	TAX DUE: (Line 1(c) minus Line 2(e))		3	127
4 ADDITIONS TO TAX				
(a)	Interest (See instructions)	4(a)		
(b)	Failure to Pay (See instructions)	4(b)		
(c)	Failure to File (See instructions)	4(c)		
(d)	Underpayment of Estimated Tax (See instructions)	4(d)		
(e)	Total of Lines 4(a) through 4(d)	4(e)		
5 (a)	Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)		127
(b)	Return Payment Made Electronically	5(b)		
(c)	BALANCE DUE: Line 5(a) minus 5(b). Make your payment online at www.revenue.nh.gov/gtc or make check payable to: STATE OF NEW HAMPSHIRE PAY THIS AMOUNT			5(c) 127
6	OVERPAYMENT: If balance due is less than zero, enter on Line 6 6			
(a)	Any amount of overpayment in excess of 500% of Line 1(c) shall be refunded (Line 1(c) X 500%).		6(a)	735
7	Apply overpayment amount on Line 6 to:			
(a)	Credit - Next Year's Tax Liability (amount entered shall not exceed Line 6(a)) (Not available for Federal RAR)			7(a)
(b)	Refund (Only option available for Federal RAR)			7(b) DO NOT PAY



BUSINESS TAX RETURN SUMMARY - Continued

STEP 5

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

☒ POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

TAXPAYER'S SIGNATURE & INFORMATION

Signature (in ink)

MMDDYYYY

Print Signatory Name & Title

BRENDAN MCNAMEE PRESIDENT

Email Address

PNARAYANAN@CINTRA.COM

Phone Number

2124816501

Check this box if you are filing as a surviving spouse

PAID PREPARER'S SIGNATURE & INFORMATION

Signature of Preparer

AUGUSTUS B. CRIMM

MMDDYYYY

09202023

Printed Name of Preparer

AUGUSTUS B CRIMM

Email Address

GCRIMM@FASKELAY.COM

Phone Number

5123469623

Preparer Identification Number

P01904833

Preparer's Address

3609 WILLIAMS DRIVE SUITE 105

Address (continued)

City / Town

GEORGETOWN

State

TX

ZIP Code + 4 (or Canadian Postal Code)

78628-2510

Mail to:
NH DRA
PO Box 637
Concord NH 03302-0637

Make Check Payable to:
STATE OF NEW HAMPSHIRE
Enclose but DO NOT staple or tape your
attachments

FILE ONLINE AT GRANITE TAX CONNECT
www.revenue.nh.gov/gtc

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES





BUSINESS ENTERPRISE TAX RETURN

Taxpayer Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification Number

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

You are required to file this return if the gross business receipts were greater than **\$250,000** or the enterprise value tax base is greater than **\$250,000**.

☒ Check here if required to file Form BET-80

Round to the nearest whole dollar

Total Gross Business Receipts for this business organization

20735999

1. Dividends Paid	1	0
2. Compensation and Wages Paid or Accrued	2	0
3. Interest Paid or Accrued	3	0
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4	0
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .0055) before credits	5	0
6. Enter credits against BET. Use DP-160 to determine credit against BET	6	
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a)	TAX DUE 7	0



BUSINESS ENTERPRISE TAX CREDIT WORKSHEET

Taxpayer Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification Number

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: 03312023

1. Business Profits Tax (BPT) from BPT Return, Line 19 NH-1120-WE, Line 12 all other forms.
2. Sum the amounts from Lines 3 through 11, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 20(a) NH-1120-WE or Line 13(a) all other forms. If other credits are applied, include result on BPT return, Line 20(b) NH-1120-WE, Line 13(b) all other forms.

1

147

Use carry forward amounts in the following order for this taxable period

A
Available Credits

B
Credit Applied to BPT

C
Excess Credits

3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.
4. Carry over BET from eighth prior taxable period
5. Carry over BET from seventh prior taxable period
6. Carry over BET from sixth prior taxable period
7. Carry over BET from fifth prior taxable period
8. Carry over BET from fourth prior taxable period
9. Carry over BET from third prior taxable period
10. Carry over BET from second prior taxable period
11. Carry over BET from first prior taxable period





BUSINESS ENTERPRISE TAX APPORTIONMENT

Business Enterprise Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification #

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

SECTION I - APPORTIONMENT FACTORS

See General Instructions

Compensation and Wages Factor

Round to the nearest whole dollar

- | | | |
|---|---|---|
| 1 | New Hampshire Compensation and Wages Paid or Accrued | 1 |
| 2 | Everywhere Compensation and Wages Paid or Accrued | 2 |
| 3 | COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21. Express to six decimal places. | 3 |

Interest Factor

- | | | | |
|---|---|---|----------|
| 4 | Average of New Hampshire Property | 4 | 0 |
| 5 | Average of Everywhere Property | 5 | 1373179 |
| 6 | INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26. Express to six decimal places. | 6 | 0.000000 |

Dividend Factor

- | | | | |
|----|--|----|----------|
| 7 | New Hampshire Sales | 7 | 35650 |
| 8 | Everywhere Sales | 8 | 20728188 |
| 9 | Sales Factor (Line 7 divided by Line 8). Express to six decimal places. | 9 | 0.001720 |
| 10 | Subtotal (Sum of Lines 3, 6 and 9) | 10 | 0.001720 |
| 11 | DIVIDEND FACTOR (Line 10 divided by the number of "EVERYWHERE" factors in the subtotal). Enter this amount on Line 15. Express to six decimal places . | 11 | 0.000860 |





BUSINESS ENTERPRISE TAX APPORTIONMENT - continued

Business Enterprise Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification #

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

SECTION II - BUSINESS ENTERPRISE TAX BASE APPORTIONMENT

See General Instructions

Dividend Apportionment

Round to the nearest whole dollar

12	Dividends Paid	12	0	
13	LESS: Dividend Deduction	13		
14	Subtotal (Line 12 minus Line 13)	14		0
15	Dividend Apportionment Factor (From Line 11)	15	0.000860	
16	Taxable Dividends (Line 14 multiplied by Line 15) (If negative, use minus sign)	16	0	
17	TOTAL TAXABLE DIVIDENDS (From Line 16) IF NEGATIVE, ENTER ZERO. Enter this amount on Form BET, Line 1.	17		0

Compensation and Wages Apportionment

18	Everywhere Compensation and Wages Paid or Accrued	18	0	
19	LESS: Retained Compensation	19		
20	Subtotal (Line 18 minus Line 19)	20		0
21	Compensation Apportionment Factor (From Line 3)	21		
22	Taxable Compensation (Line 20 multiplied by Line 21)	22		0
23	LESS: Dividend Offset (See Instructions)	23		
24	TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Form BET, Line 2.	24		0

Interest Apportionment

25	Interest Paid or Accrued	25	18924	
26	Interest Apportionment Factor (From Line 6)	26	0.000000	
27	Taxable Interest (Line 25 multiplied by Line 26)	27	0	
28	LESS: Dividend Offset (See Instructions)	28		
29	TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Form BET, Line 3.	29		0



BUSINESS PROFITS TAX RETURN

Business Organization Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification Number

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

1 FEDERAL TAXABLE INCOME/(LOSS)

Round to the nearest whole dollar

Enter Amount Reported on:

If 1120, Federal Form 1120, Line 28

1

769572

If 1120S, DP-120, Line 2 (attach DP-120 to tax return)

2 INCREASE or DECREASE TO GROSS BUSINESS PROFITS TO RECONCILE WITH IRC

2(a) Add amount of IRC §179 expense taken on Federal Form 4562 in excess of the amount permitted pursuant to RSA 77-A:3-b, IV, including carryover amounts deducted in this taxable period

2(a)

2(b) Add the amount of bonus depreciation taken on the federal return for assets placed in service this period pursuant to RSA 77-A:3-b, I

2(b)

161600

2(c) Add any other deductions or exclusions taken on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX and 77-A:3-b, III. Complete and attach Schedule IV

2(c)

109

2(d) Deduct regular depreciation related to IRC §179 and bonus depreciation not allowed for this taxable period or for prior taxable periods

2(d)

25569

2(e) Deduct any other items included on the federal return that need to be eliminated or adjusted pursuant to RSA 77-A:1, XX or RSA 77-A:4, XIX. Complete and attach Schedule IV

2(e)

2(f) Increase or Decrease for the net gain or loss on the sale of assets used in the business which have a different State basis from the tax basis reported on the federal return

2(f)

2(g) Net 2(a) through 2(f)

2(g)

136140

3 Subtotal Line 1 adjusted by Line 2(g)

3

905712

4 Separate entity items of income or expense (attach schedule)

4

5 Gross Business Profits (combine Line 3 and Line 4)

5

905712

6 ADDITIONS AND DEDUCTIONS (RSA 77-A:4)

6(a) Deduct interest on direct US Obligations not subject to tax under RSA 77 (RSA 77-A:4, II)

6(a)

6(b) Add income taxes or franchise taxes measured by income (attach schedule of taxes by State) (RSA 77-A:4, VII)

6(b)

221165

6(c) Add federal non-recognized IRC §337 Gain (RSA 77-A:4, VIII)

6(c)

6(d) Deduct wage adjustment required by IRC §280C (RSA 77-A:4, IX)

6(d)

6(e) Add expenses related to federal constitutionally exempt income (RSA 77-A:4, X)

6(e)

6(f) Deduct foreign dividend gross-up (IRC §78) (RSA 77-A:4, XI)

6(f)

6(g) Deduct research contribution (attach computation) (RSA 77-A:4, XII)

6(g)



BUSINESS PROFITS TAX RETURN

Business Organization Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification Number

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

NH-1120 continued

Round to the nearest whole dollar

6(h) Adjustments to gross business profits required due to the increase in the basis of assets resulting from the sale or exchange of an interest in the business organization (RSA 77-A:4, XIV)

Add the amount of the increase in the basis of assets federally, due to the sale or exchange of interest in the business organization

6(h) - A

Check yes if an election is being made to recognize the basis increase for any sale or exchange reported above

Yes

Multiple Transactions
(schedule attached)

Yes

If not making an election, deduct the basis increase associated with the sale or exchange(s). If making an election, enter zero. If reporting multiple transactions, please attach a schedule reporting the details for each transaction.

6(h) - B

Add the amount of depreciation/amortization on the federal return attributable to an increase in the basis of assets not recognized for NH purposes

6(h) - C

Upon the sale of assets, adjust the net gain or loss attributable to an increase in the basis of assets that has not been recognized for NH purposes

6(h) - D

Net Lines 6(h) - A through 6(h) - D

6(h)

6(i) Add Qualified Investment Company (QIC) holders proportional share of QIC profits (RSA 77-A:4, XV)

6(i)

6(j) Deduct assistance payments under 12 USC §1823 (RSA 77-A:4, XVI)

6(j)

6(k) Net Lines 6(a) through 6(j)

6(k)

221165

7 Adjusted Gross Business Profits (Sum of Lines 5 and 6(k))

7

1126877

8 New Hampshire Apportionment (If other than 100%, complete Form DP-80 BPT Apportionment Schedule. Enter percentage from Form DP-80, Line 1(c))

Exempt under P.L. 86-272

8

0.001720

9 New Hampshire Business Profits before NOL (Line 7 multiplied by Line 8. If negative, enter zero)

9

1938

10 Deduct New Hampshire Net Operating Loss Deduction (NOLD) (attach Form DP-132) (RSA 77-A:4, XIII)

NOLD available

10 - A

Less NOLD used this tax period

10

NOLD to be carried forward

10 - B

11 New Hampshire Taxable Business Profits (Line 9 minus Line 10. If negative, enter zero)

11

1938

12 Compute tax (Line 11 multiplied by 7.6%)

12

147



BUSINESS PROFITS TAX RETURN

Business Organization Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification Number

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

NH-1120 continued

Round to the nearest whole dollar

13 (a) BET Credit only - attach Form BET Credit Worksheet

13(a)

0

-OR-

(b) Other credit including BET (attach Form DP-160)

13(b)

14 New Hampshire Business Profits Tax Net of Statutory Credits (Line 12 minus Line 13(a) or 13(b),
as applicable, cannot be less than zero) Report on BT-Summary, Line 1(b)

14

147

This return must be accompanied by complete and legible copies of the appropriate federal forms and schedules.





SCHD042211019

OTHER INTERNAL REVENUE CODE RECONCILING ADJUSTMENTS

Business Organization Name
CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification Number
133890680

For the CALENDAR year **2022**
or other taxable period beginning: MMDDYYYY
04 01 2022

MMDDYYYY
03 31 2023
and ending:

This form must be completed by any business organization reporting any amounts on Lines 2(c) or 2(e) of Form NH-1120; Lines 10(c) or 10(e) of Form NH-1120-WE; or Lines 2(c) or 2(e) of Forms NH-1040, NH-1041, or NH-1065. Attach additional sheets if necessary.

PART A - Additions

Detail any amounts included on Form NH-1120 Line 2(c), NH-1120-WE Line 10(c), NH-1040 Line 2(c), NH-1041 Line 2(c), or NH 1065 Line 2(c). The additions should equal amounts reported on the corresponding return.

Report all values as a positive number
Round to the nearest whole dollar

1.	Foreign dividends consisting of GILTI that were not previously subject to Business Profits Tax	1	
2.	Foreign dividends consisting of deemed one-time repatriation under the Tax Cuts and Jobs Act of 2017 (TCJA) not previously subject to Business Profits Tax	2	
3.	Business interest deducted in excess of the limitation in the TCJA	3	
4.	Charitable deductions in excess of the limitation in the TCJA	4	
5.	Amounts deducted under IRC §181	5	
6.	CURRENT DEPR. ON ASSETS WITH ADDITIONAL SECTION	6	109
7.		7	
8.		8	
9.	Total Additions	9	109

PART B - Deductions

Detail any amounts included on Form NH-1120 Line 2(e), NH-1120-WE Line 10(e), NH-1040 Line 2(e), NH-1041 Line 2(e), or NH-1065 Line 2(e). The deductions should equal amounts reported on the corresponding return.

Report all values as a positive number
Round to the nearest whole dollar

1.	Global Intangible Low-Taxed Income (GILTI) deduction as determined under IRC §250(a)	1	
2.		2	
3.		3	
4.		4	
5.		5	
6.	Total Deductions	6	





This form should be completed if filing a NH-1120-WE or if New Hampshire apportionment is less than 100%

BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION

Business Organization Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification #

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

**YOU ARE REQUIRED TO FILE A BUSINESS PROFITS TAX RETURN IF GROSS BUSINESS INCOME
IS GREATER THAN \$92,000.**

If the business organization is a partnership the due date of the return is the
**FIFTEENTH DAY OF THE THIRD MONTH FOLLOWING THE END OF THE
TAXABLE PERIOD**. If the business organization is not a partnership the due
date of the return is the **FIFTEENTH DAY OF THE FOURTH MONTH
FOLLOWING THE END OF THE TAXABLE PERIOD**.

Principal Business Activity in New Hampshire

LICENSE AND CONSULTI

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc.

Check box and attach a list if more space is required

2020

Year first NH return filed

NY

State of Incorporation

City, State and Country where records are located

City / Town

NEW YORK

State

NY

Country

US

Business locations outside of New Hampshire

Check box and attach a list if more space is required

City / Town

State

Answer Yes or No

Registered to do
business in state
where located?

Files returns
in state
where located?

Apportion sales, payroll
and/or property in state
where located?

Type of Business

City / Town

State

Type of Business

City / Town

State

Type of Business



BUSINESS PROFITS TAX RETURN ADDITIONAL INFORMATION - continued

Business Organization Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification #

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

Is the business organization filing its tax return
on an IRS approved 52/53 week tax year?

Yes ☒ No

If yes, provide the date
the period begins

MMDDYYYY

and
ends

MMDDYYYY

Is this business organization affiliated with any other business organization that files business tax returns with this Department?
Identify affiliated business organization by name and FEIN

Yes ☒ No
FEIN

Check box and attach a list if more space is required

Does the business organization file as part of a unitary group in any other jurisdiction?

Yes ☒ No

Is the business organization
registered with the NH Secretary of State?

Yes ☒ No

If YES, provide
Business ID

If YES, provide YEAR
registered

In which state is the business organization domiciled?:
NY

State

Did the business organization have a change in income due to a final adjustment determined by a court, the Internal Revenue Service, or another state's taxing authority since its most recent filing of a NH BPT return (prior to this return)?

Yes ☒ No

If yes, provide full details. Use additional sheet(s) if necessary.



BUSINESS PROFITS TAX RETURN - BUSINESS PROFITS TAX APPORTIONMENT

Business Organization Name

CINTRA SOFTWARE AND SERVICES INC.

Taxpayer Identification Number

133890680

For the CALENDAR year **2022**
or other taxable period beginning:

MMDDYYYY

04012022

MMDDYYYY

and ending: **03312023**

1(a)
Everywhere
(Denominator)

1(b)
New Hampshire
(Numerator)

1(c)
Sales/Receipts Factor

1 SALES/RECEIPTS FACTOR

20728188

35650

1(c) Divide 1(b) by 1(a) (Express as a decimal to 6 places)
This is your New Hampshire BPT Apportionment

.001720

2(a)
Everywhere
(Denominator)

2(b)
New Hampshire
(Numerator)

2(c)
Payroll Factor

2 PAYROLL FACTOR

2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)

3(a)
Everywhere
(Denominator)

3(b)
New Hampshire
(Numerator)

3 PROPERTY FACTOR

Beginning of Period

End of Period

Beginning of Period

End of Period

Inventory

Inventory

Buildings

Buildings

Furniture & Fixtures

Furniture & Fixtures

Leasehold Improvements

842746

1004346

Leasehold Improvements

0

0

Land

Land

Other Tangible Assets

449633

449633

Other Tangible Assets

0

0

Subtotal

1292379

1453979

Subtotal

0

0

Average of Subtotals

1373179

Average of Subtotals

0

Rented Property (annual rate x 8)

Rented Property (annual rate x 8)

Total Everywhere Property

1373179

Total New Hampshire Property

0

3(c) Divide 3(b) total by 3(a) total (Express as a decimal to 6 places)

0.000000



NH 1120	INCOME/FRANCHISE TAXES	STATEMENT 1
---------	------------------------	-------------

DESCRIPTION	AMOUNT
NEW YORK STATE INCOME/FRANCHISE TAX	131022.
NEW YORK CITY INCOME/FRANCHISE TAX	60452.
TEXAS STATE INCOME/FRANCHISE TAX	29691.
TOTAL TO FORM NH-1120, LINE 6(B)	221165.

DP-80	EVERYWHERE - OTHER TANGIBLE ASSETS	STATEMENT 2
-------	------------------------------------	-------------

DESCRIPTION	BEGINNING	ENDING
EQUIPMENT	449633.	449633.
TOTALS TO FORM DP-80, LINE 3	449633.	449633.

8879-SO**State-Only e-file Signature Authorization****2022**

▶ Do not send to the Taxing Authority. This is not a tax return.

▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

NEW JERSEY

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.**

to enter or generate my PIN

36091

ERO firm name

as my signature on my tax year 2022 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____

Date ▶ _____

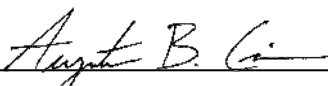
Title ▶ **PRESIDENT****Part III Certification and Authentication**

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

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶ Date ▶ **09/20/2023****ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**

ESTIMATED TAX WORKSHEET (Keep for your records) - DO NOT FILE

1. Total estimated tax for the current taxable year	1. <u>11,680.</u>
2. Voucher 1 due (enter 25% of Line 1)	2. _____
3. Voucher 2 due (enter 25% of Line 1)	3. <u>2,920.</u>
4. Voucher 3 due (enter 25% of Line 1)	4. <u>2,920.</u>
5. Voucher 4 due (enter 25% of Line 1)	5. <u>2,920.</u>

Record of Estimated Tax Payments				
Voucher Number	(a) Date	(b) Amount	(c) Overpayment Credit From Last Year's Return	(d) Total Amount Paid and Credited For This Installment (Add (b) & (c))
1			2,920.	2,920.
2		2,920.		2,920.
3		2,920.		2,920.
4		2,920.		2,920.
Total		8,760.	2,920.	11,680.

Amended Computation (Use if your estimated tax changes after you have filed one or more estimated tax vouchers).

1. Enter the amended estimated tax	_____
2. Less (a) Amount of overpayment credit from last year's return (see instructions)	_____
(b) Previous estimated tax payment(s) made this year:	
From Voucher 1	_____
From Voucher 2	_____
From Voucher 3	_____
(c) Total lines 2(a) and 2(b)	_____
3. Unpaid balance (subtract line 2(c) from line 1)	_____
4. Unpaid balance to be paid as follows:	
(a) On Voucher 2 if unused - 50% of amended estimated tax (line 1) less payments made (line 2(c))	_____
(b) On Voucher 3 if unused - 75% of amended estimated tax (line 1) less payments made	_____
(c) On Voucher 4 - 100% of amended estimated tax (line 1) less payments made	_____
(d) Total of lines 4(a), 4(b) and 4(c)	_____
5. Subtract line 4(d) from line 3. (If result is not zero, review calculations)	_____

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150C

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/eft1.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

**RETURN MUST BE FILED ONLINE OR E-FILED.
This form cannot be paper filed - this
copy is for informational purposes only.**

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150C

Due Date 07/17/23 Voucher # 1 Beginning 04/01/2023 and ending 03/31/2024
2023
133-890-680/000 CINT
CINTRA SOFTWARE AND SERVICES INC.
3 PARK AVENUE 32ND FL
NEW YORK, NY 10016

1. Amount of this installment	1.	2920.00
2. Amount of overpayment credit (See instruction 5)	2.	2920.00
3. Amount of this installment payment	3.	.00
(Line 1 minus Line 2)		

Payments should be made electronically.

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150C

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

You need to pay the tax by one of these methods:

1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
2. **Electronic Funds Transfer (EFT):** To register visit www.nj.gov/treasury/revenue/eft1.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

**RETURN MUST BE FILED ONLINE OR E-FILED.
This form cannot be paper filed - this
copy is for informational purposes only.**

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150C

Due Date 12/15/23 Voucher # 3 Beginning 04/01/2023 and ending 03/31/2024
2023
133-890-680/000 CINT
CINTRA SOFTWARE AND SERVICES INC.
3 PARK AVENUE 32ND FL
NEW YORK, NY 10016

1. Amount of this installment	1.	2920.00
2. Amount of overpayment credit (See instruction 5)	2.	.00
3. Amount of this installment payment	3.	2920.00
(Line 1 minus Line 2)		

Payments should be made electronically.

**CORPORATION BUSINESS TAX
ESTIMATED PAYMENT WORKSHEET**

CBT-150C

**BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY
CORPORATION BUSINESS TAX ELECTRONICALLY**

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1. **Electronic Check or Credit Card:** Visit www.njtaxation.org and select "Make a Payment."
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If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

RETURN MUST BE FILED ONLINE OR E-FILED.
This form cannot be paper filed - this
copy is for informational purposes only.

Corporation Business Tax Statement of Estimated Tax Worksheet
CBT-150C

Due Date 03/15/24 Voucher # 4 Beginning 04/01/2023 and ending 03/31/2024
2023
133-890-680/000 CINT
CINTRA SOFTWARE AND SERVICES INC.
3 PARK AVENUE 32ND FL
NEW YORK, NY 10016

1. Amount of this installment	1.	2920.00
2. Amount of overpayment credit (See instruction 5)	2.	.00
3. Amount of this installment payment	3.	2920.00
(Line 1 minus Line 2)		

Payments should be made electronically.

2022
CBT-100
New Jersey Corporation Business Tax Return
For Tax Years Ending On or After July 31, 2022, Through June 30, 2023

1019

Tax year beginning APR 1, 2022 and ending MAR 31, 2023

FEDERAL EMPLOYER I.D. NUMBER 133-890-680/000	N.J. CORPORATION NUMBER 0101-0445-78	State and date of incorporation NY 05 14 1996
CORPORATION NAME CINTRA SOFTWARE AND SERVICES INC		Date authorized to do business in New Jersey 05141996
MAILING ADDRESS 3 PARK AVENUE 32ND FL		Federal business activity code 541519
CITY STATE ZIP CODE NEW YORK NY 10016		Corporation books are in the care of PADMA NARAYANAN at 3 PARK AVENUE 32ND FL NEW
		Phone Number 2124816501
Check applicable return type: ☐ Initial ☐ Amended		
Enter Amended Code: _____ If code 10, enter reason: _____		
Check if applicable (see instructions): ☐ Investment Company ☐ Professional Corporation ☐ Real Estate Investment Trust ☐ Regulated Invest. Company ☐ Federal 1120-S Filer ☐ Claiming P.L. 86-272		

1. Tax Base - Enter amount from line 4 of Schedule A, Part III	1.	129,391.
2. Amount of Tax - Multiply line 1 by the applicable tax rate (see instructions)	2.	11,645.
3. Tax Credits - Enter amount from Schedule A-3, Part I, line 30 (see instructions)	3.	
4. CBT TAX LIABILITY - Subtract line 3 from line 2	4.	11,645.
5. a. Surtax on taxable net income - Multiply the amount on Schedule A, Part III, line 2a, 2b, or 2c (whichever is applicable) by the applicable surtax rate (see instructions)	5a.	0.
b. Pass-Through Business Alternative Income Tax Credit from Form 329 (see instructions) (Amount entered cannot be more than amount on line 5a)	5b.	0.
c. Balance of surtax - Subtract line 5b from line 5a	5c.	0.
6. a. Enter the total minimum tax (see instructions)	6a.	2,000.
b. Tax Due - Add line 5c to the greater of line 4 or line 6a (see instructions)	6b.	11,645.
7. Installment Payment - Only applies if line 6b is \$500 or less (see instructions)	7.	
8. Professional Corporation Fees (from Schedule PC, line 7)	8.	0.
9. TOTAL TAX AND PROFESSIONAL CORPORATION FEES - Add lines 6b, 7, and 8	9.	11,645.
10. a. Payments and Credits (see instructions)	10a.	17,828.
b. Payments made by partnerships on behalf of taxpayer (include copies of all NJK-1s)	10b.	
c. Refundable Tax Credits from Schedule A-3, Part II, line 6 (see instructions)	10c.	
d. Total Payments and Credits - Add lines 10a, 10b, and 10c	10d.	17,828.
11. Balance of Tax Due - If line 10d is less than line 9, subtract line 10d from line 9	11.	
12. Penalty and Interest Due (see instructions) SEE STATEMENT 1	12.	360.
13. Total Balance Due - Add line 11 and line 12	13.	360.
14. Amount Overpaid - If line 10d is greater than the sum of line 9 and 12, enter amount of overpayment	14.	5,823.
15. Amount of line 14 to be Refunded	15.	2,903.
16. Amount of line 14 to be Credited to 2023 Tax Return	16.	2,920.
17. Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied ☐ 2022 or ☐ 2023	17.	
Unitary ID Number NU		

CERTIFICATION OF INACTIVITY (See Instructions)

If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 must be completed. A corporate officer must sign and certify below:

☐ By marking the check box to the left, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.

SIGNATURE AND VERIFICATION (See Instructions)	(Date)	(Signature of Corporate Officer)	(Title)
		RETURN MUST BE FILED ONLINE OR E-FILED This form cannot be paper filed - this copy is for informational purposes only.	
		(Signature of Duty Authorized Officer of Taxpayer)	(Title)
		(Date)	(Address)
		(Signature of Individual Preparing Return)	(Preparer's ID Number)
		(Name of Tax Preparer's Employer)	(Employer's ID Number)

266601 01-09-23

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

ANNUAL GENERAL QUESTIONNAIRE (See Instructions)**PART I** All taxpayers must answer the following questions. Riders must be provided where necessary.1. Type of business DATABASE MANAGEMENTPrincipal products handled LICENSE/CONSULTING2. State the location of the actual seat of management or control of the corporation NEW YORK

3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations? ☐ Yes. Provide a rider indicating the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of stock owned or controlled. OR ☒ No.

4. These questions must be answered by corporations with a controlling interest in certain commercial property.

a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property? ☐ Yes. Answer question 4b below. OR ☐ No.

b. Was the CITT-1, Controlling Interest Transfer Tax, filed with the Division of Taxation?

☐ Yes. Provide a rider indicating the information and include a copy of the CITT-1 OR ☐ No. Provide a rider indicating the name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.

5. Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)? ☐ Yes. Provide a rider indicating the name, address, and FEIN of the subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are included in this return. OR ☒ No.

6. If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is excluded, did the taxpayer distribute dividends or deemed dividends in the current tax year? ☐ Yes. Provide a rider indicating the name and FEIN of the entity to which the dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group. OR ☐ No.

7. Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related service activities that are deductible against the income of members of a combined group? ☐ Yes. Provide a rider indicating the names and ID numbers of the combined group or the related members and detail the taxpayer's income that is deductible against their income. OR ☒ No.

8. Is income from sources outside the United States included in taxable net income on Schedule A?

☐ Yes ☐ No ☒ NA

If yes, provide a rider indicating such items of gross income, the source, the deductions and the amount of foreign taxes paid. Enter on Schedule A, Part II, line 10, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).

9. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey? ☐ Yes. OR ☒ No.

10. Does the taxpayer file as part of a group filing combined returns/reports in other states with corporations that either do not file New Jersey returns or file separate New Jersey returns? ☐ Yes. OR ☒ No.

11. Is the taxpayer part of a group that files a New Jersey combined return, but is excluded from the combined return? ☐ Yes. Provide information below. OR ☒ No.

Name of the managerial member of the combined group: _____

12. Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return or their federal tax return? ☐ Yes. Include a rider detailing the information. OR ☒ No.

For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).

13. Does the taxpayer own or lease real or tangible property:

a. In New Jersey? ☐ Yes. OR ☒ No.

b. Outside New Jersey? ☐ Yes. Provide information below. OR ☒ No.

List the states, political subdivisions, and foreign nations (as applicable): _____

14. What percentage of the taxpayer's worldwide property, real or tangible, is inside the United States? _____

15. Does the taxpayer have payroll:

a. In New Jersey? ☒ Yes. OR ☐ No.

b. Outside New Jersey? ☒ Yes. Provide information below. OR ☐ No.

List the states, political subdivisions, and foreign nations (as applicable): CT, FL, GA, MA, NY, MI, OH, OR, PA, RI, SC, TX, VA

16. What percentage of the taxpayer's worldwide payroll is inside the United States? _____

17. Is 20% or more of either or both the taxpayer's property and payroll inside the United States? ☐ Yes. OR ☒ No.

18. Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party? ☐ Yes. Include a rider with the entity's name and tax ID number. OR ☒ No.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

ANNUAL GENERAL QUESTIONNAIRE (Continued)**PART II REGULATED INVESTMENT COMPANIES** (Riders must be provided where necessary)

1. Is this taxpayer registered and regulated under the Federal Investment Company Act of 1940 (54 Stat. 789, as amended)? ☐ Yes. Provide information below (include rider if necessary). ☒ No.

Securities and Exchange Commission Information

Registration Number	Registration Date

IMPORTANT NOTE: If the taxpayer's certificate under the Act was not obtained prior to the commencement of the period covered in the return or if such authority was not continued during such entire period, then the taxpayer is not entitled to report as a Regulated Investment Company.

2. Has the taxpayer satisfied the requirements of IRC § 852(a)? ☐ Yes OR ☒ No. If no, taxpayer cannot file as a Regulated Investment Company.
3. Every taxpayer seeking to report as a regulated investment company **MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS** for the period covered by this return together with all other stockholder reports issued by the company during such period.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

Schedule A**CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)****EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE****PART I - COMPUTATION OF ENTIRE NET INCOME** (All data must match the federal pro forma or federal return, whichever is applicable.)

Income		
1. a. Gross receipts or sales	1a.	20,728,188.
b. Less: Returns and allowances	1b.	
c. Total - Subtract line 1b from line 1a	1c.	20,728,188.
2. Less: Cost of goods sold (from Schedule A-2, line 8)	2.	6,303,956.
3. Gross profit - Subtract line 2 from line 1c	3.	14,424,232.
4. a. Dividends	4a.	
b. Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993)	4b.	
c. Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992)	4c.	
5. Interest	5.	2,454.
6. Gross rents	6.	
7. Gross royalties	7.	
8. Capital gain net income (include a copy of federal Schedule D)	8.	
9. Net gain or (loss) (from federal Form 4797, include a copy)	9.	
10. Other income (include schedule(s)) SEE STATEMENT 2	10.	5,357.
11. Total Income - Add lines 3 through 10	11.	14,432,043.
Deductions		
12. Compensation of officers (from Schedule F)	12.	
13. Salaries and wages (less employment credits)	13.	7,996,386.
14. Repairs (Do not include capital expenditures)	14.	13,085.
15. Bad debts	15.	
16. Rents	16.	544,464.
17. Taxes	17.	783,505.
18. Interest	18.	18,924.
19. Charitable contributions	19.	
20. Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return	20.	187,808.
21. Depletion	21.	
22. Advertising	22.	91,765.
23. Pension, profit-sharing plans, etc.	23.	101,680.
24. Employee benefit programs	24.	731,146.
25. Reserved for future use	25.	
26. Other deductions (include schedule) SEE STATEMENT 3	26.	3,193,708.
27. Total Deductions - Add lines 12 through 26	27.	13,662,471.
28. Taxable income before federal net operating loss deductions and federal special deductions - Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions) ...	28.	769,572.

PART II - NEW JERSEY MODIFICATIONS TO ENTIRE NET INCOME

1. Taxable income/(loss) before federal net operating loss deductions and special deductions (from Schedule A, Part I, line 28)	1.	769,572.
Additions		
2. Reserved for future use	2.	
3. Other federally exempt income not included in line 1 (see instructions)	3.	
4. Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions)	4.	
5. New Jersey State and other states' taxes deducted in line 1 (see instructions)	5.	221,165.
6. Related party interest addback (from Schedule G, Part I)	6.	
7. Related party intangible expenses and costs addback (from Schedule G, Part II)	7.	
8. Reserved for future use	8.	
9. Depreciation modification being added to income (from Schedule S)	9.	136,140.
10. Other additions. Explain on separate rider (see instructions)	10.	
11. Taxable income/(loss) with additions - Add line 1 through line 10 and enter the total	11.	1,126,877.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

Schedule A**CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)****EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE****Deductions**

12. Depreciation modification being subtracted from income (from Schedule S)	12.	
13. Previously Taxed Dividends (from Schedule PT)	13.	
14. a. Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is included on line 1	14a.	
b. Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is included on line 1	14b.	
c. Net GILTI previously taxed by New Jersey not deducted or excluded elsewhere	14c.	
15. I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/deducted elsewhere)	15.	
16. Reserved for future use	16.	
17. a. Elimination of nonoperational activity (from Schedule O, Part I)	17a.	
b. Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)	17b.	
18. Other deductions. Explain on separate rider (see instructions)	18.	
19. Total deductions - Add line 12 through line 18 and enter the total	19.	

Taxable Net Income/(Loss) Calculation

20. Entire Net Income/(Loss) Subtotal - Subtract line 19 from line 11	20.	1,126,877.
21. Allocation factor from Sch J (if all receipts were derived from only New Jersey sources, enter 1.000000)	21.	.114823
22. Allocated entire net income/(loss) before net operating loss deductions and dividend exclusion - Multiply line 20 by line 21 and enter the result here (if zero or less, enter zero on line 29)	22.	129,391.
23. Prior year net operating loss (PNOL) deduction (from Form 500, Section A) (Amount entered cannot be more than amount on line 22)	23.	
24. Allocated entire net income before post allocation net operating loss deduction - Subtract line 23 from line 22 (If zero or less, enter zero here and on line 29)	24.	129,391.
25. Post allocation net operating loss (NOL) deduction (from Form 500, Section B) (Amount entered cannot be more than amount on line 24)	25.	
26. Allocated entire net income before allocated dividend exclusion - Subtract line 25 from line 24 (If zero or less, enter zero here and on line 29)	26.	129,391.
27. Allocated Dividend Exclusion (from Schedule R) (see instructions)	27.	
28. Reserved for future use	28.	
29. Taxable net income - Subtract line 27 from line 26	29.	129,391.

Did the taxpayer have any discharge of indebtedness excluded from federal taxable income in the current tax year pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108 ☐ Yes. See instructions for Form 500. OR ☒ No.

PART III - COMPUTATION OF NEW JERSEY TAX BASE

1. Enter taxable net income from Schedule A, Part II, line 29	1.	129,391.
2. a. Investment Company - Enter 40% of line 1	2a.	
b. Real Estate Investment Trust - Enter 4% of line 1	2b.	
c. All Others - Enter the amount from line 1	2c.	129,391.
3. a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero) ...	3a.	
b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero)	3b.	
4. Tax Base - Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and on line 1, page 1	4.	129,391.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.**133-890-680/000****Schedule A-2****COST OF GOODS SOLD (See Instructions)** All data must match amounts reported on federal

Form 1125-A of the federal pro forma or federal return, whichever is applicable.

1. Inventory at beginning of year	1.	
2. Purchases	2.	4,030,963.
3. Cost of labor	3.	2,272,993.
4. Additional section 263A costs	4.	
5. Other costs (include schedule)	5.	
6. Total - Add lines 1 through 5	6.	6,303,956.
7. Inventory at end of year	7.	
8. Cost of goods sold - Subtract line 7 from line 6. Include here and on Schedule A, Part I, line 2	8.	6,303,956.

Schedule A-3**SUMMARY OF TAX CREDITS (See Instructions)****PART I - Tax Credits Used Against Liability**

1. New Jobs Investment Tax Credit from Form 304	1.	
2. Angel Investor Tax Credit from Form 321	2.	
3. Business Employment Incentive Program Tax Credit from Form 324	3.	
4. Pass-Through Business Alternative Income Tax Credit from Form 329	4.	
5. EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300		
OR b) Urban Enterprise Zone Investment Tax Credit from Form 301	5.	
6. Redevelopment Authority Project Tax Credit from Form 302	6.	
7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305	7.	
8. Research and Development Tax Credit from Form 306	8.	
9. Neighborhood Revitalization State Tax Credit from Form 311	9.	
10. Effluent Equipment Tax Credit from Form 312	10.	
11. Economic Recovery Tax Credit from Form 313	11.	
12. AMA Tax Credit from Form 315	12.	
13. Business Retention and Relocation Tax Credit from Form 316	13.	
14. Sheltered Workshop Tax Credit from Form 317	14.	
15. Film Production Tax Credit from Form 318	15.	
16. Urban Transit Hub Tax Credit from Form 319	16.	
17. Grow NJ Tax Credit from Form 320	17.	
18. Wind Energy Facility Tax Credit from Form 322	18.	
19. Residential Economic Redevelopment and Growth Tax Credit from Form 323	19.	
20. Public Infrastructure Tax Credit from Form 325	20.	
21. Reserved for future use	21.	
22. Film and Digital Media Tax Credit from Form 327	22.	
23. Tax Credit for Employers of Employees With Impairments from Form 328	23.	
24. Apprenticeship Program Tax Credit from Form 330	24.	
25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331	25.	
26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332	26.	
27. Innovation Evergreen Fund Tax Credit from Form 334	27.	
28. Unit Concrete Products Tax Credit from Form 335	28.	
29. Other Tax Credit (see instructions)	29.	
30. Total tax credits - Add lines 1 through 29. Enter here and on page 1, line 3	30.	

PART II - Refundable Tax Credits

1. Refundable portion of New Jobs Investment Tax Credit from Form 304	1.	
2. Refundable portion of Angel Investor Tax Credit from Form 321	2.	
3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324	3.	
4. Refundable portion Pass-Through Business Alternative Income Tax Credit from Form 329	4.	
5. Other Tax Credit to be refunded	5.	
6. Total amount of tax credits to be refunded. Enter here and on page 1, line 10c	6.	

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

Schedule A-4**SUMMARY SCHEDULE (See Instructions)**

PNOL Deduction and Carryover			Net Operational Income Information		
1. Form 500, Section A, line 5 minus line 7	1.	0.	8. Schedule O, Part III, line 31	8.	0.
NOL Deduction and Carryover			Dividend Exclusion Information		
2. Form 500, Section B, line 6 minus line 8	2.	0.	9. Schedule R, line 7	9.	0.
Interest and Intangible Costs and Expenses					
3. Schedule G, Part I, line b	3.	0.	10. Schedule R, line 9	10.	0.
4. Schedule G, Part II, line b	4.	0.	11. Schedule R, line 11	11.	0.
Schedule J Information			Schedule P Information		
5. Schedule J, line 1f	5.	2,380,073.	12. Schedule P, Part III, line 1	12.	0.
6. Schedule J, line 1g	6.	20,728,188.	13. Schedule P, Part III, line 2	13.	0.
7. Schedule J, line 1h	7.	.114823			

Schedule F**CORPORATE OFFICERS - GENERAL INFORMATION AND COMPENSATION (See Instructions)**

Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percentage of Corpora- tion Stock Owned		(6) Amount of Compensation
			From	To	Common	Preferred	
SEE STATEMENT 4							
a. Total compensation of officers							
b. Less: Compensation of officers claimed elsewhere on the return							
c. Balance of compensation of officers (include here and on Schedule A, Part I, line 12)							

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

Schedule G**Part I - Interest (See Instructions)**

Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income?

☐ Yes. Fill out the following schedule. ☒ No.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Amounts
a. Total amount of interest deducted			
b. Subtract: Exceptions (see instructions)			()
c. Related Party Interest Expenses Disallowed for New Jersey Purposes (include here and on Schedule A, Part II, line 6)			

Part II - Interest Expenses and Costs and Intangible Expenses and Costs (See instr.)

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income? ☐ Yes. Fill out the following schedule. ☒ No.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Amounts
a. Total amount of intangible expenses and costs deducted				
b. Subtract: Exceptions (see instructions)				()
c. Related Party Intangible Expenses and Costs addback (include here and on Schedule A, Part II, line 7)				

NOTE: For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

Schedule H**TAXES (See Instructions)**

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

	(a) Corporation Franchise Business Taxes	(b) Corporation Business/ Occupancy Taxes	(c) Property Taxes	(d) U.C.C. or Payroll Taxes	(e) Other Taxes/ Licenses (include sch.)	(f) Total
1. New Jersey Taxes						
2. Other States & U.S. Possessions	160,713					160,713
3. City and Local Taxes	60,452					60,452
4. Taxes Paid to Foreign Countries *						
5. Total	221,165					221,165
6. Combine lines 5(a) and 5(b)		221,165				
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7		221,165				
9. Federal Taxes						
10. Total (Combine line 5 and line 9)	221,165					221,165

* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

Schedule J**COMPUTATION OF ALLOCATION FACTOR (See Instructions)**

All taxpayers, regardless of entire net income reported on Schedule A, Part II, line 20, Form CBT-100, must complete Schedule J.

For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.

1. Receipts:	AMOUNTS (omit cents)
a. From sales of tangible personal property shipped to points within New Jersey	a. 1,024,987.
b. From services if the benefit of the service is received in New Jersey	b. 1,024,987.
c. From rentals of property situated in New Jersey	c. 1,355,086.
d. From royalties for the use in New Jersey of patents, copyrights, and trademarks	d. 2,380,073.
e. All other business receipts earned in New Jersey (See instructions)	e. 20,728,188.
f. Total New Jersey receipts (Total of lines 1a to 1e, inclusive)	f. .114823
g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere	g. .114823
h. Allocation Factor (Percentage in New Jersey) (Line 1f divided by line 1g). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part II, line 21	h. .114823

NOTE: Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC § 250(a) deductions, in the allocation factor. The net amount of GILTI (i.e., the GILTI reduced by the I.R.C. §250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

Schedule P-1**PARTNERSHIP INVESTMENT ANALYSIS (See Instructions)****Part I - Partnership Information**

(1) Partnership, LLC, or Other Entity Information		(2) Date and State where Organized	(3) Percentage of Ownership	(4)		(5) Tax Accounting Method		(6) New Jersey Nexus		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
Name	Federal ID Number			Limited Partner	General Partner	Flow Through	Separate Accounting*	Yes	No	

Enter total of column 7 here and on page 1, line 10b

*Taxpayers using a separate accounting method must complete Part II.

Part II - Separate Accounting of Nonunitary Partnership Income

(1) Nonunitary Partnership's Federal ID Number	(2) Distributive Share of Income/Loss from Nonunitary Partnership	(3) Partnership's Allocation Factor (See Instructions)	(4) Taxpayer's Share of Income Allocated to New Jersey (Multiply Column 2 by Column 3)
1.			
2.			
3.			
4.	Total column 2. Enter amount here and Schedule A, Part II, line 17b		
5.	Total column 4. Enter amount here and Schedule A, Part III, line 3b		

If additional space is needed, include a rider.

Schedule PC**PER CAPITA LICENSED PROFESSIONAL FEE (See Instructions)**

- Is the corporation a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? ☐ Yes. This schedule must be included with the return. ☒ No.
- How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? ☐ 2 or less, complete Part I. ☐ More than 2, complete Part I and Part II (if additional space is needed, include a rider).

Part I - Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.

Name	Address	FID/SSN
1.		
2.		
3.		
4.		
5.		

Part II - Complete only if there are more than 2 licensed professional listed above.

1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150	1.	
2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC	2.	
3. Total Fee Due - Add line 1 and line 2	3.	
4. Installment Payment - 50% of line 3	4.	
5. Total Fee Due (line 3 plus line 4)	5.	
6. Less prior year 50% installment payment and credit (if applicable)	6.	()
7. Balance of Fee Due (line 5 minus line 6). If the result is zero or more, include the amount here and on Form CBT-100, page 1, line 8	7.	
8. Credit to next year's Professional Corporation Fee (if line 7 is less than zero, enter the amount here)	8.	

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

Schedule S - Depreciation and Safe Harbor Leasing (See Instructions)**Part I - From Federal Form 4562**

1. IRC § 179 Deduction	1.	
2. Special Depreciation Allowance - for qualified property placed in service during the tax year	2.	161,600.
3. MACRS	3.	26,208.
4. ACRS	4.	
5. Other Depreciation	5.	
6. Listed Property	6.	
7. Total federal depreciation claimed in arriving at Schedule A, Part II, line 1	7.	187,808.

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part II, line 9 or line 12 - Depreciation and Certain Safe Harbor Lease Transactions

8. Prior year New Jersey depreciation (see instructions)	8.	35,508.
9. Current year New Jersey depreciation (see instructions). Enter total from Depreciation Worksheet I	9.	16,160.
10. Total New Jersey Depreciation. Add lines 8 and 9	10.	51,668.
11. Allowable New Jersey Section 179 deduction	11.	
12. Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property. Enter total from Depreciation Worksheet II	12.	
13. Other additions (include an explanation/reconciliation)	13.	
14. Other deductions (include an explanation/reconciliation)	14.	
15. ADJUSTMENT - Add lines 7 and 13. Subtract lines 10, 11, and 14. If line 12 is positive, subtract line 12 to the result. If line 12 is negative, add line 12 from the result. (If line 15 is positive, enter at Schedule A, Part II, line 9. If line 15 is negative, enter at Schedule A, Part II, line 12)	15.	136,140.

Part II - New Jersey Depreciation for Gas, Electric, and Gas and Electric Public Utilities (See Instructions)

1. Total depreciation claimed in arriving at Schedule A, Part II, line 1	1.	
2. Federal depreciation for assets placed in service after January 1, 1998	2.	
3. Net - Subtract line 2 from line 1	3.	
4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998)		
a. Total adjusted federal depreciable basis as of December 31, 1997	4a.	
b. Excess book depreciable basis over federal tax basis as of December 31, 1997	4b.	
c. Less accumulated federal basis for all Single Asset Account property sold, retired or disposed of to date ...	4c.	
d. Total (line 4a plus line 4b less line 4c)	4d.	
5. New Jersey Depreciation - Divide line 4d by 30	5.	
6. New Jersey Adjustment		
a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 - Subtract line 5 from line 3	6a.	
b. Special bonus depreciation adjustment from Schedule S, Part I, line 15 (see instructions)	6b.	
7. Total Adjustment - Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part II, line 9. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 12)	7.	

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

New Jersey Depreciation Worksheet I (See instructions)

(A) Classification of Property	(B) Basis for Depreciation	(C) Bonus Depreciation (30% or 50%)	(D) Convention	(E) Method	(F) Federal Depreciation Deduction	(G) New Jersey Depreciation Deduction (See Instructions)
1. 3-year property						
2. 5-year property	161,600.		VARIOUS	VARIOUS	161,600.	16,160.
3. 7-year property						
4. 10-year property						
5. 15-year property						
6. 20-year property						
7. 25-year property						
8. Residential rental property						
9. Nonresidential rental property						
10. Total Column G (Enter amount on Schedule S, Part I, line 9)						16,160.

New Jersey Depreciation Worksheet II - Disposal of Recovery Property (See Instructions)

(A) Description of Property	(B) Date Acquired: month, day, year	(C) Date Sold: month, day, year	(D) Federal Depreciation	(E) New Jersey Depreciation	(F) Excess/Deficiency
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16. Total Column F					

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

Form 500**Computation of the 2022 Post Allocation Net Operating Loss (NOL) and
Prior Net Operating Loss Conversion Carryover (PNOL) Deductions (See Instructions)**

Does the taxpayer have any Prior Net Operating Loss Conversion Carryovers? ☐ Yes. Begin Form 500 at Section A, line 1. OR ☒ No. Enter zero on Schedule A, Part II, line 23 and continue with Section B.

Section A - Computation of Prior Net Operating Losses (PNOL) Deduction from periods ending PRIOR to July 31, 2019

Complete this section only if the allocated entire net income/(loss) before net operating loss deductions and dividend exclusion on Schedule A, Part II, line 22 is positive (income).

1. Prior Net Operating Loss Conversion Carryover (PNOL) - Enter the total of Worksheet 500-P, Part II, column 3	1.	
2. Enter the portion of line 1 previously deducted	2.	
3. Enter the portion of line 1 that expired	3.	
4. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108*	4.	
5. PNOL available in the current tax year - Subtract lines 2, 3, and 4 from line 1 (if zero or less, enter zero)	5.	
6. Enter the allocated net income from Schedule A, Part II, line 22	6.	
7. Current tax year's PNOL deduction - Enter the lesser of line 5 or line 6 here and on Schedule A, Part II, line 23	7.	

* If the allocated discharge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has post allocation net operating loss carryover in Form 500 Section B, carry the remaining balance to line 5 of Section B.

Section B - Post Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019

Check the box next to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period in which the taxpayer was a taxable member on a New Jersey combined return. **Otherwise, leave the box blank.**

1. Allocated Net Operating Loss Carryover - See instructions.		
a. Return Period Ending ☐	1a.	
b. Return Period Ending ☐	1b.	
c. Return Period Ending ☐	1c.	
d. Return Period Ending ☐	1d.	
e. Return Period Ending ☐	1e.	
f. Return Period Ending ☐	1f.	
g. Return Period Ending ☐	1g.	
h. Return Period Ending ☐	1h.	
i. Return Period Ending ☐	1i.	
j. Return Period Ending ☐	1j.	
2. Total Post Allocation Net Operating Losses (NOLs) - Add lines 1a through 1j	2.	
3. Portion of line 2 previously deducted	3.	
4. Portion of line 2 that expired (after 20 privilege periods)	4.	
5. Enter the amount of any adjustments required under provisions of the federal Internal Revenue Code (see instructions)	5.	
6. NOLs available for current tax year - Subtract lines 3, 4, and 5 from line 2	6.	
7. Enter Allocated Entire Net Income Before Post Allocation Net Operating Loss Deduction from Schedule A, Part II, line 24	7.	
8. Current tax year's NOL deduction - Enter the lesser of line 6 or line 7 here and on Schedule A, Part II, line 25	8.	

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

CINTRA SOFTWARE AND SERVICES INC.

133-890-680/000

WORKSHEET

500-PNEW JERSEY CORPORATION BUSINESS TAX
Prior Net Operating Loss Conversion WorksheetUse this worksheet to calculate the converted prior net operating losses for use
for tax years ending on and after July 31, 2019. **(See Instructions)**

NOTE: This is used to calculate your converted prior net operating losses from pre-allocated net operating loss carryovers to post-allocated net operating loss carryovers for the last tax periods ending before July 31, 2019. Use the allocation factor calculated on Schedule J in the last tax period ending prior to July 31, 2019, for Part I, line 1. This is the taxpayer's base year allocation factor for the last tax period ending before July 31, 2019, pursuant to N.J.S.A. 54:10A-4(u). **Submit a copy of this worksheet to substantiate calculations and to determine usable amounts for future years.** If more space is needed, enclose a rider listing the information.

Part I

1. Allocation Factor For The Last Tax Period Ending Prior to July 31, 2019 (from Schedule J)	1.000000
--	----------

Part II

Column 1	Column 2	Column 3
Tax Period Ending	Prior Net Operating Losses (see instructions)	Converted Prior Net Operating Loss Carryover Multiply line I, Part I by amount in column 2, Part II
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

NJ Division of Taxation
(11-22)For Taxpayers With Gross Receipts of Less Than \$50 Million
Submit with your tax return (Form CBT-100, CBT-100S, or CBT-100U)

Name as Shown on Return	Federal ID Number	Unitary ID Number, if applicable
CINTRA SOFTWARE AND SERVICES INC.	133-890-680/000	NU

Part I How to Calculate Your Underpayment**Note:** If you meet any of the exceptions that eliminate the underpayment charge for **any** quarter, complete Part II.

1. Amount of 2022 tax - See instructions for line 1	11,645.			
2. 90% of line 1 - If you were qualified and elected to make a single payment in lieu of paying installments of estimated tax, enter zero (see instructions)	10,481.			
3. Prior year's tax - Enter the amount from line 6b, page 1 of the 2021 CBT-100 or line 4, page 1 of the 2021 CBT-100S, or line 5, page 1 of the 2021 CBT-100U	10,499.			
4. Enter the lesser of lines 2 or 3	10,481.			
5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year (see inst)	(a)	(b)	(c)	(d)
	07/15/2022	09/15/2022	12/15/2022	03/15/2023
6. Enter 25% of line 4 in columns (a) through (d)	2,620.	2,621.	2,620.	2,620.
7. (a) Amount paid or credited for each period (b) Overpayment of previous installment (enter any overpayment shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment)	1,828.			
8. Add lines 7a and 7b	1,828.			
9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8) ...		REFER TO STATEMENT		

Part II Exceptions (See Instructions)

10. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the fourth, sixth, ninth, and 12th months of your tax year	1,828.	1,828.	1,828.	1,828.
11. Exception 1 - Tax based on the facts shown on the prior year's return but using current year's rates. See instructions regarding periods of less than one year	25% of tax	50% of tax	75% of tax	100% of tax
	22.5% of tax	45% of tax	67.5% of tax	90% of tax
12. Exception 2 - Tax based on annualized tax ...				

Part III Installment Interest Due (See Instructions)

13. Amount of underpayment from line 9 ...				
14. Enter same installment dates used above at line 5				
15. Enter the date of payment or the 15th day of the fourth month after the close of the tax year, whichever is earlier				
16. Number of months from the date on line 14 to the date on line 15. (A part of a month is deemed to be a full month.)				
17. Interest				
18. Installment interest due - Add columns (a), (b), (c), and (d) of line 17. Enter the total here and on page 1, line 12, of Form CBT-100, page 1, line 12, of CBT-100S, or page 1, line 14, of CBT-100U	SEE STATEMENT 5			
	360.			

NJ CBT-100	PENALTY AND INTEREST SUMMARY	STATEMENT 1
LATE PAYMENT PENALTY		
LATE FILING PENALTY		
LATE PAYMENT INTEREST		
UNDERPAYMENT PENALTY		360
TOTAL PENALTIES AND INTEREST INCLUDED IN RETURN		360

NJ CBT-100		OTHER FEDERAL INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
OTHER MISCELLANEOUS INCOME			5,357.
TOTAL TO SCHEDULE A, LINE 10			5,357.

NJ CBT-100		OTHER FEDERAL DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
AMORTIZATION			57,972.
BANK CHARGES			4,155.
COMMISSIONS			743,428.
COMPUTER EXPENSE			276,378.
CONSULTANCY FEES			1,122,873.
CONTINUING EDUCATION			18,763.
DELIVERY AND FREIGHT			3,487.
DOMAINS			83.
DUES AND SUBSCRIPTIONS			64,597.
INSURANCE			118,427.
INTERNET & DATA STORAGE			9,366.
LEGAL AND PROFESSIONAL			192,519.
MEALS NOT SUBJECT TO LIMITATION			33,886.
MISCELLANEOUS			-53,988.
MOVING			3,068.
OFFICE			3,977.
PAYROLL SERVICES			5,571.
POSTAGE			10,021.
PROMOTIONAL/MARKETING			130,361.
RECRUITMENT			200,422.
SECURITY			531.
SMALL EQUIPMENT			2,403.
STORAGE FEES			27,617.
TELEPHONE			52,074.
TRAVEL			113,837.
UTILITIES			51,880.
TOTAL TO SCHEDULE A, LINE 26			3,193,708.

SCHEDULE F	CORPORATE OFFICERS - INFORMATION AND COMPENSATION	STATEMENT 4
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NAME, ADDRESS, TITLE, SSN	DATES EMPLOYED FROM TO	PERCENT COMMON	STOCK PREF	AMOUNT OF COMPENSATION
ABDUL SHEIKH 3250 NE 188TH ST APT 802, ADVENTURA, FL 33180 CTO 064-86-8324	04/01/22 03/31/23	50.00%	.00%	0.
TOTAL TO SCHEDULE F				0.

FORM CBT-160	COMPUTATION OF UNDERPAYMENT PENALTY	STATEMENT 5
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Q T R	EVENT AMOUNT TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	MONS	INTEREST RATE	AMOUNT OF PENALTY
A	2,620. Q	2,620.	07/15/2022 07/15/2022	0	6.25%	0.
	-1,828. O	792.	07/15/2022 07/15/2022	0	6.25%	0.
	R	792.	10/15/2022 01/15/2023	3	9.25%	18.
	R	792.	01/15/2023 04/24/2023	4	10.00%	26.
	-792. O	0.	04/24/2023	0	10.00%	0.
B	2,621. Q	2,621.	09/15/2022 10/15/2022	1	7.75%	17.
	R	2,621.	10/15/2022 01/15/2023	3	9.25%	61.
	R	2,621.	01/15/2023 04/24/2023	4	10.00%	87.
	-2,621. O	0.	04/24/2023	0	10.00%	0.
C	2,620. Q	2,620.	12/15/2022 01/15/2023	1	9.25%	20.
	R	2,620.	01/15/2023 04/24/2023	4	10.00%	87.
	-2,620. O	0.	04/24/2023	0	10.00%	0.
D	2,620. Q	2,620.	03/15/2023 04/24/2023	2	10.00%	44.
	-2,620. O	0.	04/24/2023	0	10.00%	0.
TOTAL TO FORM CBT-160, LINE 18						360.

EVENT TYPE: Q = AMOUNT UNDERPAID AT START OF QUARTER
P = PAYMENT OR WITHHOLDING
R = INTEREST RATE CHANGE
L = SWITCH TO OR FROM A LEAP YEAR

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

OTHER

Attach to your tax return.

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

NJ

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

CINTRA SOFTWARE AND SERVICES INC.

OTHER DEPRECIATION

13-3890680

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	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
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 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	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.)

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	35,508.
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 ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		161,600.	5 YRS.	HY	SL	16,160.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,668.
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							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
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.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer 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.

	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?		

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 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year					43 57,972.
44 Total. Add amounts in column (f). See the instructions for where to report					44 57,972.



Department of Taxation and Finance

**Mandatory First Installment (MFI) of
Estimated Tax for Corporations****CT-300**For New York C corporations subject to tax under Article 9-A or Article 33, and
corporations subject to tax under Article 9, sections 184, 184-a, 186-a, 186-c, and 186-e only

Employer identification number 133890680		File no. AA5	Return type (required) CT3	Tax Year Beginning (mm-dd-yyyy) 04-01-2023		Ending (mm-dd-yyyy) 03-31-2024
Business telephone number 212-481-6501	State or country of incorporation NY		Date of incorporation 05-14-96		MFI due date 06-15-23	
Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.					Foreign corporations: date began business in NYS	
Mailing name (If different from legal name above) c/o PADMA NARAYANAN					Date received (for Tax Department use only)	
Mailing address number and street or PO Box 3 PARK AVENUE 32ND FL						
City NEW YORK			State NY	ZIP code 10016		

Filing made easy: File and pay electronically instead through *Online Services* at www.tax.ny.gov.

A. Make payable to: <i>New York State Corporation Tax.</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)	A	Payment enclosed
		23,045.

Computation of MFI (see instructions, Form CT-300-I, before completing this form)

	A New York State MFI	B MTA MFI
1 Franchise, excise, or gross receipts tax from second preceding tax year	72,951.	
2 First installment of estimated tax for the upcoming tax year	18,238.	
3 MTA surcharge from second preceding tax year		19,227.
4 First installment of estimated MTA surcharge for the upcoming tax year		4,807.
5 Enter the total overpayments credited from prior periods (see instructions)		
6 Subtotal (in column A: subtract line 5 from line 2; in column B: subtract line 5 from line 4; do not enter less than 0)	18,238.	4,807.
7 Total state and MTA MFI due (add line 6, columns A and B; enter here and payment amount on line A)	23,045.	
Note: If line 7 is zero and line 5 is greater than line 2 in column A or line 4 in column B, you have overpayments in excess of the amount of MFI due. Use line 8 to compute the estimated amount of overpayment remaining (see instructions).		
8 Estimated overpayment remaining (in column A: subtract line 2 from line 5; in column B: subtract line 4 from line 5; do not enter less than 0; see instr.)		

Third - party designee (see instructions)	Yes ☒ No ☐	Designee's name (print) Designee's e-mail address	Designee's phone number 512-346-9623
	PIN		

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

Authorized person	Printed name of authorized person BRENDAN MCNAMEE	Signature of authorized person	Official title PRESIDENT
	E-mail address of authorized person P.NARAYANAN@CINTRA.COM	Telephone number 212-481-6501	Date 09-20-23
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FASKE LAY & CO., L.L.P.	Firm's EIN 74-2335626	Preparer's PTIN or SSN P01904833
	Signature of individual preparing this return AUGUSTUS B. CRIMM	Address 3609 WILLIAMS DRIV	City GEORGETOWN
	E-mail address of individual preparing this return GCRIMM@FASKELAY.COM	State TX	ZIP code 78628-2510
	Preparer's NYTPIN 03	or Excl. code	Date

See instructions for where to file.

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Department of Taxation and Finance

Estimated Tax for Corporations

CT-400

Filing made easy: File and pay electronically through *Online Services* at www.tax.ny.gov.

See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number 13-3890680		File no. AA5	Return type (required) CT3	Tax year Beginning (mm-dd-yyyy) 04-01-2023 Ending (mm-dd-yyyy) 03-31-2024	
Business telephone number 212-481-6501	State or country of incorporation NY		Date of incorporation 05-14-96		Installment due date 09-15-23
Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.					Foreign corporations: date began business in NYS
Street address or PO Box 3 PARK AVENUE 32ND FL					For office use only
City NEW YORK		State NY	ZIP code 10016		

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)		Payment enclosed
	A	3,010.

Installment payment amount

1 Tax	1	
2 MTA surcharge	2	3,010.

Declaration of estimated tax

3 Tax	3	46,049.
4 MTA surcharge	4	13,837.

Third - party designee (see instructions)	Yes ☒ No	Designee's name (print) AUGUSTUS B. CRIMM	Designee's phone number 512-346-9623
	Designee's e-mail address		PIN

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

Authorized person	Printed name of authorized person BRENDAN MCNAMEE	Signature of authorized person	Official title PRESIDENT	
	E-mail address of authorized person PNARAYANAN@CINTRA.COM	Telephone number 212-481-6501	Date 09-20-23	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FASKE LAY & CO., LLP	Firm's EIN 74-2335026	Preparer's PTIN or SSN P01904833	
	Signature of individual preparing this return AUGUSTUS B. CRIMM	Address 3609 WILLIAMS DRIVE, GEORGETOWN	City TX	State ZIP code 78628-2510
	E-mail address of individual preparing this return GCRIMM@FASKELAY.COM	Preparer's NYTPRIN or	Excl. code	Date 03 09-20-23

See instructions for where to file.

133890680 AA 5 0324 23 00000000000301000





Department of Taxation and Finance

Estimated Tax for Corporations

CT-400

Filing made easy: File and pay electronically through *Online Services* at www.tax.ny.gov.See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number 13-3890680	File no. AA5	Return type (required) CT3	Tax year Beginning (mm-dd-yyyy) 04-01-2023 Ending (mm-dd-yyyy) 03-31-2024	
Business telephone number 212-481-6501	State or country of incorporation NY		Date of incorporation 05-14-96	Installment due date 12-15-23
Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.				Foreign corporations: date began business in NYS
Street address or PO Box 3 PARK AVENUE 32ND FL				For office use only
City NEW YORK	State NY	ZIP code 10016		

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)	A	Payment enclosed
		3,010.

Installment payment amount

1 Tax	1	
2 MTA surcharge	2	3,010.

Declaration of estimated tax

3 Tax	3	46,049.
4 MTA surcharge	4	13,837.

Third - party designee (see instructions)	Yes ☒ No	Designee's name (print) AUGUSTUS B. CRIMM	Designee's phone number 512-346-9623
	Designee's e-mail address		PIN

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

Authorized person	Printed name of authorized person BRENDAN MCNAMEE	Signature of authorized person	Official title PRESIDENT
	E-mail address of authorized person PNARAYANAN@CINTRA.COM	Telephone number 212-481-6501	Date 09-20-23
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FASKE LAY & CO., LLP	Firm's EIN 74-2335026	Preparer's PTIN or SSN P01904833
	Signature of individual preparing this return AUGUSTUS B. CRIMM	Address 3609 WILLIAMS DRIVE, GEORGETOWN	City TX
	E-mail address of individual preparing this return GCRIMM@FASKELAY.COM	Preparer's NYTPRIN or	Excl. code 03
	Date 09-20-23		

See instructions for where to file.

133890680 AA 5 0324 23 00000000000301000





Department of Taxation and Finance

Estimated Tax for Corporations

CT-400

Filing made easy: File and pay electronically through *Online Services* at www.tax.ny.gov.

See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number 13-3890680		File no. AA5	Return type (required) CT3	Tax year Beginning (mm-dd-yyyy) 04-01-2023 Ending (mm-dd-yyyy) 03-31-2024	
Business telephone number 212-481-6501	State or country of incorporation NY		Date of incorporation 05-14-96		Installment due date 03-15-24
Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.					Foreign corporations: date began business in NYS
Street address or PO Box 3 PARK AVENUE 32ND FL					For office use only
City NEW YORK		State NY	ZIP code 10016		

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)	A	Payment enclosed
		3,010.

Installment payment amount

1 Tax	1	
2 MTA surcharge	2	3,010.

Declaration of estimated tax

3 Tax	3	46,049.
4 MTA surcharge	4	13,837.

Third - party designee (see instructions)	Yes ☒ No	Designee's name (print) AUGUSTUS B. CRIMM	Designee's phone number 512-346-9623
	Designee's e-mail address		PIN

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

Authorized person	Printed name of authorized person BRENDAN MCNAMEE	Signature of authorized person	Official title PRESIDENT
	E-mail address of authorized person PNARAYANAN@CINTRA.COM	Telephone number 212-481-6501	Date 09-20-23
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FASKE LAY & CO., PLLC	Firm's EIN 74-2335026	Preparer's PTIN or SSN P01904833
	Signature of individual preparing this return AUGUSTUS B. CRIMM	Address 3609 WILLIAMS DRIVE, GEORGETOWN	City TX
	E-mail address of individual preparing this return GCRIMM@FASKELAY.COM	Preparer's NYTPRIN or Excl. code 03	Date 09-20-23

See instructions for where to file.

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**New York State E-File Authorization for Tax Year 2022****TR-579-CT****For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations**

(9/22)

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.Legal name of corporation **CINTRA SOFTWARE AND SERVICES INC.**

Return type (mark an X for all that apply): CT-3 ☒ CT-3-A ☐ CT-3-M ☒ CT-3-S ☐ CT-13 ☐ CT-33 ☐
 CT-33-A ☐ CT-33-C ☐ CT-33-M ☐ CT-33-NL ☐ CT-183 ☐ CT-183-M ☐ CT-184 ☐ CT-184-M ☐
 CT-186-E ☐ CT-300 ☐ CT-400 ☐

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*. Go to our website at www.tax.ny.gov to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2022 Corporation Tax Extensions*.

Financial institution information (required if electronic payment is authorized)

1 Amount of authorized debit
 2 Financial institution routing number
 3 Financial institution account number

1	
2	
3	

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2022 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2022 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2022 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title BRENDAN MCNAMEE, PRESIDENT	Date
--	--	------

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date
Paid preparer's signature AUGUSTUS B. CRIMM	Print name AUGUSTUS B. CRIMM	Date 09-20-23



Department of Taxation and Finance
**General Business Corporation
Franchise Tax Return**
Tax Law - Article 9-A

CT-3

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2022. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

See instructions, Form CT-3-I, before completing return.

All filers must enter tax period:

Final return ☐ Amended return ☐	beginning 04-01-22	ending 03-31-23
Employer identification number (EIN) 13-3890680	File number AA5	Business telephone number 212-481-6501
Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.		Trade name / DBA
Mailing address Care of (c/o) PADMA NARAYANAN Number and street or PO Box 3 PARK AVENUE 32ND FL City NEW YORK U.S. state/Canadian province NY ZIP/Postal code 10016		If you claim an overpayment, mark an X in the box ☒ X
Principal business activity in NYS LICENSE AND CONSULTING		State or country of incorporation NY
Date of incorporation 05-14-96		Foreign corporations: date began business in NYS
NAICS business code number (from NYS Pub 910) 541519		For office use only
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		

A. Pay amount shown on Part 2, line 19c. Make payable to: New York State Corporation Tax Attach your payment here. (Detach all check stubs; see instructions for details.)	A	Payment enclosed
--	----------	------------------

- B.** Are you subject to the metropolitan transportation business tax (MTA surcharge)? (see instructions; mark an X in the appropriate box) **B** Yes ☒ **X** No ☐
- C.** If you are disclaiming tax liability in New York State based on Public Law 86-272, mark an X in the box (see instructions) **C** ☒
- D.** Do you have an interest in any partnerships? (mark an X in the appropriate box) **D** Yes ☐ No ☒ **X**
- If Yes, enter the name(s) and EIN(s) on Form CT-60 and attach it to your return.

Third - party designee (see instructions)	Yes ☒ No ☐	Designee's name (print) AUGUSTUS B. CRIMM	Designee's phone number 512-346-9623
	Designee's email address		PIN

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

Authorized person	Printed name of authorized person BRENDAN MCNAMEE	Signature of authorized person	Official title PRESIDENT
	Email address of authorized person PNARAYANAN@CINTRA.COM	Telephone number 212-481-6501	Date 09-20-23
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FASKE LAY & CO., L.L.P.	Firm's EIN 74-2335626	Preparer's PTIN or SSN P01904833
	Signature of individual preparing this return AUGUSTUS B. CRIMM	Address 3609 WILLIAMS DRIVE, GEORGETOWN	City TX State TX ZIP code 78628-2510
	Email address of individual preparing this return GCRIMM@FASKELAY.COM	Preparer's NYTPRIN or Excl. code 03	Date 09-20-23

See instructions for where to file.

Content of Form CT-3

Part 1 - General corporate information	Part 5 - Computation of investment capital for the current tax year
Part 2 - Computation of balance due or overpayment	Part 6 - Computation of business apportionment factor
Part 3 - Computation of tax on business income base	Part 7 - Summary of tax credits claimed
Part 4 - Computation of tax on capital base	

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Part 1 - General corporate information

Section A - Qualification for preferential tax rates - If you are a corporation as identified in this section and qualify for preferential tax rates, mark an *X* in the boxes that apply to you (see instructions).

- 1 A qualified emerging technology company (QETC) eligible for the lower business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts ☒ 1 ☐
- 2 A qualified New York manufacturer based on the principally engaged test eligible for the 0% business income base tax rate and lower fixed dollar minimum tax amounts ☒ 2 ☐
- 3 A qualified New York manufacturer based on the principally engaged test eligible for the 0% capital base tax rate ☒ 3 ☐
- 4 A qualified New York manufacturer based on the significant employment and property test eligible for the 0% business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts ☒ 4 ☐
- 5 A cooperative housing corporation eligible for the 0% capital base tax rate ☒ 5 ☐
- 6 A small business taxpayer eligible for the 0% capital base tax rate ☒ 6 ☐
If you marked this box, complete line 6a below and Section B, line 1.
- 6a Total capital contributions ☒ 6a
- 7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base ☒ 7 ☐

Section B - New York State information (see instructions)

- 1 Number of New York State employees ☒ 1 7
- 2 Wages paid to New York State employees ☒ 2 1,329,153.
- 3 Number of business establishments in New York State ☒ 3 1
- 4 If you have an interest in, or have rented, real property in New York State, mark an *X* in the box ☒ 4 ☒
- 5 If you are claiming an exception to the related member expense addback under Tax Law §208.9(o)(2)(B), mark an *X* in the box ☒ 5 ☐
- 5a If you marked the line 5 box, use line 5a to report the applicable exception
number (1-4) and the amount of royalty payments ☒ 5a Number Amount
- 6 If you are not protected by Public Law 86-272 and are subject to tax **solely** as a result of deriving receipts in New York State, mark an *X* in the box ☒ 6 ☐

Section C - Filing information

- 1 **Federal return filed** - you must mark an *X* in one box and attach a complete copy of your federal return
- 1120 ☒ 1120 consolidated ☐ 1120-REIT or 1120-RIC ☐ 1120S ☐ 1120F ☐ 1120H ☐
- 2 **Amended return** - If you marked the amended return box on page 1, then for any item(s) that apply, mark an *X* in the box and attach documentation:
- Final federal determination ☐ Date of determination NOL carryback ☐ Capital loss carryback ☐ 1139 ☐ 1120X ☐
- 2a Enter the tax due amount from your most recently filed New York State return for this tax period ☒ 2a
- 3 **Required attachments** - For all forms, other than tax credit claim forms, that are attached to this return, mark an *X* in the applicable box(es)
- CT-3.1 ☐ CT-3.2 ☐ CT-3.3 ☐ CT-3.4 ☒ CT-60 ☐ CT-225 ☒ CT-227 ☐
- Other (identify): CT-399 ☒
- 4 If you are claiming tax credits, enter the number of tax credit forms attached to this return. Where multiple forms are filed for the same credit, count **each** form filed ☒ 4
- 5 If you filed federal Form 1120F and you have effectively connected income (ECI), mark an *X* in the box ☒ 5 ☐
- 6 If you are a foreign corporation computing your tax taking into account **only** your distributive shares from **multiple** limited partnerships, mark an *X* in the box and file Form CT-60 ☐
- 7 **Revoking a commonly owned group election** (only applies in the first year you revoke the election) - If you were previously the designated agent of a combined group (and are no longer filing as part of a combined group) that made the commonly owned group election and have completed seven tax years (not including short tax years) under it, but now want to revoke the election, mark an *X* in the box ☐

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Part 2 - Computation of balance due or overpayment**Largest of three tax bases, minus credits**

1a	Business income base tax (from Part 3, line 20)	•	1a	31,554.	
1b	Capital base tax (from Part 4, line 15; see instructions)	•	1b	7,816.	
1c	Fixed dollar minimum tax (see instr)	•	1c	3,500.	
2	Tax due (enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions)	•	2	31,554.	
3	Tax credits used (from Part 7, line 2; see instructions)	•	3		
4	Tax due after credits (subtract line 3 from line 2; if line 3 is more than line 2, enter 0)	•	4	31,554.	

Penalties and interest

5	Estimated tax penalty (see instructions; if Form CT-222 is attached, mark an X in the box)	•	X	5	1,922.	
6	Interest on late payment (see instructions)	•	6			
7	Late filing and late payment penalties (see instructions)	•	7			
8	Total penalties and interest (add lines 5, 6, and 7)	•	8	1,922.		

Voluntary gifts/contributions

9	Total voluntary gifts/contributions (from Form CT-227, Part 2, line 1)	•	9		
10	Total amount due (add lines 4, 8, and 9)	•	10	33,476.	

Prepayments

11	Mandatory first installment from Form CT-300 (see instructions)	•	11		
12	Second installment (from Form CT-400)	•	12		
13	Third installment (from Form CT-400)	•	13		
14	Fourth installment (from Form CT-400)	•	14	62,000.	
15	Payment with extension request (from Form CT-5, line 5)	•	15		
16	Overpayment credited from prior years (see instr.)	•	16		
17	Overpayment credited from CT-3-M	•	17		
18	Total prepayments (add lines 11 through 17; see instructions)	•	18	62,000.	

Payment due or overpayment to be credited/refunded (see instructions)

19a	Underpayment	•	19a		
19b	Additional amount for 2023 MFI	•	19b		
19c	Balance due	•	19c		
20a	Excess prepayments	•	20a	28,524.	
20b	Amount previously credited to 2023 MFI	•	20b		
20c	Overpayment	•	20c	28,524.	
21	Amount of overpayment to be credited to next period	•	21	27,811.	
22	Balance of overpayment available (subtract line 21 from line 20c)	•	22	713.	
23	Amount of overpayment to be credited to Form CT-3-M	•	23	713.	
24	Balance of overpayment to be refunded (subtract line 23 from line 22)	•	24	0.	
25	Unused tax credits to be refunded	•	25		
26	Unused tax credits applied to next period	•	26		

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12-14-22

Part 3 - Computation of tax on business income base (see instructions)

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions) ...	•	1	769,572.
2	Additions to FTI (from Form CT-225, line 5)	•	2	376,549.
3	Add lines 1 and 2	•	3	1,146,121.
4	Subtractions from FTI (from Form CT-225, line 10)	•	4	27,184.
5	Subtract line 4 from line 3	•	5	1,118,937.
6	Subtraction modification for qualified banks (from Form CT-3.2, Schedule A, line 1; see instructions)	•	6	
7	Entire net income (ENI) (subtract line 6 from line 5)	•	7	1,118,937.
8	Investment and other exempt income (from Form CT-3.1, Schedule D, line 1)	•	8	
9	Subtract line 8 from line 7	•	9	1,118,937.
10	Excess interest deductions attributable to investment income, investment capital, and other exempt income (from Form CT-3.1, Schedule D, line 2)	•	10	
11	Business income (add lines 9 and 10)	•	11	1,118,937.
12	Addback of income previously reported as investment income (from Form CT-3.1, Schedule F, line 6; if zero, enter 0; see instructions)	•	12	
13	Business income after addback (add lines 11 and 12)	•	13	1,118,937.
14	Business apportionment factor (from Part 6, line 56)	•	14	0.433839
15	Apportioned business income after addback (multiply line 13 by line 14)	•	15	485,439.
16	Prior net operating loss conversion subtraction (from Form CT-3.3, Schedule C, line 4)	•	16	
17	Subtract line 16 from line 15	•	17	485,439.
18	NOL deduction (from Form CT-3.4, line 6)	•	18	
19	Business income base (subtract line 18 from line 17)	•	19	485,439.
20	Business income base tax (multiply line 19 by the appropriate business income tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1a; see instructions)	•	20	31,554.

Note: If you make any entry on line 2, 4, 6, 8, 10, 12, 16, or 18, you **must** complete and file the appropriate attachment form, or any tax benefit claimed may be disallowed, or there may be a delay in receiving such benefit. In addition, all amounts entered on these lines must be entered as positive numbers.



CINTRA SOFTWARE AND SERVICES INC.

13-3890680

Part 4 - Computation of tax on capital base (see instructions)

		A Beginning of year	B End of year	C Average value
1	Total assets from federal return	13,073,722.	12,922,418.	12,998,070.
2	Real property and marketable securities included on line 1			
3	Subtract line 2 from line 1	13,073,722.	12,922,418.	12,998,070.
4	Real property and marketable securities at fair market value			
5	Adjusted total assets (add lines 3 and 4)	13,073,722.	12,922,418.	12,998,070.
6	Total liabilities	3,619,989.	3,158,222.	3,389,106.
7	Total net assets (subtract line 6, column C, from line 5, column C)			9,608,964.
8	Investment capital (from Part 5, line 19; if zero or less, enter 0)			
9	Business capital (subtract line 8 from line 7)			9,608,964.
10	Addback of capital previously reported as investment capital (from Part 5, line 20, column C; if zero or less, enter 0)			
11	Total business capital (add lines 9 and 10)			9,608,964.
12	Business apportionment factor (from Part 6, line 56)			0.433839
13	Apportioned business capital (multiply line 11 by line 12)			4,168,743.
14				
15	Capital base tax (multiply line 13 by the appropriate capital base tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1b)			7,816.

Part 5 - Computation of investment capital for the current tax year (see instructions)

	A Average fair market value	B Liabilities attributable to column A amount	C Net average value (column A - column B)
16	Total capital that generates income claimed to not be taxable by New York under the U.S. Constitution (from Form CT-3.1, Schedule E, line 1)		
17	Total of stocks actually held for more than one year (from Form CT-3.1, Schedule E, line 2)		
18	Total of stocks presumed held for more than one year (from Form CT-3.1, Schedule E, line 3)		
19	Total investment capital for the current year (Add column C lines 16, 17, and 18; enter the result here and on Part 4, line 8. If zero or less, enter 0.)		

Addback of capital previously reported as investment capital

	A Average fair market value as previously reported	B Liabilities attributable to column A amount as previously reported	C Net average value as previously reported (column A - column B)
20	Total of stocks previously presumed held for more than one year, but did not meet the holding period (from Form CT-3.1, Schedule F, line 1; enter here and on Part 4, line 10)		



Part 6 - Computation of business apportionment factor (see instructions)Mark an ☒ in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor (see instr.) ☐

		A - New York State	B - Everywhere
Section 210-A.2			
1 Sales of tangible personal property	• 1	2,843,547.	3,196,977.
2 Sales of electricity	• 2		
3 Net gains from sales of real property	• 3		
Section 210-A.3			
4 Rentals of real and tangible personal property	• 4		
5 Royalties from patents, copyrights, trademarks, and similar intangible personal property	• 5		
6 Sales of rights for certain closed-circuit and cable TV transmissions of an event	• 6		
Section 210-A.4			
7 Sale, licensing, or granting access to digital products	• 7	1,835,870.	7,485,553.
Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)			
8 To make this irrevocable election, mark an ☒ in the box (see instructions)	• 8		
Section 210-A.5(a)(2) - Mark an ☒ in each box that is applicable (see line 8 instructions)			
Section 210-A.5(a)(2)(A)			
9 Interest from loans secured by real property	• 9		
10 Net gains from sales of loans secured by real property	• 10		
11 Interest from loans not secured by real property (QFI • ☐)	• 11		
12 Net gains from sales of loans not secured by real property (QFI • ☐)	• 12		
Section 210-A.5(a)(2)(B) (QFI • ☐)			
13 Interest from federal debt	• 13		
14			
15 Interest from NYS and its political subdivisions debt	• 15		
16 Net gains from federal, NYS, and NYS political subdivisions debt	• 16		
17 Interest from other states and their political subdivisions debt	• 17		
18 Net gains from other states and their political subdivisions debt	• 18		
Section 210-A.5(a)(2)(C) (QFI • ☐)			
19 Interest from asset-backed securities and other government agency debt	• 19		
20 Net gains from government agency debt or asset-backed securities sold through an exchange	• 20		
21 Net gains from all other asset-backed securities	• 21		
Section 210-A.5(a)(2)(D) (QFI • ☐)			
22 Interest from corporate bonds	• 22		
23 Net gains from corporate bonds sold through broker/dealer or licensed exchange	• 23		
24 Net gains from other corporate bonds	• 24		
Section 210-A.5(a)(2)(E)			
25 Net interest from reverse repurchase and securities borrowing agreements	• 25		
Section 210-A.5(a)(2)(F)			
26 Net interest from federal funds	• 26		
Section 210-A.5(a)(2)(I) (QFI • ☐)			
27 Net income from sales of physical commodities	• 27		
Section 210-A.5(a)(2)(J) (QFI • ☐)			
28 Marked to market net gains	• 28		
Section 210-A.5(a)(2)(H) (QFI • ☐)			
210-A.5(a)(2)(G) (QFI • ☐)			
29 Interest from other financial instruments	• 29		
30 Net gains and other income from other financial instruments	• 30		

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Part 6 - Computation of business apportionment factor *(continued)*

		A - New York State	B - Everywhere
Section 210-A.5(b)			
31 Brokerage commissions	• 31		•
32 Margin interest earned on behalf of brokerage accounts	• 32		•
33 Fees for advisory services for underwriting or management of underwriting	• 33		•
34 Receipts from primary spread of selling concessions	• 34		•
35 Receipts from account maintenance fees	• 35		•
36 Fees for management or advisory services	• 36		•
37 Interest from an affiliated corporation	• 37		•
Section 210-A.5(c)			•
38 Interest, fees, and penalties from credit cards	• 38		•
39 Service charges and fees from credit cards	• 39		•
40 Receipts from merchant discounts	• 40		•
41 Receipts from credit card authorizations and settlement processing	• 41		•
42 Other credit card processing receipts	• 42		•
Section 210-A.5(d)			•
43 Receipts from certain services to investment companies	• 43		•
Section 210-A.5-a			•
44 Global intangible low-taxed income	44	0.00	•
Section 210-A.6			•
45 Receipts from railroad and trucking business	• 45		•
Section 210-A.6-a			•
46 Receipts from the operation of vessels	• 46		•
Section 210-A.7			•
47 Receipts from air freight forwarding	• 47		•
48 Receipts from other aviation services	• 48		•
Section 210-A.8			•
49 Advertising in newspapers or periodicals	• 49		•
50 Advertising on television or radio	• 50		•
51 Advertising via other means	• 51		•
Section 210-A.9			•
52 Transportation or transmission of gas through pipes	• 52		•
Section 210-A.10			•
53 Receipts from other services/activities not specified	• 53	4,313,269.	10,045,658.
Section 210-A.11			•
54 Discretionary adjustments	• 54		•
Total receipts			•
55 Add lines 1 through 54 in columns A and B	• 55	8,992,686.	20,728,188.

Calculation of business apportionment factor

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

56	.433839
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Enter line 56 on Part 3, *Computation of tax on business income base*, line 14; and on Part 4, *Computation of tax on capital base*, line 12.

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Part 7- Summary of tax credits claimed

- 1 Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law, Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box) ☐ 1 Yes ☐ No ☒ X

Enter in the appropriate box below the amount of each tax credit **used** to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this section.

CT-37	•		CT-607	•		CT-651	•	
CT-40	•		CT-611	•		CT-652	•	
CT-41	•		CT-611.1	•		CT-654	•	
CT-43	•		CT-611.2	•		CT-655	•	
CT-44	•		CT-612	•		CT-656	•	
CT-46	•		CT-613	•		CT-657	•	
CT-47	•		CT-631	•		CT-658	•	
CT-236	•		CT-633	•		DTF-621	•	
CT-238	•		CT-634	•		DTF-622	•	
CT-239	•		CT-635	•		DTF-624	•	
CT-241	•		CT-636	•		DTF-630	•	
CT-242	•		CT-637	•		Other credits ...	•	
CT-246	•		CT-638	•				
CT-248	•		CT-640	•				
CT-249	•		CT-641	•				
CT-250	•		CT-642	•				
CT-261	•		CT-643	•				
CT-501	•		CT-644	•				
CT-601	•		CT-645	•				
CT-602	•		CT-646	•				
CT-603	•		CT-647	•				
CT-604	•		CT-648	•				
CT-605	•		CT-649	•				
CT-606	•		CT-650	•				

- 2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed) • ☐ 2
- 3 Total tax credits claimed that are refund eligible (see instructions) • ☐ 3

- 4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an X in the box • ☐ 4a
- 4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an X in the box • ☐ 4b
- 4c If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an X in the box • ☐ 4c





Net Operating Loss Deduction (NOLD)

CT-3.4

Legal name of corporation

CINTRA SOFTWARE AND SERVICES INC.

Employer identification number (EIN)

13-3890680

Attach to Form CT-3 or CT-3-A; see Form CT-3.4-I before completing.

A If you are making the election to waive carryback of the current-year NOL, mark an **X** in the box (see Election to waive carryback in instructions) ☐

1	Multiply Form CT-3 or CT-3-A, Part 3, line 17, by your appropriate business income base tax rate for the current year from the <i>Tax rates schedule</i> in Form CT-3-I or CT-3-A-I (see instructions)	1	31,554.
2	Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form CT-3 or CT-3-A, Part 2, line 1b or 1c)	2	7,816.
3	Subtract line 2 from line 1	3	23,738.
4	NOLD that is required to be utilized, if available (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero)	4	365,200.
Computation of net operating loss (NOL) to be used (see instructions)			
5a	NOL carryforward from prior year's Form CT-3.4	5a	
5b	NOL carryforwards from new members who entered the group during the current tax year	5b	
NOL carryback (see instructions)			
Loss year		C	
A	B	Amount allowed to be carried back	
Beginning date (mm-dd-yyyy)	Ending date (mm-dd-yyyy)		
5c	Total NOL carryback (add column C amounts)	5c	
5d	Subtotal (add lines 5a, 5b, and 5c)	5d	0.
5e	NOL carryforwards that have expired	5e	
5f	NOL carryforwards unavailable for use in the current tax year	5f	
5g	Add lines 5e and 5f	5g	
5	Total NOLs available to be used in the current tax year (subtract line 5g from line 5d)	5	0.
6	NOL to be used in the current tax year	6	0.
Computation of NOL carryforward (see instructions)			
7a	NOL incurred in the current tax year	7a	
7b	Net NOLs available (add lines 5, 5f, and 7a)	7b	0.
7c	NOL carryforwards from members who left the group during the current tax year	7c	
7d	Add lines 6 and 7c	7d	
7	NOL available to be carried forward (subtract line 7d from 7b)	7	0.

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CINTRA SOFTWARE AND SERVICES INC.

13-3890680

Schedule B - New members included in the combined group for the current tax period;**Form CT-3-A filers only** (see instructions)

A Name	B EIN	C NOL available at the beginning of this tax period	D Beginning date of this tax period (mm-dd-yy)	E Ending date of this tax period (mm-dd-yy)	F Subject to IRC §§ 381- 384 or SRLY
					☐
					☐
					☐
					☐
					☐
					☐
					☐
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					☐
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					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

Schedule C - Former members not included in the combined group at the end of the current**tax period; Form CT-3-A filers only** (see instructions)

A Name	B EIN	C NOL available upon leaving the combined group	Former member's tax period in combined group	
			D Beginning date (mm-dd-yy)	E Ending date (mm-dd-yy)

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Department of Taxation and Finance
New York State Modifications
Tax Law - Articles 9-A, 22, and 33

CT-225

Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.	Employer identification number (EIN) 13-3890680
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File this form with Form CT-3, CT-3-S, or CT-33.

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

Schedule A - Certain New York State additions to federal income

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

1 New York State additions (*see instructions*)

	Modification number	Amount		Modification number	Amount
1a	• A- 505	• 214,840 00	1i	• A-	• 00
1b	• A- 507	• 161,709 00	1j	• A-	• 00
1c	• A-	• 00	1k	• A-	• 00
1d	• A-	• 00	1l	• A-	• 00
1e	• A-	• 00	1m	• A-	• 00
1f	• A-	• 00	1n	• A-	• 00
1g	• A-	• 00	1o	• A-	• 00
1h	• A-	• 00	1p	• A-	• 00
Total from additional Form(s) CT-225, if any					00

STATEMENT 1

2 Total (*add lines 1a through 1p and the total from additional Form(s) CT-225*) • **2** **376,549** 00

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

3 New York State additions (*see instructions*)

	Modification number	Amount		Modification number	Amount
3a	• EA-	• 00	3i	• EA-	• 00
3b	• EA-	• 00	3j	• EA-	• 00
3c	• EA-	• 00	3k	• EA-	• 00
3d	• EA-	• 00	3l	• EA-	• 00
3e	• EA-	• 00	3m	• EA-	• 00
3f	• EA-	• 00	3n	• EA-	• 00
3g	• EA-	• 00	3o	• EA-	• 00
3h	• EA-	• 00	3p	• EA-	• 00
Total from additional Form(s) CT-225, if any					00

4 Total (*add lines 3a through 3p and the total from additional Form(s) CT-225*) • **4** 00

5 Total additions (*add lines 2 and 4; see instructions*) • **5** **376,549** 00

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CINTRA SOFTWARE AND SERVICES INC.

13-3890680

Schedule B - Certain New York State subtractions from federal income**Part 1 - For certain subtractions from federal income that did not flow through from a partnership, estate, or trust****6** New York State subtractions (see instructions)

Modification number		Amount		Modification number		Amount	
6a	• S- 507	•	27,184	00	6i	• S-	00
6b	• S-	•		00	6j	• S-	00
6c	• S-	•		00	6k	• S-	00
6d	• S-	•		00	6l	• S-	00
6e	• S-	•		00	6m	• S-	00
6f	• S-	•		00	6n	• S-	00
6g	• S-	•		00	6o	• S-	00
6h	• S-	•		00	6p	• S-	00
Total from additional Form(s) CT-225, if any						0	00

STATEMENT 2

7 Total (add lines 6a through 6p and the total from additional Form(s) CT-225) • **7** 27,184 00

Part 2 - Corporation's share of certain subtractions from federal income from a partnership, estate, or trust**8** New York State subtractions (see instructions)

Modification number		Amount		Modification number		Amount	
8a	• ES-	•		00	8i	• ES-	00
8b	• ES-	•		00	8j	• ES-	00
8c	• ES-	•		00	8k	• ES-	00
8d	• ES-	•		00	8l	• ES-	00
8e	• ES-	•		00	8m	• ES-	00
8f	• ES-	•		00	8n	• ES-	00
8g	• ES-	•		00	8o	• ES-	00
8h	• ES-	•		00	8p	• ES-	00
Total from additional Form(s) CT-225, if any						0	00

9 Total (add lines 8a through 8p and the total from additional Form(s) CT-225) • **9** 0 00

10 Total subtractions (add lines 7 and 9; see instructions) • **10** 27,184 00

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**Underpayment of Estimated Tax
By a Corporation****CT-222**

Tax Law - Article 27, Section 1085

Tax return filed: CT-3

All filers must enter tax period:

beginning 04-01-22 ending 03-31-23

Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.	Employer identification number 13-3890680
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Read the instructions, Form CT-222-I, before completing.**Part 1 - Annual payment**

1 Enter your 2022 corporation franchise, excise, or gross receipts tax after credits or enter the 2022 metropolitan transportation business tax (MTA surcharge) (if both, use separate forms)	1	31,554.
2 Multiply line 1 by 91% (.91) or, if a large corporation, 100% (1.0). Large corporations enter this amount on line 5 and skip lines 3 and 4	2	28,714.
3 Enter your 2021 corporation franchise, excise, or gross receipts tax after credits or enter the 2021 MTA surcharge	3	69,930.
4 Enter the amount from line 101; if not using the line 9 exception, skip this line	4	
5 Annual payment. Enter the lesser of lines 2, 3, or 4. Large corporations, enter the line 2 amount	5	28,714.

Part 2 - Reasons for filingMark an ☒ in the boxes below that apply. If any boxes are marked, you must file Form CT-222 even if you do not owe a penalty.

- 6 You are using the adjusted seasonal installment method (see instructions; complete applicable parts of Schedule A) ☐
- 7 You are using the annualized income installment method (see instructions; complete applicable parts of Schedule A) ☐
- 8 You are **not** a large corporation and figure your estimated tax based on the prior year's tax (the prior year cannot be a short year, and your return must have shown a tax liability) ☐
- 9 You are **not** a large corporation and figure your estimated tax by applying to the tax base on which the current year's tax was paid the facts shown on your return for, and the law applicable to, the preceding tax year, but using the rates applicable to the current year (complete Schedule B) ☐

Part 3 - Computing the underpayment - for lines 11 through 19, complete one column before going to the next column.

	A	B	C	D
10 Installment due dates (see instructions) ...	06-15-22	09-15-22	12-15-22	03-15-23
11 Required installments (see instructions) ...	17,483.	3,744.	3,744.	3,744.
12 Estimated tax timely paid or credited for each period (see instructions). For column A only, also enter the amount from this line on line 16				
13 Enter amount, if any, from line 19 of the preceding column				
14 Add lines 12 and 13				
15 In column B, enter line 18, column A amount. In columns C and D, add amounts on lines 17 and 18 of the preceding column		17,483.	21,227.	24,971.
16 In column A, enter the line 12 amount. For other columns, subtract line 15 from line 14. If zero or less, enter 0	0.	0.	0.	0.
17 If the amount on line 16 is zero, subtract line 14 from line 15. Otherwise, enter 0		17,483.	21,227.	
18 Underpayment - If line 16 is less than or equal to line 11, subtract line 16 from line 11. Otherwise, go to line 19 (see instructions) ...	17,483.	3,744.	3,744.	3,744.
19 Overpayment - If line 11 is less than line 16, subtract line 11 from line 16				

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Part 4 - Computation of the underpayment penalty (see instr.)		A First	B Second	C Third	D Fourth
20	Enter the date of payment or the 15th day of the 4th month after the end of the tax year, whichever is earlier (mm-dd-yy)	04-24-23	04-24-23	04-24-23	04-24-23
Number of days:					
21	From due date of installment to the date shown on line 20	313	221	130	40
22	On line 21 after 3/15/22 and before 4/1/22 ...				
23	On line 21 after 3/31/22 and before 7/1/22 ...	15			
24	On line 21 after 6/30/22 and before 10/1/22 ...	92	15		
25	On line 21 after 9/30/22 and before 1/1/23 ...	92	92	16	
26	On line 21 after 12/31/22 and before 4/1/23 ...	90	90	90	16
27	On line 21 after 3/31/23 and before 7/1/23 ...	24	24	24	24
28	On line 21 after 6/30/23 and before 10/1/23 ...				
29	On line 21 after 9/30/23 and before 1/1/24 ...				
30	On line 21 after 12/31/23 and before 3/15/24 ...				
31	On line 22 ÷ 365 x %* x amount on line 18				
32	On line 23 ÷ 365 x %* x amount on line 18	57.			
33	On line 24 ÷ 365 x %* x amount on line 18	397.	14.		
34	On line 25 ÷ 365 x %* x amount on line 18	441.	94.	16.	
35	On line 26 ÷ 365 x %* x amount on line 18	474.	102.	102.	18.
36	On line 27 ÷ 365 x %* x amount on line 18	126.	27.	27.	27.
37	On line 28 ÷ 365 x %* x amount on line 18				
38	On line 29 ÷ 365 x %* x amount on line 18				
39	On line 30 ÷ 366 x %* x amount on line 18				
40	Add lines 31 through 39	1,495.	237.	145.	45.
41	Underpayment penalty (see instructions) ...	1,495.	237.	145.	45.
SEE STATEMENT 3					
42	Add line 41, columns A through D; enter here and on your franchise tax return or MTA surcharge return			42	1,922.
43	Multiply line 1 by 80% (.8)			43	25,243.
44	Subtract line 11, column A from line 43			44	7,760.
45	Divide line 44 by three			45	2,587.

* For applicable rates, access our website or call the Corporation Tax Information Center (see *Need help?* in Form CT-1).

Schedule A, Part 1 - Adjusted seasonal installment method (see instructions)

Note: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. Use lines 46 through 51 below to compute the base period percentage. When appropriate, in lieu of business income, use the applicable tax base.

	A - 2019	B - 2020	C - 2021
46	Enter the period of 6 consecutive months for which the base period percentage is to be computed:		
	• through •		
47	Enter the business income for the same 6 consecutive month period in preceding periods	•	•
48	Enter the total business income for the entire year in preceding periods ...	•	•
49	In each column, enter as a percentage the result of dividing that column's line 47 by that column's line 48	%	%
50	Add the percentages in line 49, columns A, B, and C; enter the result here ...	%	%
51	Base period percentage: Divide line 50 by three; enter the result here	%	If 70% or higher, continue with Schedule A, line 52a.



	A	B - 1st 5 months	C - 1st 8 months	D - 1st 11 months
Enter business income for the following:				
52a Tax year beginning in 2019		•	•	•
52b Tax year beginning in 2020		•	•	•
52c Tax year beginning in 2021		•	•	•
53 Enter the total of the amounts that enter into the computation of the business income base for 2022 for the months delineated in each column		•	•	•
Enter business income for the following periods:		1st 6 months	1st 9 months	Entire year
54a Tax year beginning in 2019		•	•	•
54b Tax year beginning in 2020		•	•	•
54c Tax year beginning in 2021		•	•	•
55 Divide the amount in each column on line 52a by the amount in column D on line 54a				
56 Divide the amount in each column on line 52b by the amount in column D on line 54b				
57 Divide the amount in each column on line 52c by the amount in column D on line 54c				
58 Add lines 55 through 57				
59 Divide line 58 by three				
60 Divide line 53 by line 59				
61 Figure the tax on the amount on line 60 using the instructions for your corporation's return (see instructions for MTA surcharge)		•	•	•
62 Divide the amount in each of columns B and C on line 54a by the amount in column D on line 54a				
63 Divide the amount in each of columns B and C on line 54b by the amount in column D on line 54b				
64 Divide the amount in each of columns B and C on line 54c by the amount in column D on line 54c				
65 Add lines 62 through 64				
66 Divide line 65 by three				
67 Multiply the amounts in columns B and C of line 61 by columns B and C of line 66. In column D, enter the amount from line 61, column D ...				
68 Enter any other taxes for each payment period (see instructions)		•	•	•
69 Total tax before credits (add lines 67 and 68)				
70 Enter the amount of tax credits your corporation is entitled to for the months shown in each column heading above line 52a		•	•	•
71 Total tax after credits. Subtract line 70 from line 69. If zero or less, enter 0				
72 If not a large corporation, enter .91 (91%). Otherwise, enter 1				
73 Multiply line 71 by line 72				



Schedule A, Part 2 - Annualized income installment method

	A	B	C	D
74 Annualized periods (see instructions)		1st • _____ months	1st • _____ months	1st • _____ months
75 See instructions		•	•	•
76 See instructions				
77 Annualized taxable inc. Multiply line 75 by line 76				
78 Figure the tax on the line 77 amount using the instructions for your corporation's return (see instructions for MTA surcharge)		•	•	•
79 Enter any other taxes for each payment period (see instr.)		•	•	•
80 Total tax before credits (add lines 78 and 79)				
81 Tax credits (see instructions)		•	•	•
82 Total tax after credits. Subtract line 81 from line 80; if zero or less, enter 0				
83 If not a large corporation, enter .91 (91%). Otherwise, enter 1				
84 Multiply line 82 by line 83				
85 Applicable percentage		50%	75%	100%
86 Multiply line 84 by line 85				

Schedule A, Part 3 - Required installment - In completing Part 3, complete one column before going to the next column.

	A	B	C	D
87 If only Schedule A, Part 1 or Part 2 is completed, enter the amount in each column from line 73 or line 86. If both parts are completed, enter the smaller of the amounts in each column from line 73 or line 86				
88 Add the amounts in all preceding columns of line 93				
89 Subtract line 88 from line 87. If zero or less, enter 0				
90 Subtract line 11, column A (MFI), from line 5. Divide the result by three and enter in each of columns B, C, and D				
91 In column C, subtract line 89, column B from line 90, column B. If zero or less, enter 0. In column D, subtract line 93, column C from line 92, column C and enter the result				
92 Add lines 90 and 91				
93 Required installments - For column A, enter the amount from line 11, column A (MFI). For column B, enter the smaller of line 89, column B or line 90, column B. For columns C and D, respectively, enter the smaller of line 89 or line 92. Also enter each result on line 11 ...				

Schedule B - Line 9 exception (see instructions)

94 2021 ENI or business income (as applicable) base multiplied by 2022 ENI or business income base tax rate (as applicable)	•	94	
95 2021 capital base multiplied by 2022 capital tax rate	•	95	
96 Enter the amount from line 94 or 95 as applicable		96	
97 2021 subsidiary capital base multiplied by 2022 subsidiary capital tax rate	•	97	
98 Any other taxes (see instructions)	•	98	
99 Add lines 96, 97, and 98		99	
100 2021 tax credits	•	100	
101 Recomputed tax (subtract line 100 from line 99); enter here and on line 4		101	

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Department of Taxation and Finance
Depreciation Adjustment Schedule
Tax Law - Articles 9-A and 33

CT-399

Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.	Employer identification no. 13-3890680
---	--

Part 1 - Computation of New York State depreciation modifications when computing New York State taxable income

List only depreciable property that requires or is entitled to a depreciation modification when computing New York State taxable income
(see Form CT-399-1, Instructions for Form CT-399).

Section A - ACRS/MACRS property (attach separate sheets if necessary, displaying this information formatted as below; see instructions)

A - Description of property (identify each item of property here; for ea item of property complete columns B through I on the corresponding lines below)

Item	Property							
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
A Item	B Date placed in service (mm-dd-yy)	C Cost or other basis (see instructions)	D Accumulated federal ACRS/MACRS depreciation (see instructions)	E Federal ACRS/MACRS depreciation deduction (see instructions)	F Method of figuring NYS de- preciation (see instr)	G Life or rate (see instr.)	H Accumulated NYS depreciation (see instructions)	I Allowable NYS depreciation (see instructions)
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
Amounts from attached list, if any ...								
1 Totals of Section A	1							

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CINTRA SOFTWARE AND SERVICES INC.

13-3890680

Section B - Property qualified under IRC section 168(k)(2) for federal special depreciation (attach separate sheets if necessary, displaying this information formatted as below; see instructions)**A - Description of property** (identify ea item of property here; for ea item of property complete columns B through I on the corresponding lines below)

Item	Property							
A	LEASEHOLD IMPROVEMENTS							
B	MAC BOOK PRO							
C	COMPUTER EQUIPMENT							
D	LAPTOPS FOR INDIA (3 ROUNDS)							
E	SOFTWARE- ARCTIC WOLF MDR USER LIC							
F								
G								
H								
I								
J								
K								
L								
M								
A Item	B Date placed in service (mm-dd-yy)	C Cost or other basis (see instructions)	D Accumulated federal depreciation (see instructions)	E Federal depreciation deduction (see instructions)	F Method of figuring NYS depreciation (see instr.)	G Life or rate (see instr.)	H Accumulated NYS depreciation (see instructions)	I Allowable NYS depreciation
A	05-20-17	3,266.	2,124.	109.	SL	15.	981.	218.
B	04-30-18	4,041.	4,041.	0.	SL	5.0	2,828.	808.
C	09-30-18	3,489.	3,489.	0.	SL	5.0	2,443.	698.
D	09-22-21	46,500.	46,500.	0.	SL	5.0	4,650.	9,300.
E	07-01-22	161,600.	0.	161,600.	SL	5.0	0.	16,160.
F								
G								
H								
I								
J								
K								
L								
M								
Amounts from attached list, if any ...								
2 Totals of Section B	2	218,896.	56,154.	161,709.			10,902.	27,184.
3 Add lines 1 and 2 in columns C, D, E, H, and I (see instr)	3	218,896.	56,154.	161,709.			10,902.	27,184.

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

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



CINTRA SOFTWARE AND SERVICES INC.

13-3890680

Part 2 - Disposition adjustments (attach separate sheets if necessary, displaying this information formatted as below; see instructions)

- For each item of property listed below, determine the difference between the total federal depreciation deduction, including a federal special depreciation deduction allowed under IRC section 168(k) for qualified property under IRC section 168(k)(2), and the total New York State depreciation used in the computation of federal and New York State taxable income in prior and current years.
- If the federal depreciation deduction is larger than the New York State depreciation deduction, subtract column D from column C and enter the result in column E.
- If the New York State depreciation deduction is larger than the federal depreciation deduction, subtract column C from column D and enter the result in column F.

Disposition of property for certain tax credits - In this tax period, did you dispose of property for which theinvestment tax credit was previously claimed? (mark an X in one box; see instructions) Yes ☐ No ☒**A - Description of property** (identify ea item of property here; for ea item of property complete columns B through F on the corresponding lines below)

Item	Property				
A					
B					
C					
D					
E					
F					
G					
H					
A Item	B Date placed in service (mm-dd-yy)	C Total federal depreciation deduction taken (see instructions)	D Total New York State depreciation deduction taken (see instructions)	E Adjustment (if C is larger than D, column C - column D; see instructions)	F Adjustment (if D is larger than C, column D - column C; see instructions)
A					
B					
C					
D					
E					
F					
G					
H					
Amounts from attached list, if any					
4 Total excess federal depreciation deductions over New York State depreciation deductions (add column E amounts)			4		
5 Total excess NY State depreciation deductions over federal depreciation deductions (add column F amounts)			5		

Part 3 - Summary of adjustments to New York State taxable income		A Federal	B New York State
6 Enter amount from line 3, column E	6	161,709.	
7 Enter amount from line 3, column I	7		27,184.
8 Enter amount from line 4	8		
9 Enter amount from line 5	9		
10 Add amounts in column A and column B	10	161,709.	27,184.

If you file Form:

Enter the amount from line 10, column A, on Form:

Enter the amount from line 10, column B, on Form:

CT-3	CT-225, Schedule A	CT-225, Schedule B
CT-3-A	CT-225-A, Schedule A	CT-225-A, Schedule B
CT-3-A/BC	CT-225-A/B, Schedule A	CT-225-A/B, Schedule B
CT-3-S	CT-34-SH, line 2	CT-34-SH, line 4
CT-33	CT-33, line 70	CT-33, line 78
CT-33-A	CT-33-A, line 73	CT-33-A, line 82
CT-33-A/B	CT-33-A/B, line 73	CT-33-A/B, line 82

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NY FORM CT-225		OTHER ADDITIONS	STATEMENT 1
MODIFICATION NUMBER	DESCRIPTION		AMOUNT
A-505	STATE & LOCAL TAXES DEDUCTED ON FEDERAL RETURN		214,840.
A-507	FEDERAL DEPRECIATION FROM FORM CT-399		161,709.
TOTAL TO FORM CT-225, PAGE 1			376,549.

NY FORM CT-225		OTHER SUBTRACTIONS	STATEMENT 2
MODIFICATION NUMBER	DESCRIPTION		AMOUNT
S-507	ALLOWABLE NEW YORK DEPRECIATION FROM FORM CT-399		27,184.
TOTAL TO FORM CT-225, PAGE 2			27,184.

NY FORM CT-3/3A

STATEMENT 3

NY FORM CT-3-S

UNDERPAYMENT OF ESTIMATED TAX

Q T R	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY
A								
		Q	17,483.	06/15/2022	06/30/2022	15	8.0000	57.
		R	17,483.	06/30/2022	09/30/2022	92	9.0000	397.
		R	17,483.	09/30/2022	12/31/2022	92	10.0000	441.
		R	17,483.	12/31/2022	03/31/2023	90	11.0000	474.
		R	17,483.	03/31/2023	04/24/2023	24	11.0000	126.
	-62,000.	P	-44,517.	04/24/2023		0	11.0000	0.
B								
		Q	3,744.	09/15/2022	09/30/2022	15	9.0000	14.
		R	3,744.	09/30/2022	12/31/2022	92	10.0000	94.
		R	3,744.	12/31/2022	03/31/2023	90	11.0000	102.
		R	3,744.	03/31/2023	04/24/2023	24	11.0000	27.
	-44,517.	P	-40,773.	04/24/2023		0	11.0000	0.
C								
		Q	3,744.	12/15/2022	12/31/2022	16	10.0000	16.
		R	3,744.	12/31/2022	03/31/2023	90	11.0000	102.
		R	3,744.	03/31/2023	04/24/2023	24	11.0000	27.
	-40,773.	P	-37,029.	04/24/2023		0	11.0000	0.
D								
		Q	3,744.	03/15/2023	03/31/2023	16	11.0000	18.
		R	3,744.	03/31/2023	04/24/2023	24	11.0000	27.
	-37,029.	P	-33,285.	04/24/2023		0	11.0000	0.
TOTAL TO FORM CT-222 LINE 42								1,922.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
P = PAYMENT
R = INTEREST RATE CHANGE
L = LEAP YEAR CHANGE
O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

Pennsylvania Corporation Estimated Tax Worksheet

2022

Corporate Net Income Base Tax	1,320
Total Estimated Taxes	1,320
Less: Overpayment(s) applied from prior years (from Forms RCT-101 and/or REV-855)	0
Less: Amounts paid toward 2023 estimates	0
Total Estimated Payments	1,320

PAYMENT SUMMARY LOG

(RETAIN FOR YOUR RECORDS)

RECORD OF ESTIMATED TAX PAYMENTS

TAX PERIOD END	DATE MAILED	CHECK NUMBER	QTR.	CS/FF TAX PAYMENT +	CNI TAX PAYMENT +	= TOTAL PAYMENT
			1			
			2			
			3			
			4			

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

275501 01-05-23 CCH

DETACH HERE BEFORE MAILING

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pennsylvania
DEPARTMENT OF REVENUE

REV-857 (SU) 11-21 (I)

PA CORPORATE TAX
REV-857 ESTIMATED TAX PAYMENT

DEPT USE ONLY

File Period Begin File Period End Revenue ID QTR Quarter Due Date
 04012023 03312024 1000898130 01 06152023

Corporation Name
 CINTRA SOFTWARE AND SERVICES INC

USE WHOLE DOLLARS ONLY

State of Incorporation EIN
 NY 133890680

1. CNI TAX PAYMENT \$ 0.00

Street Address
 3 PARK AVENUE 32ND FL

City State ZIP
 NEW YORK NY 10016



8570022139

Signature

Title
PRESIDENT

Date

Email
 PNARAYANAN@CINTRA.COM

Telephone
 2124816501

275502 01-05-23 CCH

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

DETACH HERE BEFORE MAILING

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pennsylvania
DEPARTMENT OF REVENUE

REV-857 (SU) 11-21 (I)

PA CORPORATE TAX
REV-857 ESTIMATED TAX PAYMENT

DEPT USE ONLY

File Period Begin	File Period End	Revenue ID	QTR	Quarter Due Date
04012023	03312024	1000898130	02	09152023

Corporation Name
CINTRA SOFTWARE AND SERVICES INC

USE WHOLE DOLLARS ONLY

State of Incorporation	EIN
NY	133890680

1. CNI TAX PAYMENT \$ 660.00

Street Address
3 PARK AVENUE 32ND FL

City	State	ZIP
NEW YORK	NY	10016



8570022139

Signature

Title
PRESIDENT

Date

Email
PNARAYANAN@CINTRA.COM

Telephone
2124816501

275503 01-05-23 CCH

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

DETACH HERE BEFORE MAILING

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pennsylvania
DEPARTMENT OF REVENUE

REV-857 (SU) 11-21 (I)

PA CORPORATE TAX
REV-857 ESTIMATED TAX PAYMENT

DEPT USE ONLY

File Period Begin	File Period End	Revenue ID	QTR	Quarter Due Date
04012023	03312024	1000898130	03	12152023

Corporation Name
CINTRA SOFTWARE AND SERVICES INC

USE WHOLE DOLLARS ONLY

State of Incorporation	EIN
NY	133890680

1. CNI TAX PAYMENT \$ 330.00

Street Address
3 PARK AVENUE 32ND FL

City	State	ZIP
NEW YORK	NY	10016



8570022139

Signature

Title
PRESIDENT

Date

Email
PNARAYANAN@CINTRA.COM

Telephone
2124816501

275504 01-05-23 CCH

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

DETACH HERE BEFORE MAILING

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pennsylvania
DEPARTMENT OF REVENUE

REV-857 (SU) 11-21 (I)

PA CORPORATE TAX
REV-857 ESTIMATED TAX PAYMENT

DEPT USE ONLY

File Period Begin	File Period End	Revenue ID	QTR	Quarter Due Date
04012023	03312024	1000898130	04	03152024

Corporation Name
CINTRA SOFTWARE AND SERVICES INC

USE WHOLE DOLLARS ONLY

State of Incorporation	EIN
NY	133890680

1. CNI TAX PAYMENT \$ 330.00

Street Address
3 PARK AVENUE 32ND FL

City	State	ZIP
NEW YORK	NY	10016



8570022139

Signature

Title
PRESIDENT

Date

Email
PNARAYANAN@CINTRA.COM

Telephone
2124816501

RCT-101 07-22 PAGE 1 OF 4
PA CORPORATE NET INCOME TAX REPORT 2022
STEP A:

Tax Year Beginning 04012022 Tax Year Ending 03312023

STEP B:

Economic Nexus N
 Revenue ID 1000898130
 Federal EIN 133890680 Parent Corporation EIN
 NAICS code 541519
 Corporation Name CINTRA SOFTWARE AND SERVICES INC
 Address Line 1 3 PARK AVENUE 32ND FL
 Address Line 2
 City NEW YORK
 State NY
 ZIP 10016
 Province
 Country Code
 Foreign Postal Code
 Address Change N

IRS Filing Type

A = 1120 B = 1120S C = Other A

STEP C:

N	Initial Report	N	S Corp filing as C Corp
N	Final Report (must include REV-861 and REV-181, where applicable)	N	KOZ/SDA CREDIT
N	Amended Report	N	Royalty/Related Interest Add-Back (Act 52 of 2013)
N	File Period Change	N	S Corp Taxable Built-in Gains
N	Change Fed Group	N	Section 381/382/Merger NOLs
N	52-53 Week Filer	N	Alternative Apportionment
		N	Claiming P.L. 86-272 Protection

SECTION A: GENERAL INFORMATION QUESTIONNAIRE

1. State of Incorporation: NY
2. Date of Incorporation: (MMDDYYYY) 05141996
3. Date Commenced Doing Business in PA:
4. Describe corporate activity in PA: LICENSE AND CONSULTING
5. Describe corporate activity outside PA: LICENSE AND CONSULTING
6. Other states in which taxpayer has activity:
7. Does this corporation own all or a majority of stock in other corporations? N If yes, include the REV-798, Schedule X.
8. Has the federal government changed taxable income as originally reported for any period for which reports of change have not been filed? N If yes, file the RCT-128C.



REVENUE ID 1000898130

TAX YEAR END 03312023

NAME CINTRA SOFTWARE AND SERVICE

RCT-101 07-22 PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2022

SECTION B: SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include RCT-106.) *

Sales Factor

Sales - PA 1A 258881
 Sales - Total 1B 20728188

Sales Factor 1C 0.012489

Special Apportionment

Numerator 2A 0
 Denominator 2B 0

Special 2C 0
 Apportionment

USE WHOLE DOLLARS ONLY

SECTION C: PA CORPORATE NET INCOME TAX

1. Income or loss from federal return on a separate-company basis.	1	769572
2. DEDUCTIONS:		
2A. Corporate dividends received (from REV-798, Schedule C-2, Line 7).	2A	0
2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES).	2B	0
2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-1834, Sched. C-8, Line 8).	2C	94717
2D. Other (from REV-860, Schedule OD) See instructions.	2D	0
TOTAL DEDUCTIONS - Add Lines 2A through 2D and enter the result on Line 2.	2	94717
3. ADDITIONS:		
3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6).	3A	221165
3B. Current year bonus depreciation (REV-1834, Sched. C-8, Line 3).	3B	161600
3C. Intangible expense or related interest expense (REV-802, Sched. C-6; must include REV-802).	3C	0
3D. Other (from REV-860, Schedule OA) See instructions.	3D	0
TOTAL ADDITIONS - Add Lines 3A through 3D and enter the result on Line 3.	3	382765
4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3).	4	1057620
5. Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934).	5	0
6. Income or loss to be apportioned (Line 4 minus Line 5).	6	1057620
7. Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment).	7	0.012489
8. Income or loss apportioned to PA (Line 6 times Line 7).	8	13209
9. Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934).	9	0
10. PA taxable income or loss after apportionment (Line 8 plus Line 9).	10	13209
11. Total net operating loss deduction (from RCT-103, Part A, Line 4).	11	0
12. PA taxable income or loss (Line 10 minus Line 11).	12	13209
13. Qualified Manufacturing Innovation and Reinvestment Deduction (cannot reduce tax liability by more than 50%).	13	0
14. PA corporate net income tax ((Line 12 - Line 13) times 0.0999). If line 12 is less than zero, enter "0".	14	1320
15. Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7; must include REV-803).	15	0
16. Tax Liability (Line 14 minus Line 15).	16	1320
17. Credit for CNI Tax Withholding (from PA Schedule CP, line 16).	17	0
18. Estimated Payments & Credits on Deposit.	18	1318
19. Restricted Credits (cannot exceed line 16).	19	0
20. Total Due/Overpayment (Line 16 minus lines 17, 18 and 19).	20	2



REVENUE ID 1000898130

TAX YEAR END 03312023

NAME CINTRA SOFTWARE AND SERVICE

RCT-101 07-22 PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2022

SECTION D: TRANSFER/REFUND METHOD

- | | | | |
|----|--|---|---|
| 1. | Transfer (Amount to be credited to the next tax year after offsetting all unpaid liabilities). | 1 | 0 |
| 2. | Refund (Amount to be refunded after offsetting all unpaid liabilities). | 2 | 0 |

DIRECT DEPOSIT: Banking rules do not permit direct deposit to bank accounts outside the U.S. If your bank account is outside the U.S., do not complete the direct deposit field or bank routing and account number information below in this case, and you will receive a check from the Department. If your refund will be going to a bank account within the U.S., you have the option to have your refund directly deposited.

Direct Deposit

Routing #

Account #

C = Checking S = Savings

SECTION E: BULK SALE

*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.

Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.)

N

If yes, enter the following information. (Include a separate schedule if additional space is needed.)

Purchaser Name

Address Line 1

Address Line 2

City

State

ZIP

Province

Country Code

Foreign Postal Code

SECTION F: SCHEDULE OF REAL PROPERTY IN PA (Include a separate schedule if additional space is needed.)

did you own or rent property in pa titled to the corporation or any Single Member LLC during this filing period?

N

If yes, the below section must be completed.

O = Own

R = Rent

Street Address

City

County

K0Z/K0EZ



REVENUE ID 1000898130

TAX YEAR END 03312023

NAME CINTRA SOFTWARE AND SERVICE

RCT-101 07-22 PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2022

SECTION G: CORPORATE OFFICER (Must sign affirmation below.)

CORPORATE OFFICERS

(See instructions.)

SSN

Last Name

First Name

MI

Must provide requested information
for all filled officer positions.

President/Managing Partner

064868324

SHEIKH

ABDUL

Vice President

Secretary

Treasurer/Tax Manager

NAME PADMA NARAYANAN

PHONE 2124816501

EMAIL PNARAYANAN@CINTRA.COM

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Corporate Officer Signature

Date

PREPARER'S INFORMATION

Firm Federal EIN

742335626

Firm Name

FASKE LAY & CO., LLP

Preparer's Name

AUGUSTUS B CRIMM

Preparer's SSN/PTIN

P01904833

Address Line 1

3609 WILLIAMS DRIVE, SU

Address Line 2

City

GEORGETOWN

State

TX

ZIP

786282510

Province

Country Code

Foreign Postal Code

FORM

1019

BARCODE

0000

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

Tax Preparer's Signature

Date

AUGUSTUS B. CRIMM

09 20 23



1010022439

REV-1834

**SCHEDULE C-8
ADJUSTMENT FOR
BONUS DEPRECIATION**

Corporation Name

CINTRA SOFTWARE AND SERVI

Revenue ID 1000898130	FEIN 133890680	Tax Year Beginning 04012022	Tax Year Ending 03312023
---------------------------------	--------------------------	---------------------------------------	------------------------------------

This Schedule is required to be completed annually and submitted with the RCT-101

1. Unused Bonus Depreciation Balance from prior year: **49380**
 - 1A. Unrecovered Bonus Depreciation Balance: **0**
On Qualified Property Acquired in Transactions Where Asset Basis is Carried Over
Date of Transaction: _____ Type of Transaction: _____
Revenue ID of Corporation from Whom Assets Acquired: _____ FEIN: _____
2. Amount of Federal Bonus Depreciation claimed in this tax year:
 - 2A. Property placed in service prior to Sept. 28, 2017 **0**
 - 2B. Property placed in service on or after Sept. 28, 2017 **161600**
3. Current Year Bonus Deprec. Addition (Line 2A plus 2B)
TOTAL (Carry to Line 3B, Page 2, of RCT-101) **161600**
4. Additional PA Bonus Depreciation Deduction:
 - 4A. Property placed in service prior to Sept. 28, 2017 (MACRS x 3/7) **69257**
 - 4B. Property placed in service on or after Sept. 28, 2017 (MACRS w/o regard to Bonus) **25460**
5. PA Bonus Depreciation Deduction
TOTAL (Line 4A plus 4B) **94717**
6. Deduction for Property Which is Fully Depreciated, Sold or Otherwise Disposed:
 - 6A. Property placed in service prior to Sept. 28, 2017 (Schedule C-9 Line 2) **0**
 - 6B. Property placed in service on or after Sept. 28, 2017 (Schedule C-9 Line 4) **0**
7. PA Deduction for Property Which is Fully Depreciated, Sold or Otherwise Disposed:
TOTAL (Line 6A plus 6B) **0**
8. PA Bonus Depreciation Deduction (Line 5 plus 7)
TOTAL (Carry to line 2C, Page 2, of RCT-101) **94717**
9. Remaining Unused Bonus Depreciation Balance Carry-Forward:
TOTAL (Line 1 plus Line 1A plus Line 3 minus Line 8) **116263**



REV-798

SCHEDULE C-2
PA DIVIDEND DEDUCTION

Corporation Name

CINTRA SOFTWARE AND SERVICES I

Revenue ID	FEIN	Tax Year Beginning	Tax Year Ending
1000898130	133890680	04012022	03312023
1. Federal Schedule C, Line (24), Total Deductions	1.		0
2. Federal Schedule C, Line (18), Foreign Dividend Gross-Up (Section 78)	2.		0
3. Federal Schedule C, Line (22) (Attach federal Form 8993)	3.		0
4. Dividends from less-than-20-percent-owned foreign corporations listed on Lines (14), (16b), (16c), (17), (19) and (20) of federal Schedule C x 50 percent - 0.50	4.		0
5. Dividends from 20-percent-or-more-owned foreign corporations listed on Lines (14), (16b), (16c), (17), (19) and (20) of federal Schedule C x 65 percent - 0.65	5.		0
6. Dividends listed on Lines (14), (16b), (16c), (17), (19) and (20) of federal Schedule C from foreign corporations that meet the "80 percent voting and value test" of IRC § 1504(a)(2) and otherwise would qualify for 100 percent deduction under IRC § 243(a)(3) if they were a domestic corporation. Do not list any amounts included above.	6.		0
7. Total PA Dividend Deduction - Add Lines 1, 2, 4, 5 and 6. Subtract Line 3. Enter this amount on RCT-101, Section C, Line 2A	7.		0

SCHEDULE X

Taxpayers completing this schedule must include beginning and ending consolidating schedules reflecting the activity of all members of the consolidated group, along with all consolidations and eliminations.

Corporation Name

CINTRA SOFTWARE AND SERVICES I

Revenue ID	FEIN	Tax Year Beginning	Tax Year Ending
1000898130	133890680	04012022	03312023

NAME	FILE IN PA	REVENUE ID	EIN

Name, SSN, EIN and/or Revenue ID of any individual or business entity owning all or a majority of the stock of the taxpayer.

Name	SSN or EIN	Revenue ID
CINTRA GROUP HOLDINGS, LLC	813701549	

RCT-106 (SU) 08-22
**DETERMINATION OF
APPORTIONMENT PERCENTAGE
INSERT SHEET
FILE WITH RCT-101**

Corporation Name

CINTRA SOFTWARE AND SERVICES I

Revenue ID	FEIN	Tax Year Beginning	Tax Year Ending
1000898130	133890680	04012022	03312023

SALES FACTOR	Description	Inside PA	Inside and Outside PA
1. Sales (net of returns and allowances)		258881	13228297
2. Interest, Rents, Royalties		0	0
3. Gross Receipts from the Sale of Other Business Assets (except securities, unless you are a securities dealer)		0	0
4. Other Sales (receipts only)		0	0
5. Partner's Share of Sales from Partnerships		0	0
6. Total Sales		(A) 258881	(B) 20728188

(C) Sales Factor (Divide A by B; calculate to six decimal places.)

(C) • 012489

Carry (A), (B) and (C) to RCT-101,
Schedule C-1, Lines 1A, 1B and 1C.**SPECIAL APPORTIONMENT**

Special apportionment to be completed only by railroad, truck, bus, airline or qualified air freight forwarding companies; pipeline or natural gas companies; water transportation companies; or satellite television services providers. Refer to instructions.

(A) NUMERATOR

= (C) •

Carry (A), (B) and (C) to RCT-101,
Schedule C-1, Lines 2A, 2B and 2C.

(B) DENOMINATOR

(C) Special Apportionment (Divide A by B; calculate to six decimal places.)





REV-860

SCHEDULE C-5 - SCHEDULE OF TAXES

Corporation Name

CINTRA SOFTWARE AND SERVICES

Revenue ID

1000898130

FEIN

133890680

Tax Year Beginning

04012022

Tax Year Ending

03312023

1. PA Corporate Net Income Tax	0	
2. Philadelphia Business Income and Receipts Tax (BIRT)		
- Net Income Portion	0	
3. Income Taxes - Other States	160713	
4. Local Income Taxes	60452	
5. Other Income Taxes	0	
6. Total Income Taxes (Add Lines 1 through 5)		
Carry to RCT-101, Page 2, Line 3A		221165
7. PA Capital Stock/Foreign Franchise Tax		
(Not applicable for tax years beginning on or after Jan. 1, 2016)		
8. Philadelphia Business Income and Receipts Tax (BIRT)		
- Gross Receipts Portion	0	
9. Payroll Taxes	470342	
10. Real Estate Taxes	0	
11. Sales and Use Tax	0	
12. Business Privilege Tax - Other than Income	54127	
13. Occupancy Tax	0	
14. Local Taxes - Not Based on Income	37871	
15. Other Taxes - Not Based on Income	0	
16. Total Taxes Not Imposed on or Measured by Income		
(Add Lines 7 through 15)		562340
17. Total Tax Expense Reported on Federal Income Tax Return		
(Add Lines 6 and 16)		783505

SCHEDULE OA - OTHER ADDITIONS

DESCRIPTION	AMOUNT
Tax Preference Items	
Total Carry to RCT-101, Section C, Line 3D	

SCHEDULE OD - OTHER DEDUCTIONS

DESCRIPTION	AMOUNT
Federal Wages Disallowed as a Result of Tax Credits Under IRC Sec 45B or IRC Sec 51	
Total Carry to RCT-101, Section C, Line 2D	

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
12	AIR CONDITIONER	11/01/11	200DB	7.00	HY	17	1,728.		1,728.					0.	
13	AWNING - SIG	07/01/14	SL	7.00	HY	17	3,716.		3,716.					0.	
27	OFFICE FURNITURE	04/01/15	SL	7.00	HY	17	179,546.				179,546.	153,894.		25,649.	179,543.
28	OFFICE FURNITURE	07/01/14	SL	7.00	HY	17	11,972.		11,972.					0.	
29	OFFICE BLINDS	03/17/17	SL	7.00	HY	17	1,175.		1,175.					0.	
	* OTHER TOTAL - FURNITURE & FIXTURES						198,137.		18,591.		179,546.	153,894.		25,649.	179,543.
	EQUIPMENT - OFFICE														
24	EQUIPMENT - OFFICE	04/01/15	SL	5.00	HY	17	41,948.				41,948.	41,948.		0.	41,948.
25	OFFICE EQUIP	06/01/14	SL	5.00	HY	17	3,305.		3,305.					0.	
26	LEASEHOLD IMPROVEMENTS (EQUIPMENT)	07/01/09	SL	15.00	HY	17	1,071.				1,071.	426.		71.	497.
34	NEXUS SWITCHES	05/01/16	SL	5.00	HY	17	2,530.		2,530.					0.	
	* OTHER TOTAL - EQUIPMENT - OFFICE						48,854.		5,835.		43,019.	42,374.		71.	42,445.
	EQUIPMENT - DESKTOP														
10	MONITORS	04/01/11	200DB	7.00	HY	17	1,308.		1,308.					0.	
23	EQUIPMENT - DESKTOP	04/01/15	SL	5.00	HY	17	1,427.				1,427.	1,425.		0.	1,425.
	* OTHER TOTAL - EQUIPMENT - DESKTOP						2,735.		1,308.		1,427.	1,425.		0.	1,425.
	EQUIPMENT - LAPTOP														

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	COMPUTERS	04/01/11	200DB	7.00		HY17	18,816.		18,816.					0.	
18	COMPUTERS	04/01/15	SL	5.00		HY17	6,361.		6,361.					0.	
22	EQUIPMENT - LAPTOP	04/01/15	SL	5.00		HY17	10,141.				10,141.	10,140.		0.	10,140.
33	LAPTOP	09/01/16	SL	5.00		HY17	3,298.		3,298.					0.	
37	MAC BOOK PRO	04/30/18	SL	5.00		HY17	4,041.			4,041.				0.	
39	LAPTOPS FOR INDIA (3 ROUNDS)	09/22/21	SL	5.00		HY17	46,500.			46,500.				0.	
40	SOFTWARE- ARCTIC WOLF MDR USER LIC	07/01/22	SL	5.00		HY19B	161,600.			161,600.				161,600.	
	* OTHER TOTAL - EQUIPMENT - LAPTOP						250,757.		28,475.	212,141.	10,141.	10,140.		161,600.	10,140.
	EQUIPMENT - SERVERS														
17	COMPUTERS	04/01/13	200DB	7.00		HY17	22,721.		22,721.					0.	
21	EQUIPMENT - SERVERS	04/01/15	SL	5.00		HY17	22,466.				22,466.	22,465.		0.	22,465.
30	SERVER	10/25/16	SL	5.00		HY17	7,000.		7,000.					0.	
38	COMPUTER EQUIPMENT	09/30/18	SL	5.00		HY17	3,489.			3,489.				0.	
	* OTHER TOTAL - EQUIPMENT - SERVERS						55,676.		29,721.	3,489.	22,466.	22,465.		0.	22,465.
	SIGNS														
20	SIGNS	04/01/15	SL	7.00		HY17	3,716.		1,060.		2,656.	2,274.		379.	2,653.
	* OTHER TOTAL - SIGNS						3,716.		1,060.		2,656.	2,274.		379.	2,653.
	SECURITY SYSTEM														

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	SURVEILLANCE	10/01/11	200DB	7.00	HY	17	2,503.		2,503.					0.	
19	SECURITY SYSTEM	04/01/15	SL	5.00	HY	17	2,432.				2,432.	2,432.		0.	2,432.
	* OTHER TOTAL - SECURITY SYSTEM						4,935.		2,503.		2,432.	2,432.		0.	2,432.
	LEASEHOLD IMPROVEMENTS														
14	LEASEHOLD IMPROVEMENTS	04/01/13		468M		43	68,435.				68,435.	15,795.		1,755.	17,550.
15	LEASEHOLD IMPROVEMENTS	04/01/14		120M		43	490,137.				490,137.	302,252.		49,014.	351,266.
16	LEASEHOLD IMPROVEMENTS	04/01/15		468M		43	280,908.				280,908.	50,421.		7,203.	57,624.
36	LEASEHOLD IMPROVEMENTS	05/20/17	SL	15.00	HY	17	3,266.			1,633.	1,633.	491.		109.	600.
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						842,746.			1,633.	841,113.	368,959.		58,081.	427,040.
31	INTACCT SOFTWARE	04/04/16	SL	5.00	HY	17	29,302.		29,302.					0.	
32	SALESFORCE SOFTWARE	05/02/16	SL	5.00	HY	17	17,122.		17,122.					0.	
35	SOFTWARE	04/01/15	SL	7.00	HY	17								0.	
41			200DB	5.00	HY	19								0.	
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						46,424.		46,424.		0.	0.		0.	0.
	* GRAND TOTAL OTHER DEPR & AMORT						1,453,980.		133,917.	217,263.	1,102,800.	603,963.		245,780.	688,143.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,292,380.		133,917.	55,663.	1,102,800.	603,963.			688,143.

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

[illegible]

e-file Signature Authorization for
RCT-101, PA Corporate Net Income Tax Report

2022

PA-8879 C (SU) 09-22

See instructions.

For calendar year 2022 or tax year beginning APR 1, 2022, ending MAR 31, 2023.

Name of Corporation
CINTRA SOFTWARE AND SERVICES INCFederal Employer Identification Number (FEIN)
13-3890680Corporation Address
3 PARK AVENUE 32ND FLCity
NEW YORKState
NYZIP Code
10016Revenue ID Number
1000898130

SECTION I TAX REPORT INFORMATION (Whole dollars only.)

1. Income or Loss from Federal Return on a Separate Company Basis (From RCT-101, Section C, Line 1)	1.	769572
2. PA Taxable Income or Loss (From RCT-101, Section C, Line 12)	2.	13209
3. PA Corporate Net Income Tax Due (From RCT-101, Section C, Line 20)	3.	2

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF OFFICER (Keep a copy of the corporation's tax report.)

Under penalties of perjury, I declare I am an officer of the above-named corporation and I examined a copy of the corporation's 2022 electronic tax report, accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. I further declare the amounts in Section I above are the amounts shown on the copy of the corporation's electronic tax report. I consent to allow my electronic return originator (ERO) and/or transmitter to send the corporation's report to the PA Department of Revenue and receive from the PA Department of Revenue an acknowledgement of receipt or reason for rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of the corporation's state taxes owed on this report, and I authorize the financial institution to debit the entry to this account. **To revoke a payment, I must contact my financial institution account indicated in the tax preparation software for payment of the corporation state taxes.** I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I selected a federal self-select PIN as my signature for the corporation's electronic tax report and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's Federal Self-Select PIN (Check one box only.):

☒ I authorize FASKE LAY & CO., L.L.P. to enter my federal self-select PIN 36091 as my signature on the corporation's electronically filed tax report.

☐ As an officer of the corporation, I will enter my federal self-select PIN as my signature on the corporation's electronically filed tax report.

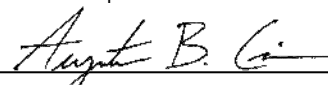
Signature of Officer	Date	Title PRESIDENT	Social Security number
Address 3 PARK AVENUE 32ND FL	City NEW YORK	State NY	ZIP Code 10016

SECTION III CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN (Enter your six-digit EFIN followed by your five-digit federal self-select PIN.):

74778436092
Do not enter all zeros.

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my federal self-select PIN, which is my signature on the tax year 2022 electronically filed PA corporate net income tax report for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature ►  Date ► 9/20/2023

Electronic Return Originators (EROs) must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

ELECTRONIC SIGNATURE SPECIFICATIONS

Below, find the Perjury Statement, Consent to Disclosure and Electronic Funds Withdrawal Consent used to develop jurat language statements for electronic filing tax preparation software where the practitioner federal self-select PIN method is selected. The software must provide the capability to incorporate these elements into the appropriate text for presentation to a taxpayer for his or her review.

PERJURY STATEMENT

Under penalties of perjury, I declare I am an officer of the above-named corporation; I have examined a copy of the corporation's 2022 electronic RCT-101, PA Corporate Net Income Tax Report, accompanying schedules and statements; and to the best of my knowledge and belief they are true, correct and complete.

CONSENT TO DISCLOSURE

I consent to allow my electronic return originator (ERO) or transmitter to send the corporation's return/report to the Internal Revenue Service (IRS) and subsequently by the IRS to the PA Department of Revenue.

ELECTRONIC FUNDS WITHDRAWAL CONSENT

I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal entry to my financial institution account designated in the electronic payment portion of my 2022 RCT-101 for payment of my Pennsylvania taxes owed; and my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. To revoke a payment, I must contact my financial

institution account indicated in the tax preparation software for payment of the corporation state taxes.

OFFICER'S SIGNATURE

I am signing this tax return/report and Electronic Funds Withdrawal Consent, if applicable, by entering my federal self select PIN below.

Officer's PIN: 36091

Date: _____

ERO DECLARATION

I declare the information in this electronic tax return/report is the information furnished to me by the corporation. If the corporation furnished me a completed tax return/report, I declare that the information contained in this electronic tax return/report is identical to that contained in the return/report provided by the corporation. If the furnished return/report was signed by a paid preparer, I declare I entered the paid preparer's identifying information in the appropriate portion of this electronic return/report. If I am the paid preparer, under penalties of perjury, I declare I examined this electronic return/report, and to the best of my knowledge and belief it is true, correct and complete.

ERO SIGNATURE

I am signing this tax return/report by entering my federal self select PIN below.

ERO's EFIN: 747784 (EFIN)

and PIN: 36092 (PIN)

8879-SO**State-Only e-file Signature Authorization****2022**

- ▶ Do not send to the Taxing Authority. This is not a tax return.
▶ Keep this form for your records.

Taxpayer name

CINTRA SOFTWARE AND SERVICES INC.

FEIN

13 3890680

Part I Electronically Filed States

TENNESSEE

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **FASKE LAY & CO., L.L.P.** to enter or generate my PIN
ERO firm name
as my signature on my tax year 2022 electronically filed income tax return.

36091

Enter five numbers, but
do not enter all zeros

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

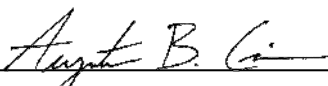
Title ▶ **PRESIDENT****Part III Certification and Authentication**

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

74778436092

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶  Date ▶ 09/20/2023

ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority

[illegible]

Taxable Year	Taxpayer Name	Account No./FEIN
04/01/22 03/31/23	CINTRA SOFTWARE AND SERVICES INC.	1002210905

Schedule D - Schedule of Credits

1. Gross Premiums Tax Credit (cannot exceed Schedule C, Line 8)	(1)	
2. Green Energy Tax Credit from business plans filed prior to July 1, 2015	(2)	
3. Brownfield Property Credit	(3)	
4. Broadband Internet Access Tax Credit carryover for service providers	(4)	
5. Industrial Machinery and Research and Development Tax Credit from Schedule T, Line 11	(5)	
6. Job Tax Credit from Schedule X, Line 46	(6)	
7. Additional Annual Job Tax Credit from Schedule X, Line 38	(7)	
8. Qualified Production Credit from Schedule QP, Line 12	(8)	
9. Total credit (add Lines 1 through 8; enter here and on Schedule C, Line 9)	(9)	

Schedule E - Schedule of Required Quarterly Installments and Payments

	Required Quarterly Installments	Amount Paid
1. Overpayment from previous year, if available	(1)	
2. First quarterly estimate	(2a)	(2b)
3. Second quarterly estimate	(3a)	(3b)
4. Third quarterly estimate	(4a)	(4b)
5. Fourth quarterly estimate	(5a)	(5b)
6. Extension payment	(6)	
7. Total payments (add Lines 1 through 6; enter here and on Schedule C, Line 11)	(7)	

Computation of Franchise Tax**Schedule F1 - Non-Consolidated Net Worth**

1. Net worth (total assets less total liabilities)	(1)	10046623.
2. Indebtedness to or guaranteed by parent or affiliated corporation (cannot be a deduction)	(2)	
3. Total (add Lines 1 and 2)	(3)	10046623.
4. Franchise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(4)	.484749 %
5. Total (multiply Line 3 by Line 4; enter here and on Schedule A, Line 1)	(5)	48701.

Schedule F2 - Consolidated Net WorthSchedule F2 is to be completed only if the Consolidated Net Worth Election Registration Application has been filed.

1. Consolidated net worth (total assets less total liabilities of the affiliated group)	(1)	
2. Franchise tax apportionment ratio (Schedule 170NC, 170SF or 170SC)	(2)	%
3. Total (multiply Line 1 by Line 2; enter here and on Schedule A, Line 1)	(3)	

Schedule G - Determination of Real and Tangible Property**Book Value of Property Owned - Cost less accumulated depreciation**

	In Tennessee
1. Land	(1) 0.
2. Buildings, leaseholds, and improvements	(2) 0.
3. Machinery, equipment, furniture, and fixtures	(3) 0.
4. Automobiles and trucks	(4) 0.
5. Prepaid supplies and other tangible personal property	(5) 0.
6. Ownership share of real and tangible property of a partnership that does not file a return	(6) 0.
7. a. Inventories and work in progress	(7a) 0.
b. Exempt finished goods inventory in excess of \$30 million	(7b) 0.
8. Certified pollution control equipment (include copy of certificate) and equipment used to produce electricity at a certified green energy production facility	(8) 0.
9. Exempt required capital investment	(9) 0.
10. Subtotal (add Lines 1 through 7a, subtract Lines 7b through 9)	(10) 0.

Rental Value of Property Used but Not Owned

Net Annual Rental Paid for:

	In Tennessee	
11. Real property	0.	x8 (11) 0.
12. Machinery and equipment used in manufacturing and processing	0.	x3 (12) 0.
13. Furniture, office machinery, and equipment	0.	x2 (13) 0.
14. Delivery or mobile equipment	0.	x1 (14) 0.
15. Tennessee total (add Lines 10 through 14; enter here and on Schedule A, Line 2)		(15) 0.

Schedule H - Gross Receipts

1. Gross receipts or sales per federal income tax return	(1)	20728188.
--	-----	-----------

Taxable Year	Taxpayer Name	Account No./FEIN
04/01/22 03/31/23	CINTRA SOFTWARE AND SERVICES INC.	1002210905

Computation of Excise Tax**Schedule J1 - Computation of Net Earnings for Entities Treated as Partnerships****Additions:**

1. Ordinary income or loss (federal Form 1065, Line 22) (1) _____
2. Income items specifically allocated to partners, including guaranteed payments to partners (2) _____
3. Any net loss or expense distributed to a publicly traded REIT (3) _____
4. Total additions (add Lines 1 through 3) (4) _____

Deductions:

5. Expense items specifically allocated to partners not deducted elsewhere (5) _____
6. Amount subject to self-employment taxes distributable or paid to each partner or member net of any pass-through expense deducted elsewhere on this return (if negative, enter zero) (include on Schedule K, Line 3) (6) _____
7. Amount of contribution to qualified pension or benefit plans of any partner or member, including all IRC 401 plans (include on Schedule K, Line 3) (7) _____
8. Any net gain or income distributed to a publicly traded REIT (8) _____
9. Any loss on the sale of an asset sold within 12 months after the date of distribution (9) _____
10. Total deductions (add Lines 5 through 9) (10) _____
11. Total (subtract Line 10 from Line 4; enter here and on Schedule J, Line 1) (11) _____

Schedule J2 - Computation of Net Earnings for a Single Member LLC Filing as an Individual**Additions:**

1. Business Income or loss from federal Form 1040, Schedule C (1) _____
2. Business Income or loss from federal Form 1040, Schedule D (2) _____
3. Business Income or loss from federal Form 1040, Schedule E (3) _____
4. Business Income or loss from federal Form 1040, Schedule F (4) _____
5. Business Income or loss from federal Form 4797 (5) _____
6. Other: federal Form _____, Schedule _____ (6) _____
7. Total additions (add Lines 1 through 6) (7) _____

Deductions:

8. Amount subject to self-employment taxes distributable or paid to the single member (if negative, enter zero; include on Schedule K, Line 3) (8) _____
9. Total (subtract Line 8 from Line 7; enter here and on Schedule J, Line 1) (9) _____

Schedule J3 - Computation of Net Earnings for Entities Treated as Subchapter S Corporations**Additions:**

1. Ordinary income or loss (federal Form 1120S, Line 21) (1) _____
2. Income items to extent includable in federal income were it not for "S" status election (2) _____
3. Total additions (add Lines 1 and 2) (3) _____

Deductions:

4. Expense items to extent includable in federal expenses were it not for "S" status election (4) _____
5. Any loss on the sale of an asset sold within 12 months after the date of distribution (5) _____
6. Total deductions (add Lines 4 and 5) (6) _____
7. Total (subtract Line 6 from Line 3; enter here and on Schedule J, Line 1) (7) _____

Schedule J4 - Computation of Net Earnings for Entities Treated as Corporations and Other Entities**Additions:**

1. Taxable income or loss before net operating loss deduction and special deductions (federal Form 1120, Line 28) ... (1) **769572.**
2. a. REIT taxable income before net operating loss deduction and special deductions (federal Form 1120-REIT, Line 20) (2a) _____
- b. REIT deduction for dividends paid (federal Form 1120-REIT, Line 21b) (2b) _____
- c. REIT taxable income after dividends paid deduction (subtract Line 2b from Line 2a) (2c) _____
3. Unrelated business taxable income (federal Form 990-T, Line 5) (3) _____
4. Other: federal Form _____ (4) _____
5. Contribution carryover from prior period(s) (5) _____
6. Capital gains offset by capital loss carryover or carryback (6) _____
7. Total additions (add Lines 1 through 6) (7) **769572.**

Deductions:

8. Contributions in excess of amount allowed by federal government (8) _____
9. Portion of current year's capital loss not included in federal taxable income (9) _____
10. Total deductions (add Lines 8 and 9) (10) _____
11. Total (subtract Line 10 from Line 7; enter here and on Schedule J, Line 1) (11) **769572.**

Taxable Year	Taxpayer Name	Account No./FEIN
04/01/22 03/31/23	CINTRA SOFTWARE AND SERVICES INC.	1002210905

Schedule J - Computation of Net Earnings Subject to Excise Tax

1. Adjusted federal income or loss (enter amount from Schedule J1, J2, J3, or J4)	(1)	769572.
Additions:		
2. Intangible expenses paid, accrued, or incurred to an affiliated business entity or entities deducted for federal income tax purposes	(2)	
3. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation SEE STATEMENT 1	(3)	161600.
4. Gain on the sale of an asset sold within 12 months after the date of distribution to a nontaxable entity	(4)	
5. Tennessee excise tax expense (to the extent reported for federal income tax purposes)	(5)	
6. Gross premiums tax deducted in determining federal income and used as an excise tax credit	(6)	
7. Interest income on obligations of states and their political subdivisions, less allowable amortization	(7)	
8. Depletion not based on actual recovery of cost	(8)	
9. Excess fair market value over book value of property donated	(9)	
10. Excess rent to/from an affiliate	(10)	
11. Net loss or expense received from a pass-through entity subject to the excise tax (attach schedule)	(11)	
12. An amount equal to five percent of IRC Section 951A global intangible low-taxed income deducted on Line 27	(12)	
13. Business interest expense deducted in arriving at the amount reported on Sch. J, Line 1. Only complete if federal Form 8990 was filed. See instructions	(13)	
14. Research and experimental expenditures deducted under IRC Section 174 in arriving at the amount reported on Sch. J, Line 1	(14)	
15. Total additions (add Lines 2 through 14)	(15)	161600.
Deductions:		
16. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation SEE STATEMENT 2	(16)	25460.
17. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(17)	
18. Dividends received from corporations at least 80% owned	(18)	
19. Donations to qualified public school support groups and nonprofit organizations	(19)	
20. Any expense other than income taxes not deducted in determining federal taxable income for which a credit against the federal income tax was allowed	(20)	
21. Adjustments related to the safe harbor lease election (see instructions)	(21)	
22. Nonbusiness earnings (from Schedule M, Line 8)	(22)	
23. Intangible expenses paid, accrued, or incurred to an affiliated entity or entities (from Form IE, Line 4) Attach Form IE - Intangible Expense Disclosure	(23)	
24. Intangible income from an affiliated business entity or entities if the corresponding intangible expenses have not been deducted by the affiliate(s) under Tenn. Code Ann. § 67-4-2006(b)(2)(N)	(24)	
25. Net gain or income received from a pass-through entity subject to the excise tax (attach schedule)	(25)	
26. Deductible Grants from governmental units	(26)	
27. IRC Section 951A global intangible low-taxed income	(27)	
28. a. Business interest expense currently deductible. See instructions	(28a)	
b. Business interest expense carryforward available for future tax years (28b)	(28b)	
29. Research and experimental expenditures currently deductible. See instructions	(29)	
30. Total deductions (add Lines 16 through 29, excluding 28b)	(30)	25460.
Computation of Taxable Income		
31. Total business income (loss) (add Lines 1 and 15, subtract Line 30; if loss, enter on Schedule K, Line 1)	(31)	905712.
32. Excise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(32)	.484749 %
33. Apportioned business income (loss) (multiply Line 31 by Line 32)	(33)	4390.
34. Nonbusiness earnings directly allocated to Tennessee (from Schedule M, Line 9)	(34)	
35. Loss carryover from prior years (from Schedule U)	(35)	
36. Subject to excise tax (add Line 33 and 34, subtract Line 35; enter here and on Schedule B, Line 4)	(36)	4390.

Taxable Year 04/01/22 03/31/23	Taxpayer Name CINTRA SOFTWARE AND SERVICES INC.	Account No./FEIN 1002210905
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Schedule N - Apportionment - Standard

Property	In Tennessee		Total Everywhere	
Use original cost of assets	a. Beginning of Taxable Year	b. End of Taxable Year	a. Beginning of Taxable Year	b. End of Taxable Year
1. Land, buildings, leaseholds, and improvements ...	0.	0.	842746.	1004346.
2. Machinery, equipment, furniture, and fixtures	0.	0.	449633.	449633.
3. Automobiles and trucks				
4. Inventories and work in progress				
5. Prepaid supplies and other property ...				
6. Ownership share of real and tangible property of a partnership that does not file a return				
7. Excise tax total (add Lines 1 through 6)	a. 0.	b. 0.	a. 1292379.	b. 1453979.
8. Exempt inventory				
9. Franchise tax total (subtract Line 8 from Line 7)	a.	b.	a. 1292379.	b. 1453979.
10. Excise tax average value (add Lines 7(a) & (b), divide by two)		0.		1373179.
11. Franchise tax average value (add Lines 9(a) & (b), divide by two)		0.		1373179.
12. Rented property (rent paid x 8)				

Use triple weighted sales factor	a. In Tennessee	b. Total Everywhere	c. Franchise Ratio	d. Excise Ratio
13. Excise tax property factor (add Lines 10 and 12)	0.	1373179.		.000000 %
14. Franchise tax property factor (add Lines 11 and 12)	0.	1373179.	.000000 %	
15. Payroll factor	193812.	7996386.	2.423745 %	2.423745 %
16. Sales factor (business gross receipts)	0.	20728188.	.000000 %	.000000 %
17. Total ratios (add Lines 13-15 and (Line 16 x three))			2.423745 %	2.423745 %
18. Apportionment ratio (divide Line 17 by five, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Sch. F1, Line 4. Enter excise tax apportionment ratio on Sch. J, Line 32.)			.484749 %	.484749 %

Schedule O - Apportionment - Common Carriers (railroads, motor carriers, pipelines and barges)

	In Tennessee	Total Everywhere	Ratio
1. Total franchise mileage (odometer miles)			
2. Tennessee gross intrastate receipts and interstate gross receipts everywhere			%
3. Total ratios (add Lines 1 and 2)			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 32.)			%

Schedule P - Apportionment - Air Carriers

	In Tennessee	Total Everywhere	Ratio
1. Originating revenue			
2. Air miles flown (Include in Tennessee column only air miles flown on flights either originating from or ending in Tennessee or both)			%
3. Total ratios (add Lines 1 and 2)			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 32.)			%

Schedule R - Apportionment - Air Express Carriers

	In Tennessee	Total Everywhere	Ratio
1. Originating revenue			%
2. Air miles flown and ground miles traveled (Include in Tennessee column only air miles flown on flights either originating from or ending in Tennessee or both. Include only ground miles traveled with respect to actual common carriage of persons or property for hire.)			%
3. Total ratios			%
4. Apportionment ratio (divide Line 3 by two, or by the number of factors with everywhere values greater than zero) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 32.)			%

Schedule S - Apportionment - Manufacturer Single Sales Factor

	In Tennessee	Total Everywhere	Ratio
1. Sales factor (business gross receipts) (Enter franchise tax apportionment ratio on Schedule F1, Line 4. Enter excise tax apportionment ratio on Schedule J, Line 32.) ...			%

TN FAE 170	FEDERAL BONUS DEPRECIATION	STATEMENT 1
DESCRIPTION		AMOUNT
FEDERAL DEPRECIATION DUE TO BONUS PROVISION		161600.
TOTAL TO FORM FAE 170, PAGE 4, SCHEDULE J, LINE 3		161600.
TN FAE 170	TENNESSEE DEPRECIATION	STATEMENT 2
DESCRIPTION		AMOUNT
TENNESSEE DEPRECIATION WITHOUT BONUS PROVISION		25460.
TOTAL TO FORM FAE 170, PAGE 4, SCHEDULE J, LINE 15		25460.

Form 500

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2022 Virginia Corporation Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or
SHORT Year Filer: Beginning Date APRIL 1, 2022; Ending Date MARCH 31, 2023

☐ Short Year Return ☐ Change in Accounting Period

FEIN 13-3890680		Name CINTRA SOFTWARE AND SERVICES INC.		Check all that apply: ☐ Initial Filer ☐ Name Change ☐ Mailing Address Change ☐ Physical Address Change	
Mailing Address 3 PARK AVENUE 32ND FL					
City or Town NEW YORK		State NY	ZIP Code 10016		
Physical Address (if different from Mailing Address)				Entity Type Code	
Physical City or Town		State	ZIP Code	NAICS Code 541519	
Date Incorporated 05/14/1996	State or Country of Incorporation NEW YORK		Description of Business Activity LICENSE AND CONSULTING		

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
☐ Consolidated - Sch. 500AC Enclosed ☐ Combined - Sch. 500AC Enclosed Combined / Consolidated Filers - Enter number of affiliates: _____ ☐ Change in Filing Status ☒ Sch. 500A Enclosed ☐ Sch. 500AB Enclosed ☐ Nonprofit Corporation ☐ Certified Company Apportionment - Sch. 500AP Enclosed ☐ Amended Return (See instructions) Enter reason code: _____	☐ Final Return - Check here and applicable boxes below. ☐ Withdrawn ☐ Dissolved - No longer liable for tax. Dissolved Date: _____ ☐ Merged Merger Date: _____ Merged FEIN: _____ ☐ S Corp Effective: _____	Enter amount from Form 500T, Line 7: _____ .00 Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: ☐ _____ .00 Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 Home Service Contract Provider Enter amount from Form 500HS, Line 10: ☐ Check box if a noncorporate HSCP. _____ .00

Questions and Related Information

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.

Enter exception amount from Schedule 500AB, Line 8.

A. _____ .00

B. RESERVED FOR FUTURE USE

B. _____

C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.

(1) Year of Loss

(2) Federal NOL

(3) Percent of federal

NOL used this year _____ %

FEIN _____

(If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2.

D. _____

E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).

Year E. _____

Year _____

Year _____

F. Location of corporation's books 3 PARK AVENUE 32ND FL, NEW Y

Contact for corporation's books **BRENDAN MCNAMEE**

Contact Phone Number

2022 Virginia Form 500

Page 2

FEIN
13-3890680



INCOME

1. Federal taxable income (from enclosed federal return)	1.	769572 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	267162 .00
3. Total (add Lines 1 and 2)	3.	1036734 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	1036734 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	1036734 .00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	13253 .00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	1.278315 %
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	795 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	795 .00
12. 2022 estimated Virginia income tax payments including overpayment credit from 2021	12.	400 .00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	400 .00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	395 .00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	395 .00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2023 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. ☒ X

Date	Signature of Officer	Title PRESIDENT
Printed Name of Officer BRENDAN MCNAMEE	Phone Number 212-481-6501	
Print Preparer's Name and Firm Name AUGUSTUS B. CRIMM FASKE LAY & CO., L.L.P.		Preparer Phone Number (512) 346-9623
Date 09/20/23	Individual or Firm, Signature of Preparer AUGUSTUS B. CRIMM	Address of Preparer 3609 WILLIAMS DRIVE, SUITE GEORGETOWN, TX 78628-2510
Preparer's FEIN, PTIN, or SSN P01904833		Approved Vendor Code 1019

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

2022 Virginia Schedule 500ADJ

Corporation Schedule of Adjustments



Name as shown on Virginia return **CINTRA SOFTWARE AND SERVICES INC.** FEIN **13-3890680**

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.

Check this box and enclose Schedule 500ADJS with your return ☐

Section A - Additions to Federal Taxable Income

- | | |
|--|---------------------------|
| 1. Fixed date conformity addition - Depreciation | 1. <u>136140</u> .00 |
| 2. Fixed date conformity addition - Other | 2. <u> </u> .00 |
| 3. Taxable addition from Schedule 500AB, Line 10 | 3. <u> </u> .00 |
| 4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income | 4. <u>131022</u> .00 |
| 5. Interest on state obligations other than Virginia | 5. <u> </u> .00 |
| 6. Other Additions | |
| See instructions for addition codes. | |
| Code | |
| 6a. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 6a. <u> </u> .00 |
| 6b. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 6b. <u> </u> .00 |
| 6c. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 6c. <u> </u> .00 |
| 7. Total Additions. Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2 | 7. <u>267162</u> .00 |

Section B - Subtractions from Federal Taxable Income

- | | |
|--|---------------------------|
| 1. Fixed date conformity subtraction - Depreciation | 1. <u> </u> .00 |
| 2. Fixed date conformity subtraction - Other | 2. <u> </u> .00 |
| 3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes | 3. <u> </u> .00 |
| 4. Foreign dividend gross-up (IRC § 78) | 4. <u> </u> .00 |
| 5. Refund or credit of income taxes included in federal taxable income | 5. <u> </u> .00 |
| 6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A) | 6. <u> </u> .00 |
| 7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8 | 7. <u> </u> .00 |
| 8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income | 8. <u> </u> .00 |
| 9. Other Subtractions. See instructions for subtraction codes. | |
| Certification Number | Code |
| 9a. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 9a. <u> </u> .00 |
| 9b. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 9b. <u> </u> .00 |
| 9c. <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> | 9c. <u> </u> .00 |
| 10. Total Subtractions. Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4 | 10. <u> </u> .00 |

Section C - Amended Return

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

- | | |
|--|--------------------------|
| 1. Add amount paid with original return plus additional tax paid after it was filed.
(Do not include amount paid from Form 500, Line 20.) | 1. <u> </u> .00 |
| 2. Add Line 1 from above and Line 16 from Form 500 and enter the total here | 2. <u> </u> .00 |
| 3. Overpayment, if any, as shown on original return or as previously adjusted | 3. <u> </u> .00 |
| 4. Subtract Line 3 from Line 2 | 4. <u> </u> .00 |
| 5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. This is the tax you owe | 5. <u> </u> .00 |
| 6. Refund. If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid | 6. <u> </u> .00 |

EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

**2022 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **CINTRA SOFTWARE AND SERVICES INC.** FEIN **13-3890680**

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	769572 .00
2. Net Operating Loss Deduction	2.	.00
3. Special Deductions	3.	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	769572 .00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.	.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.	.00
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Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.	.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	161600 .00
10. Property subject to 168(f)(1) election	10.	.00
11. Other depreciation	11.	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends (Exclude Gross-up)	12.	.00
13. Total: Dividends (Gross-up)	13.	.00
14. Total: Inclusions (Exclude Gross-up)	14.	.00
15. Total: Inclusions (Gross-up)	15.	.00
16. Total: Interest	16.	.00
17. Total: Gross Rents, Royalties, and License Fees	17.	.00
18. Total: Gross Income from Performance of Services	18.	.00
19. Total: Other	19.	.00
20. Total: Total Gross Income or Loss from Outside the US	20.	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

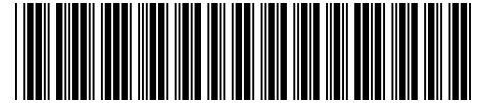
21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.	.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.	.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.	.00
24. Total: Allocable - Other Allocable Deductions	24.	.00
25. Total: Total Allocable Deductions	25.	.00
26. Total: Apportioned Share of Deductions	26.	.00
27. Total: Net Operating Loss Deduction	27.	.00
28. Total: Total Deductions	28.	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29.	.00
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**2022 Virginia
Schedule 500A**

**Corporation Allocation and
Apportionment of Income**



Name as shown on Form 500 CINTRA SOFTWARE AND SERVICES INC.	FEIN 13-3890680
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- Check if you are - ☐ Filing a consolidated or combined return.
- ☐ A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).
- ☐ A property information and analytics firm that has entered into a memorandum of understanding with VEDP and meets the criteria outlined in Va. Code § 58.1-422.4.

Section A - Apportionment Method

- 1. Motor Carrier Mileage Factor** ☐

If an exception applies, check the applicable box below

☐ Exception 1 ☐ Exception 2

2. Financial Corporation Cost of Performance Factor ☐

3. Construction Corporation

Completed Contract Basis Sales Factor ☐

4. Railway Company Revenue Car Miles ☐

5. Retail Company Apportionment ☐

6. Debt Buyers Apportionment ☐

7. Manufacturer's Modified Apportionment Method ☐

Sales Factor ☐

(a) Enter beginning date of election year _____

(b) **Wage and employment certification required each year:**
Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment ☐

8. Enterprise Data Center Operation ☐

9. Multi-Factor Formula With Double-Weighted Sales ☒

Section B - Apportionment Computation

	Column A Total	Column B Virginia	Column C Percentage
1. Single Factor Computation Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations 1	.00	.00	%
2. Multi-Factor Computation			
(a) Property Factor 2(a)	1373179 .00	0 .00	.000000 %
(b) Payroll Factor 2(b)	7996386 .00	314377 .00	3.931489 %
(c) Sales Factor 2(c)	20728188 .00	122480 .00	.590886 %
(d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2 2(d)			1.181772 %
(e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d) 2(e)			5.113261 %
(f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator 2(f)			1.278315 %
3. Income Subject to Virginia Tax			
(a) Virginia Taxable Income from Form 500, Line 7 3(a)			1036734 .00
(b) Total Dividends (total amount of allocable income) 3(b)			.00
(c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c) 3(c)			.00
(d) Add Lines 3(b) and 3(c) 3(d)			.00
(e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d) 3(e)			.00
(f) Total Nonapportionable Income. Line 3(d) minus Line 3(e) 3(f)			.00
(g) Income Subject to Apportionment. Line 3(a) minus Line 3(f) 3(g)			1036734 .00
(h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) 3(h)			13253 .00
(i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b) 3(i)			.00
(j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a) 3(j)			13253 .00

**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Corporation Name	Federal ID Number
CINTRA SOFTWARE AND SERVICES INC.	13-3890680
Part I Tax Return Information	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1. 769,572.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2. 1,036,734.
3. Income tax (Form 500, Page 2, Line 9)	3. 795.
4. Total payments and credits (Form 500, Page 2, Line 16)	4. 400.
5. Total due (Form 500, Page 2, Line 21)	5. 395.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2022 electronic return 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 information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2022 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.	
Officer's e-File PIN: check one box only	
☒ I authorize the ERO named below to enter my e-File PIN <u>36091</u> as my signature on the corporation's 2022 electronic Virginia corporation income tax return. Do not enter all zeros FASKE LAY & CO., L.L.P.	
ERO Firm Name	
☐ I will enter my e-File PIN as my signature on the corporation's 2022 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.	
Your Signature _____	Date _____
Part III Certification and Authentication	
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. <u>74778436092</u> Do not enter all zeros	
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.	
ERO's Signature <u>Angela B. Co</u>	Date <u>09/20/23</u>

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

OTHER

Attach to your tax return.

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

VA

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

CINTRA SOFTWARE AND SERVICES INC.

OTHER DEPRECIATION

13-3890680

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	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	
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 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	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.)

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	35,508.
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 ☐		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		161,600.	5 YRS.	HY	SL	16,160.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,668.
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							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
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.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
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						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	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?		

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 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year				43	57,972.
44 Total. Add amounts in column (f). See the instructions for where to report				44	57,972.

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

VA

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
12	AIR CONDITIONER	11/01/11	200DB	7.00		HY17	1,728.		1,728.					0.	
13	AWNING - SIG	07/01/14	SL	7.00		HY17	3,716.		3,716.					0.	
27	OFFICE FURNITURE	04/01/15	SL	7.00		HY17	179,546.				179,546.	153,894.		25,649.	179,543.
28	OFFICE FURNITURE	07/01/14	SL	7.00		HY17	11,972.		11,972.					0.	
29	OFFICE BLINDS	03/17/17	SL	7.00		HY17	1,175.		1,175.					0.	
	* OTHER TOTAL - FURNITURE & FIXTURES						198,137.		18,591.		179,546.	153,894.		25,649.	179,543.
	EQUIPMENT - OFFICE														
24	EQUIPMENT - OFFICE	04/01/15	SL	5.00		HY17	41,948.				41,948.	41,948.		0.	41,948.
25	OFFICE EQUIP	06/01/14	SL	5.00		HY17	3,305.		3,305.					0.	
26	LEASEHOLD IMPROVEMENTS (EQUIPMENT)	07/01/09	SL	15.00		HY17	1,071.				1,071.	426.		71.	497.
34	NEXUS SWITCHES	05/01/16	SL	5.00		HY17	2,530.		2,530.					0.	
	* OTHER TOTAL - EQUIPMENT - OFFICE						48,854.		5,835.		43,019.	42,374.		71.	42,445.
	EQUIPMENT - DESKTOP														
10	MONITORS	04/01/11	200DB	7.00		HY17	1,308.		1,308.					0.	
23	EQUIPMENT - DESKTOP	04/01/15	SL	5.00		HY17	1,427.				1,427.	1,425.		0.	1,425.
	* OTHER TOTAL - EQUIPMENT - DESKTOP						2,735.		1,308.		1,427.	1,425.		0.	1,425.
	EQUIPMENT - LAPTOP														

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

VA

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	COMPUTERS	04/01/11	200DB	7.00		HY17	18,816.		18,816.					0.	
18	COMPUTERS	04/01/15	SL	5.00		HY17	6,361.		6,361.					0.	
22	EQUIPMENT - LAPTOP	04/01/15	SL	5.00		HY17	10,141.				10,141.	10,140.		0.	10,140.
33	LAPTOP	09/01/16	SL	5.00		HY17	3,298.		3,298.					0.	
37	MAC BOOK PRO	04/30/18	SL	5.00		HY17	4,041.			4,041.				0.	
39	LAPTOPS FOR INDIA (3 ROUNDS)	09/22/21	SL	5.00		HY17	46,500.				46,500.	4,650.		9,300.	13,950.
40	SOFTWARE- ARCTIC WOLF MDR USER LIC	07/01/22	SL	5.00		HY19B	161,600.				161,600.			16,160.	16,160.
	* OTHER TOTAL - EQUIPMENT - LAPTOP						250,757.		28,475.	4,041.	218,241.	14,790.		25,460.	40,250.
	EQUIPMENT - SERVERS														
17	COMPUTERS	04/01/13	200DB	7.00		HY17	22,721.		22,721.					0.	
21	EQUIPMENT - SERVERS	04/01/15	SL	5.00		HY17	22,466.				22,466.	22,465.		0.	22,465.
30	SERVER	10/25/16	SL	5.00		HY17	7,000.		7,000.					0.	
38	COMPUTER EQUIPMENT	09/30/18	SL	5.00		HY17	3,489.			3,489.				0.	
	* OTHER TOTAL - EQUIPMENT - SERVERS						55,676.		29,721.	3,489.	22,466.	22,465.		0.	22,465.
	SIGNS														
20	SIGNS	04/01/15	SL	7.00		HY17	3,716.		1,060.		2,656.	2,274.		379.	2,653.
	* OTHER TOTAL - SIGNS						3,716.		1,060.		2,656.	2,274.		379.	2,653.
	SECURITY SYSTEM														

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

VA

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	SURVEILLANCE	10/01/11	200DB	7.00		HY17	2,503.		2,503.					0.	
19	SECURITY SYSTEM	04/01/15	SL	5.00		HY17	2,432.				2,432.	2,432.		0.	2,432.
	* OTHER TOTAL - SECURITY SYSTEM						4,935.		2,503.		2,432.	2,432.		0.	2,432.
	LEASEHOLD IMPROVEMENTS														
14	LEASEHOLD IMPROVEMENTS	04/01/13		468M		43	68,435.				68,435.	15,795.		1,755.	17,550.
15	LEASEHOLD IMPROVEMENTS	04/01/14		120M		43	490,137.				490,137.	302,252.		49,014.	351,266.
16	LEASEHOLD IMPROVEMENTS	04/01/15		468M		43	280,908.				280,908.	50,421.		7,203.	57,624.
36	LEASEHOLD IMPROVEMENTS	05/20/17	SL	15.00		HY17	3,266.			1,633.	1,633.	491.		109.	600.
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						842,746.			1,633.	841,113.	368,959.		58,081.	427,040.
31	INTACCT SOFTWARE	04/04/16	SL	5.00		HY17	29,302.		29,302.					0.	
32	SALESFORCE SOFTWARE	05/02/16	SL	5.00		HY17	17,122.		17,122.					0.	
35	SOFTWARE	04/01/15	SL	7.00		HY17								0.	
41			200DB	5.00		HY19B								0.	
	* OTHER TOTAL - LEASEHOLD IMPROVEMENTS						46,424.		46,424.		0.			0.	0.
	* GRAND TOTAL OTHER DEPR AND AMORT						1,453,980.		133,917.	9,163.	1,310,900.	608,613.		109,640.	718,253.

**CT-3-M**

Department of Taxation and Finance

**General Business Corporation
MTA Surcharge Return**

Tax Law - Article 9-A, Section 209-B

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2022. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

Amended return		All filers must enter tax period: beginning 04-01-22 ending 03-31-23	
Employer identification number (EIN) 13-3890680	File number AA5	Business telephone number 212-481-6501	If you claim an overpayment, mark an X in the box ☐
Legal name of corporation CINTRA SOFTWARE AND SERVICES INC		Trade name/DBA	
Mailing address Care of (c/o) PADMA NARAYANAN		State or country of incorporation NY	
Number and street or PO Box 3 PARK AVENUE 32ND FL		Date of incorporation 05-14-96	Foreign corporations: date began business in NYS
City NEW YORK	U.S. state/Canadian province NY	ZIP/Postal code 10016	Country (if not United States)
For office use only			
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			

File this form with your Form CT-3 or CT-3-A. Before completing this return, see Form CT-3-M-I,

Instructions for Form CT-3-M.

A. Pay amount shown on line 12. Make payable to: <i>New York State Corporation Tax</i>	A	Payment enclosed
Attach your payment here. Detach all check stubs. (See instructions for details.)		0.

Computation of MTA surcharge

1a New York State franchise tax (see instructions)	1a	31,554.
1b Sum of fixed dollar minimum taxes for members subject to the MTA surcharge (see instructions)	1b	
1 Total New York State franchise tax (add lines 1a and 1b)	1	31,554.
2 MCTD apportionment percentage from line 83	2	100.0000 %
3 Apportioned franchise tax (multiply line 1 by line 2)	3	31,554.
4 MTA surcharge (multiply line 3 by 30% (.30))	4	9,466.
5a, 5b, 6		
7 Total prepayments from line 92	7	10,013.
8a Underpayment (subtract line 7 from line 4)	8a	
8b Additional amount for 2023 MFI (see instructions)	8b	
8c Total of lines 8a and 8b	8c	
9 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • ☒	9	547.
10 Interest on late payment (see instructions for Form CT-3 or CT-3-A)	10	
11 Late filing and late payment penalties (see instructions for Form CT-3 or CT-3-A)	11	
12 Balance due (add lines 8c through 11 and enter here; enter the payment amount on line A above)	12	0.
13a Excess prepayments (subtract line 4 from line 7)	13a	
13b Amount previously credited to 2023 MFI (see instructions)	13b	
13c Overpayment (subtract line 13b from line 13a)	13c	0.
14 Amount of overpayment to be credited to New York State franchise tax (see instructions)	14	
15 Amount of overpayment to be credited to MTA surcharge for next period (see instructions)	15	
16 Amount of overpayment to be refunded (see instructions)	16	

Schedule A - Computation of MCTD apportionment percentage (see instructions)

Average value of property (see instructions)	A MCTD	B New York State
17 Real estate owned (see instructions)	17	
18 Real estate rented (see instructions)	18	
19 Inventories owned	19	
20 Tangible personal property owned (see instructions)	20	-44,740.
21 Tangible personal property rented (see instructions)	21	
22 Total (add lines 17 through 21 in columns A and B)	22	-44,740.
23 MCTD property factor (divide line 22, column A, by line 22, column B)	23	.0000 %

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11-04-22

Receipts from: (see instructions for lines 24 through 77)		A MCTD	B New York State
Section 210-A.2			
24 Sales of tangible personal property	24	2,843,547.	2,843,547.
25 Sales of electricity	25		
26 Net gains from sales of real property	26		
Section 210-A.3			
27 Rentals of real and tangible personal property	27		
28 Royalties from patents, copyrights, trademarks, and similar intangible personal property	28		
29 Sales of rights for certain closed-circuit and cable TV transmissions of an event	29		
Section 210-A.4			
30 Sale, licensing, or granting access to digital products	30	1,835,870.	1,835,870.
Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)			
31 If this irrevocable election was made on Form CT-3 or CT-3-A, mark an ☒ in the box (see Form CT-3-I or CT-3-A-I, Part 6, line 8 instructions)			☐ 31 ☐
Section 210-A.5(a)(2) - Mark an ☒ in each box that is applicable (see Form CT-3-I or CT-3-A-I, Part 6, line 8 instructions)			
Section 210-A.5(a)(2)(A)			
32 Interest from loans secured by real property	32		
33 Net gains from sales of loans secured by real property	33		
34 Interest from loans not secured by real property (QFI ☐)	34		
35 Net gains from sales of loans not secured by real property (QFI ☐)	35		
Section 210-A.5(a)(2)(B) (QFI ☐)			
36 Interest from federal debt	36		
37			
38 Interest from NYS and its political subdivisions debt	38		
39 Net gains from federal, NYS, and NYS political subdivisions debt	39		
40 Interest from other states and their political subdivisions debt	40		
41 Net gains from other states and their political subdivisions debt	41		
Section 210-A.5(a)(2)(C) (QFI ☐)			
42 Interest from asset-backed securities and other government agency debt ...	42		
43 Net gains from government agency debt or asset-backed securities sold through an exchange	43		
44 Net gains from all other asset-backed securities	44		
Section 210-A.5(a)(2)(D) (QFI ☐)			
45 Interest from corporate bonds	45		
46 Net gains from corporate bonds sold through broker/dealer or licensed exchange	46		
47 Net gains from other corporate bonds	47		
Section 210-A.5(a)(2)(E)			
48 Net interest from reverse repurchase and securities borrowing agreements	48		
Section 210-A.5(a)(2)(F)			
49 Net interest from federal funds	49		
Section 210-A.5(a)(2)(I) (QFI ☐)			
50 Net income from sales of physical commodities	50		
Section 210-A.5(a)(2)(J) (QFI ☐)			
51 Marked to market net gains	51		
Section 210-A.5(a)(2)(H) (QFI ☐)			
210-A.5(a)(2)(G) (QFI ☐)			
52 Interest from other financial instruments	52		
53 Net gains and other income from other financial instruments	53		

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11-04-22

Receipts from: (continued)		A MCTD	B New York State
Section 210-A.5(b)			
54 Brokerage commissions	54		
55 Margin interest earned on behalf of brokerage accounts	55		
56 Fees for advisory services for underwriting or management of underwriting	56		
57 Receipts from primary spread of selling concessions	57		
58 Receipts from account maintenance fees	58		
59 Fees for management or advisory services	59		
60 Interest from an affiliated corporation	60		
Section 210-A.5(c)			
61 Interest, fees, and penalties from credit cards	61		
62 Service charges and fees from credit cards	62		
63 Receipts from merchant discounts	63		
64 Receipts from credit card authorizations and settlement processing	64		
65 Other credit card processing receipts	65		
Section 210-A.5(d)			
66 Receipts from certain services to investment companies	66		
Section 210-A.5-a			
67 Global intangible low-taxed income	67		
Section 210-A.6			
68 Receipts from railroad and trucking business	68		
Section 210-A.6-a			
69 Receipts from the operation of vessels	69		
Section 210-A.7			
70 Receipts from air freight forwarding	70		
71 Receipts from other aviation services	71		
Section 210-A.8			
72 Advertising in newspapers or periodicals	72		
73 Advertising on television or radio	73		
74 Advertising via other means	74		
Section 210-A.9			
75 Transportation or transmission of gas through pipes	75		
Section 210-A.10			
76 Receipts from other services/activities not specified	76	4,313,265.	4,313,269.
Section 210-A.11			
77 Discretionary adjustments	77		
78 Total (add lines 24 through 77 in columns A and B)	78	8,992,682.	8,992,686.
79 MCTD receipts factor (divide line 78, column A, by line 78, column B)	79		100.0000 %
Payroll		A MCTD	B New York State
80 Wages and other compensation of employees except general executive officers	80	1,329,153.	1,329,153.
81 MCTD payroll factor (divide line 80, column A, by line 80, column B)	81		100.0000 %
82 Total MCTD factors (add lines 23, 79, and 81)	82		200.0000 %
83 MCTD apportionment percentage (Divide line 82 by three; if a factor is missing, see instructions. Enter here and on line 2.)	83		100.0000 %

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268873
11-04-22

Composition of prepayments claimed on line 7 (see instructions)		Date paid	Amount
84	Mandatory first installment from Form CT-300 (see instructions)	84	
85	Second installment from Form CT-400	85	
86	Third installment from Form CT-400	86	
87	Fourth installment from Form CT-400	87	04-24-23
88	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	88	9,300.
89	Overpayment credited from prior years (see instructions)	89	
90	Add lines 84 through 89	90	9,300.
91	Overpayment credited from Form CT- 3 Period 03-23	91	713.
92	Total prepayments (add lines 90 and 91; enter here and on line 7)	92	10,013.

Third - party designee (see instructions)	Yes ☒ No ☐	Designee's name (print) AUGUSTUS B. CRIMM	Designee's phone number 512-346-9623
	Designee's email address		PIN

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

Authorized person	Printed name of authorized person BRENDAN MCNAMEE	Signature of authorized person	Official title PRESIDENT
	Email address of authorized person PNARAYANAN@CINTRA.COM	Telephone number 212-481-6501	Date 09-20-23
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FASKE LAY & CO., L.L.P.	Firm's EIN 74-2335626	Preparer's PTIN or SSN P01904833
	Signature of individual preparing this return AUGUSTUS B. CRIMM	Address 3609 WILLIAMS DRIVE	City GEORGETOWN
	State TX	ZIP code 78628-2510	
	Email address of individual preparing this return GCRIMM@FASKELAY.COM	Preparer's NYTPRIN or Excl. code 03	Date 09-20-23

See instructions for where to file.

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268874
11-04-22

**Underpayment of Estimated Tax
By a Corporation****CT-222**

Tax Law - Article 27, Section 1085

Tax return filed: CT-3M

All filers must enter tax period:

beginning 04-01-22 ending 03-31-23

Legal name of corporation CINTRA SOFTWARE AND SERVICES INC.	Employer identification number 13-3890680
---	---

Read the instructions, Form CT-222-I, before completing.**Part 1 - Annual payment**

1 Enter your 2022 corporation franchise, excise, or gross receipts tax after credits or enter the 2022 metropolitan transportation business tax (MTA surcharge) (if both, use separate forms)	1	9,466.
2 Multiply line 1 by 91% (.91) or, if a large corporation, 100% (1.0). Large corporations enter this amount on line 5 and skip lines 3 and 4	2	8,614.
3 Enter your 2021 corporation franchise, excise, or gross receipts tax after credits or enter the 2021 MTA surcharge ...	3	18,431.
4 Enter the amount from line 101; if not using the line 9 exception, skip this line	4	
5 Annual payment. Enter the lesser of lines 2, 3, or 4. Large corporations, enter the line 2 amount	5	8,614.

Part 2 - Reasons for filingMark an ☒ in the boxes below that apply. If any boxes are marked, you must file Form CT-222 even if you do not owe a penalty.

- 6 You are using the adjusted seasonal installment method (see instructions; complete applicable parts of Schedule A) ☐
- 7 You are using the annualized income installment method (see instructions; complete applicable parts of Schedule A) ☐
- 8 You are **not** a large corporation and figure your estimated tax based on the prior year's tax (the prior year cannot be a short year, and your return must have shown a tax liability) ☐
- 9 You are **not** a large corporation and figure your estimated tax by applying to the tax base on which the current year's tax was paid the facts shown on your return for, and the law applicable to, the preceding tax year, but using the rates applicable to the current year (complete Schedule B) ☐

Part 3 - Computing the underpayment - for lines 11 through 19, complete one column before going to the next column.

	A	B	C	D
10 Installment due dates (see instructions) ...	06-15-22	09-15-22	12-15-22	03-15-23
11 Required installments (see instructions) ...	4,608.	1,335.	1,335.	1,336.
12 Estimated tax timely paid or credited for each period (see instructions). For column A only, also enter the amount from this line on line 16				
13 Enter amount, if any, from line 19 of the preceding column				
14 Add lines 12 and 13				
15 In column B, enter line 18, column A amount. In columns C and D, add amounts on lines 17 and 18 of the preceding column		4,608.	5,943.	7,278.
16 In column A, enter the line 12 amount. For other columns, subtract line 15 from line 14. If zero or less, enter 0	0.	0.	0.	0.
17 If the amount on line 16 is zero, subtract line 14 from line 15. Otherwise, enter 0		4,608.	5,943.	
18 Underpayment - If line 16 is less than or equal to line 11, subtract line 16 from line 11. Otherwise, go to line 19 (see instructions) ...	4,608.	1,335.	1,335.	1,336.
19 Overpayment - If line 11 is less than line 16, subtract line 11 from line 16				

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Part 4 - Computation of the underpayment penalty (see instr.)		A First	B Second	C Third	D Fourth
20	Enter the date of payment or the 15th day of the 4th month after the end of the tax year, whichever is earlier (mm-dd-yy)	04-24-23	04-24-23	04-24-23	04-24-23
Number of days:					
21	From due date of installment to the date shown on line 20	313	221	130	40
22	On line 21 after 3/15/22 and before 4/1/22 ...				
23	On line 21 after 3/31/22 and before 7/1/22 ...	15			
24	On line 21 after 6/30/22 and before 10/1/22 ...	92	15		
25	On line 21 after 9/30/22 and before 1/1/23 ...	92	92	16	
26	On line 21 after 12/31/22 and before 4/1/23 ...	90	90	90	16
27	On line 21 after 3/31/23 and before 7/1/23 ...	24	24	24	24
28	On line 21 after 6/30/23 and before 10/1/23 ...				
29	On line 21 after 9/30/23 and before 1/1/24 ...				
30	On line 21 after 12/31/23 and before 3/15/24 ...				
31	On line 22 ÷ 365 x %* x amount on line 18				
32	On line 23 ÷ 365 x %* x amount on line 18	15.			
33	On line 24 ÷ 365 x %* x amount on line 18	105.	5.		
34	On line 25 ÷ 365 x %* x amount on line 18	116.	34.	6.	
35	On line 26 ÷ 365 x %* x amount on line 18	125.	36.	36.	6.
36	On line 27 ÷ 365 x %* x amount on line 18	33.	10.	10.	10.
37	On line 28 ÷ 365 x %* x amount on line 18				
38	On line 29 ÷ 365 x %* x amount on line 18				
39	On line 30 ÷ 366 x %* x amount on line 18				
40	Add lines 31 through 39	394.	85.	52.	16.
41	Underpayment penalty (see instructions) ...	394.	85.	52.	16.
SEE STATEMENT 1					
42	Add line 41, columns A through D; enter here and on your franchise tax return or MTA surcharge return			42	547.
43	Multiply line 1 by 80% (.8)			43	7,573.
44	Subtract line 11, column A from line 43			44	2,965.
45	Divide line 44 by three			45	988.

* For applicable rates, access our website or call the Corporation Tax Information Center (see *Need help?* in Form CT-1).

Schedule A, Part 1 - Adjusted seasonal installment method (see instructions)

Note: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. Use lines 46 through 51 below to compute the base period percentage. When appropriate, in lieu of business income, use the applicable tax base.

	A - 2019	B - 2020	C - 2021
46	Enter the period of 6 consecutive months for which the base period percentage is to be computed:		
	• through •		
47	Enter the business income for the same 6 consecutive month period in preceding periods	•	•
48	Enter the total business income for the entire year in preceding periods ...	•	•
49	In each column, enter as a percentage the result of dividing that column's line 47 by that column's line 48	%	%
50	Add the percentages in line 49, columns A, B, and C; enter the result here ...	%	%
51	Base period percentage: Divide line 50 by three; enter the result here	%	If 70% or higher, continue with Schedule A, line 52a.



	A	B - 1st 5 months	C - 1st 8 months	D - 1st 11 months
Enter business income for the following:				
52a Tax year beginning in 2019		•	•	•
52b Tax year beginning in 2020		•	•	•
52c Tax year beginning in 2021		•	•	•
53 Enter the total of the amounts that enter into the computation of the business income base for 2022 for the months delineated in each column		•	•	•
Enter business income for the following periods:		1st 6 months	1st 9 months	Entire year
54a Tax year beginning in 2019		•	•	•
54b Tax year beginning in 2020		•	•	•
54c Tax year beginning in 2021		•	•	•
55 Divide the amount in each column on line 52a by the amount in column D on line 54a				
56 Divide the amount in each column on line 52b by the amount in column D on line 54b				
57 Divide the amount in each column on line 52c by the amount in column D on line 54c				
58 Add lines 55 through 57				
59 Divide line 58 by three				
60 Divide line 53 by line 59				
61 Figure the tax on the amount on line 60 using the instructions for your corporation's return (see instructions for MTA surcharge)		•	•	•
62 Divide the amount in each of columns B and C on line 54a by the amount in column D on line 54a				
63 Divide the amount in each of columns B and C on line 54b by the amount in column D on line 54b				
64 Divide the amount in each of columns B and C on line 54c by the amount in column D on line 54c				
65 Add lines 62 through 64				
66 Divide line 65 by three				
67 Multiply the amounts in columns B and C of line 61 by columns B and C of line 66. In column D, enter the amount from line 61, column D ...				
68 Enter any other taxes for each payment period (see instructions)		•	•	•
69 Total tax before credits (add lines 67 and 68)				
70 Enter the amount of tax credits your corporation is entitled to for the months shown in each column heading above line 52a		•	•	•
71 Total tax after credits. Subtract line 70 from line 69. If zero or less, enter 0				
72 If not a large corporation, enter .91 (91%). Otherwise, enter 1				
73 Multiply line 71 by line 72				



Schedule A, Part 2 - Annualized income installment method

	A	B	C	D
74 Annualized periods (see instructions)		1st • _____ months	1st • _____ months	1st • _____ months
75 See instructions		•	•	•
76 See instructions				
77 Annualized taxable inc. Multiply line 75 by line 76				
78 Figure the tax on the line 77 amount using the instructions for your corporation's return (see instructions for MTA surcharge)		•	•	•
79 Enter any other taxes for each payment period (see instr.)		•	•	•
80 Total tax before credits (add lines 78 and 79)				
81 Tax credits (see instructions)		•	•	•
82 Total tax after credits. Subtract line 81 from line 80; if zero or less, enter 0				
83 If not a large corporation, enter .91 (91%). Otherwise, enter 1				
84 Multiply line 82 by line 83				
85 Applicable percentage		50%	75%	100%
86 Multiply line 84 by line 85				

Schedule A, Part 3 - Required installment - In completing Part 3, complete one column before going to the next column.

	A	B	C	D
87 If only Schedule A, Part 1 or Part 2 is completed, enter the amount in each column from line 73 or line 86. If both parts are completed, enter the smaller of the amounts in each column from line 73 or line 86				
88 Add the amounts in all preceding columns of line 93				
89 Subtract line 88 from line 87. If zero or less, enter 0				
90 Subtract line 11, column A (MFI), from line 5. Divide the result by three and enter in each of columns B, C, and D				
91 In column C, subtract line 89, column B from line 90, column B. If zero or less, enter 0. In column D, subtract line 93, column C from line 92, column C and enter the result				
92 Add lines 90 and 91				
93 Required installments - For column A, enter the amount from line 11, column A (MFI). For column B, enter the smaller of line 89, column B or line 90, column B. For columns C and D, respectively, enter the smaller of line 89 or line 92. Also enter each result on line 11 ...				

Schedule B - Line 9 exception (see instructions)

94 2021 ENI or business income (as applicable) base multiplied by 2022 ENI or business income base tax rate (as applicable)	•	94	
95 2021 capital base multiplied by 2022 capital tax rate	•	95	
96 Enter the amount from line 94 or 95 as applicable		96	
97 2021 subsidiary capital base multiplied by 2022 subsidiary capital tax rate	•	97	
98 Any other taxes (see instructions)	•	98	
99 Add lines 96, 97, and 98		99	
100 2021 tax credits	•	100	
101 Recomputed tax (subtract line 100 from line 99); enter here and on line 4		101	

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10-31-22

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NY FORM CT-3M
 NY FORM CT-33M

UNDERPAYMENT OF ESTIMATED TAX

STATEMENT 1

Q T R	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY
A								
		Q	4,608.	06/15/2022	06/30/2022	15	8.0000	15.
		R	4,608.	06/30/2022	09/30/2022	92	9.0000	105.
		R	4,608.	09/30/2022	12/31/2022	92	10.0000	116.
		R	4,608.	12/31/2022	03/31/2023	90	11.0000	125.
		R	4,608.	03/31/2023	04/24/2023	24	11.0000	33.
	-9,300.	P	-4,692.	04/24/2023		0	11.0000	0.
B								
		Q	1,335.	09/15/2022	09/30/2022	15	9.0000	5.
		R	1,335.	09/30/2022	12/31/2022	92	10.0000	34.
		R	1,335.	12/31/2022	03/31/2023	90	11.0000	36.
		R	1,335.	03/31/2023	04/24/2023	24	11.0000	10.
	-4,692.	P	-3,357.	04/24/2023		0	11.0000	0.
C								
		Q	1,335.	12/15/2022	12/31/2022	16	10.0000	6.
		R	1,335.	12/31/2022	03/31/2023	90	11.0000	36.
		R	1,335.	03/31/2023	04/24/2023	24	11.0000	10.
	-3,357.	P	-2,022.	04/24/2023		0	11.0000	0.
D								
		Q	1,336.	03/15/2023	03/31/2023	16	11.0000	6.
		R	1,336.	03/31/2023	04/24/2023	24	11.0000	10.
	-2,022.	P	-686.	04/24/2023		0	11.0000	0.
TOTAL TO FORM CT-222 LINE 42								547.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
 P = PAYMENT
 R = INTEREST RATE CHANGE
 L = LEAP YEAR CHANGE
 O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

NYC Department of Finance	NYC 579-COR	NEW YORK CITY DEPARTMENT OF FINANCE Signature Authorization for E-Filed Business Corporation Tax Return	2022
ELECTRONIC RETURN ORIGINATORS (ERO): DO NOT MAIL THIS FORM TO THE DEPARTMENT OF FINANCE. KEEP THIS FOR YOUR RECORDS.			
LEGAL NAME OF CORPORATION: CINTRA SOFTWARE AND SERVICES INC.		EMPLOYER IDENTIFICATION NUMBER 13-3890680	
EMAIL ADDRESS: PNARAYANAN@CINTRA.COM		TYPE OF ☐ NYC-EXT ☐ NYC-EXT.1 ☐ NYC-300 (2023) ☐ NYC-400 (2023) RETURN: ☒ NYC-2 ☐ NYC-2A ☐ NYC-2S	

Financial Institution Information - must be included if electronic payment is authorized		
AMOUNT OF AUTHORIZED DEBIT:	FINANCIAL INSTITUTION ROUTING NUMBER:	FINANCIAL INSTITUTION ACCOUNT NUMBER:

Part A - Declaration and authorization of corporate officer for Forms NYC-2, NYC-2A, NYC-2S, NYC-EXT, NYC-EXT.1, NYC-300 or NYC-400

Under penalty of perjury, I declare that I am an officer of the corporation authorized to act on behalf of the above-named corporation, and that I have examined the information on its 2022 New York City electronically filed corporation tax return, including any accompanying schedules, attachments, and statements or other report checked above, and to the best of my knowledge and belief, the electronically filed corporation tax return or other report is true, correct, and complete. The ERO has my consent to send the 2022 New York City electronically filed corporation tax return or other report checked above to New York City Department of Finance through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on the 2022 New York City electronically filed corporation tax return or other report, or I will enter my PIN as my signature on the 2022 New York City electronically filed corporation tax return or other report. If I am paying the New York City corporation tax owed by electronic funds withdrawal, I authorize the New York City Department of Finance and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on the corporation's 2022 New York City electronically filed corporation tax return or other report, and I authorize the financial institution to debit the amount from that account.

Officer's PIN (mark an X in one box only)

☒ I authorize **FASKE LAY & CO., L.L.P.** to enter my PIN: **36091**

ERO FIRM NAME

as my signature on the corporation's 2022 electronically filed corporation tax return or other report checked above.

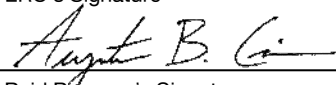
As an authorized person of the corporation, I will enter my PIN as my signature on the corporation's 2022 electronically filed corporation tax return or other report checked above.

_____ Signature of authorized person	PRESIDENT _____ Official title	_____ Date
---	---	---------------

Part B - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in the above-named corporation's 2022 New York City electronically filed corporation tax return or other report checked above is the information furnished to me by the corporation's authorized officer. If the corporate officer furnished me with a completed 2022 New York City paper corporation tax return or other report signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York City electronically filed corporation tax return or report is identical to that contained in the paper return or report. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York City electronically filed corporation tax return or other report, and, to the best of my knowledge and belief, the return or other report is true, correct, and complete. I have based this declaration on all information available to me.

ERO EFIN/PIN: Enter your six-digit EFIN followed by your five digit PIN: **74778436092**

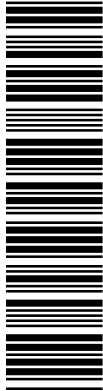
ERO's Signature 	Print Name AUGUSTUS B. CRIMM	Date 09/20/23
Paid Preparer's Signature	Print Name	Date

PURPOSE - A completed Form NYC-579-COR provides documentation that an ERO has been authorized to electronically file the Business Corporation Tax return or other report. The officer of the corporation who is authorized to sign the corporation's returns may designate the ERO to electronically sign the return or other report by entering the officer's personal identification number (PIN). The form also authorizes payment of tax due on an electronically submitted return or report by an automatic clearing house (ACH) debit from a designated checking or savings account of the corporation. **You cannot revoke this authorization.**

GENERAL INSTRUCTIONS - Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return or report before the ERO transmits the electronically filed Form NYC-2A (Combined Business Corporation Tax Return); NYC-2 (Business Corporation Tax Return); NYC-2S (Business Corporation Tax Return); NYC-EXT (Application for 6-month Extension to File Business Income Tax Return); NYC-EXT.1 (Application for Additional Extension); NYC-300 (Mandatory First Installment (MFI) by Business C Corporations) or NYC-400 (Declaration of Estimated Tax by Business Corporations and Subchapter S General Corporations).

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns or reports (Forms NYC-2, NYC-2A, NYC-2S, NYC-EXT, NYC-EXT.1, NYC-300 or NYC-400). Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case.

Do not mail Form NYC-579-COR to the Department of Finance. The EROs/paid preparers must keep the completed Form NYC-579-COR for three years from the due date of the return or report or the date the return or report was filed, whichever is later, and must present it to the Department of Finance upon request.

**NYC - 300**

Department of Finance

**MANDATORY FIRST INSTALLMENT (MFI)
BY BUSINESS C CORPORATIONS****2023**For CALENDAR YEAR 2023 or FISCAL YEAR beginning 04-01-2023 and ending 03-31-2024

Print or Type:

Name (If combined filer, give name of designated agent) See Instructions Name Change		Taxpayer's Email Address
CINTRA SOFTWARE AND SERVICES INC.		PNARAYANAN@CIN
In Care of PADMA NARAYANAN		EMPLOYER IDENTIFICATION NUMBER
Address (number and street) Address Change 3 PARK AVENUE 32ND FL		13-3890680
City and State NEW YORK, NY	Zip Code 10016	BUSINESS CODE NUMBER AS PER FEDERAL RETURN 541519
Business telephone number 212-481-6501	Person to contact	

Business C Corporations only. Filing form: NYC-2, NYC-2A, NYC-2S**COMPUTATION OF MANDATORY FIRST INSTALLMENT**

		Payment Amount
A. Payment	Amount included with form - Make payable to: <i>NYC Department of Finance</i> A.	20,479.
1. C Corporation tax from the second preceding year	1.	81,915.
2. First installment for upcoming year	2.	20,479.
3. Credits from prior year	3.	
4. Amount due (line 2 less line 3)	4.	20,479.

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this form, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.
I authorize the Dept. of Finance to discuss this form with the preparer listed below. (See instructions)

YES X

SIGN HERE:	Signature of officer	Title PRESIDENT	Date	Firm's email address
PREPARER'S USE ONLY	Preparer's signature AUGUSTUS B.	Preparer's printed name AUGUSTUS B. CRIM	Check if self-employed: ☐	Date
Firm's name (or yours, if self-employed) FASKE LAY & CO., L.L.P.		Address 3609 WILLIAMS DRIVE, SUITE 1 GEORGETOWN, TX 78628-2510		Zip Code 78628-2510
		Preparer's Social Security Number or PTIN P01904833		Firm's Employer Identification Number 74-2335626

MAILING INSTRUCTIONS:

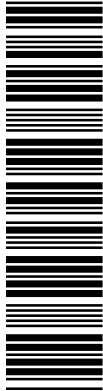
MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3929
NEW YORK, NY 10008-3929

Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S.
dollars, drawn on a U.S. bank.

To receive proper credit,
you must enter your
correct Employer Identification
Number on your
declaration and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON PAGE 2.**ELECTRONIC FILING**

Register for electronic filing. It is an easy, secure and convenient way to file a declaration and an extension and pay taxes on-line.
For more information log on to **NYC.gov/eservices**

ESTIMATED TAX BY BUSINESS CORPORATIONS
AND SUBCHAPTER S GENERAL CORPORATIONS

2023

For CALENDAR YEAR 2023 or FISCAL YEAR beginning 04-01-2023 and ending 03-31-2024

Print or Type:

Name (If combined filer, give name of reporting corporation) CINTRA SOFTWARE AND SERVICES INC.		Name Change _____	Taxpayer's Email Address PNARAYANAN@CINTRA.C
In Care of PADMA NARAYANAN		EMPLOYER IDENTIFICATION NUMBER 13-3890680	
Address (number and street) 3 PARK AVENUE 32ND FL		Address Change _____	BUSINESS CODE NUMBER AS PER FEDERAL RETURN 541519
City and State NEW YORK, NY	Zip Code 10016	Country (if not US)	
Business telephone number 212-481-6501	Person to contact PADMA NARAYANAN		

☒ Business C Corporations only NYC-2 NYC-2S NYC-2A	☐ General-Subchapter S Corporations and Qualified Subchapter S Subsidiaries only NYC-3L NYC-3A NYC-4S NYC-4SEZ
---	--

COMPUTATION OF ESTIMATED TAX

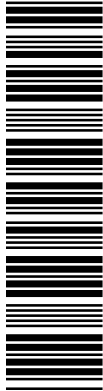
		Payment Amount
A. Payment	Amount included with form - Make payable to: NYC Department of Finance	4,050.
1. Declaration of estimated tax for current year	ROUNDED	32,629.
2. Estimated Payment Amount		4,050.

MAILING
INSTRUCTIONS:MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3922
NEW YORK, NY 10008-3922Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S.
dollars, drawn on a U.S. bank.To receive proper credit,
you must enter your
correct Employer Identifi-
cation Number on your
declaration and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON PAGE 2.

ELECTRONIC FILING

Register for electronic filing. It is an easy, secure and convenient way to file a declaration and an extension and pay taxes on-line.
For more information log on to [NYC.gov/eservices](https://nyc.gov/eservices)

ESTIMATED TAX BY BUSINESS CORPORATIONS
AND SUBCHAPTER S GENERAL CORPORATIONS

2023

For CALENDAR YEAR 2023 or FISCAL YEAR beginning 04-01-2023 and ending 03-31-2024

Print or Type:

Name (If combined filer, give name of reporting corporation) CINTRA SOFTWARE AND SERVICES INC.		Name Change _____	Taxpayer's Email Address PNARAYANAN@CINTRA.C
In Care of PADMA NARAYANAN		EMPLOYER IDENTIFICATION NUMBER 13-3890680	
Address (number and street) 3 PARK AVENUE 32ND FL		Address Change _____	BUSINESS CODE NUMBER AS PER FEDERAL RETURN 541519
City and State NEW YORK, NY	Zip Code 10016	Country (if not US)	
Business telephone number 212-481-6501	Person to contact PADMA NARAYANAN		

☒ Business C Corporations only NYC-2 NYC-2S NYC-2A	☐ General-Subchapter S Corporations and Qualified Subchapter S Subsidiaries only NYC-3L NYC-3A NYC-4S NYC-4SEZ
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COMPUTATION OF ESTIMATED TAX

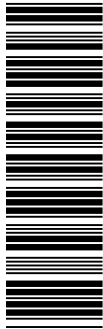
		Payment Amount
A. Payment	Amount included with form - Make payable to: NYC Department of Finance	4,050.
1. Declaration of estimated tax for current year	ROUNDED	32,629.
2. Estimated Payment Amount		4,050.

MAILING
INSTRUCTIONS:MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3922
NEW YORK, NY 10008-3922Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S.
dollars, drawn on a U.S. bank.To receive proper credit,
you must enter your
correct Employer Identifi-
cation Number on your
declaration and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON PAGE 2.

ELECTRONIC FILING

Register for electronic filing. It is an easy, secure and convenient way to file a declaration and an extension and pay taxes on-line.
For more information log on to [NYC.gov/eservices](https://nyc.gov/eservices)



NYC-2

Department of Finance

BUSINESS CORPORATION TAX RETURN

To be filed by C Corporations ONLY - All Subchapter S Corporations must file Form NYC-1, NYC-3L, NYC-4S or NYC-4SEZ

2022

For CALENDAR YEAR 2022 or FISCAL YEAR beginning **04-01-22** and ending **03-31-23**

Name and Address CINTRA SOFTWARE AND SERVICES INC. PADMA NARAYANAN 3 PARK AVENUE 32ND FL NEW YORK, NY 10016		Name Change _____ Address Change _____ Country (if not US) _____	Employer Identification Number: 13-3890680
Business telephone number 212-481-6501	Taxpayer's email address: PNARAYANAN@CINTR	Business Code Number as per federal return: 541519	
State or country of organization NEW YORK	Date organized 05-14-96	2-character special condition code, if applicable (See instructions): _____	
Date business began in NYC 05-14-1996	Final Return - Check this box if you have ceased operations in NYC _____ If final return, date business ended in NYC _____		

CHECK ALL THAT APPLY
☐ Special short period return ☐ 52/53-week taxable year ☐ Pro-forma federal return attached ☐ Claim any 9/11/01 - related federal tax benefits

☐ Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box:
☐ IRS change ☐ NYS change Date of Final Determination _____

Have you attached any of the following forms to this return? If yes, check all that apply.
☐ Form NYC-2.1 ☐ Form NYC-2.2 ☐ Form NYC-2.3 ☒ Form NYC-2.4 ☒ Form NYC-2.5

SCHEDULE A - Computation of Balance Due or Overpayment

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
1.	Tax on business income base (from Schedule B, line 38)	1.	32,621.
2.	Tax on capital base (from Schedule C, Part 3, line 5) Maximum Tax is \$10,000,000	2.	0.
3.	Minimum tax - (see instructions) - NYC Gross Receipts: 8,992,686.	3.	3,500.
4.	Tax (enter the amount from line 1, 2 or 3, whichever is largest)	4.	32,621.
5.	UBT Paid Credit (attach Form NYC-9.7C)	5.	
6.	Tax after UBT Paid Credit (subtract line 5 from line 4)	6.	32,621.
7.	REAP Credit (attach Form NYC-9.5)	7.	
8.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	8.	
9.	LMREAP Credit (see instructions and attach Form NYC-9.8)	9.	
10.	Intentionally left blank	10.	
11.	Beer Production Credit (attach Form NYC-9.12)	11.	
12.	Net Tax after credits (subtract lines 7, 8, 9 and 11 from line 6)	12.	32,621.
13.	Total prepayments (from Composition of Prepayments Schedule, page 2, line G or H)	13.	62,009.
14.	Balance due (subtract line 13 from line 12)	14.	
15.	Overpayment (subtract line 12 from line 13)	15.	29,388.
16a.	Interest (see instructions)	16a.	
16b.	Additional charges (see instructions)	16b.	
16c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	16c.	1,407.
17.	Total of lines 16a, 16b and 16c	17.	1,407.
18.	Net overpayment (line 15 less line 17)	18.	27,981.
19.	Amount of line 18 to be: a. Refunded - ☒ Direct deposit - fill out line 19c OR ☐ Paper check	19a.	23,931.
	b. Credited to 2023 estimated tax	19b.	4,050.
19c.	Routing Number: 021000021 Account Number: 9375066909 Account Type: ☒ Checking ☐ Savings		
20.	TOTAL REMITTANCE DUE. (see instructions)	20.	
21.	NYC rent deducted on federal tax return or NYC rent from Schedule E, part 1	21.	544,464.
22.	Federal Return Filed: ☒ 1120 ☐ 1120C ☐ 1120F ☐ 1120-RIC ☐ 1120-REIT ☐ 1120-H ☐ Other / None		
23.	Gross receipts or sales from federal return	23.	20,728,188.
24.	Total assets from federal return	24.	13,204,845.

30712205

ATTACH COPY OF YOUR FEDERAL RETURN. SEE PAGE 2 FOR PAYMENT AND MAILING INSTRUCTIONS

NYC-2 - 2022

REVOCATION OF THE COMMONLY OWNED GROUP ELECTION (See Instructions)

1. In the immediately preceding taxable year, was this corporation the designated agent of a combined group that has made the commonly owned group election? ☐ YES ☒ No
2. If YES, enter the beginning and ending dates of the election: Beginning _____ Ending _____
MMDDYY MMDDYY
3. If the term of the election expired in the immediately preceding taxable year, the designated agent of the commonly owned group can revoke the election by checking this box. Attach a schedule of corporations that were members of the commonly owned group (see instructions)

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 13	DATE	AMOUNT
A. Mandatory First Installment paid for tax year 2022 (Do not include your mandatory first installment paid for tax year 2023)		
B. Payment with Declaration, Form NYC-400		
C. Payment with Notice of Estimated Tax Due		
D. Payment with Notice of Estimated Tax Due	04-24-23	51,200.
E. Payment with extension, Form NYC-EXT		
F. Overpayment from preceding year credited to this year		10,809.
G. TOTAL of A through F (enter on Schedule A, line 13)		62,009.
For Amended Returns only:		
H. Total payments and credits applicable at time of filing of this Amended return (see instr.)		

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)		Firm's email address YES ☒ GCRIMM@FASKE	
SIGN HERE Signature of officer		Title PRESIDENT	Date
PREPARER'S USE ONLY Preparer's signature AUGUSTUS B.		Preparer's printed name AUGUSTUS B. CRIMM	Preparer's Social Security Number or PTIN P01904833
FASKE LAY & CO., L.L.P.		3609 WILLIAMS DRIVE, SUITE 105 GEORGETOWN, TX 78628-2510	Firm's Employer Identification No. 74-2335626
▲ Firm's name (or yours, if self-employed)		▲ Address	▲ Zip Code

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2022 return is on or before April 18, 2023. For fiscal years beginning in 2022, file on or before the 15th day of the 4th month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS
NYC DEPARTMENT OF FINANCE
BUSINESS CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES
PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES
OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
BUSINESS CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



SCHEDULE B - Computation of Tax on Business Income Base

1. Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions)	1.	769,572.
2. Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1 by alien corporations	2.	
3. Any other income not included on line 1 which is exempt by treaty from federal income tax but would otherwise be treated as effectively connected with the conduct of a trade or business in the United States by alien corporations	3.	
4. Dividends not included on line 1 by non-alien corporations	4.	
5. Interest on federal, state, municipal and other obligations not included on line 1 by non-alien corporations	5.	
6. Income taxes paid to the US or its possessions deducted on federal return	6.	
7. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (see inst; attach rider) STATEMENT 1	7.	214,840.
8. NYC Corporate Taxes deducted on federal return (see instructions)	8.	37,871.
9. Adjustments relating to employment opportunity relocation cost credit and IBZ credit	9.	
10. Adjustments relating to real estate tax escalation credit	10.	
11. ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)	11.	161,709.
12. Payment for use of intangibles	12.	
13. Intentionally omitted	13.	
14. Other additions (see instructions; attach rider)	14.	
15. Total of lines 1 through 14	15.	1,183,992.
16. Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	16.	
17. NYC and NYS tax refunds included in line 15 (see instructions)	17.	
18. Wages and salaries subject to IRC §280C deduction disallowance (see instructions)	18.	
19. Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules (attach Form NYC-399 and/or NYC-399Z; see instructions)	19.	27,184.
20. Other subtractions (see instructions) (attach rider)	20.	
21. Total subtractions (add lines 16 through 20)	21.	27,184.
22. Net modifications to federal taxable income (subtract line 21 from line 15)	22.	1,156,808.
23. Subtraction modification for qualified banks and other qualified lenders (from Form NYC-2.2, Schedule A, line 1; see instructions)	23.	
24. Entire net income (ENI) (subtract line 23 from line 22)	24.	1,156,808.
25. Investment and other exempt income (from Form NYC-2.1, Schedule D, line 1)	25.	
26. Entire net income less investment and other exempt income	26.	1,156,808.
27. Excess interest deductions attributable to investment income, investment capital and other exempt income (from Form NYC-2.1, Schedule D, line 2)	27.	
28. Business income (add lines 26 and 27)	28.	1,156,808.
29. Addback of income previously reported as investment income (from Form NYC-2.1, Schedule F, Part 2, line 6; if zero or less, enter 0; see instructions)	29.	
30. Business income after addback (add lines 28 and 29)	30.	1,156,808.
31. Intentionally Omitted	31.	
32a. Allocated business income after addback (Multiply Line 30 by the business allocation percentage from Schedule F, Part 3)	32a.	501,868.
32b. If the amount on line 32a is not correct, enter correct amount here and explain in rider (see instructions)	32b.	
33. Prior net operating loss conversion subtraction (from Form NYC-2.3, Schedule C, line 4)	33.	
34. Allocated business income less prior net operating loss conversion subtraction (see instructions)	34.	501,868.
35. Net operating loss deduction (from Form NYC-2.4, Schedule A, line 6)	35.	
36. Business income base (subtract line 35 from line 34)	36.	501,868.
37. Tax rate (see instructions)	37.	6.5000 %
38. Tax on business income base (multiply line 36 by line 37 and enter here and on Schedule A, line 1)	38.	32,621.

Note: If you make an entry on line 23, 25, 27, 29, 33 or 35, you must complete and file the appropriate attachment form.



SCHEDULE C - Computation of Tax on Capital Base**Part 1 - Computation of Total Business Capital**

Basis used to determine average value in column C. Check one. (Attach detailed schedule.)

☒ - Annually ☐ - Semi-annually ☐ - Quarterly☐ - Monthly ☐ - Weekly ☐ - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1. Total assets from federal return	13,073,722.	12,922,418.	12,998,070.
2. Real property and marketable securities included in line 1			
3. Subtract line 2 from line 1			12,998,070.
4. Real property and marketable securities at fair market value			
5. Adjusted total assets (add lines 3 and 4)			12,998,070.
6. Total liabilities	3,619,989.	3,158,222.	3,389,106.
7. Total capital (subtract line 6, column C, from line 5, column C)			9,608,964.
8. Investment capital (from Schedule D, line 4; if zero or less, enter 0)			
9. Business capital (subtract line 8 from line 7)			9,608,964.
10. Addback of capital previously reported as investment capital (from Schedule D, line 5, column C; if zero or less, enter 0)			
11. Total business capital (add lines 9 and 10)			9,608,964.

Part 2 - Computation of Liabilities Attributable to Investment Capital and Within Business Capital

	COLUMN A	COLUMN B
1. Total liabilities (Schedule C, Part 1, line 6) (see instructions)		3,389,106.
2. Liabilities directly attributable to investment capital (see instructions)		
3. Liabilities directly attributable to business capital		
4. Total liabilities directly attributable (add lines 2 and 3)		
5. Total liabilities indirectly attributable (subtract line 4 from line 1)		3,389,106.
6. Average FMV of investment capital before subtraction of liabilities attributable (Form NYC-2.1, Schedule E, Part 4, Column F, line 4) (see instructions)		
7. Average FMV of adjusted total assets (Schedule C, Part 1, line 5) (see instr.)	12,998,070.	
8. Investment capital factor (divide line 6 by line 7)		.0000 %
9. Liabilities indirectly attributable to investment capital (multiply line 5 by line 8)		
10. Average FMV of business capital before subtraction of liabilities attributable (subtract line 6 from line 7)	12,998,070.	
11. Liabilities indirectly attributable to business capital (subtract line 9 from line 5)	3,389,106.	
12. Liabilities directly and indirectly attributable to business capital (add lines 3 and 11; if this line 12 exceeds line 10, STOP and do not go further) (see instr.)	3,389,106.	
13. Liabilities directly attributable to Insurance and Utility Capital		
14. Liabilities directly attributable to General Business Capital		
15. Average FMV of Insurance and Utility Capital before subtraction of liabilities attributable		
16. Insurance and Utility Capital factor (divide line 15 by line 10)		%
17. Liabilities indirectly attributable to Insurance and Utility Capital (multiply line 16 by line 11)		
18. Liabilities attributable to Insurance and Utility Capital (add lines 13 and 17)		
19. Net Insurance and Utility Capital (subtract line 18 from line 15 and add any negative value from line 22, if this line 19 has a positive value without such addition) (see instr.)		
20. Allocated Insurance and Utility Capital (multiply line 19 by the business allocation percentage from Schedule F, Part 3)		
21. Liabilities attributable to General Business Capital (subtract line 2, line 9, line 13 and line 17 from line 1)	3,389,106.	
22. Net General Business Capital (subtract line 15 and line 21 from line 10, add any amount on Schedule C, Part 1, line 10 and add any negative value from line 19, if this line 22 has a positive value without such addition) (see instructions)	9,608,964.	



SCHEDULE C - (Continued)**Part 3 - Computation of tax on capital base**

1a. Allocated General Business Capital (multiply Schedule C, Part 2, line 22 by the business allocation percentage from Schedule F, Part 3)	1a.	4,168,743.
1b. At tax rate 0.15% (multiply line 1a by 0.15%)	1b.	6,253.
2a. Allocated insurance and utility capital (Schedule C, Part 2 line 20) (see instructions)	2a.	
2b. At tax rate 0.075%. Check the appropriate box: ☐ Utility Corp. ☐ Insurance Corp. (multiply line 2a by 0.075%)	2b.	
3a. Cooperative housing corporations (see instructions)	3a.	
3b. At tax rate 0.04% Enter Boro _____ Block _____ Lot _____ (multiply line 3a by 0.04%)	3b.	
4. Sum of taxes on capital (Enter the sum of lines 1b, 2b and 3b here)	4.	6,253.
5. Tax on capital base (Subtract \$10,000 from line 4; If zero or less, enter 0 here and on Schedule A, line 2)	5.	0.

SCHEDULE D - Computation of Investment Capital for the Current Year (see instructions)

	A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value (column A- column B)
1. Total capital that generates income claimed to not be apportionable to New York under the U.S. Constitution (from Form NYC-2.1, Sch. E, line 1) 1.			1.
2. Total of stocks actually held for more than one year (from Form NYC-2.1, Schedule E, line 2) ... 2.			2.
3. Total of stocks presumed held for more than one year (from Form NYC-2.1, Schedule E, line 3) ... 3.			3.
4. Total investment capital for the current year (add Column C, lines 1, 2 and 3; enter the result here and on Schedule C, Part 1, line 8; if zero or less, enter 0)			4.

Addback to business capital of stock presumed and claimed as investment capital in previous year

	A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value (column A- column B)
5. Total of stocks previously presumed held for more than one yr., but did not meet the holding period (from Form NYC-2.1, Sch. F, line 1; enter here and on Schedule C, Part 1, line 10) 5.			5.



SCHEDULE E - Location of Places of Business Inside and Outside New York City

All taxpayers must complete Schedule E, Parts 1 and 2.

Part 1 - List location for each place of business INSIDE New York City (see instructions; attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total	▶				

Part 2 - List location for each place of business OUTSIDE New York City (see instructions; attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total	▶				

SCHEDULE F - Computation of Business Allocation Percentage

Complete ONLY Schedule F, Part 1 or Schedule F, Part 2

Taxpayers must report their Business Allocation Percentage in Schedule F, Part 3 for this return to be accepted

A. If this is your first Business Corporation Tax return after January 1, 2018 -

1. If your NYC receipts are:
 - a. Greater than \$50,000,000, complete Part 1.
 - b. Less than or equal to \$50,000,000, you have a one-time opportunity to elect the special three-factor allocation method.
 1. If you choose NOT to elect the three-factor formula allocation method, complete Part 1.
 2. If you choose to elect the three-factor formula allocation method, check the box below and complete Part 2.

Once the election is made, you must continue to use this method of allocation unless the election is revoked.

____ **ELECTION CHECKBOX** - by checking this box, the taxpayer elects to use the special three-factor allocation method.**B. If this is NOT your first Business Corporation Tax return after January 1, 2018 -**

1. If you previously DID NOT elect to use the three-factor allocation method, or have revoked the election on a prior return, complete Part 1.
2. If you have previously elected to use the three-factor allocation method and choose to continue to use it, complete Part 2.
3. If you have previously made the election to use the three-factor allocation method and choose to revoke it on this return, check the revocation box below and complete Part 1. Once this election is revoked, you are ineligible to use the three-factor allocation method in future filing periods.

____ **REVOCATION CHECKBOX** - by checking this box, the taxpayer revokes its election to use the three-factor allocation method on this return and on all future tax filings.

SCHEDULE F, Part 1 - Computation of Single Receipts Factor Business Allocation Percentage (see instructions)

Taxpayers who do not allocate business income and business capital outside New York City must enter 100% on Schedule F, Part 3.

Taxpayers who allocate business income both inside and outside New York City must complete Schedule F, Part 1, unless they made a valid election to use the three factor Business Allocation Percentage.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Receipts (from Form NYC-2.5, line 54.) Continue to Part 3	8,992,686.	20,728,188.

SCHEDULE F, Part 2 - Computation of Three Factor Business Allocation Percentage (see instructions)

Taxpayers who are using the three factor Business Allocation Percentage should complete this Part.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned	1a.	1a.
1b. Real estate rented - multiply by 8 (see instr.) (attach rider)	1b.	1b.
1c. Inventories owned	1c.	1c.
1d. Tangible personal property owned (see instructions)	1d.	1d.
1e. Tangible personal property rented - multiply by 8 (see instr., attach rider)	1e.	1e.
1f. Total	1f.	1f.
1g. Percentage in New York City (divide line 1f, column A by line 1f, column B)		1g. %
1h. Multiply line 1g by 3.5		1h.
2a. Receipts (from Form NYC-2.5, line 54)	2a.	2a.
2b. Percentage in New York City (divide line 2a, column A by line 2a, column B)		2b. %
2c. Multiply line 2b by 93		2c.
3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions)	3a.	
3b. Percentage in New York City (divide line 3a, column A by line 3a, column B)		3b. %
3c. Multiply line 3b by 3.5		3c.
Sum of Weighted Factors		
4. Add lines 1h, 2c and 3c. Continue to Part 3		4.

SCHEDULE F, Part 3 - Enter your business allocation percentage either from Part 1 or Part 2. Enter as a percentage and round to ten-thousandth of a percentage point. (See instructions)

- If you are not allocating, enter 100%.
 - If you are using Part 1, divide Part 1, column A by column B.
 - If you are using Part 2, divide Part 2, line 4 by 100 if no factors are missing.
- If a factor is missing, divide line 4 by the total of the weights of the factors present

43.3839%



SCHEDULE G - Additional Required Information

1. List all significant business activities in NYC and everywhere (see instructions; if necessary, attach list) LICENSE AND CONSULTING
2. Enter your Secondary Business Code (see instructions) _____
3. Trade name of reporting corporation, if different from name entered on page 1 _____
4. Is this corporation included in a consolidated federal return? _____ YES X NO
If "YES", give parent's name: _____ EIN: _____
5. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? _____ YES X NO
If "YES", give common parent corporation's name _____ EIN: _____
6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? _____ YES X NO
If "YES", _____ Internal Revenue Service State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
by whom? _____ New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
7. If "YES" to question 6:
7a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? _____ YES _____ NO
7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? _____ YES _____ NO
8. Did this corporation make any payments treated as interest in the computation of business income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? _____ YES _____ NO
If "YES", please attach a schedule giving Shareholder's name, SSN/EIN, Interest paid to shareholder,
Total indebtedness to shareholder and Total interest paid _____ YES X NO
9. Was this corporation a member of a partnership or joint venture during the tax year? _____ YES X NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
10. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? _____ YES X NO
- 11a. If "YES" to question 10, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
- 11b. Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? _____ YES _____ NO
- 11c. Was there a partial or complete liquidation of the corporation? _____ YES _____ NO
- 11d. Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? _____ YES _____ NO
12. If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? _____ YES _____ NO
13. If "NO" to question 12, explain: _____
14. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? _____ X YES _____ NO
15. If "YES" to question 14, were all required Commercial Rent Tax Returns filed? _____ X YES _____ NO
Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: 13-3890680
16. Are you claiming an exception to the related member expense addback under Administrative Code section 11-652(8)(n)(2)(ii)? _____ YES X NO
If yes, enter applicable exception and amount of royalty payments. _____ EXCEPTION _____ AMOUNT
17. If you filed federal form 1120F, did you have Effectively Connected Income (ECI)? _____ YES X NO
18. Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period? _____ YES X NO
19. Did you include a disregarded entity in this return? If YES, attach a schedule giving the legal name and EIN of each disregarded entity included _____ YES X NO
20. Are you subject to tax solely as a result of deriving receipts in New York City? (see instructions) _____ YES X NO



SCHEDULE H - DETERMINATION OF TAX RATE

A. Enter the tax rate computed or used below (see instructions)	A. 6.5000
B. Enter the line number of the tax rate computed or used below	B. 1
Ca. Enter your unallocated business income from Schedule B, line 30 (see instructions)	Ca. 1,156,808.
Cb. If the amount on line Ca is not correct, enter correct amount here and explain in rider (see instructions)	Cb.
D. Enter your allocated business income from Schedule B, line 32a or 32b if used	D. 501,868.
E. If you are a Qualified Manufacturing Corporation as defined in Administrative Code Section 11-654(1)(k)(4), mark an X in the box (see instr.)	E. ☐
F. If you are a Financial Corporation as defined in Administrative Code Section 11-654(1)(e)(1)(i), mark an X in the box (see instr.)	F. ☐

TAX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECIFIED BELOW (see instructions)

1. If unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$1M	6.50%
2. If unallocated business income (Schedule B, line 30) is equal to or greater than \$3M (regardless of the amount of allocated business income)	8.85%
3. If allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1.5M (regardless of the amount of unallocated business income)	8.85%
4. If unallocated business income (Schedule B, line 30) is equal to or greater than \$2M but less than \$3M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$1M, use unallocated formula	$6.50 + (2.35\% \times \frac{\text{line 30} - 2,000,000}{1,000,000}) =$ %
5. If unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1M but less than \$1.5M, use allocated formula	$6.50 + (2.35\% \times \frac{\text{line 32a or 32b} - 1,000,000}{500,000}) =$ %
6. If unallocated business income (Schedule B, line 30) is equal to or greater than \$2M but less than \$3M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1M but less than \$1.5M, compute tax rates using both formulas. Use the greater of the two computed tax rates.	$6.50 + (2.35\% \times \frac{\text{line 30} - 2,000,000}{1,000,000}) =$ % $6.50 + (2.35\% \times \frac{\text{line 32a or 32b} - 1,000,000}{500,000}) =$ % Enter the greater of the two computed tax rates: %

TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS (see instructions)

7. If unallocated business income (Schedule B, line 30) is less than \$20M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$10M	4.425%
8. If unallocated business income (Schedule B, line 30) is equal to or greater than \$40M (regardless of the amount of allocated business income)	8.85%
9. If allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$20M (regardless of the amount of unallocated business income)	8.85%
10. If unallocated business income (Schedule B, line 30) is equal to or greater than \$20M but less than \$40M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$10M, use unallocated formula	$4.425 + (4.425\% \times \frac{\text{line 30} - 20,000,000}{20,000,000}) =$ %
11. If unallocated business income (Schedule B, line 30) is less than \$20M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$10M but less than \$20M, use allocated formula	$4.425 + (4.425\% \times \frac{\text{line 32a or 32b} - 10,000,000}{10,000,000}) =$ %
12. If unallocated business income (Schedule B, line 30) is equal to or greater than \$20M but less than \$40M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$10M but less than \$20M, compute tax rates using both formulas. Use the greater of the two computed tax rates	$4.425 + (4.425\% \times \frac{\text{line 30} - 20,000,000}{20,000,000}) =$ % $4.425 + (4.425\% \times \frac{\text{line 32a or 32b} - 10,000,000}{10,000,000}) =$ % Enter the greater of the two computed tax rates: %

TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS (see instructions)

13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.00%
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NYC-2.4

Department of Finance

NET OPERATING LOSS DEDUCTION (NOLD)

You MUST attach this form to Form NYC-2 or NYC-2A each tax year

For Calendar Year 2022 or Fiscal Year Beginning 04-01-22, and ending 03-31-23

Name as shown on NYC-2 or NYC-2A: CINTRA SOFTWARE AND SERVICES INC.	Employer Identification Number 13-3890680
---	---

- A. Were there any special federal Net Operating Loss elections? ☐ YES ☒ NO
- B. NYC-2A filers: Have there been any changes in the composition of the group of corporations included in this Combined Business Corporation Tax Return from the prior tax period? If "YES," please complete Schedules B and C. (See instructions) ☐ YES ☐ NO
- C. Are you making an election to waive the carryback period for NOLs generated in the current tax period? ☐ YES ☒ NO

SCHEDULE A - COMPUTATION OF CURRENT NYC NET OPERATING LOSS DEDUCTION (NOLD)

1. Multiply Form NYC-2 or NYC-2A, Schedule B, line 34 by your appropriate business income base tax rate for the current year from Schedule H, Determination of Tax Rate in Form NYC-2 or NYC-2A (see instructions)	1.	32,621.
2. Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form NYC-2 or NYC-2A, Schedule A, line 2 or 3)	2.	3,500.
3. Subtract line 2 from line 1. If less than zero, enter "0" (see instructions)	3.	29,121.
4. NOLD that is required to be utilized, if available (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero)	4.	448,015.
Computation of net operating loss (NOL) to be used (see instructions)		
5a. NOL carryforward from prior year's Form NYC-2.4	5a.	
5b. NOL carryforwards from new members who entered the group during the current tax year	5b.	
5c. NOL carryback	5c.	
5d. Subtotal (add lines 5a, 5b and 5c)	5d.	0.
5e. NOLs carryforwards that have expired	5e.	
5f. NOL carryforwards unavailable for use in the current tax year	5f.	
5g. Add lines 5e and 5f	5g.	
5h. Total of NOLs available to be used in the current tax year (subtract line 5g from line 5d)	5h.	0.
6. NOLs to be used in the current tax year	6.	0.
Computation of NOL carryforward (see instructions)		
7a. NOL incurred in the current tax year	7a.	
7b. Net NOLs available (add lines 5h, 5f and 7a)	7b.	0.
7c. NOL carryforwards from members who left the group during the current tax year	7c.	
7d. Add lines 6 and 7c	7d.	
7e. NOL available to be carried forward (subtract line 7d from 7b)	7e.	0.

SCHEDULE B - FORM NYC-2A FILERS ONLY: ENTITIES NOT INCLUDED IN PRIOR COMBINED RETURN

Are any entities included in the Combined Business Corporation Tax Return that were not included in the return for the prior period? ☐ YES ☐ NO

Complete this schedule for each corporation included in the Combined Business Corporation Tax Return that was not included in the Combined Business Corporation Tax Return for the prior tax period.

A Name of corporation	B Employer Identification Number	C NOL available at the beginning of this tax period	D Beginning date of this tax period (mm-dd-yy)	E Ending date of this tax period (mm-dd-yy)	F Reason(s) INCLUDED in combined business corporation tax return	G Subject to IRC §§381-384 or SRLY

If additional space is required, please use this format on a separate sheet and attach to this page.

SCHEDULE C - FORM NYC-2A FILERS ONLY: ENTITIES NO LONGER INCLUDED IN COMBINED GROUP (See Instructions)

Are there any entities in the combined group for which this will be the last tax period of inclusion in the group? YES NO

Complete this schedule for each corporation included in the combined group for any part of the group's current tax period that are no longer part of the combined group as of the beginning of the combined group's subsequent tax period.

A Name of corporation	B Employer Identification Number	C NOL available upon leaving combined group	Former Member's Tax Period in Combined Group		F Reason(s) EXCLUDED from combined business corporation tax return
			D Beginning date (mm-dd-yy)	E Ending date (mm-dd-yy)	

If additional space is required, please use this format on a separate sheet and attach to this page.

SCHEDULE D - NYC NET OPERATING LOSS DEDUCTION SCHEDULE (NOLD)

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Amount from NYC-2A or NYC-2, Sch. B, line 34	COLUMN C - NYC Net Operating Loss Generated	COLUMN D - NYC Net Operating Loss Utilized	COLUMN E - NYC Net Operating Loss Expired	COLUMN F - NYC Net Operating Loss Remaining
1. 19th preceding yr						
2. 18th preceding yr						
3. 17th preceding yr						
4. 16th preceding yr						
5. 15th preceding yr						
6. 14th preceding yr						
7. 13th preceding yr						
8. 12th preceding yr						
9. 11th preceding yr						
10. 10th preceding yr						
11. 9th preceding yr						
12. 8th preceding yr						
13. 7th preceding yr	2015					
14. 6th preceding yr	2016					
15. 5th preceding yr	2017					
16. 4th preceding yr	2018	-165,247.	-165,247.	0.		165,247.
17. 3rd preceding yr	2019	268,341.	0.	165,247.		0.
18. 2nd preceding yr	2020	658,287.	0.	0.		0.
19. 1st preceding yr	2021	1,142,465.	0.	0.		0.
20. Current year	2022	501,868.				





COMPUTATION OF RECEIPTS FACTOR

You **MUST** attach this form to Form NYC-2 if you have ANY entries on Form NYC-2, Schedule F, Part 1, line 1, or Part 2, line 2a.

Name as shown on NYC-2	Employer Identification Number
CINTRA SOFTWARE AND SERVICES INC.	13-3890680

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
Section 11-654.2(2)		
1. Sales of tangible personal property	1. 2,843,547.	1. 3,196,977.
2. Sales of electricity	2.	2.
3. Net gains from sales of real property	3.	3.
Section 11-654.2(3)		
4. Rentals of real and tangible personal property	4.	4.
5. Royalties from patents, copyrights, trademarks, and similar intangible personal property	5.	5.
6. Sales of rights for certain closed-circuit and cable TV transmissions of an event	6.	6.
Section 11-654.2(4)		
7. Sale, licensing, or granting access to digital products	7. 1,835,870.	7. 7,485,553.
Section 11-654.2(5)(a)(1) Fixed percentage method for qualified financial instruments (QFIs)		
8. To make this irrevocable election, check Yes; otherwise, check No. ☐ YES ☒ NO		
Section 11-654.2(5)(a)(2) Mark an X in each box that is applicable (see line 8 instructions)		
Section 11-654.2(5)(a)(2)(i)		
9. Interest from loans secured by real property	9.	9.
10. Net gains from sales of loans secured by real property	10.	10.
11. Interest from loans not secured by real property (QFI ☐)	11.	11.
12. Net gains from sales of loans not secured by real property (QFI ☐)	12.	12.
Section 11-654.2(5)(a)(2)(ii) (QFI ☐)		
13. Interest from federal debt	13.	13.
14. This line intentionally omitted	14.	14.
15. Interest from debt of NYS or its political subdivisions, including NYC	15.	15.
16. Net gains from federal debt and debt of NYS or its political subdivisions, including NYC	16.	16.
17. Interest from debt of other states or their political subdivisions	17.	17.
18. Net gains from debt of other states or their political subdivisions	18.	18.
Section 11-654.2(5)(a)(2)(iii) (QFI ☐)		
19. Interest from asset-backed securities and other government agency debt	19.	19.
20. Net gains from government agency debt or asset-backed securities sold through an exchange	20.	20.
21. Net gains from all other asset-backed securities	21.	21.
Section 11-654.2(5)(a)(2)(iv) (QFI ☐)		
22. Interest from corporate bonds	22.	22.
23. Net gains from corporate bonds sold through broker/dealer or licensed exchange	23.	23.
24. Net gains from other corporate bonds	24.	24.
Section 11-654.2(5)(a)(2)(v)		
25. Net interest from reverse repurchase or securities borrowing agreements	25.	25.
Section 11-654.2(5)(a)(2)(vi)		
26. Net interest from federal funds	26.	26.
Section 11-654.2(5)(a)(2)(ix) (QFI ☐)		
27. Net income from sales of physical commodities	27.	27.
Section 11-654.2(5)(a)(2)(x) (QFI ☐)		
28. Marked to market net gains	28.	28.
Section 11-654.2(5)(a)(2)(viii) (QFI ☐)		
11-654.2(5)(a)(2)(vii) (QFI ☐)		
29. Interest from other financial instruments	29.	29.
30. Net gains and other income from other financial instruments	30.	30.

		COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
Section 11-654.2(5)(b)			
31. Brokerage commissions	31.		31.
32. Margin interest earned on behalf of brokerage accounts	32.		32.
33. Fees for advisory services for underwriting or management of underwriting	33.		33.
34. Receipts from primary spread of selling concessions	34.		34.
35. Receipts from account maintenance fees	35.		35.
36. Fees for management or advisory services	36.		36.
37. Interest from an affiliated corporation	37.		37.
Section 11-654.2(5)(c)			
38. Interest, fees, and penalties from credit cards	38.		38.
39. Service charges and fees from credit cards	39.		39.
40. Receipts from merchant discounts	40.		40.
41. Receipts from credit card authorizations and settlement processing	41.		41.
42. Other credit card processing receipts	42.		42.
Section 11-654.2(5)(d)			
43. Receipts from certain services to investment companies	43.		43.
Section 11-654.2(6)			
44. Receipts from railroad and trucking business	44.		44.
Section 11-654.2(12)			
45. Receipts from the operation of vessels	45.		45.
Section 11-654.2(7)			
46. Receipts from air freight forwarding	46.		46.
47. Receipts from other aviation services	47.		47.
Section 11-654.2(8)			
48. Advertising in newspapers or periodicals	48.		48.
49. Advertising on television or radio	49.		49.
50. Advertising via other means	50.		50.
Section 11-654.2(9)			
51. Transportation or transmission of gas through pipes	51.		51.
Section 11-654.2(10)			
52. Receipts from other services/activities not specified	52.	4,313,269.	10,045,658.
Section 11-654.2(11)			
53a. Discretionary adjustments	53a.		53a.
Section 11-654.2(5-a)			
53b. Net global intangible low-taxed income (see instructions)	53b.		
Total receipts			
54. Total of columns A and B, pages 1 and 2, lines 1 through 53b. Enter here and on NYC-2, Schedule F, Part 1, line 1, Column A and line 1, Column B, or Part 2, line 2a, column A and line 2a, column B	54.	8,992,686.	20,728,188.



NYC - 399Z

Department of Finance

DEPRECIATION ADJUSTMENTS FOR CERTAIN POST 9/10/01 PROPERTY

For CALENDAR YEAR 2022 or FISCAL YEAR beginning 04-01-2022 and ending 03-31-2023

Name (Print or Type)

CINTRA SOFTWARE AND SERVICES INC.

EMPLOYER IDENTIFICATION NUMBER

13-3890680

OR

SOCIAL SECURITY NUMBER

▲ Federal Form 4562 must accompany this form.

▲ This schedule must be attached to your applicable New York City tax return.

See instructions.

▲ Use Schedule A2 to report modifications to the deductions for certain sport utility vehicles, not Schedule A1. See instructions.

SCHEDULE A1		Computation of allowable New York City depreciation for current year						Attach rider if necessary	
A	B	C	D	E	F	G	H	I	
Description of Property	Class of Property	Date Placed in Service: mm-dd-yy	Cost or Other Basis	Accumulated NYC Depreciation Taken in Prior Years	Federal Depreciation	Method of Figuring NYC Depreciation	Life or Rate	Allowable New York City Depreciation	
SEE STATEMENT 2									
1a. Total columns D, E, F, and I			218,896.	10,902.	161,709.			27,184.	

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions.)

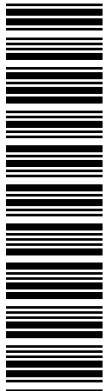
SCHEDULE A2		Computation of NYC deductions for current year for sport utility vehicles						Attach rider if necessary	
A	B	C	D	E	F	G	H	I	
Description of Property	Class of Property	Date Placed in Service: mm-dd-yy	Cost or Other Basis	Accumulated NYC Deductions Taken in Prior Years	Federal Depreciation and Section 179 Deductions	Method of Figuring NYC Depreciation	Life or Rate	Total Allowable New York City Deductions	
1b. Total columns D, E, F, and I									

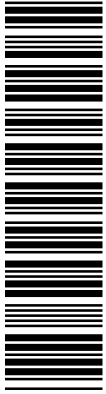
NYC-399Z - 2022

SCHEDULE B Disposition adjustment						Attach rider if necessary
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years. ▲ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F. ▲ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.						
A Description of Property	B Class of Property (ACRS)	C Date Placed in Service: mm-dd-yy	D Total Federal Depreciation Taken	E Total NYC Depreciation Taken	F Adjustment (D <i>minus</i> E)	G Adjustment (E <i>minus</i> D)
2. Total excess federal deductions over NYC deductions (see instructions)						
3. Total excess NYC deductions over federal deductions (see instructions)						

SCHEDULE C Computation of adjustments to New York City income		
	A. Federal	B. New York City
4. Enter amount from Schedule A1, line 1a, column F	161,709.	
5. Enter amount from Schedule A1, line 1a, column I		27,184.
6a. Enter amount from Schedule A2, line 1b, column F		
6b. Enter amount from Schedule A2, line 1b, column I		
7a. Enter amount from Schedule B, line 2		
7b. Enter amount from Schedule B, line 3		
8. Totals: column A, lines 4, 6a and 7b; column B, lines 5, 6b and 7a	161,709.	27,184.

Enter the amount on line 8, column A, as an addition and the amount on line 8, column B, as a deduction on the applicable New York City return.
(See instr.)





ATTACH TO FORM NYC-2, NYC-2A, NYC-2S, NYC-3L, NYC-3A, NYC-4S OR NYC-4SEZ

For CALENDAR YEAR 2022 or FISCAL YEAR beginning 04-01-22 and ending 03-31-23

Print or Type ▼

Name: CINTRA SOFTWARE AND SERVICES INC.	EMPLOYER IDENTIFICATION NUMBER 13-3890680
--	--

Computation of Underpayment

1. 2022 tax (from NYC-2, Sch. A, line 4; NYC-2A, Sch. A, line 6; NYC-2S, Sch. A, line 4; NYC-3L, Sch. A, line 6; NYC-4S, Sch. A, line 5; NYC-4S-EZ, Sch. A, line 3; or NYC-3A, Sch. A, line 8)	1.	32,621.
2. Credits (from NYC-2, Schedule A, lines 5, 7, 8, 9 and 11; NYC-2A, Schedule A, lines 7, 9, 10, 11 and 13; NYC-3L, Schedule A, lines 7, 9a, 9b, 10a and 10c or NYC-3A, Schedule A, lines 9, 11a, 11b, 12a and 12c)	2.	
3. Line 1 less line 2	3.	32,621.
4. 90% of line 3	4.	29,359.

Enter quarterly due dates of installments:	1- FIRST	2- SECOND	3- THIRD	4- FOURTH
	06-15-22	09-15-22	12-15-22	03-15-23

5a. 2020 Business Corporation Tax ... 5a.	43,236.			
5b. 2021 General Corporation Tax ... 5b.				
6a. C Corps: If line 5a is over \$1,000, enter 25% of line 5a or amount from Form NYC-300, line 2, if filed for 2022	10,809.			
6b. S Corps: If line 5b is over \$1,000, enter 25% of line 5b or amount from Form NYC-EXT, line 2, if filed for 2021				
7. Line 4 less line 6a or 6b ... 7.	18,550.			
8. Enter amount of the installments due in Quarters 2, 3 and 4	6,183.	6,183.	6,183.	6,184.
9. Amount paid or credited for each period ... 9.	10,809.			
10. Overpayment of previous installment	10,809.			
11. Total of lines 9 and 10	10,809.			
12. OVERPAYMENT Quarter 1 - line 11 less line 6a or 6b Quarters 2, 3 and 4 - line 11 less line 8				
13. UNDERPAYMENT Quarter 1 - line 6a or 6b less line 11 Quarters 2, 3 and 4 - line 8 less line 11		6,183.	6,183.	6,184.

COMPUTATION CONTINUES ON PAGE 2

Exceptions that Avoid the Underpayment Penalty

Total cumulative amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 3rd, 6th, 9th and 12th months of the taxable year	1 - FIRST QUARTER	2 - SECOND QUARTER	3 - THIRD QUARTER	4 - FOURTH QUARTER
	10,809.	10,809.	10,809.	10,809.
▲ EXCEPTION 1 - Prior year's tax (2021) \$ <u>86,991.</u>		43,496.	65,243.	86,991.
▲ EXCEPTION 2 - Tax on prior year's facts and law using 2022 rates (attach computation)		Enter 50% of tax	Enter 75% of tax	Enter 100% of tax
▲ EXCEPTION 3 - Tax on annualized 2022 income (attach computation)		Enter 45% of tax	Enter 67.50% of tax	Enter 90% of tax
▲ EXCEPTION 4 - Tax on recurring seasonal 2022 income (attach computation)				

NYC-222 - 2022

COMPUTATION OF PENALTY		1- FIRST	2- SECOND	3- THIRD	4- FOURTH
14. Enter the date of payment or the 15th day of the 3rd month after the close of the taxable year, whichever is earlier	14.				
15. Number of days from due date of installment to the date shown on line 14	15.				
16. Number of days on line 15 <i>after</i> 3/15/2022 and <i>before</i> 4/1/2022 ...	16.				
17. Number of days on line 15 <i>after</i> 3/31/2022 and <i>before</i> 7/1/2022 ...	17.				
18. Number of days on line 15 <i>after</i> 6/30/2022 and <i>before</i> 10/1/2022	18.				
19. Number of days on line 15 <i>after</i> 9/30/2022 and <i>before</i> 1/1/2023 ...	19.				
20. Number of days on line 15 <i>after</i> 12/31/2022 and <i>before</i> 4/1/2023	20.				
21. Number of days on line 15 <i>after</i> 3/31/2023 and <i>before</i> 7/1/2023 ...	21.				
22. Number of days on line 15 <i>after</i> 6/30/2023 and <i>before</i> 10/1/2023	22.				
23. Number of days on line 15 <i>after</i> 9/30/2023 and <i>before</i> 1/1/2024 ...	23.				
24. Number of days on line 15 <i>after</i> 12/31/2023 and <i>before</i> 3/15/2024	24.				
25. <u>Number of days on line 16 x 7.5% x amount on line 13</u> 365	25.				
26. <u>Number of days on line 17 x 8% x amount on line 13</u> 365	26.				
27. <u>Number of days on line 18 x 9% x amount on line 13</u> 365	27.				
28. <u>Number of days on line 19 x 10% x amount on line 13</u> 365	28.				
29. <u>Number of days on line 20 x % x amount on line 13</u> 365	29.				
30. <u>Number of days on line 21 x % x amount on line 13</u> 365	30.				
31. <u>Number of days on line 22 x % x amount on line 13</u> 365	31.				
32. <u>Number of days on line 23 x % x amount on line 13</u> 365	32.				
33. <u>Number of days on line 24 x % x amount on line 13</u> 366	33.				
34. Add lines 25 through 33	34.	936.	391.	239.	75.
35. To complete this line, refer to the instructions for line 35	35.	702.			
36. Add the amounts on line 34 (or line 35, if applicable) for quarters 1 through 4. Enter total and transfer amount to Form NYC-4SEZ, line 9c, Form NYC-4S, Schedule A, line 11c, Form NYC-3L, Schedule A, line 17c, Form NYC-3A, Sch. A, line 19c, Form NYC-2, Schedule A, line 16c, Form NYC-2A, Schedule A, line 18c or Form NYC-2S, Sch. A, line 8c. (see instructions for line 35)	36.				1,407.

STMT 3



30922205

294752
11-15-22

* For information regarding interest rates, call 311.
If calling from outside of the five NYC boroughs,
please call 212-NEW-YORK (212-639-9675).
You may also consult the Finance website at nyc.gov/finance

05

FORM NYC-2/2S

NYS FRANCHISE TAX AND BUSINESS TAXES
DEDUCTED ON FEDERAL RETURN

STATEMENT 1

DESCRIPTION

AMOUNT

NEW YORK TAXES - BASED ON INCOME

131,022.

NEW YORK TAXES - OTHER

54,127.

TEXAS TAXES - BASED ON INCOME

29,691.

TOTAL

214,840.

FORM NYC-399(Z)

SCHEDULE A1 - ALLOWABLE NY CITY DEPRECIATION

STATEMENT 2

A DESCRIPTION	B PROPERTY CLASS	C DATE IN SERVICE	D BASIS	E ACC NYC DEPR	F FED ACRS DEDUCT	G MET	H LIF	I ALLOW NYC DEPREC
LEASEHOLD IMPROVEMENTS								
	OTHER	05-20-17	3,266.	981.	109.	SL	15.	218.
MAC BOOK PRO	OTHER	04-30-18	4,041.	2,828.	0.	SL	5.0	808.
COMPUTER EQUIPMENT	OTHER	09-30-18	3,489.	2,443.	0.	SL	5.0	698.
LAPTOPS FOR INDIA (3 ROUN	OTHER	09-22-21	46,500.	4,650.	0.	SL	5.0	9,300.
SOFTWARE- ARCTIC WOLF MDR	OTHER	07-01-22	161,600.	0.	161,600.	SL	5.0	16,160.
TOTALS TO NYC-399(Z), LINE 1A			218,896.	10,902.	161,709.			27,184.

NYC FORM NYC 2/2S/2A

UNDERPAYMENT OF ESTIMATED TAX

STATEMENT 3

Q T R -	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY
A								
		Q	10,939.	06-15-2022	06-30-2022	15	8.0000	36.
		R	10,939.	06-30-2022	09-30-2022	92	9.0000	248.
		R	10,939.	09-30-2022	12-31-2022	92	10.0000	276.
		R	10,939.	12-31-2022	04-24-2023	114	11.0000	376.
	-51,200.	P	-40,261.	04-24-2023		0	11.0000	0.
B								
		Q	6,183.	09-15-2022	09-30-2022	15	9.0000	23.
		R	6,183.	09-30-2022	12-31-2022	92	10.0000	156.
		R	6,183.	12-31-2022	04-24-2023	114	11.0000	212.
	-40,261.	P	-34,078.	04-24-2023		0	11.0000	0.
C								
		Q	6,183.	12-15-2022	12-31-2022	16	10.0000	27.
		R	6,183.	12-31-2022	04-24-2023	114	11.0000	212.
	-34,078.	P	-27,895.	04-24-2023		0	11.0000	0.
D								
		Q	6,184.	03-15-2023	04-24-2023	40	11.0000	75.
	-27,895.	P	-21,711.	04-24-2023		0	11.0000	0.
TOTAL TO FORM NYC-222 LINE 36								1,641.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
P = PAYMENT
R = INTEREST RATE CHANGE
L = LEAP YEAR CHANGE
O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

BY-LAWS

of

CINTRA SOFTWARE & SERVICES INC.

ARTICLE I - OFFICES

The principal office of the corporation shall be in the *City* of *New York*, County of *New York*, State of New York. The corporation may also have offices at such other places within or without the State of New York as the board may from time to time determine or the business of the corporation may require.

ARTICLE II - SHAREHOLDERS

1. PLACE OF MEETINGS.

Meetings of shareholders shall be held at the principal office of the corporation or at such place within or without the State of New York as the board shall authorize.

2. ANNUAL MEETING.

The annual meeting of the shareholders shall be held on the *30th* day of *April* at *9:00 O'clock AM.* in each year if not a legal holiday, and, if a legal holiday, then on the next business day following at the same hour, when the shareholders shall elect a board and transact such other business as may properly come before the meeting.

3. SPECIAL MEETINGS.

Special meetings of the shareholders may be called by the board or by the president and shall be called by the president or the secretary at the request in writing of a majority of the board or at the request in writing by shareholders owning a majority in amount of the shares issued and outstanding. Such request shall state the purpose or purposes of the proposed meeting. Business transacted at a special meeting shall be confined to the purposes stated in the notice.

4. FIXING RECORD DATE.

For the purpose of determining the shareholders entitled to notice of or to vote at any meeting of shareholders or any adjournment thereof, or to express consent to or dissent from any proposal without a meeting, or for the purpose of determining shareholders entitled to receive payment of any dividend or the allotment of any rights, or for the purpose of any other

3. ELECTION AND TERM OF DIRECTORS.

At each annual meeting of shareholders, the shareholders shall elect directors to hold office until the next annual meeting. Each director shall hold office until the expiration of the term for which he is elected and until his successor has been elected and qualified, or until his prior resignation or removal.

4. NEWLY CREATED DIRECTORSHIPS AND VACANCIES.

Newly created directorships resulting from an increase in the number of directors and vacancies occurring in the board for any reason except the removal of directors without cause may be filled by a vote of a majority of the directors then in office, although less than a quorum exists, unless otherwise provided in the certificate of incorporation. Vacancies occurring by reason of the removal of directors without cause shall be filled by vote of the shareholders unless otherwise provided in the certificate of incorporation. A director elected to fill a vacancy caused by resignation, death or removal shall be elected to hold office for the unexpired term of his predecessor.

5. REMOVAL OF DIRECTORS.

Any or all of the directors may be removed for cause by vote of the shareholders or by action of the board. Directors may be removed without cause only by vote of the shareholders.

6. RESIGNATION.

A director may resign at any time by giving written notice to the board, the president or the secretary of the corporation. Unless otherwise specified in the notice, the resignation shall take effect upon receipt thereof by the board or such officer, and the acceptance of the resignation shall not be necessary to make it effective.

7. QUORUM OF DIRECTORS.

Unless otherwise provided in the certificate of incorporation, a majority of the entire board shall constitute a quorum for the transaction of business or of any specified item of business.

8. ACTION OF THE BOARD.

Unless otherwise required by law, the vote of a majority of the directors present at the time of the vote, if a quorum is present at such time, shall be the act of the board. Each director present shall have one vote regardless of the number of shares, if any, which he may hold.

9. PLACE AND TIME OF BOARD MEETINGS.

The board may hold its meetings at the office of the corporation or at such other places, either within or without the State of New York, as it may from time to time determine.

10. REGULAR ANNUAL MEETING.

A regular annual meeting of the board shall be held immediately following the annual meeting of shareholders at the place of such annual meeting of shareholders.

11. NOTICE OF MEETINGS OF THE BOARD, ADJOURNMENT.

(a) Regular meetings of the board may be held without notice at such time and place as it shall from time to time determine. Special meetings of the board shall be held upon notice to the directors and may be called by the president upon three days notice to each director either personally or by mail or by wire; special meetings shall be called by the president or by the secretary in a like manner on written request of two directors. Notice of a meeting need not be given to any director who submits a waiver of notice whether before or after the meeting or who attends the meeting without protesting prior thereto or at its commencement, the lack of notice to him.

(b) A majority of the directors present, whether or not a quorum is present, may adjourn any meeting to another time and place. Notice of the adjournment shall be given all directors who were absent at the time of the adjournment and, unless such time and place are announced at the meeting, to the other directors.

12. CHAIRMAN.

At all meetings of the board the president, or in his absence, a chairman chosen by the board shall preside.

13. EXECUTIVE AND OTHER COMMITTEES.

The board, by resolution adopted by a majority of the entire board, may designate from among its members an executive committee and other committees, each consisting of three or more directors. Each such committee shall serve at the pleasure of the board.

14. COMPENSATION.

No compensation shall be paid to directors, as such, for their services, but by resolution of the board a fixed sum and expenses for actual attendance, at each regular or special meeting of the board may be author-

ized. Nothing herein contained shall be construed to preclude any director from serving the corporation in any other capacity and receiving compensation therefor.

ARTICLE IV - OFFICERS

1. OFFICES, ELECTION, TERM.

(a) Unless otherwise provided for in the certificate of incorporation, the board may elect or appoint a president, one or more vice-presidents, a secretary and a treasurer, and such other officers as it may determine, who shall have such duties, powers and functions as hereinafter provided.

(b) All officers shall be elected or appointed to hold office until the meeting of the board following the annual meeting of shareholders.

(c) Each officer shall hold office for the term for which he is elected or appointed and until his successor has been elected or appointed and qualified.

2. REMOVAL, RESIGNATION, SALARY, ETC.

(a) Any officer elected or appointed by the board may be removed by the board with or without cause.

(b) In the event of the death, resignation or removal of an officer, the board in its discretion may elect or appoint a successor to fill the unexpired term.

(c) Any two or more offices may be held by the same person, except the offices of president and secretary. When all of the issued and outstanding stock of the corporation is owned by one person, such person may hold all or any combination of offices.

(d) The salaries of all officers shall be fixed by the board.

(e) The directors may require any officer to give security for the faithful performance of his duties.

3. PRESIDENT.

The president shall be the chief executive officer of the corporation; he shall preside at all meetings of the shareholders and of the board; he shall have the management of the business of the corporation and shall see that all orders and resolutions of the board are carried into effect.

4. VICE-PRESIDENTS.

During the absence or disability of the president, the vice-president, or if there are more than one, the executive vice-president, shall have all

the powers and functions of the president. Each vice-president shall perform such other duties as the board shall prescribe.

5. SECRETARY.

The secretary shall:

- (a) attend all meetings of the board and of the shareholders;
- (b) record all votes and minutes of all proceedings in a book to be kept for that purpose;
- (c) give or cause to be given notice of all meetings of shareholders and of special meetings of the board;
- (d) keep in safe custody the seal of the corporation and affix it to any instrument when authorized by the board;
- (e) when required, prepare or cause to be prepared and available at each meeting of shareholders a certified list in alphabetical order of the names of shareholders entitled to vote thereat, indicating the number of shares of each respective class held by each;
- (f) keep all the documents and records of the corporation as required by law or otherwise in a proper and safe manner.
- (g) perform such other duties as may be prescribed by the board.

6. ASSISTANT-SECRETARIES.

During the absence or disability of the secretary, the assistant-secretary, or if there are more than one, the one so designated by the secretary or by the board, shall have all the powers and functions of the secretary.

7. TREASURER.

The treasurer shall:

- (a) have the custody of the corporate funds and securities;
- (b) keep full and accurate accounts of receipts and disbursements in the corporate books;
- (c) deposit all money and other valuables in the name and to the credit of the corporation in such depositories as may be designated by the board;
- (d) disburse the funds of the corporation as may be ordered or authorized by the board and preserve proper vouchers for such disbursements;
- (e) render to the president and board at the regular meetings of the board, or whenever they require it, an account of all his transactions as

treasurer and of the financial condition of the corporation;

(f) render a full financial report at the annual meeting of the shareholders if so requested;

(g) be furnished by all corporate officers and agents at his request, with such reports and statements as he may require as to all financial transactions of the corporation;

(h) perform such other duties as are given to him by these by-laws or as from time to time are assigned to him by the board or the president.

8. ASSISTANT-TREASURER.

During the absence or disability of the treasurer, the assistant-treasurer, or if there are more than one, the one so designated by the secretary or by the board, shall have all the powers and functions of the treasurer.

9. SURETIES AND BONDS.

In case the board shall so require, any officer or agent of the corporation shall execute to the corporation a bond in such sum and with such surety or sureties as the board may direct, conditioned upon the faithful performance of his duties to the corporation and including responsibility for negligence and for the accounting for all property, funds or securities of the corporation which may come into his hands.

ARTICLE V - CERTIFICATES FOR SHARES

1. CERTIFICATES.

The shares of the corporation shall be represented by certificates. They shall be numbered and entered in the books of the corporation as they are issued. They shall exhibit the holder's name and the number of shares and shall be signed by the president or a vice-president and the treasurer or the secretary and shall bear the corporate seal.

2. LOST OR DESTROYED CERTIFICATES.

The board may direct a new certificate or certificates to be issued in place of any certificate or certificates theretofore issued by the corporation, alleged to have been lost or destroyed, upon the making of an affidavit of that fact by the person claiming the certificate to be lost or destroyed. When authorizing such issue of a new certificate or certificates, the board may, in its discretion and as a condition precedent to the issuance thereof, require the owner of such lost or destroyed certificate or certificates, or his legal representative, to advertise the same in such manner as it shall

require and/or give the corporation a bond in such sum and with such surety or sureties as it may direct as indemnity against any claim that may be made against the corporation with respect to the certificate alleged to have been lost or destroyed.

3. TRANSFERS OF SHARES.

(a) Upon surrender to the corporation or the transfer agent of the corporation of a certificate for shares duly endorsed or accompanied by proper evidence of succession, assignment or authority to transfer, it shall be the duty of the corporation to issue a new certificate to the person entitled thereto, and cancel the old certificate; every such transfer shall be entered on the transfer book of the corporation which shall be kept at its principal office. No transfer shall be made within ten days next preceding the annual meeting of shareholders.

(b) The corporation shall be entitled to treat the holder of record of any share as the holder in fact thereof and, accordingly, shall not be bound to recognize any equitable or other claim to or interest in such share on the part of any other person whether or not it shall have express or other notice thereof, except as expressly provided by the laws of New York.

4. CLOSING TRANSFER BOOKS.

The board shall have the power to close the share transfer books of the corporation for a period of not more than ten days during the thirty day period immediately preceding (1) any shareholders' meeting, or (2) any date upon which shareholders shall be called upon to or have a right to take action without a meeting, or (3) any date fixed for the payment of a dividend or any other form of distribution, and only those shareholders of record at the time the transfer books are closed, shall be recognized as such for the purpose of (1) receiving notice of or voting at such meeting, or (2) allowing them to take appropriate action, or (3) entitling them to receive any dividend or other form of distribution.

ARTICLE VI - DIVIDENDS

Subject to the provisions of the certificate of incorporation and to applicable law, dividends on the outstanding shares of the corporation may be declared in such amounts and at such time or times as the board may determine. Before payment of any dividend, there may be set aside out of the net profits of the corporation available for dividends such sum or sums as the board from time to time in its absolute discretion deems proper as a reserve fund to meet contingencies, or for equalizing dividends, or for repairing or maintaining any property of the corporation, or for such other

purpose as the board shall think conducive to the interests of the corporation, and the board may modify or abolish any such reserve.

ARTICLE VII - CORPORATE SEAL

The seal of the corporation shall be circular in form and bear the name of the corporation, the year of its organization and the words "Corporate Seal, New York." The seal may be used by causing it to be impressed directly on the instrument or writing to be sealed, or upon adhesive substance affixed thereto. The seal on the certificates for shares or on any corporate obligation for the payment of money may be a facsimile, engraved or printed.

ARTICLE VIII - EXECUTION OF INSTRUMENTS

All corporate instruments and documents shall be signed or countersigned, executed, verified or acknowledged by such officer or officers or other person or persons as the board may from time to time designate.

ARTICLE IX - FISCAL YEAR

The fiscal year shall begin the first day of *May* in each year.

ARTICLE X - REFERENCES TO CERTIFICATE OF INCORPORATION

Reference to the certificate of incorporation in these by-laws shall include all amendments thereto or changes thereof unless specifically excepted.

ARTICLE XI - BY-LAW CHANGES

AMENDMENT, REPEAL, ADOPTION, ELECTION OF DIRECTORS.

(a) Except as otherwise provided in the certificate of incorporation the by-laws may be amended, repealed or adopted by vote of the holders of the shares at the time entitled to vote in the election of any directors. By-laws may also be amended, repealed or adopted by the board but any by-law adopted by the board may be amended by the shareholders entitled to vote thereon as hereinabove provided.

(b) If any by-law regulating an impending election of directors is adopted, amended or repealed by the board, there shall be set forth in the notice of the next meeting of shareholders for the election of directors the by-law so adopted, amended or repealed, together with a concise statement of the changes made.

CERTIFICATE OF INCORPORATION

OF

CINTRA SOFTWARE & SERVICES INC.

Prepared by:

Gerald Goldberg, Esquire
230 Hilton Avenue - Suite 204
Hempstead, New York 11550-8116
(516) 565-6260

CERTIFICATE OF INCORPORATION

OF

CINTRA SOFTWARE & SERVICES INC.

Under Section 402 of the Business Corporation Law

IT IS HEREBY CERTIFIED THAT:

1. The name of the corporation is:

CINTRA SOFTWARE & SERVICES INC.

2. The purpose of the corporation is: to engage in any lawful act or activity for which corporations may be organized under Article 4 of the Business Corporation Law of the State of New York.

This corporation is formed to engage in any act or activity for which a corporation may be organized under the Business Corporation Law provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

To acquire such property, real and personal, as may be necessary to the conduct of such business.

The powers, rights, and privileges provided in this Certificate of Incorporation are not deemed to be in limitation of similar, other or additional powers, rights and privileges granted or permitted to a corporation by the Business Corporation Law, it being intended that this corporation shall have the right to engage in such similar activities as like corporations may lawfully engage in under the Business Corporation Law of the State of New York, as now in effect, or as hereafter promulgated.

To do everything necessary, suitable or proper for the accomplishment, attainment or furtherance of, to do every other act or thing incidental to, appurtenant to, growing out of or connected with, the purposes, objects or powers set forth in the Certificate of Incorporation, whether alone or in association with others; to possess all the rights, powers and privileges now or hereafter conferred by the laws of the State of New York upon a corporation organized under the laws of the State of New York and, in general, to carry

on any of the activities and to do any of the things set forth to the same extent and as fully as a natural person or partnership might do or could do; provided that nothing herein set forth shall be construed as authorizing the corporation to possess any purpose or object or power or to do any act or thing forbidden by law to a corporation organized under the laws of the State of New York.

3. The office of the corporation is to be located in the County of *New York*, State of New York.

4. The aggregate number of shares which the corporation shall have the authority to issue is Two Hundred (200) Shares all of which are to be without par value.

5. The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the Corporation served upon her is:

The Corporation
c/o Brendan McNamee
45 Tudor City Place-Apt. # 1621
New York, New York 10017

The undersigned incorporator is of the age of eighteen year or over.

IN WITNESS WHEREOF, this certificate has been subscribed this *9th* day of *May*, 1996 by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

x *Derald Goldberg*
Derald Goldberg
756 Hilton Avenue - Suite 204
Hempstead, New York 11550-8116

Name	Role at Cintra	US Residency
Abdul Sheikh	CTO & Owner	from 1996 to 2021
Steve Wyper	CEO	N/A
Simon Dunleavy	EVP of Product	N/A
Robbie Stapleton	VP of Business Development	N/A
Will Dexter	VP of Product Sales	N/A

UK Residency

Yes UK resident

Yes UK resident

Yes UK resident

Yes UK resident

Yes UK resident



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

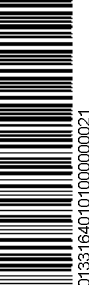
June 01, 2024 through June 28, 2024
Account Number: **000301147190065**

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Para Espanol: **1-888-622-4273**
International Calls: **1-713-262-1679**
We accept operator relay calls

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CINTRA SOFTWARE & SERVICES INC.
3 PARK AVE FL 32
NEW YORK NY 10016-5902



Good news – we reduced Non-Chase ATM Fees in more U.S. territories

As of February 20, 2024, we lowered the transaction fee from \$5 to \$3 for cash withdrawals made at non-Chase ATMs in American Samoa, Guam and the Northern Mariana Islands. We don't charge these fees when you use a Chase ATM.

We will continue to waive this fee for Chase Business Complete CheckingSM accounts with Chase Military Banking benefits, Chase Platinum Business CheckingSM and Chase Performance Business Checking[®] accounts.

Surcharge fees from the ATM owner/network may still apply. A Foreign Exchange Rate Adjustment Fee from Chase will apply for ATM withdrawals in the currency other than U.S. dollars.

You can find the current fee schedule in the **Additional Banking Services and Fees for Business Accounts** at chase.com/business/disclosures.

If you have any questions, please call us at the number listed on this statement. We accept operator relay calls.

SAVINGS SUMMARY

Chase Business Select High Yield Savings

	INSTANCES	AMOUNT
Beginning Balance		\$1,343.12
Deposits and Additions	2	2,000,027.02
Ending Balance	2	\$2,001,370.14
Annual Percentage Yield Earned This Period		0.02%
Interest Paid This Period		\$27.02
Interest Paid Year-to-Date		\$80.55

Your monthly service fee was waived because you maintained an average savings balance of \$10,000 or more during the statement period.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$1,343.12
06/04	Online Transfer From Chk ...0965 Transaction#: 20985324831	2,000,000.00	2,001,343.12
06/28	Interest Payment	27.02	2,001,370.14
	Ending Balance		\$2,001,370.14

You earned a higher interest rate on your Chase Business Select High Yield Savings account during this statement period because you had a qualifying Chase Platinum Business Checking account.



June 01, 2024 through June 28, 2024
Account Number: **000301147190065**

30 deposited items are provided with your account each month. There is a \$0.20 fee for each additional deposited item.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

June 01, 2024 through June 28, 2024

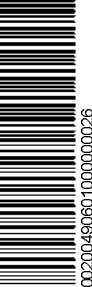
Account Number: **000937506690965**

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Para Espanol: **1-888-622-4273**
International Calls: **1-713-262-1679**
We accept operator relay calls

00020049 DRI 802 219 18524 NNNNNNNNNN 1 000000000 Z9 0000

CINTRA SOFTWARE & SERVICES INC.
3 PARK AVE FL 32
NEW YORK NY 10016-5902



Good news – we reduced Non-Chase ATM Fees in more U.S. territories

As of February 20, 2024, we lowered the transaction fee from \$5 to \$3 for cash withdrawals made at non-Chase ATMs in American Samoa, Guam and the Northern Mariana Islands. We don't charge these fees when you use a Chase ATM.

We will continue to waive this fee for Chase Business Complete CheckingSM accounts with Chase Military Banking benefits, Chase Platinum Business CheckingSM and Chase Performance Business Checking[®] accounts.

Surcharge fees from the ATM owner/network may still apply. A Foreign Exchange Rate Adjustment Fee from Chase will apply for ATM withdrawals in the currency other than U.S. dollars.

You can find the current fee schedule in the **Additional Banking Services and Fees for Business Accounts** at chase.com/business/disclosures.

If you have any questions, please call us at the number listed on this statement. We accept operator relay calls.

CHECKING SUMMARY

Chase Platinum Business Checking

	INSTANCES	AMOUNT
Beginning Balance		\$3,714,346.42
Deposits and Additions	52	2,194,674.33
Electronic Withdrawals	54	-3,496,048.83
Fees	1	-183.45
Ending Balance	107	\$2,412,788.47

Your Chase Platinum Business Checking account provides:

- No transaction fees for unlimited electronic deposits (including ACH, ATM, wire, Chase Quick Deposit)
- 500 debits and non-electronic deposits (those made via check or cash in branches) per statement cycle
- \$25,000 in cash deposits per statement cycle
- Unlimited return deposited items with no fee

There are additional fee waivers and benefits associated with your account – please refer to your Deposit Account Agreement for more information.

DEPOSITS AND ADDITIONS

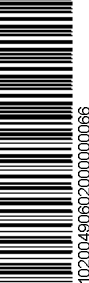
DATE	DESCRIPTION	AMOUNT
06/03	Fedwire Credit Via: Bank of America, N.A./026009593 B/O: Apollo Management Lp US Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=Ap0000121 222 Obi=23412 Bbi=/Time/11:05 lmad: 0603B6B7Hu4R011013 Trn: 0568311155Ff	\$15,680.00
06/03	Lockbox No: 22506 For 3 Items At 16:00 5 Trn: 2503838155Lb	55,584.00
06/03	Deposit 2112206698	109.74
06/03	Orig CO Name: Amazon.Com, Inc. Orig ID:9000020015 Desc Date:240603 CO Entry Descr:Payments Sec:CCD Trace#:021000024559125 Eed:240603 Ind ID:Fcs002212682112 Ind Name:Cintra Software Servi Trn: 1554559125Tc	70,000.00
06/03	Orig CO Name:Presidio Ap Orig ID:2581667655 Desc Date:053124 CO Entry Descr:Payables Sec:PPD Trace#:043000094559123 Eed:240603 Ind ID:Cint03 Ind Name:Cintra Software & Serv Ax EFT Deposit Trn: 1554559123Tc	5,500.00
06/04	Fedwire Credit Via: Lakeside Bank/071001504 B/O: Alliance Financial Elmhurst, IL 60126 Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=O/B Lakes lde Chg Obi=Inv 2352 Bbi=/Time/09:17 lmad: 0604Gmqfmp01002047 Trn: 0245141156Ff	5,000.00
06/04	Fedwire Credit Via: Bank of America, N.A./026009593 B/O: Apollo Management Lp US Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=Ap0000121 441 Obi=23353 Bbi=/Time/11:26 lmad: 0604B6B7Hu4R008451 Trn: 0438321156Ff	2,600.00
06/05	Orig CO Name:Oracle40632324 Orig ID:8942805249 Desc Date: CO Entry Descr:EDI Pymntssec:CTX Trace#:091000012422727 Eed:240605 Ind ID:6470757 Ind Name:0010Cintra Software EDI Trn: 1572422727Tc	25,000.00
06/05	Orig CO Name:Instinet lgl Orig ID:9857022001 Desc Date: CO Entry Descr:Bill Pay Sec:CCD Trace#:021000022422739 Eed:240605 Ind ID:716941560189242 Ind Name:Cintra Software & Serv 23425 30004465 Trn: 1572422739Tc	23,578.84
06/06	Fedwire Credit Via: Bank of America, N.A./026009593 B/O: Apollo Management Lp US Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=Ap0000121 697 Obi=23445 Bbi=/Time/11:28 lmad: 0606B6B7Hu4R010229 Trn: 0498471158Ff	2,600.00
06/06	Orig CO Name:Acminc Orig ID:9895565001 Desc Date:240606 CO Entry Descr:040111 Sec:CCD Trace#:021000021281821 Eed:240606 Ind ID:040111 Ind Name:Cintra Software Invoice 23446 Trn: 1581281821Tc	4,450.00
06/10	Lockbox No: 22506 For 2 Items At 16:00 5 Trn: 2503357162Lb	17,624.16
06/10	Orig CO Name:US Fertility Ent Orig ID:4272102091 Desc Date: CO Entry Descr:Coupa Pay Sec:CCD Trace#:091000013213192 Eed:240610 Ind ID:10863996 Ind Name:Cintra Software Serv Nte*Obi*Coupa Pay 100-3734 US Ferti Lity Enterprises LLC Tmate\ EDI Trn: 1623213192Tc	22,403.75
06/10	Orig CO Name:Matrix Applicati Orig ID:6134143878 Desc Date: CO Entry Descr:Payments Sec:CCD Trace#:028000083213195 Eed:240610 Ind ID:Cintra Ind Name:Cintra Nte*Inv-3343\ 5637751 Trn: 1623213195Tc	10,297.00
06/10	Orig CO Name:Davidyurman Pmd Orig ID:7010532275 Desc Date:240610 CO Entry Descr:Payment Sec:CCD Trace#:051000013213190 Eed:240610 Ind ID:71524 Ind Name:Cintra.Receivables Trn: 1623213190Tc	7,969.77
06/11	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2502332163Lb	1,723.00
06/12	Orig CO Name:US Fertility Ent Orig ID:4272102091 Desc Date: CO Entry Descr:Coupa Pay Sec:CCD Trace#:091000019911250 Eed:240612 Ind ID:10888507 Ind Name:Cintra Software Serv Nte*Obi*Coupa Pay 105-3878 US Ferti Lity Enterprises LLC Tmate\ EDI Trn: 1649911250Tc	5,947.50
06/12	Orig CO Name:Sandata Technolo Orig ID:401301069 Desc Date:240611 CO Entry Descr:Payment Sec:CCD Trace#:022000029911247 Eed:240612 Ind ID:23283 Ind Name:Cintra Software Servch 23283 Hexagon Payment Trn: 1649911247Tc	5,500.00



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DEPOSITS AND ADDITIONS *(continued)*

DATE	DESCRIPTION	AMOUNT
06/12	Orig CO Name: US Fertility Ent Orig ID: 4272102091 Desc Date: CO Entry Descr: Coupa Pay Sec: CCD Trace#: 091000019911252 Eed: 240612 Ind ID: 10882633 Ind Name: Cintra Software Serv Nte: *Obi*Coupa Pay 104-3814 US Ferti Lity Enterprises LLC Tmate\ EDI Trn: 1649911252Tc	3,782.50
06/13	Chips Credit Via: Citibank N.A./0008 B/O: Lodging Solutions, LLC DbA USA 117474833 Ref: Nbnf=Cintra Software & Services Inc. New York NY 10016-5902 US/Ac-0000 09375066 Org=/006796564887 USA 1174 74833 Ogb=Citibank NA USA Obi=/Uri/Invoice No. 23362, 23377 Bbi=/Chgs/USD0,00/Ocmf/USD18925,00/Bnf/Lodgin G Solutions Ssn: 00473600 Trn: 0114080165Fc	18,925.00
06/13	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240613 CO Entry Descr: Payments Sec: CCD Trace#: 021000022711969 Eed: 240613 Ind ID: Fcs002225260542 Ind Name: Cintra Software Servi Trn: 1652711969Tc	147,155.00
06/13	Orig CO Name: Qorvo US, Inc. Orig ID: 6953654013 Desc Date: CO Entry Descr: 2000440301 Sec: CTX Trace#: 111000026445043 Eed: 240613 Ind ID: 2000440301 Ind Name: 0015Cintra Software Trn: 1656445043Tc	13,937.50
06/13	Orig CO Name: Microsoft Orig ID: 8359993246 Desc Date: CO Entry Descr: 1062747330 Sec: CTX Trace#: 111000022711971 Eed: 240613 Ind ID: 15104495401010 Ind Name: 0015Cintra Software Trn: 1652711971Tc	9,041.31
06/14	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240614 CO Entry Descr: Payments Sec: CCD Trace#: 021000020366307 Eed: 240614 Ind ID: Fcs002226645352 Ind Name: Cintra Software Servi Trn: 1660366307Tc	60,000.00
06/14	Orig CO Name: Kerridge Commere Orig ID: 1048820298 Desc Date: 240614 CO Entry Descr: Payment Sec: CCD Trace#: 022000020366309 Eed: 240614 Ind ID: Cintra Ind Name: Cintra Software Ch Hdd35426WI0071J Trn: 1660366309Tc	15,749.92
06/17	Orig CO Name: Jetblue 2676 Orig ID: 1870617894 Desc Date: Jun 14 CO Entry Descr: EDI Paymntsec: CCD Trace#: 031100206277375 Eed: 240617 Ind ID: 10002000957578 Ind Name: Cintra Software And Se Trn: 1696277375Tc	211,250.00
06/17	Orig CO Name: Targetbase Orig ID: 9080705421 Desc Date: CO Entry Descr: ACH10313 Sec: CCD Trace#: 021000026277373 Eed: 240617 Ind ID: Oci001752536TRX Ind Name: Cintra Software And Se Trn: 1696277373Tc	103,219.97
06/17	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240617 CO Entry Descr: Payments Sec: CCD Trace#: 021000026277369 Eed: 240617 Ind ID: Fcs002228655042 Ind Name: Cintra Software Servi Trn: 1696277369Tc	60,000.00
06/17	Orig CO Name: Northwell Pmd Orig ID: 7010532275 Desc Date: 240617 CO Entry Descr: Payment Sec: CCD Trace#: 051000016277371 Eed: 240617 Ind ID: 063806 Ind Name: Cintra Receivables Trn: 1696277371Tc	4,312.02
06/18	Orig CO Name: Fiserv Solutions Orig ID: 1391833695 Desc Date: CO Entry Descr: Cred/Debitsec: CTX Trace#: 091000013094308 Eed: 240618 Ind ID: 0000977225 Ind Name: 0005Cintra Software Direct Deposit Trn: 1703094308Tc	18,000.00
06/18	Orig CO Name: Elevance Hlth Ap Orig ID: 1352145715 Desc Date: CO Entry Descr: E-Payment Sec: CTX Trace#: 111000023094299 Eed: 240618 Ind ID: Ee52816401 Ind Name: 0007Cintra Software Trn: 1703094299Tc	14,304.08
06/18	Orig CO Name: Oxford Ind Inc. Orig ID: 2580831862 Desc Date: 061724 CO Entry Descr: Trade Pay Sec: CCD Trace#: 053101123094297 Eed: 240618 Ind ID: Phn 4046531510 Ind Name: Cintra Software & Serv Trn: 1703094297Tc	11,100.00
06/20	Orig CO Name: Touro College Orig ID: 6132676570 Desc Date: CO Entry Descr: Credits Sec: PPD Trace#: 028000084535432 Eed: 240620 Ind ID: T00489165 Ind Name: 0001Cintra Software 5653314 Trn: 1724535432Tc	3,250.00
06/20	Orig CO Name: ADP 401K Orig ID: 1223006057 Desc Date: 240620 CO Entry Descr: ADP 401K Sec: CCD Trace#: 021000020789371 Eed: 240620 Ind ID: Kmww2 6146164Vv Ind Name: Cintra Software And Se Aa Trn: 1720789371Tc	203.96
06/21	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240621 CO Entry Descr: Payments Sec: CCD Trace#: 021000020045237 Eed: 240621 Ind ID: Fcs002235892972 Ind Name: Cintra Software Servi Trn: 1730045237Tc	8,248.00
06/24	Lockbox No: 22506 For 2 Items At 16:00 5 Trn: 2504140176Lb	12,239.58



10200490602000000066



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DEPOSITS AND ADDITIONS *(continued)*

DATE	DESCRIPTION	AMOUNT
06/24	Orig CO Name: Davidyurman Pmd Orig ID: 7010532275 Desc Date: 240624 CO Entry Descr: Payment Sec: CCD Trace#: 051000016274637 Eed: 240624 Ind ID: 71679 Ind Name: Cintra Receivables Trn: 1766274637Tc	39,880.00
06/24	Orig CO Name: Matrix Applicati Orig ID: 6134143878 Desc Date: CO Entry Descr: Payments Sec: CCD Trace#: 028000086274639 Eed: 240624 Ind ID: Cintra Ind Name: Cintra Nte*Inv-3343 5658431 Trn: 1766274639Tc	15,000.00
06/25	Book Transfer Credit B/O: Republic Bank Limited Port of Spain Tt Org:/300348582101Chq Republic Bank Ltd Ref: Invoices 23393 23391 Payment For Support Services/Chgs/USD0,/Chgs/USD2 5,00/Ocmt/USD12082,5/ Trn: 6498726176Fs	12,057.50
06/25	Orig CO Name: Church Pension G Orig ID: 4753089458 Desc Date: CO Entry Descr: Dd Cpgs 06Sec: PPD Trace#: 071000151918771 Eed: 240625 Ind ID: 9033084 Ind Name: Cintra Software & Serv 1555037 Trn: 1771918771Tc	4,956.25
06/26	Book Transfer Credit B/O: Republic Bank Limited Port of Spain Tt Org:/150117041201Chq Republic Bank Ltd Ref: Ref Invoice 22810/Chgs/USD0,/Chgs/USD25,00/Ocmt/USD8568,/Acc/Routing N O 021000021 Yr 270 Park Avenue New York NY 10017 USA B R Trn: 8448066177Fs	8,543.00
06/26	Orig CO Name: Amazon.Com Orig ID: 271093831M Desc Date: CO Entry Descr: EDI Pymntssec: CCD Trace#: 091000010305068 Eed: 240626 Ind ID: Dasepy7Vubkb7Qn Ind Name: Cintra Software And Se EDI Trn: 1780305068Tc	62,613.13
06/27	Orig CO Name: Ncl Corporation Orig ID: 2900003687 Desc Date: 240626 CO Entry Descr: Payment Sec: CCD Trace#: 111000027106740 Eed: 240627 Ind ID: Otr6110696/104 Ind Name: Cintra Software Serv 23451982197.6 06/26/24 13:00 Trn: 1797106740Tc	982,197.60
06/27	Orig CO Name: Jetblue 2676 Orig ID: 1870617894 Desc Date: Jun 26 CO Entry Descr: EDI Paymntsec: CCD Trace#: 031100207106738 Eed: 240627 Ind ID: 10002000962126 Ind Name: Cintra Software And Se Trn: 1797106738Tc	11,962.50
06/27	Orig CO Name: Amb Rating Serv Orig ID: 1475271514 Desc Date: 240627 CO Entry Descr: Ambrs 0627Sec: CCD Trace#: 041000125528617 Eed: 240627 Ind ID: Cintr Ind Name: Cintra Trn: 1795528617Tc	10,694.00
06/28	Fedwire Credit Via: Lakeside Bank/071001504 B/O: Alliance Financial Elmhurst, IL 60126 Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=O/B Lakes Ide Chg Obi=Inv 23453 Bbi=/Time/16: 00 Imad: 0628Gmqmp01042179 Trn: 1473451180Ft	5,000.00
06/28	Orig CO Name: Njr Service Corp Orig ID: 1223754019 Desc Date: CO Entry Descr: Payment Sec: CCD Trace#: 043000091257466 Eed: 240628 Ind ID: 1002041 Ind Name: Cintra Software & Serv 23473 242606 1000000 240107 2548015 Trn: 1801257466Tc	16,927.50
06/28	Orig CO Name: 18101Screenvisio Orig ID: 1311788242 Desc Date: CO Entry Descr: Payments Sec: CCD Trace#: 122016061257463 Eed: 240628 Ind ID: Ind Name: Cintrasoftwaresrcv Inv 23306, 23259 Trn: 1801257463Tc	7,858.75
06/28	Orig CO Name: US Fertility Ent Orig ID: 4272102091 Desc Date: CO Entry Descr: Coupa Pay Sec: CCD Trace#: 091000011257474 Eed: 240628 Ind ID: 11073866 Ind Name: Cintra Software Serv Nte*Obi*Coupa Pay 116-4473 US Ferti Lity Enterprises LLC Tmate\ EDI Trn: 1801257474Tc	5,947.50
06/28	Orig CO Name: GA Corporati5167 Orig ID: 1133187045 Desc Date: CO Entry Descr: USD040627 Sec: CCD Trace#: 061000057298144 Eed: 240628 Ind ID: Ind Name: Cintra Software & Serv Direct Deposit Trn: 1807298144Tc	5,750.00
06/28	Orig CO Name: Elseducationalse Orig ID: 1462121493 Desc Date: CO Entry Descr: EDI Pymntssec: CCD Trace#: 091000011257472 Eed: 240628 Ind ID: 102012080354545 Ind Name: Cintra Software Servi EDI Trn: 1801257472Tc	5,500.00
06/28	Orig CO Name: Raymond James Orig ID: 1591237041 Desc Date: CO Entry Descr: ACH Sec: CTX Trace#: 028000081257469 Eed: 240628 Ind ID: Ap0000541505 Ind Name: 0001Cintra Software Trn: 1801257469Tc	3,500.00

Total Deposits and Additions

\$2,194,674.33



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ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
06/03	Orig CO Name:ADP 401K Orig ID:1223006057 Desc Date:240603 CO Entry Descr:ADP 401K Sec:CCD Trace#:021000021314646 Eed:240603 Ind ID:Kmwv2 053108V02 Ind Name:Cintra Software And Se Aa Trn: 1551314646Tc	\$22,613.81
06/04	06/04 Online Transfer To Sav ...0065 Transaction#: 20985324831	2,000,000.00
06/04	06/04 Online Domestic Wire Transfer Via: Northern Chgo/071000152 A/C: Cdw Direct Vernon Hills IL 60061 US Ref: Invoice Payment/Bnf/Invoice Payment Imad: 0604Mmqfmp2L027095 Trn: 3606854156Es	7,334.48
06/04	06/04 Online International Wire Transfer A/C: Emirates NBD Bank Pjsc Dubai U.A.E. 0000 - Ae Ref: Invoice 000004 Trn: 3607864156Es	9,166.67
06/04	06/04 Online Payment 20992737204 To Cogent Communications	675.00
06/04	Orig CO Name:T-Mobile.Com Orig ID:0000450304 Desc Date:240604 CO Entry Descr:Pcs Svc Sec:Web Trace#:021000021791905 Eed:240604 Ind ID:3898146 Ind Name:Cintra Software And Se 800-937-8997 Trn: 1561791905Tc	143.24
06/04	Orig CO Name:Paycor Inc. Orig ID:A311299990 Desc Date:136137 CO Entry Descr:Paycorfeesec:CCD Trace#:242071751791907 Eed:240604 Ind ID:181103753258452 Ind Name:Cintra Software And Se 136137041824001 Trn: 1561791907Tc	108.88
06/05	06/05 Online ACH Payment 11133854984 To Murphybovallp (_#####0444)	5,000.00
06/05	06/05 Basic Online Payroll Payment 11133852872 To #####7931	2,098.19
06/05	06/05 Online ACH Payment 11133851423 To Marathondayinteriordesigners (_#####5318)	1,768.20
06/05	06/05 Online ACH Payment 11133864252 To 3Parkavenuebuildingcolp (_#####8018)	1,516.72
06/05	Orig CO Name:Unitedhealthcare Orig ID:1411289245 Desc Date: CO Entry Descr:Billing Sec:CTX Trace#:042000017721938 Eed:240605 Ind ID:924100086471 Ind Name:0007Cintra Software Premiumbilling Trn: 1577721938Tc	1,787.88
06/05	Orig CO Name:Verizon Orig ID:9783397101 Desc Date: CO Entry Descr:Vz Billpaysec:PPD Trace#:091000010197783 Eed:240605 Ind ID:U0187055 Ind Name:X Trn: 1570197783Tc	790.54
06/05	Orig CO Name:State of CT Drs Orig ID:T061380598 Desc Date:240605 CO Entry Descr:Bus Dirpaysec:CCD Trace#:051000010197785 Eed:240605 Ind ID:6067654 Ind Name:Cintra Software & Serv Trn: 1570197785Tc	74.42
06/05	Orig CO Name:Verizon Orig ID:9783397101 Desc Date: CO Entry Descr:Vz Billpaysec:Web Trace#:091000010197781 Eed:240605 Ind ID:6517591480001 Ind Name:Cintra Trn: 1570197781Tc	42.89
06/06	Orig CO Name:The Guardian Orig ID:9555837002 Desc Date:Jun 01 CO Entry Descr:Jun Gp Insec:CCD Trace#:021000026970226 Eed:240606 Ind ID:55045700Bbg0000 Ind Name:Cintra Software Servi Trn: 1586970226Tc	6,136.74
06/11	06/11 Online ACH Payment 11133843147 To Oracleamerica (_#####0841)	110,168.40
06/11	06/11 Online International Wire Transfer Via: Standard Chartered Bank/0256 A/C: Banco Topazio S.A. Porto Alegre Brazil 90240-040 Br Ben: Klaus Rilke Pachel Ribeiro Sao Paulo 04564003 Br Ref: Invoice Payment 00012 For May/June Services Taxid40298050862/Invoice P Ayment/Int/Rilke.Klausatgmail.Com/B Nf/Invoice Payment Ssn: 00269322 Trn: 3154034163Es	3,901.21
06/12	06/12 Online ACH Payment 11134609115 To Tgail (_#####5491)	3,759.23
06/12	Orig CO Name:Federal Express Orig ID:1710427007 Desc Date:240612 CO Entry Descr:Debit Sec:Web Trace#:021000022934280 Eed:240612 Ind ID:Epa78504216 Ind Name:Cintra Software & Serv Trn: 1642934280Tc	106.92
06/13	Orig CO Name:ADP Wage Pay Orig ID:9333006057 Desc Date:240613 CO Entry Descr:Wage Pay Sec:CCD Trace#:021000028932967 Eed:240613 Ind ID:935432248970WV2 Ind Name:Cintra Software And Se 323298036 Trn: 1658932967Tc	134,014.68
06/13	Orig CO Name:ADP Tax Orig ID:1223006057 Desc Date:240613 CO Entry Descr:ADP Tax Sec:CCD Trace#:021000028932965 Eed:240613 Ind ID:Kmwv2 061409A01 Ind Name:Cintra Software And Se Aa Trn: 1658932965Tc	66,165.26





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ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
06/13	Orig CO Name:ADP Wage Garn Orig ID:9333006057 Desc Date:240613 CO Entry Descr:Wage Garn Sec:CCD Trace#:021000028932969 Eed:240613 Ind ID:935432248971WV2 Ind Name:Cintra Software And Se 323298036 Trn: 1658932969Tc	2,056.50
06/14	06/14 Basic Online Payroll Payment 11135104187 To #####7931	1,452.45
06/14	06/14 Online ACH Payment 11135100713 To Huntonandrewskurthlp (_#####8094)	5,796.00
06/14	06/14 Online ACH Payment 11135100921 To Fernandadugini (_#####3072)	7,333.33
06/14	06/14 Online ACH Payment 11135104475 To Paulaishida (_#####9064)	353.40
06/14	06/14 Online International Wire Transfer A/C: Hdfe Bank Ltd Kanjur Marg East Mumbai India IN Ref: Invoice Payment Tel8284066042/P0803/US/Bnf/Invoice Payment For Cintra Software Private Limited Trn: 3751914166Es	112,700.00
06/14	06/14 Online International Wire Transfer A/C: Banco Inter S.A. Belo Horizonte Brazil 30110-51 Br Ref: Inv No 5 - It Services For May. 2024 Cyber Solucoes E Sistemas Ltda (A Rmando Desouza) Taxid48962363000134/Invoice Payment/Int/Adesouzaatoint Ra.Com Trn: 3752804166Es	7,000.00
06/14	06/14 Online International Wire Transfer A/C: Banco Inter S.A. Belo Horizonte Brazil 30110-51 Br Ref: Invoice Payment Taxid06948788000149/Tel5519993862828/Invoice Payment/I Nt/Jllestonatjlaconsult.Com.Br/Bnf/Invoice Payment Trn: 3752464166Es	7,495.89
06/14	Orig CO Name:Beneflex Inc Orig ID:2223205534 Desc Date:061324 CO Entry Descr:Bt0613 Sec:CCD Trace#:021205234429666 Eed:240614 Ind ID:000000276286033 Ind Name:Cintra Software & Serv Beneflex Trn: 1664429666Tc	117.77
06/17	Orig CO Name:ADP 401K Orig ID:1223006057 Desc Date:240617 CO Entry Descr:ADP 401K Sec:CCD Trace#:021000029896798 Eed:240617 Ind ID:Kmwv2 061409V02 Ind Name:Cintra Software And Se Aa Trn: 1699896798Tc	21,206.98
06/20	06/20 Online International Wire Transfer A/C: Banco Ourinvest S/A Sao Paulo Brazil 01310-919 Br Ref: Inv. 01 - Rodrigo Oliveira- Cloud Project Mgt Taxid54936298000175/Tel5 511972959622/Salary/Payroll Payment S/Int/Roliveiraatcintra.Com Trn: 3026884172Es	3,875.20
06/20	06/20 Online ACH Payment 11135201446 To Usicyberinsurance (_#####3910)	94,474.67
06/20	06/20 Online ACH Payment 11135352757 To Lasvegasmotorsportspark (_#####3655)	17,723.60
06/20	06/20 Online ACH Payment 11135569551 To Musillounkenholtllc (_#####5098)	4,120.00
06/20	Orig CO Name:Beneflex Inc Orig ID:2223205534 Desc Date: CO Entry Descr:Funding Sec:CCD Trace#:021205235645158 Eed:240620 Ind ID:Bencintra Ind Name:Cintra Corporation Trn: 1725645158Tc	441.66
06/21	06/21 Online ACH Payment 11135573500 To Curatorcatering (_#####4911)	3,917.76
06/21	Orig CO Name:Nyc Dept of Fina Orig ID:6136400434 Desc Date:240620 CO Entry Descr:Taxpaymentsec:Web Trace#:051000012595747 Eed:240621 Ind ID:107649280 Ind Name:Cintra Software And Se X Trn: 1732595747Tc	20,266.54
06/21	Orig CO Name:Webfile Tax Pymt Orig ID:2146000311 Desc Date: CO Entry Descr:Dd Sec:CCD Trace#:021000022595741 Eed:240621 Ind ID:902/76125708 Ind Name:33311/12345/EDI/Xml - Cpa Tax Payments Trn: 1732595741Tc	5,543.71
06/21	Orig CO Name:Beneflex Inc Orig ID:2223205534 Desc Date: CO Entry Descr:Funding Drsec:CCD Trace#:021205232595745 Eed:240621 Ind ID:Bencintra Ind Name:Cintra Corporation Funding Debit Trn: 1732595745Tc	441.66
06/21	Orig CO Name:ADP Payroll Fees Orig ID:9659605001 Desc Date:240621 CO Entry Descr:ADP Fees Sec:CCD Trace#:021000022595749 Eed:240621 Ind ID:412572076496 Ind Name:663543243Cintra Softwa 550374703 Trn: 1732595749Tc	125.30
06/21	Orig CO Name:Federal Express Orig ID:1710427007 Desc Date:240621 CO Entry Descr:Debit Sec:Web Trace#:021000022595743 Eed:240621 Ind ID:Epa78818355 Ind Name:Cintra Software & Serv Trn: 1732595743Tc	64.68
06/26	Orig CO Name:Jp Morgan Chase Orig ID:36-0899825 Desc Date:062524 CO Entry Descr:Comm Card Sec:CCD Trace#:021000026860926 Eed:240626 Ind ID:556375790004586 Ind Name:Cintra Software Autopay Trn: 1786860926Tc	15,171.65



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ELECTRONIC WITHDRAWALS (continued)

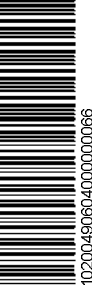
DATE	DESCRIPTION	AMOUNT
06/26	06/26 Online ACH Payment 11136036869 To Dart (_#####8731)	457,503.20
06/26	Orig CO Name:Avt Technology S Orig ID:9937116003 Desc Date: CO Entry Descr:De000 Sec:CCD Trace#:021000026431605 Eed:240626 Ind ID: Ind Name:Cintra Software & Direct Debiting Trn: 1786431605Tc	53,017.29
06/26	Orig CO Name:Nys Dtf Promp St Orig ID:8146013200 Desc Date: CO Entry Descr:Tax Paymntsec:CCD Trace#:091000016431607 Eed:240626 Ind ID:000000115481867 Ind Name:Cintra Software Servi Trn: 1786431607Tc	6,772.85
06/27	06/27 Online Domestic Wire Transfer Via: Northern Intl Nyc/026001122 A/C: Tenet Bank Ltd George Town KY19006 KY Ref: For Further Credit To 0152300001 (Ensana Management Services)/Time/11: 10 Imad: 0627Mmqfmp2M019425 Trn: 3317784179Es	21,334.00
06/27	06/27 Online Domestic Wire Transfer Via: Bk Amer Nyc/026009593 A/C: Grenada Cooperative Bank Ltd St. Georges Gd Ref: For Onward Transfer To USD Account Number 425000280 Jasmin Redhead C/O Legal Aid And Counselling Clinic, S T Johns Street, St Georges/BnI/Ffc USD Account Number 425000280 Jasmin Redhead C/O Legal Imad: 0627Mmqfmp2M033289 Trn: 3632864	500.00
06/27	Orig CO Name:ADP Wage Pay Orig ID:9333006057 Desc Date:240627 CO Entry Descr:Wage Pay Sec:CCD Trace#:021000029593540 Eed:240627 Ind ID:944031030205WV2 Ind Name:Cintra Software And Se 323298036 Trn: 1799593540Tc	157,982.95
06/27	Orig CO Name:ADP Tax Orig ID:1223006057 Desc Date:240627 CO Entry Descr:ADP Tax Sec:CCD Trace#:021000029593538 Eed:240627 Ind ID:Kmwv2 062810A01 Ind Name:Cintra Software And Se Aa Trn: 1799593538Tc	84,581.43
06/27	Orig CO Name:ADP Wage Garn Orig ID:9333006057 Desc Date:240627 CO Entry Descr:Wage Garn Sec:CCD Trace#:021000029593542 Eed:240627 Ind ID:944031030206WV2 Ind Name:Cintra Software And Se 323298036 Trn: 1799593542Tc	2,056.50
06/28	06/28 Basic Online Payroll Payment 11136534542 To #####7931	2,918.77
06/28	Orig CO Name:ADP Payroll Fees Orig ID:9659605001 Desc Date:240628 CO Entry Descr:ADP Fees Sec:CCD Trace#:021000029216718 Eed:240628 Ind ID:415072954135 Ind Name:663991358Cintra Softwa 550374703 Trn: 1809216718Tc	329.73
Total Electronic Withdrawals		\$3,496,048.83

FEES

DATE	DESCRIPTION	AMOUNT
06/05	Service Charges For The Month of May	\$183.45
Total Fees		\$183.45

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
06/03	\$3,838,606.35	06/12	1,822,319.81	06/21	2,004,329.53
06/04	1,828,778.08	06/13	1,809,142.18	06/24	2,071,449.11
06/05	1,864,094.63	06/14	1,742,643.26	06/25	2,088,462.86
06/06	1,865,007.89	06/17	2,100,218.27	06/26	1,627,154.00
06/10	1,923,302.57	06/18	2,143,622.35	06/27	2,365,553.22
06/11	1,810,955.96	06/20	2,026,441.18	06/28	2,412,788.47





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SERVICE CHARGE SUMMARY

Monthly Service Fee	\$0.00
Other Service Charges	\$183.30
Total Service Charges	\$183.30 Will be assessed on 7/3/24

As an added benefit of your Chase Private Client Checking account, the monthly service fee was waived on your Chase Platinum Business Checking account because you maintained an average ledger balance of \$50,000.00 or more in deposits and investments.

SERVICE CHARGE DETAIL

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
Monthly Service Fee					
Monthly Service Fee Waived	0			\$95.00	\$0.00
Other Service Charges:					
Electronic Credits					
Electronic Credits	47	Unlimited	0	\$0.40	\$0.00
Credits					
Non-Electronic Transactions	38	500	0	\$0.40	\$0.00
Cash Management Services					
Standard ACH Pmnts Initial Fee	10	0	10	\$2.50	\$25.00
Std ACH Pmnts Volume Fee	22	0	22	\$0.15	\$3.30
Debit Block Maintenance	1	0	1	\$0.00	\$0.00
ACH Debit Block - Authorized ID	76	0	76	\$0.00	\$0.00
R1 Economy Lockbox With Image Maintenance	1	0	1	\$155.00	\$155.00
Cms Economy Lockbox With Image Items	9	100	0	\$1.55	\$0.00
Subtotal Other Service Charges (Will be assessed on 7/3/24)					\$183.30

ACCOUNT 000937506690965

Other Service Charges:
Electronic Credits
Electronic Credits
Credits
Non-Electronic Transactions
Cash Management Services
Standard ACH Pmnts Initial Fee
Std ACH Pmnts Volume Fee
Debit Block Maintenance
ACH Debit Block - Authorized ID
R1 Economy Lockbox With Image Maintenance
Cms Economy Lockbox With Image Items

Reminder: Fees associated with ACH Payments, Real Time Payments, Same Day ACH, ACH Collections and Chase QuickDepositSM are based on previous month activity.



June 01, 2024 through June 28, 2024
Account Number: **000937506690965**

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

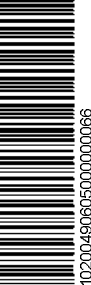
- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC





June 01, 2024 through June 28, 2024
Account Number: **000937506690965**

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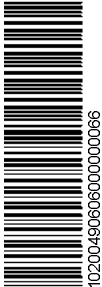
June 01, 2024 through June 28, 2024
Account Number: 000937506690965

STOP PAYMENT RENEWAL NOTICE

ACCOUNT NUMBER BANK NUMBER
000937506690965 802

The following Stop Payments will automatically renew for a 1-year period. You can revoke a current stop payment via your online channel (Chase.com or JPM ACCESS) or by calling the number on your statement or contacting your Customer Service Representative.

REVOKE STOP	SEQUENCE NUMBER	DATE ENTERED	RENEWAL DATE	LOW RANGE OR CHECK NUMBER	HIGH RANGE OR AMOUNT
☐	0000067-21	09/06/18	09/06/24		



Cintra Software & Services Inc.
3 Park Ave FL 32
New York NY 10016-5902

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus OH 43218-2051



June 01, 2024 through June 28, 2024
Account Number: **000937506690965**

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JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

June 29, 2024 through July 31, 2024

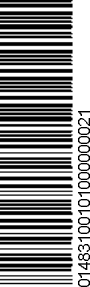
Account Number: **000301147190065**

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Para Espanol: **1-888-622-4273**
International Calls: **1-713-262-1679**
We accept operator relay calls

00148310 DRE 802 219 21424 NNNNNNNNNN 1 000000000 60 0000

CINTRA SOFTWARE & SERVICES INC.
3 PARK AVE FL 32
NEW YORK NY 10016-5902



SAVINGS SUMMARY

Chase Business Select High Yield Savings

	INSTANCES	AMOUNT
Beginning Balance		\$2,001,370.14
Deposits and Additions	1	35.66
Ending Balance	1	\$2,001,405.80
Annual Percentage Yield Earned This Period		0.02%
Interest Paid This Period		\$35.66
Interest Paid Year-to-Date		\$116.21

Your monthly service fee was waived because you maintained an average savings balance of \$10,000 or more during the statement period.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$2,001,370.14
07/31	Interest Payment	35.66	2,001,405.80
	Ending Balance		\$2,001,405.80

You earned a higher interest rate on your Chase Business Select High Yield Savings account during this statement period because you had a qualifying Chase Platinum Business Checking account.

30 deposited items are provided with your account each month. There is a \$0.20 fee for each additional deposited item.



June 29, 2024 through July 31, 2024

Account Number: **000301147190065**

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

June 29, 2024 through July 31, 2024

Account Number: **000937506690965**

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Para Espanol: **1-888-622-4273**
International Calls: **1-713-262-1679**
We accept operator relay calls

00020452 DRI 802 219 21624 NNNNNNNNNN 1 000000000 Z9 0000

CINTRA SOFTWARE & SERVICES INC.
3 PARK AVE FL 32
NEW YORK NY 10016-5902



CHECKING SUMMARY

Chase Platinum Business Checking

	INSTANCES	AMOUNT
Beginning Balance		\$2,412,788.47
Deposits and Additions	61	1,834,652.16
Electronic Withdrawals	114	-2,903,985.71
Fees	1	-183.30
Ending Balance	176	\$1,343,271.62

Your Chase Platinum Business Checking account provides:

- No transaction fees for unlimited electronic deposits (including ACH, ATM, wire, Chase Quick Deposit)
- 500 debits and non-electronic deposits (those made via check or cash in branches) per statement cycle
- \$25,000 in cash deposits per statement cycle
- Unlimited return deposited items with no fee

There are additional fee waivers and benefits associated with your account – please refer to your Deposit Account Agreement for more information.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
07/01	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2502596183Lb	\$3,618.75
07/01	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240701 CO Entry Descr: Payments Sec: CCD Trace#: 021000020022440 Eed: 240701 Ind ID: Fcs002261374042 Ind Name: Cintra Software Servi Trn: 1830022440Tc	60,000.00
07/01	Orig CO Name: Transplace Pmd Orig ID: 7010532275 Desc Date: 240701 CO Entry Descr: Payment Sec: CCD Trace#: 051000010022442 Eed: 240701 Ind ID: 9255591 Ind Name: Cintra Receivables Trn: 1830022442Tc	56,994.00
07/01	Orig CO Name: Presidio Ap Orig ID: 2581667655 Desc Date: 062824 CO Entry Descr: Payables Sec: PPD Trace#: 043000090022444 Eed: 240701 Ind ID: Cint03 Ind Name: Cintra Software & Serv Ax EFT Deposit Trn: 1830022444Tc	2,750.00
07/02	Fedwire Credit Via: Bank of America, N.A./026009593 B/O: Apollo Management Lp US Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=Ap0000123 141 Obi=23533 Bbi=/Time/11:26 Imad: 0702B6B7Hu4R010452 Trn: 0520091184Ff	2,600.00
07/02	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2502949184Lb	2,459.00
07/02	Orig CO Name: Estee Lauder Inc Orig ID: 1411891207 Desc Date: CO Entry Descr: El Ap Pymtsec: CCD Trace#: 028000088039021 Eed: 240702 Ind ID: Ind Name: Cintra Software Servic Direct Deposit Trn: 1848039021Tc	241,288.82



June 29, 2024 through July 31, 2024
Account Number: 000937506690965

DEPOSITS AND ADDITIONS *(continued)*

DATE	DESCRIPTION	AMOUNT
07/02	Orig CO Name:Kerridge Commere Orig ID:1048820298 Desc Date:240702 CO Entry Descr:Payment Sec:CCD Trace#:022000028039019 Eed:240702 Ind ID:Cintra Ind Name:Cintra Software Ch Hdd07196X000Woi Trn: 1848039019Tc	4,830.00
07/02	Orig CO Name:Key Food Stores Orig ID:P311095140 Desc Date: CO Entry Descr:EDI Pymts Sec:CTX Trace#:011500124279490 Eed:240702 Ind ID:2000070224 Ind Name:0007Cintra Software Citizensedi Trn: 1844279490Tc	820.00
07/03	Fedwire Credit Via: Bank of America, N.A./026009593 B/O: Apollo Management Lp US Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=Ap0000123 232 Obi=23497 Bbi=/Time/11:35 lmad: 0703B6B7Hu3R011449 Trn: 0600231185Ff	15,680.00
07/03	Orig CO Name:Transplace Pmd Orig ID:7010532275 Desc Date:240703 CO Entry Descr:Payment Sec:CCD Trace#:051000013546603 Eed:240703 Ind ID:9256026 Ind Name:Cintra.Receivables Trn: 1853546603Tc	29,742.01
07/05	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2503099187Lb	7,200.00
07/08	Lockbox No: 22506 For 2 Items At 16:00 5 Trn: 2500642190Lb	35,612.50
07/08	Orig CO Name:Amazon.Com, Inc. Orig ID:9000020015 Desc Date:240708 CO Entry Descr:Payments Sec:CCD Trace#:021000025479217 Eed:240708 Ind ID:Fcs002269185942 Ind Name:Cintra Software Servi Trn: 1905479217Tc	87,500.00
07/08	Orig CO Name:US Fertility Ent Orig ID:4272102091 Desc Date: CO Entry Descr:Coupa Pay Sec:CCD Trace#:091000015479221 Eed:240708 Ind ID:11139366 Ind Name:Cintra Software Serv Nte*Obi*Coupa Pay 117-4559 US Ferti Lity Enterprises LLC Tmate\ EDI Trn: 1905479221Tc	3,715.00
07/08	Orig CO Name:Presidio Ap Orig ID:2581667655 Desc Date:070324 CO Entry Descr:Payables Sec:PPD Trace#:043000095479219 Eed:240708 Ind ID:Cint03 Ind Name:Cintra Software & Serv Ax EFT Deposit Trn: 1905479219Tc	2,360.00
07/09	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2500234191Lb	66,250.00
07/09	Orig CO Name:Davidyurman Pmd Orig ID:7010532275 Desc Date:240709 CO Entry Descr:Payment Sec:CCD Trace#:051000013643361 Eed:240709 Ind ID:71805 Ind Name:Cintra.Receivables Trn: 1913643361Tc	41,171.11
07/09	Orig CO Name:Acminc Orig ID:9895565001 Desc Date:240705 CO Entry Descr:040111 Sec:CCD Trace#:021000023643356 Eed:240709 Ind ID:040111 Ind Name:Cintra Software Invoice 23542 Trn: 1913643356Tc	4,450.00
07/09	Orig CO Name:Amb Rating Serv Orig ID:1475271514 Desc Date:240709 CO Entry Descr:Ambrs 0709Sec:CCD Trace#:041000124239101 Eed:240709 Ind ID:Cintr Ind Name:Cintra Trn: 1914239101Tc	3,625.00
07/09	Orig CO Name:The Hartford Orig ID:9942902727 Desc Date: CO Entry Descr:Insrfdcl Sec:CCD Trace#:051000013643359 Eed:240709 Ind ID:16017628 Ind Name:Cintra Software And Se 713 Bi Auto ACH Reim Trn: 1913643359Tc	1,187.00
07/10	Orig CO Name:Kerridge Commere Orig ID:1048820298 Desc Date:240710 CO Entry Descr:Payment Sec:CCD Trace#:022000023902726 Eed:240710 Ind ID:Cintra Ind Name:Cintra Software Ch Hdd14596Xb010Qh Trn: 1923902726Tc	15,749.92
07/11	Orig CO Name:Ncl Corporation Orig ID:2900003687 Desc Date:240710 CO Entry Descr:Payment Sec:CCD Trace#:111000029731586 Eed:240711 Ind ID:Otr6120750/124 Ind Name:Cintra Software Serv 23452163333.2 07/10/24 13:00 Trn: 1939731586Tc	163,333.20
07/11	Orig CO Name:Amazon.Com, Inc. Orig ID:9000020015 Desc Date:240711 CO Entry Descr:Payments Sec:CCD Trace#:021000029731581 Eed:240711 Ind ID:Fcs002275316832 Ind Name:Cintra Software Servi Trn: 1939731581Tc	65,000.00
07/11	Orig CO Name:Sandata Technolo Orig ID:401301069 Desc Date:240710 CO Entry Descr:Payment Sec:CCD Trace#:022000029731583 Eed:240711 Ind ID:23370 Ind Name:Cintra Software Servch 23370 Hexagon Payment Trn: 1939731583Tc	5,500.00
07/11	Orig CO Name:Acminc Orig ID:9895565001 Desc Date:240711 CO Entry Descr:040111 Sec:CCD Trace#:021000029731578 Eed:240711 Ind ID:040111 Ind Name:Cintra Software Invoice 23502 Trn: 1939731578Tc	1,017.50



June 29, 2024 through July 31, 2024
Account Number: 000937506690965

DEPOSITS AND ADDITIONS *(continued)*

DATE	DESCRIPTION	AMOUNT
07/15	Orig CO Name: Microsoft Orig ID: 8359993246 Desc Date: CO Entry Descr: 1063613929Sec: CTX Trace#: 111000026897606 Eed: 240715 Ind ID: 15104947661010 Ind Name: 0014Cintra Software Trn: 1976897606Tc	6,591.31
07/16	Book Transfer Credit B/O: Hudson River Cio Advisors, LLC Hawthorne NY 10532-6100 US Ref: Invoice No. 23421 Trn: 3525724198Es	49,928.00
07/16	Orig CO Name: Arcosainc Orig ID: 9121002002 Desc Date: 240716 CO Entry Descr: Payments Sec: CCD Trace#: 021000020142441 Eed: 240716 Ind ID: 544609 Ind Name: Cintra Software & Serv Trn: 1980142441Tc	109,500.00
07/16	Orig CO Name: Fiserv Solutions Orig ID: 1391833695 Desc Date: CO Entry Descr: Cred/Debitsec: CTX Trace#: 091000010142445 Eed: 240716 Ind ID: 0001003509 Ind Name: 0005Cintra Software Direct Deposit Trn: 1980142445Tc	17,037.50
07/16	Orig CO Name: Oxford Ind Inc. Orig ID: 2580831862 Desc Date: 071524 CO Entry Descr: Trade Pay Sec: CCD Trace#: 053101120142443 Eed: 240716 Ind ID: Phn 4046531510 Ind Name: Cintra Software & Serv Trn: 1980142443Tc	7,338.75
07/16	Orig CO Name: Opt-Intelligence Orig ID: 1204895317 Desc Date: CO Entry Descr: Receivablesec: CCD Trace#: 021000020142452 Eed: 240716 Ind ID: 016Uiqngc3Euwo7 Ind Name: Cintra Software & Serv 016Uiqngc3Euwo7 Opt-Intelligence Bi Ll Com Inv 23355 Trn: 1980142452Tc	2,500.00
07/17	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2502355199Lb	24,550.00
07/17	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240717 CO Entry Descr: Payments Sec: CCD Trace#: 021000028440779 Eed: 240717 Ind ID: Fcs002282402882 Ind Name: Cintra Software Servi Trn: 1998440779Tc	17,800.00
07/17	Orig CO Name: Northwell Pmd Orig ID: 7010532275 Desc Date: 240717 CO Entry Descr: Payment Sec: CCD Trace#: 051000018440781 Eed: 240717 Ind ID: 066481 Ind Name: Cintra Receivables Trn: 1998440781Tc	3,190.40
07/18	Orig CO Name: Elevance Hlth Ap Orig ID: 1352145715 Desc Date: CO Entry Descr: E-Payment Sec: CTX Trace#: 111000023993189 Eed: 240718 Ind ID: Ee52831815 Ind Name: 0007Cintra Software Trn: 2003993189Tc	14,304.08
07/18	Orig CO Name: Qorvo US, Inc. Orig ID: 6953654013 Desc Date: CO Entry Descr: 2000442619Sec: CTX Trace#: 111000026039374 Eed: 240718 Ind ID: 2000442619 Ind Name: 0014Cintra Software Trn: 2006039374Tc	11,350.00
07/19	Chips Credit Via: Citibank N.A./0008 B/O: Lodging Solutions, LLC DBA USA 117474833 Ref: Nbnf=Cintra Software & Services Inc. New York NY 10016-5902 US/Ac-0000 09375066 Org=/006796564887 USA 1174 74833 Ogb=Citibank NA USA Obi=/Uri/Invoice No. 23462, 23492 Bbi=/Chgs/USD0,00/Ocmt/USD8824,75/Bnf/Lodging Solutions, Ssn: 00524156 Trn: 0129976201Fc	8,824.75
07/19	Orig CO Name: Targetbase Orig ID: 9080705421 Desc Date: CO Entry Descr: ACH10313 Sec: CCD Trace#: 021000027283138 Eed: 240719 Ind ID: Oci001792354TRX Ind Name: Cintra Software And Se Trn: 2017283138Tc	106,615.82
07/22	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2500637204Lb	66,250.00
07/23	Orig CO Name: Cohen And Steers Orig ID: 1133353336 Desc Date: CO Entry Descr: Epay Sec: CTX Trace#: 111000026244273 Eed: 240723 Ind ID: 100128 Ind Name: 0006Cintra Software Direct Deposit Trn: 2056244273Tc	13,326.00
07/23	Orig CO Name: Touro College Orig ID: 6132676570 Desc Date: CO Entry Descr: Credits Sec: PPD Trace#: 028000086244281 Eed: 240723 Ind ID: T00489165 Ind Name: 0001Cintra Software 5703998 Trn: 2056244281Tc	3,250.00
07/24	Deposit 2112606948	4,120.00
07/24	Orig CO Name: Church Pension G Orig ID: 4753089458 Desc Date: CO Entry Descr: Dd Cpgs 07Sec: PPD Trace#: 071000154463833 Eed: 240724 Ind ID: 9033510 Ind Name: Cintra Software & Serv 1582037 Trn: 2064463833Tc	14,119.17
07/24	Orig CO Name: Amb Rating Serv Orig ID: 1475271514 Desc Date: 240723 CO Entry Descr: Ambrs 0723Sec: CCD Trace#: 041000124463831 Eed: 240724 Ind ID: Cintr Ind Name: Cintra Trn: 2064463831Tc	4,062.50



10204520602000000066



June 29, 2024 through July 31, 2024
Account Number: 000937506690965

DEPOSITS AND ADDITIONS *(continued)*

DATE	DESCRIPTION	AMOUNT
07/25	Chips Credit Via: Citibank N.A./0008 B/O: Lodging Solutions, LLC Dba USA 117474833 Ref: Nbnf=Cintra Software & Services Inc. New York NY 10016-5902 US/Ac-0000 09375066 Org=/006796564887 USA 1174 74833 Ogb=Citibank NA USA Obi=/Uri/Invoice No. 23557, 23559, 2357 9 BB !=/Chgs/USD0,00/Ocmt/USD15748,50/Bn F/Lodging Ssn: 00495609 Trn: 0120565207Fc	15,748.50
07/26	Orig CO Name: Amazon.Com Orig ID: 271093831M Desc Date: CO Entry Descr: EDI Pymntssec: CCD Trace#: 091000018239999 Eed: 240726 Ind ID: Das4Vmrbugus2Ncc Ind Name: Cintra Software And Se EDI Trn: 2088239999Tc	53,061.31
07/26	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240726 CO Entry Descr: Payments Sec: CCD Trace#: 021000028239997 Eed: 240726 Ind ID: Fcs002306957892 Ind Name: Cintra Software Servi Trn: 2088239997Tc	20,000.00
07/26	Orig CO Name: Elseducationalse Orig ID: 1462121493 Desc Date: CO Entry Descr: EDI Pymntssec: CCD Trace#: 091000018240001 Eed: 240726 Ind ID: 102012082260587 Ind Name: Cintra Software Servi EDI Trn: 2088240001Tc	5,500.00
07/26	Orig CO Name: Njr Service Corp Orig ID: 1223754019 Desc Date: CO Entry Descr: Payment Sec: CCD Trace#: 043000093656289 Eed: 240726 Ind ID: 1002132 Ind Name: Cintra Software & Serv 23592 242607 207000 243007 2604015 Trn: 2083656289Tc	2,070.00
07/29	Orig CO Name: Porzio Life Scie Orig ID: 1201141448 Desc Date: 240729 CO Entry Descr: Corp Pay Sec: CCD Trace#: 071000288701638 Eed: 240729 Ind ID: Ind Name: Cintra Software & Serv Trn: 2118701638Tc	27,023.75
07/29	Orig CO Name: US Fertility Ent Orig ID: 4272102091 Desc Date: CO Entry Descr: Coupa Pay Sec: CCD Trace#: 091000018701640 Eed: 240729 Ind ID: 11385543 Ind Name: Cintra Software Serv Nte*Obi*Coupa Pay 132-5657 US Ferti Lity Enterprises LLC Tmate\ EDI Trn: 2118701640Tc	5,947.50
07/29	Orig CO Name: Presidio Ap Orig ID: 2581667655 Desc Date: 072624 CO Entry Descr: Payables Sec: PPD Trace#: 043000098701636 Eed: 240729 Ind ID: Cint03 Ind Name: Cintra Software & Serv Ax EFT Deposit Trn: 2118701636Tc	3,635.00
07/29	Orig CO Name: The Hartford Orig ID: 9942902727 Desc Date: CO Entry Descr: Insrfdcl Sec: CCD Trace#: 051000018701634 Eed: 240729 Ind ID: 16017628 Ind Name: Cintra Software And Se 713 Bi Auto ACH Reim Trn: 2118701634Tc	861.48
07/30	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2500842212Lb	19,260.00
07/30	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240730 CO Entry Descr: Payments Sec: CCD Trace#: 021000029360369 Eed: 240730 Ind ID: Fcs002311059122 Ind Name: Cintra Software Servi Trn: 2129360369Tc	10,000.00
07/30	Orig CO Name: Raymond James Orig ID: 1591237041 Desc Date: CO Entry Descr: ACH Sec: CTX Trace#: 028000089360371 Eed: 240730 Ind ID: Ap0000558773 Ind Name: 0001Cintra Software Trn: 2129360371Tc	3,500.00
07/30	Orig CO Name: Key Food Stores Orig ID: P311095140 Desc Date: CO Entry Descr: EDI Pymts Sec: CTX Trace#: 011500126505214 Eed: 240730 Ind ID: 2000071996 Ind Name: 0007Cintra Software Citizensedi Trn: 2126505214Tc	750.00
07/31	Fedwire Credit Via: Lakeside Bank/071001504 B/O: Alliance Financial Elmhurst, IL 60126 Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=O/B Lakes Ide Chg Obi=Alliance - Cintra Inv 2 3540 Bbi=/Time/16:00 Imad: 0731Gmqfmp01035346 Trn: 1265831213Ff	5,000.00
07/31	Orig CO Name: Estee Lauder Inc Orig ID: 1411891207 Desc Date: CO Entry Descr: El Ap Pymtsec: CCD Trace#: 028000080324161 Eed: 240731 Ind ID: Ind Name: Cintra Software Servic Direct Deposit Trn: 2130324161Tc	246,192.53
07/31	Orig CO Name: 18101Screenvisio Orig ID: 1311788242 Desc Date: CO Entry Descr: Payments Sec: CCD Trace#: 122016060324163 Eed: 240731 Ind ID: Ind Name: Cintrasoftwaresrcv Inv 23350 Trn: 2130324163Tc	6,990.00

Total Deposits and Additions

\$1,834,652.16



June 29, 2024 through July 31, 2024
Account Number: 000937506690965

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
07/01	06/29 Online ACH Payment 11136490902 To Melissafoy (_#####1022)	\$2,200.00
07/01	06/29 Online ACH Payment 11136548020 To Amerisoftprosystemsllc (_#####6695)	17,232.16
07/01	06/29 Online ACH Payment 11136544015 To Eprotegelcamitaggarwal (_#####6455)	4,350.00
07/01	06/29 Online ACH Payment 11136534165 To Huntonandrewskurthlp (_#####8094)	5,683.50
07/01	06/29 Online ACH Payment 11136490272 To Jabba (_#####6982)	4,000.00
07/01	06/29 Online ACH Payment 11136533233 To Amitahuja (_#####1262)	1,098.64
07/01	06/29 Online Payment 21233654825 To Kyrios Inc.	17,955.00
07/01	07/01 Online Domestic Wire Transfer Via: Bk Amer Nyc/026009593 A/C: Grenada Cooperative Bank Ltd St. Georges Gd Ref: For Onward Transfer To Account Number 425000280 Jasmin Redhead C/O Leg AL Aid And Counselling Clinic, St J Ohns Street, St Georges Imad: 0701Mmqfmp2N003377 Trn: 3042854183Es	123,433.00
07/01	07/01 Online Domestic Wire Transfer Via: Northern Chgo/071000152 A/C: Cdw Direct Vernon Hills IL 60061 US Ref: Invoice Payment/Bnf/Invoice Payment Imad: 0701Mmqfmp2L010947 Trn: 3057644183Es	9,856.04
07/01	07/01 Online International Wire Transfer A/C: Ic JPMorgan Chase Bank N A Toronto Toronto Msj2J2 Canada 3511 - CA Ref: Invoice Payments Invoice Payment/Bnf/None Trn: 3061364183Es	92.80
07/01	07/01 Online International Wire Transfer Via: Wellsfargo NY Int/026005092 A/C: Cibccattxxx Toronto M5G 2C2 CA Ben: Abbott It Consulting Ltd Calagary T2M0Z4 CA Ref: Inv. 20240502 And 20240501- For May2024 Consultancy Expenses/Bnf/Payme Nt To Abbott It Consulting Ltd Imad: 0701Mmqfmp2M003725 Trn: 3115514183Es	13,866.67
07/01	07/01 Online ACH Payment 11136574854 To Oracleamerica (_#####0841)	150,264.31
07/01	07/01 Online ACH Payment 11136547651 To Inventussolutionsllc (_#####1995)	60,680.00
07/01	07/01 Online ACH Payment 11136544284 To Newyorktechnologypartnersinc (_#####9564)	33,817.28
07/01	07/01 Online ACH Payment 11136550437 To Clemilsondeoliveiraabreu (_#####2697)	22,880.00
07/01	07/01 Online ACH Payment 11136549502 To Caderlineinc (_#####3012)	18,671.84
07/01	07/01 Online ACH Payment 11136489593 To Apextechnologysystemsinc (_#####5525)	18,430.00
07/01	07/01 Online ACH Payment 11136543797 To Redresscompliance (_#####1541)	17,500.00
07/01	07/01 Online ACH Payment 11136541497 To Stellentitllc (_#####8205)	16,000.00
07/01	07/01 Online ACH Payment 11136553361 To Integrabytellic (_#####9259)	15,213.44
07/01	07/01 Online ACH Payment 11136533444 To Puneetgupta (_#####8213)	3,832.95
07/01	Orig CO Name:ADP 401K Orig ID:1223006057 Desc Date:240701 CO Entry Descr:ADP 401K Sec:CCD Trace#:021000027695350 Eed:240701 Ind ID:Kmwv2 062810V02 Ind Name:Cintra Software And Se Aa Trn: 1837695350Tc	23,952.20
07/01	Orig CO Name:Optum Bank Orig ID:5124384877 Desc Date: CO Entry Descr:Dir Dep Sec:PPD Trace#:124384877695352 Eed:240701 Ind ID:720000208 Ind Name:Cintra Software And Se Trn: 1837695352Tc	9,400.00
07/02	07/02 Online ACH Payment 11136760877 To Abdulsheikh (_#####1065)	8,203.18
07/02	07/02 Online ACH Payment 11136770000 To 3Parkavenuebuildingcolp (_#####8018)	9,904.68
07/02	07/02 Online International Wire Transfer A/C: Emirates NBD Bank Pjsc Dubai U. A. E. 0000 - Ae Ref: Jorge Inv. 000005 - Professional Services: New Markets Business Develo Pment- May 2024/Bnf/None Trn: 3360244184Es	9,166.67
07/02	Orig CO Name:Paycor Inc. Orig ID:A311299990 Desc Date:136137 CO Entry Descr:Paycorfeesec:CCD Trace#:242071758273692 Eed:240702 Ind ID:93388531034678 Ind Name:Cintra Software And Se 136137021924001 Trn: 1848273692Tc	108.88
07/03	Orig CO Name:Beneflex Inc Orig ID:2223205534 Desc Date: CO Entry Descr:Funding Sec:CCD Trace#:021205230341269 Eed:240703 Ind ID:Bencintra Ind Name:Cintra Corporation Trn: 1850341269Tc	441.66
07/05	07/05 Basic Online Payroll Payment 11137275658 To #####9657	1,433.52
07/05	07/05 Online ACH Payment 11137258806 To Hewlettpackardfinancialservices (_#####3418)	36,875.82
07/05	07/05 Online ACH Payment 11137258724 To Jabba (_#####6982)	4,000.00
07/05	07/05 Online ACH Payment 11137258702 To Tgail (_#####5491)	3,924.46
07/05	07/05 Online ACH Payment 11137265939 To Vishwajitilamkar (_#####2972)	421.01
07/05	07/05 Online ACH Payment 11137265951 To Marathondayinteriordesigners (_#####5318)	3,893.00





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ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
07/05	07/05 Online ACH Payment 11137258715 To Mandymahand (_#####1436)	3,256.69
07/05	07/05 Online ACH Payment 11137258731 To Murphybovallp (_#####0444)	5,000.00
07/05	07/05 Online Payment 21310910193 To Cogent Communications	675.00
07/05	07/05 Online Domestic Wire Transfer Via: Northern Chgo/071000152 A/C: Cdw Direct Vernon Hills IL 60061 US Ref: Invoice Payment/Bnf/Invoice Payment Imad: 0705Mmqfmp2M032106 Trn: 3651394187Es	7,104.59
07/05	Orig CO Name:Verizon Orig ID:9783397101 Desc Date: CO Entry Descr:Vz Billpaysec:PPD Trace#:091000018514353 Eed:240705 Ind ID:U0187055 Ind Name:X Trn: 1878514353Tc	790.54
07/05	Orig CO Name:T-Mobile.Com Orig ID:0000450304 Desc Date:240704 CO Entry Descr:Pcs Svc Sec:Web Trace#:021000028514349 Eed:240705 Ind ID:3600738 Ind Name:Cintra Software & Serv 800-937-8997 Trn: 1878514349Tc	124.16
07/05	Orig CO Name:Verizon Orig ID:9783397101 Desc Date: CO Entry Descr:Vz Billpaysec:Web Trace#:091000018514351 Eed:240705 Ind ID:6517591480001 Ind Name:Cintra Trn: 1878514351Tc	42.89
07/08	Orig CO Name:Unitedhealthcare Orig ID:1411289245 Desc Date: CO Entry Descr:Billing Sec:CTX Trace#:042000018825423 Eed:240708 Ind ID:924100086670 Ind Name:0007Cintra Software Premiumbilling Trn: 1908825423Tc	37,998.38
07/08	Orig CO Name:Beneflex Inc Orig ID:2223205534 Desc Date:070524 CO Entry Descr:Bt0705 Sec:CCD Trace#:021205232569432 Eed:240708 Ind ID:000000279350973 Ind Name:Cintra Software & Serv Beneflex Trn: 1902569432Tc	110.77
07/11	Orig CO Name:The Guardian Orig ID:9555837002 Desc Date:Jul 01 CO Entry Descr:Jul Gp Inssec:CCD Trace#:021000024880007 Eed:240711 Ind ID:55045700Bbg0000 Ind Name:Cintra Software Servi Trn: 1934880007Tc	5,165.40
07/12	07/12 Online ACH Payment 11138030009 To Hewlettpackardfinancialservices (_#####3418)	36,875.82
07/12	07/12 Online International Wire Transfer Via: Standard Chartered Bank/0256 A/C: Banco Topazio S.A. Porto Alegre Brazil 90240-040 Br Ben: Klaus Rilke Pachel Ribeiro Sao Paulo 04564003 Br Ref: Invoice Payment Taxid40298050862/Invoice Payment/Int/Rilke.Klausatgmai L.Com/Bnf/Invoice Payment Ssn: 00430102 Trn: 3319794194Es	3,776.98
07/12	07/12 Online Payment 21382863199 To Oracle America, Inc	8,227.26
07/12	Orig CO Name:ADP Wage Pay Orig ID:9333006057 Desc Date:240712 CO Entry Descr:Wage Pay Sec:CCD Trace#:021000020228933 Eed:240712 Ind ID:590055977111WV2 Ind Name:Cintra Software And Se 323298036 Trn: 1940228933Tc	130,292.58
07/12	Orig CO Name:ADP Tax Orig ID:1223006057 Desc Date:240712 CO Entry Descr:ADP Tax Sec:CCD Trace#:021000020228937 Eed:240712 Ind ID:Kmwv2 071511A01 Ind Name:Cintra Software And Se Aa Trn: 1940228937Tc	64,158.28
07/12	Orig CO Name:ADP Wage Garn Orig ID:9333006057 Desc Date:240712 CO Entry Descr:Wage Garn Sec:CCD Trace#:021000020228935 Eed:240712 Ind ID:590055977112WV2 Ind Name:Cintra Software And Se 323298036 Trn: 1940228935Tc	2,056.50
07/12	Orig CO Name:ADT Security Ser Orig ID:8881323080 Desc Date: CO Entry Descr:Adtpapach Sec:Web Trace#:043301600228939 Eed:240712 Ind ID:401085756 Ind Name:Cintra Software & Serv Trn: 1940228939Tc	272.19
07/15	07/15 Basic Online Payroll Payment 11138224177 To #####7931	1,116.06
07/15	Orig CO Name:Federal Express Orig ID:1710427007 Desc Date:240714 CO Entry Descr:Debit Sec:Web Trace#:021000026915233 Eed:240715 Ind ID:Epa79584520 Ind Name:Pratiksha Gaikwad Trn: 1976915233Tc	277.37
07/16	07/16 Online International Wire Transfer A/C: Banco Inter S.A. Belo Horizonte Brazil 30110-51 Br Ref: Invoice Payment Taxid06948788000149/Tel5519993862828/Invoice Payment/I Ni/Jlestonatjaconsult.Com.Br/Bnf/Invoice Payment Trn: 3006634198Es	7,970.91
07/16	07/16 Online International Wire Transfer A/C: Banco Inter S.A. Belo Horizonte Brazil 30110-51 Br Ref: Invoice No. 6 - It Services - Cybersolucoes E Sistemas Ltda (Armando D Souza) Taxid48962363000134/Invoice Payment/Int/Adesouzaatcintra.Com/Bn F/None Trn: 3065294198Es	7,000.00



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ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
07/16	07/16 Online Domestic Wire Transfer Via: Northern Intl Nyc/026001122 A/C: Tenet Bank Ltd George Town KY19006 KY Ref: For Further Credit To 0152300001 (Ensana Management Services)/Time/08: 01 Imad: 0716Mmqfmp2N004935 Trn: 3074474198Es	21,334.00
07/16	07/16 Online ACH Payment 11138210316 To Fernandadugini (_#####3072)	7,913.20
07/16	07/16 Online ACH Payment 11138206155 To Dillonlandino (_###1221)	1,282.31
07/16	07/16 Online ACH Payment 11138201805 To Pratikshagaikwad (_#####9404)	652.00
07/16	Orig CO Name:ADP 401K Orig ID:1223006057 Desc Date:240716 CO Entry Descr:ADP 401K Sec:CCD Trace#:021000028660126 Eed:240716 Ind ID:Kmwv2 071511V02 Ind Name:Cintra Software And Se Aa Trn: 1988660126Tc	21,494.46
07/16	Orig CO Name:Georgia Its Tax Orig ID:2586002015 Desc Date:240715 CO Entry Descr:GA TX Pymtsec:CCD Trace#:091000018571908 Eed:240716 Ind ID:1177877904 Ind Name:Cintra Software & Serv Georgia Its Tax Trn: 1988571908Tc	300.00
07/17	07/17 Online International Wire Transfer A/C: Banco Ourinvest S/A Sao Paulo Brazil 01310-919 Br Ref: Inv. 02 - Rodrigo Oliveira Taxid54936298000175/Tel5511972959622/Invoic E Payment/Int/Roliveiraatcintra.Com/Bnf/None Trn: 3064074199Es	6,000.00
07/17	Orig CO Name:Nys Dtf CT Orig ID:G146013200 Desc Date: CO Entry Descr:Tax Paymntsec:CCD Trace#:091000014108079 Eed:240717 Ind ID:000000116131642 Ind Name:Ci2401056388 Trn: 1994108079Tc	59,800.00
07/17	Orig CO Name:Commwithofpaph Orig ID:1236003133 Desc Date:250331 CO Entry Descr:Pacorpntxsec:Web Trace#:043000094108065 Eed:240717 Ind ID:Path10645707 Ind Name:Cintra Software And Se Txp*10645707 *Cni *240331*T* 0000630000*1* *202407 16*0680\ Business Tax Trn: 1994108065Tc	6,300.00
07/17	Orig CO Name:NC Dept Revenue Orig ID:9044030460 Desc Date:240716 CO Entry Descr:Tax Pymt Sec:CCD Trace#:043305134108068 Eed:240717 Ind ID:043000095261064 Ind Name:1400310000037809421427 Telechk 800-697-9263 Trn: 1994108068Tc	2,300.00
07/17	Orig CO Name:Comm of Mass EFT Orig ID:4602285821 Desc Date:240716 CO Entry Descr:MA Dor Paysec:CCD Trace#:051000014108070 Eed:240717 Ind ID:1289948608 Ind Name:Cintra Software And Se Dept. of Revenue Trn: 1994108070Tc	2,200.00
07/17	Orig CO Name:Franchise Tax Bo Orig ID:1282532045 Desc Date:240717 CO Entry Descr:Payments Sec:CCD Trace#:042000014108072 Eed:240717 Ind ID:110260483 Pm Ind Name:Cintra S Trn: 1994108072Tc	1,600.00
07/17	Orig CO Name:VA Dept Taxation Orig ID:1546001745 Desc Date:240716 CO Entry Descr:Tax Paymensec:CCD Trace#:091000014108061 Eed:240717 Ind ID:****0680 Ind Name:Cintra Software And Se EFT Payments Trn: 1994108061Tc	1,200.00
07/17	Orig CO Name:Fla Dept Revenue Orig ID:3596001874 Desc Date: CO Entry Descr:C02 Sec:CCD Trace#:091000014108074 Eed:240717 Ind ID:104987364 Ind Name:Cintra Software And Se Corp Tax Trn: 1994108074Tc	700.00
07/17	Orig CO Name:CO Dept Revenue Orig ID:D846000537 Desc Date:240715 CO Entry Descr:Taxpaymentsec:CCD Trace#:091000014108063 Eed:240717 Ind ID:27989381005Cor Ind Name:Cintra Software & Serv Trn: 1994108063Tc	600.00
07/17	Orig CO Name:IL Dept of Reven Orig ID:5555566257 Desc Date: CO Entry Descr:EDI Pymntssec:CCD Trace#:091000014108076 Eed:240717 Ind ID:00001400548144 Ind Name:Cintra Software Servic Txp*133890680*02020*20240331*T*6000 0\ EDI Trn: 1994108076Tc	600.00
07/17	Orig CO Name:State of CT Drs Orig ID:T061380598 Desc Date:240717 CO Entry Descr:Bus Dirpaysec:CCD Trace#:051000014108057 Eed:240717 Ind ID:6297312 Ind Name: Trn: 1994108057Tc	250.00
07/17	Orig CO Name:TN State Revenue Orig ID:W626001445 Desc Date:240716 CO Entry Descr:TN Tap Sec:CCD Trace#:242071754108059 Eed:240717 Ind ID:1161095808 Ind Name:Cintra Software And Se Tax Access Portal Trn: 1994108059Tc	100.00
07/18	Orig CO Name:Irs Orig ID:3387702000 Desc Date:070824 CO Entry Descr:Usat taxpymtsec:CCD Trace#:061036017462064 Eed:240718 Ind ID:200460091269663 Ind Name:Cintra Software And Se Trn: 2007462064Tc	450,000.00





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ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
07/18	Orig CO Name: Avt Technology S Orig ID: 9937116003 Desc Date: CO Entry Descr: De000 Sec: CCD Trace#: 021000027462062 Eed: 240718 Ind ID: Ind Name: Cintra Software & #38; Direct Debiting Trn: 2007462062Tc	16,478.00
07/18	Orig CO Name: NJ Web Pmt 02301 Orig ID: 7216000928 Desc Date: CO Entry Descr: Njweb02301Sec: CCD Trace#: 031100207462066 Eed: 240718 Ind ID: 091000019030901 Ind Name: Cintra Software And Se Txp* B133890680000*02301*240330*T*38 0000****Cint\ Trn: 2007462066Tc	3,800.00
07/18	Orig CO Name: ADP Tax Orig ID: 1223006057 Desc Date: 240718 CO Entry Descr: ADP Tax Sec: CCD Trace#: 021000027462060 Eed: 240718 Ind ID: Kmwv2 6305135Vv Ind Name: Cintra Software And Se Aa Trn: 2007462060Tc	74.42
07/22	Orig CO Name: Webfile Tax Pymt Orig ID: 2146000311 Desc Date: CO Entry Descr: Dd Sec: CCD Trace#: 021000026307511 Eed: 240722 Ind ID: 902/76380080 Ind Name: 33311/12345/EDI/Xml - Cpa Tax Payments Trn: 2046307511Tc	5,543.71
07/24	Orig CO Name: Jp Morgan Chase Orig ID: 36-0899825 Desc Date: 072324 CO Entry Descr: Comm Card Sec: CCD Trace#: 021000028143139 Eed: 240724 Ind ID: 556375790004586 Ind Name: Cintra Software Autopay Trn: 2068143139Tc	18,172.84
07/24	Orig CO Name: Commwithofpaph Orig ID: 1236003133 Desc Date: 240630 CO Entry Descr: Pastsaletxsec: Web Trace#: 043000096935600 Eed: 240724 Ind ID: Path11031930 Ind Name: Cintra Software & Serv Txp* 11031930 *Sls *240630*T* 0001984129*2*R* *202407 23*0680\ Business Tax Trn: 2066935600Tc	19,841.29
07/24	Orig CO Name: Nys Dtf Bill Pyt Orig ID: E146013200 Desc Date: CO Entry Descr: Tax Paymntsec: CCD Trace#: 091000016935603 Eed: 240724 Ind ID: 000000116370739 Ind Name: M56189493590724 Trn: 2066935603Tc	626.87
07/25	Orig CO Name: Avt Technology S Orig ID: 9937116003 Desc Date: CO Entry Descr: De000 Sec: CCD Trace#: 021000028413439 Eed: 240725 Ind ID: Ind Name: Cintra Software & #38; Direct Debiting Trn: 2078413439Tc	477,096.16
07/25	Orig CO Name: Nys Dtf Promp St Orig ID: 8146013200 Desc Date: CO Entry Descr: Tax Paymntsec: CCD Trace#: 091000018413441 Eed: 240725 Ind ID: 000000116369696 Ind Name: Cintra Software Servi Trn: 2078413441Tc	4,850.81
07/26	Orig CO Name: Paycor Inc. Orig ID: 1311299990 Desc Date: 136137 CO Entry Descr: Tax Fund Sec: CCD Trace#: 242071756635364 Eed: 240726 Ind ID: 155363532775658 Ind Name: Cintra Software And Se 136137261924001 Trn: 2086635364Tc	470.36
07/26	Orig CO Name: ADP Payroll Fees Orig ID: 9659605001 Desc Date: 240726 CO Entry Descr: ADP Fees Sec: CCD Trace#: 021000026635366 Eed: 240726 Ind ID: 930734144680 Ind Name: 666280411Cintra Softwa 550374703 Trn: 2086635366Tc	125.30
07/29	07/29 Basic Online Payroll Payment 11139491085 To #####7931	4,774.62
07/29	07/29 Basic Online Payroll Payment 11139431494 To #####9657	2,554.18
07/29	07/29 Basic Online Payroll Payment 11139434147 To #####6757	892.82
07/29	07/29 Online ACH Payment 11139433929 To Eprotegelcamitaggarwal (_#####6455)	3,410.00
07/29	07/29 Online ACH Payment 11139434047 To Apextechnologysystemsinc (_#####5525)	15,675.00
07/29	07/29 Online ACH Payment 11139431407 To Paulaishida (_#####9064)	535.30
07/29	07/29 Online ACH Payment 11139434075 To Melissafoyd (_#####1022)	1,320.00
07/29	07/29 Online ACH Payment 11139433816 To Vishwajitilamkar (_#####2972)	82.24
07/29	07/29 Online ACH Payment 11139433947 To Pratikhagaikwad (_#####9404)	8.79
07/29	07/29 Online ACH Payment 11139433859 To Dillonlandino (_#####1221)	508.07
07/29	07/29 Online ACH Payment 11139474306 To Stellentitlc (_#####8205)	17,600.00
07/29	07/29 Online ACH Payment 11139473450 To Caderlineinc (_#####3012)	16,974.40
07/29	07/29 Online ACH Payment 11139464772 To Camberconstruction (_#####1286)	16,512.72
07/29	07/29 Online ACH Payment 11139466768 To Integrabytelc (_#####9259)	13,830.40
07/29	07/29 Online ACH Payment 11139467637 To Linkedincorporation (_#####3713)	4,099.80
07/29	07/29 Online ACH Payment 11138225931 To Mlogicalc (_#####9964)	25,000.00



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ELECTRONIC WITHDRAWALS (continued)

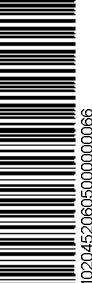
DATE	DESCRIPTION	AMOUNT
07/29	07/29 Online Domestic Wire Transfer Via: Northern Intl Nyc/026001122 A/C: Tenet Bank Ltd George Town KY19006 KY Ref: For Further Credit To 0152300001 (Ensana Management Services)/Time/08: 25 Imad: 0729Mmqfmp2M011602 Trn: 3292934211Es	21,334.00
07/29	07/29 Online International Wire Transfer A/C: Hdfe Bank Ltd Kanjur Marg East Mumbai India IN Ref: Invoice Payment Tel8284066042/P0803/IN/Bnf/Invoice Payment For Cintra Software Private Limited Trn: 3293584211Es	156,400.00
07/29	07/29 Online International Wire Transfer Via: Wellsfargo NY Intl/026005092 A/C: Cibccattxxx Toronto M5G 2C2 CA Ben: Abbott It Consulting Ltd Calagary T2M0Z4 CA Ref: Invoices 20240602 And 20240601 For Jun-2024 Invoice Payment/Bnf/Paymen T To Abbott It Consulting Ltd Imad: 0729Mmqfmp2L011419 Trn: 3293004211Es	13,866.67
07/29	07/29 Online Domestic Wire Transfer Via: Northern Chgo/071000152 A/C: Cdw Direct Vernon Hills IL 60061 US Ref: Invoice Ea2407751, Inv. Zr00506287,Zr00506288 Payment/Bnf/Invoice Paym Ent Imad: 0729Mmqfmp2M011616 Trn: 3293344211Es	3,787.11
07/29	07/29 Online International Wire Transfer A/C: Banco Ourinvest S/A Sao Paulo Brazil 01310-919 Br Ref: Exp Reimb For Purchase of Laptop Byrodrigo Oliveira Taxid5493629800017 5/Tel5511972959622/Business Expense S/Int/Roliveiraatcintra.Com Trn: 3293394211Es	769.23
07/29	07/29 Online International Wire Transfer A/C: Ic JPMorgan Chase Bank N A Toronto Toronto Msj2J2 Canada 3511 - CA Ref: Inv.9892213- Emp Verif & Criminal Record Chk For Shaun Cavan Invoice P Ayment Trn: 3293594211Es	156.75
07/29	07/29 Online Payment 21523740988 To Kyrios Inc.	16,642.50
07/30	07/30 Online ACH Payment 11139464473 To Inventussolutionsllc (_#####1995)	62,520.00
07/30	07/30 Online ACH Payment 11139496223 To Oracleamericainc (_#####0841)	56,748.40
07/30	07/30 Online ACH Payment 11139461785 To Newyorktechnologypartnersinc (_#####9564)	35,458.72
07/30	Orig CO Name:ADP Wage Pay Orig ID:9333006057 Desc Date:240730 CO Entry Descr:Wage Pay Sec:CCD Trace#:021000020271400 Eed:240730 Ind ID:567067920976WV2 Ind Name:Cintra Software And Se 323298036 Trn: 2120271400Tc	182,355.14
07/30	Orig CO Name:ADP Tax Orig ID:1223006057 Desc Date:240730 CO Entry Descr:ADP Tax Sec:CCD Trace#:021000020271398 Eed:240730 Ind ID:Kmwv2 073112A01 Ind Name:Cintra Software And Se Aa Trn: 2120271398Tc	105,331.54
07/30	Orig CO Name:ADP Wage Garn Orig ID:9333006057 Desc Date:240730 CO Entry Descr:Wage Garn Sec:CCD Trace#:021000020271402 Eed:240730 Ind ID:567067920977WV2 Ind Name:Cintra Software And Se 323298036 Trn: 2120271402Tc	2,056.50
Total Electronic Withdrawals		\$2,903,985.71

FEES

DATE	DESCRIPTION	AMOUNT
07/03	Service Charges For The Month of June	\$183.30
Total Fees		\$183.30

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
07/01	\$1,945,741.39	07/09	2,362,572.63	07/16	2,485,903.49
07/02	2,170,355.80	07/10	2,378,322.55	07/17	2,449,793.89
07/03	2,215,152.85	07/11	2,608,007.85	07/18	2,005,095.55
07/05	2,154,811.17	07/12	2,362,348.24	07/19	2,120,536.12
07/08	2,245,889.52	07/15	2,367,546.12	07/22	2,181,242.41





DAILY ENDING BALANCE (continued)

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
07/23	2,197,818.41	07/26	1,795,316.26	07/30	1,085,089.09
07/24	2,181,479.08	07/29	1,496,049.39	07/31	1,343,271.62
07/25	1,715,280.61				

SERVICE CHARGE SUMMARY

Monthly Service Fee	\$0.00
Other Service Charges	\$180.90
Total Service Charges	\$180.90 Will be assessed on 8/5/24

As an added benefit of your Chase Private Client Checking account, the monthly service fee was waived on your Chase Platinum Business Checking account because you maintained an average ledger balance of \$50,000.00 or more in deposits and investments.

SERVICE CHARGE DETAIL

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
Monthly Service Fee					
Monthly Service Fee Waived	0			\$95.00	\$0.00
Other Service Charges:					
Electronic Credits					
Electronic Credits	52	Unlimited	0	\$0.40	\$0.00
Credits					
Non-Electronic Transactions	62	500	0	\$0.40	\$0.00
Cash Management Services					
Standard ACH Pmnts Initial Fee	10	0	10	\$2.50	\$25.00
Std ACH Pmnts Volume Fee	6	0	6	\$0.15	\$0.90
Debit Block Maintenance	1	0	1	\$0.00	\$0.00
ACH Debit Block - Authorized ID	76	0	76	\$0.00	\$0.00
R1 Economy Lockbox With Image Maintenance	1	0	1	\$155.00	\$155.00
Cms Economy Lockbox With Image Items	10	100	0	\$1.55	\$0.00
Subtotal Other Service Charges (Will be assessed on 8/5/24)					\$180.90

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Other Service Charges:	
Electronic Credits	
Electronic Credits	
Credits	
Non-Electronic Transactions	
Cash Management Services	
Standard ACH Pmnts Initial Fee	
Std ACH Pmnts Volume Fee	
Debit Block Maintenance	
ACH Debit Block - Authorized ID	
R1 Economy Lockbox With Image Maintenance	
Cms Economy Lockbox With Image Items	

Reminder: Fees associated with ACH Payments, Real Time Payments, Same Day ACH, ACH Collections and Chase QuickDepositSM are based on previous month activity.



June 29, 2024 through July 31, 2024

Account Number: **000937506690965**

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

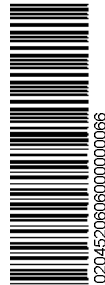
- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC





June 29, 2024 through July 31, 2024
Account Number: **000937506690965**

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JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

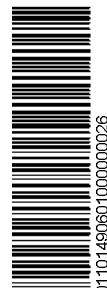
August 01, 2024 through August 30, 2024
Account Number: **000937506690965**

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Para Espanol: **1-888-622-4273**
International Calls: **1-713-262-1679**
We accept operator relay calls

00110149 DRE 802 219 24924 NNNNNNNNNN 1 000000000 Z9 0000

CINTRA SOFTWARE & SERVICES INC.
3 PARK AVE FL 32
NEW YORK NY 10016-5902



We're updating our Deposit Account Agreement, including the Arbitration section

On November 17, 2024, we're updating section *X. Arbitration; Resolving Disputes* in the Deposit Account Agreement. We've included excerpts of the more significant updates at the end of this statement. The Arbitration section explains how potential disputes and claims are handled between us. **You can opt out of arbitration any time before January 16, 2025, by calling us at 1-800-242-7338.**

You can view the full updated section in the Deposit Account Agreement which will be available on November 17 at **chase.com/business/disclosures** or by visiting a branch. The new agreement will include these changes as well as any additional updates occurring at this time.

If you have any questions, please call the number on this statement. We accept operator relay calls.

CHECKING SUMMARY

Chase Platinum Business Checking

	INSTANCES	AMOUNT
Beginning Balance		\$1,343,271.62
Deposits and Additions	63	1,964,802.81
Electronic Withdrawals	79	-2,521,608.36
Fees	1	-180.90
Ending Balance	143	\$786,285.17

Your Chase Platinum Business Checking account provides:

- No transaction fees for unlimited electronic deposits (including ACH, ATM, wire, Chase Quick Deposit)
- 500 debits and non-electronic deposits (those made via check or cash in branches) per statement cycle
- \$25,000 in cash deposits per statement cycle
- Unlimited return deposited items with no fee

There are additional fee waivers and benefits associated with your account – please refer to your Deposit Account Agreement for more information.



August 01, 2024 through August 30, 2024
Account Number: 000937506690965

DEPOSITS AND ADDITIONS

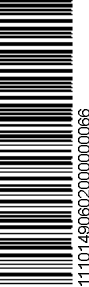
DATE	DESCRIPTION	AMOUNT
08/01	Fedwire Credit Via: Bank of America, N.A./026009593 B/O: Apollo Management Lp US Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=Ap0000124 945 Obi=23581 23590 23598 Bbi=/Time/13:16 Imad: 0801B6B7Hu1R015619 Trn: 0919821214Ff	\$15,532.09
08/01	Orig CO Name:Estee Lauder Inc Orig ID:1411891207 Desc Date: CO Entry Descr:El Ap Pymtsec:CCD Trace#:028000083967169 Eed:240801 Ind ID: Ind Name:Cintra Software Servic Direct Deposit Trn: 2143967169Tc	74,701.50
08/01	Orig CO Name:Jetblue 2676 Orig ID:1870617894 Desc Date:Jul 31 CO Entry Descr:EDI Paymntsec:CCD Trace#:031100203967171 Eed:240801 Ind ID:10002000974663 Ind Name:Cintra Software And Se Trn: 2143967171Tc	2,943.75
08/02	Book Transfer Credit B/O: Republic Bank Limited Port of Spain Tt Org:/300348582101Chq Republic Bank Limited Ref: Invoices 23486 23487 Payment For Support Services/Chgs/USD0,/Chgs/USD2 5,00/Ocmt/USD10192,5/ Trn: 0879836215Fs	10,167.50
08/02	Orig CO Name:Arcosainc Orig ID:9121002002 Desc Date:240802 CO Entry Descr:Payments Sec:CCD Trace#:021000024425736 Eed:240802 Ind ID:548979 Ind Name:Cintra Software & Serv Trn: 2154425736Tc	66,151.00
08/02	Orig CO Name:Amazon.Com, Inc. Orig ID:9000020015 Desc Date:240802 CO Entry Descr:Payments Sec:CCD Trace#:021000024425738 Eed:240802 Ind ID:Fcs002315653272 Ind Name:Cintra Software Servi Trn: 2154425738Tc	60,000.00
08/05	Lockbox No: 22506 For 3 Items At 16:00 5 Trn: 2502026218Lb	69,403.75
08/05	Online Transfer From Sav ...0065 Transaction#: 21612431035	500,000.00
08/05	Orig CO Name:Amazon.Com, Inc. Orig ID:9000020015 Desc Date:240805 CO Entry Descr:Payments Sec:CCD Trace#:021000025344427 Eed:240805 Ind ID:Fcs002317611772 Ind Name:Cintra Software Servi Trn: 2185344427Tc	60,000.00
08/05	Orig CO Name:Davidyurman Pmd Orig ID:7010532275 Desc Date:240805 CO Entry Descr:Payment Sec:CCD Trace#:051000015344423 Eed:240805 Ind ID:72084 Ind Name:Cintra.Receivables Trn: 2185344423Tc	39,880.00
08/05	Orig CO Name:Transplace Pmd Orig ID:7010532275 Desc Date:240805 CO Entry Descr:Payment Sec:CCD Trace#:051000015344425 Eed:240805 Ind ID:9259360 Ind Name:Cintra.Receivables Trn: 2185344425Tc	28,773.67
08/05	Orig CO Name:Presidio Ap Orig ID:2581667655 Desc Date:080224 CO Entry Descr:Payables Sec:PPD Trace#:043000095344429 Eed:240805 Ind ID:Cint03 Ind Name:Cintra Software & Serv Ax EFT Deposit Trn: 2185344429Tc	27,500.00
08/05	Orig CO Name:Fiserv Solutions Orig ID:1391833695 Desc Date: CO Entry Descr:ACH Creditsec:CTX Trace#:091000015344431 Eed:240805 Ind ID:0001025412 Ind Name:0005Cintra Software Direct Deposit Trn: 2185344431Tc	5,318.75
08/06	Fedwire Credit Via: Bank of America, N.A./026009593 B/O: Apollo Management Lp US Ref: Chase Nyc/Ctr/Bnf=Cintra Software & Services Inc. New York NY 10016-59 02 US/Ac-000009375066 Rfb=Ap0000125 372 Obi=23629 Bbi=/Time/10:38 Imad: 0806B6B7Hu2R007029 Trn: 0365651219Ff	2,600.00
08/06	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2501327219Lb	719.72
08/07	Book Transfer Credit B/O: Stratos Global Services, LLC New York NY 10020-2052 US Ref: Invoice 23569 Trn: 1708100220Jo	9,500.00
08/07	Orig CO Name:Kerridge Commere Orig ID:1048820298 Desc Date:240807 CO Entry Descr:Payment Sec:CCD Trace#:022000022690344 Eed:240807 Ind ID:Cintra Ind Name:Cintra Software Ch Hdd33686Y201D17 Trn: 2202690344Tc	15,749.92
08/09	Chips Credit Via: Citibank N.A./0008 B/O: Lodging Solutions, LLC DbA USA 117474833 Ref: Nbnf=Cintra Software & Services Inc. New York NY 10016-5902 US/Ac-0000 09375066 Org=/006796564887 USA 1174 74833 Ogb=Citibank NA USA Obi=/Uri/Invoice No. 23398 Bbi=/Chgs/USD0,00/Ocmt/USD2936,25/Bnf/Lodging Soluti Ons, LLC Db Ssn: 00506599 Trn: 0123066222Fc	2,936.25
08/09	Orig CO Name:18101Screenvisio Orig ID:1311788242 Desc Date: CO Entry Descr:Payments Sec:CCD Trace#:122016067636061 Eed:240809 Ind ID: Ind Name:Cintrasoftwaresrcv Inv 23419 Trn: 2227636061Tc	40,555.94



August 01, 2024 through August 30, 2024
Account Number: 000937506690965

DEPOSITS AND ADDITIONS *(continued)*

DATE	DESCRIPTION	AMOUNT
08/09	Orig CO Name: Acminc Orig ID: 9895565001 Desc Date: 240809 CO Entry Descr: 040111 Sec: CCD Trace#: 021000027636058 Eed: 240809 Ind ID: 040111 Ind Name: Cintra Software Invoice 23623 Trn: 2227636058Tc	4,450.00
08/12	Book Transfer Credit B/O: Stratos Global Services, LLC New York NY 10020-2052 US Ref: Invoice - 23638 Trn: 1596600225Jo	7,500.00
08/12	Orig CO Name: Presidio Ap Orig ID: 2581667655 Desc Date: 080924 CO Entry Descr: Payables Sec: PPD Trace#: 043000090151843 Eed: 240812 Ind ID: Cint03 Ind Name: Cintra Software & Serv Ax EFT Deposit Trn: 2250151843Tc	442.50
08/13	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2502899226Lb	7,200.00
08/13	Orig CO Name: Opt-Intelligence Orig ID: 1204895317 Desc Date: CO Entry Descr: Receivable Sec: CCD Trace#: 021000026328745 Eed: 240813 Ind ID: 016Zecgcx3G1Ovo Ind Name: Cintra Software & Serv 016Zecgcx3G1Ovo Opt-Intelligence Bi Li Com Inv 23434 Trn: 2266328745Tc	2,500.00
08/13	Orig CO Name: Cohen And Steers Orig ID: 1133353336 Desc Date: CO Entry Descr: Epay Sec: CTX Trace#: 111000026328737 Eed: 240813 Ind ID: 100128 Ind Name: 0006Cintra Software Direct Deposit Trn: 2266328737Tc	1,072.50
08/14	Orig CO Name: Qorvo US, Inc. Orig ID: 6953654013 Desc Date: CO Entry Descr: 2000444434 Sec: CTX Trace#: 111000022984209 Eed: 240814 Ind ID: 2000444434 Ind Name: 0014Cintra Software Trn: 2272984209Tc	11,350.00
08/14	Orig CO Name: GA Corporati5167 Orig ID: 1133187045 Desc Date: CO Entry Descr: USD020812 Sec: CCD Trace#: 061000059833950 Eed: 240814 Ind ID: Ind Name: Cintra Software & Serv Direct Deposit Trn: 2279833950Tc	5,750.00
08/15	Orig CO Name: Matrix Applicati Orig ID: 6134143878 Desc Date: CO Entry Descr: Payments Sec: CCD Trace#: 028000080839080 Eed: 240815 Ind ID: Cintra Ind Name: Cintra Nte*Inv-3343 5742579 Trn: 2280839080Tc	21,120.00
08/15	Orig CO Name: Fiserv Solutions Orig ID: 1391833695 Desc Date: CO Entry Descr: Cred/Debit Sec: CTX Trace#: 091000010839073 Eed: 240815 Ind ID: 0001037314 Ind Name: 0005Cintra Software Direct Deposit Trn: 2280839073Tc	17,500.00
08/15	Orig CO Name: US Fertility Ent Orig ID: 4272102091 Desc Date: CO Entry Descr: Coupa Pay Sec: CCD Trace#: 091000010839070 Eed: 240815 Ind ID: 11559002 Ind Name: Cintra Software & Serv Nte*Obi*Coupa Pay 141-6647 US Ferti Lity Enterprises LLC Tmate\ EDI Trn: 2280839070Tc	4,300.00
08/16	Book Transfer Credit B/O: Republic Bank Limited Port of Spain Tt Org:/300348582101Chq Republic Bank Limited Ref: Payment On Invoices 23574 And 23575 Payment For Support Services/Chgs/U SD0,/Chgs/USD25,00/Ocmt/USD11275,/ Trn: 9420648229Fs	11,250.00
08/16	Orig CO Name: Porzio Life Scie Orig ID: 1201141448 Desc Date: 240816 CO Entry Descr: Corp Pay Sec: CCD Trace#: 071000282042570 Eed: 240816 Ind ID: Ind Name: Cintra Software & Serv Trn: 2292042570Tc	36,266.25
08/16	Orig CO Name: Microsoft Orig ID: 8359993246 Desc Date: CO Entry Descr: 1064534427 Sec: CTX Trace#: 111000022042574 Eed: 240816 Ind ID: 15105312481010 Ind Name: 0014Cintra Software Trn: 2292042574Tc	6,591.31
08/16	Orig CO Name: Oxford Ind Inc. Orig ID: 2580831862 Desc Date: 081524 CO Entry Descr: Trade Pay Sec: CCD Trace#: 053101122042572 Eed: 240816 Ind ID: Phn 4046531510 Ind Name: Cintra Software & Serv Trn: 2292042572Tc	2,173.75
08/19	Orig CO Name: Davidyurman Pmd Orig ID: 7010532275 Desc Date: 240819 CO Entry Descr: Payment Sec: CCD Trace#: 051000015080341 Eed: 240819 Ind ID: 72195 Ind Name: Cintra Receivables Trn: 2325080341Tc	59,329.29
08/19	Orig CO Name: Presidio Ap Orig ID: 2581667655 Desc Date: 081624 CO Entry Descr: Payables Sec: PPD Trace#: 043000095080339 Eed: 240819 Ind ID: Cint03 Ind Name: Cintra Software & Serv Ax EFT Deposit Trn: 2325080339Tc	12,100.00
08/20	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2500465233Lb	10,418.33
08/20	Orig CO Name: Elevance Hlth Ap Orig ID: 1352145715 Desc Date: CO Entry Descr: E-Payment Sec: CTX Trace#: 111000025663256 Eed: 240820 Ind ID: Ee52847722 Ind Name: 0007Cintra Software Trn: 2335663256Tc	14,304.08





August 01, 2024 through August 30, 2024
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DEPOSITS AND ADDITIONS *(continued)*

DATE	DESCRIPTION	AMOUNT
08/21	Orig CO Name: Oracle41975316 Orig ID: 8942805249 Desc Date: CO Entry Descr: EDI Pymntssec: CTX Trace#: 091000016011223 Eed: 240821 Ind ID: 6679564 Ind Name: 0011Cintra Software EDI Trn: 2346011223Tc	32,277.41
08/21	Orig CO Name: Transplace Pmd Orig ID: 7010532275 Desc Date: 240821 CO Entry Descr: Payment Sec: CCD Trace#: 051000016011236 Eed: 240821 Ind ID: 9261338 Ind Name: Cintra Receivables Trn: 2346011236Tc	31,155.67
08/21	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240821 CO Entry Descr: Payments Sec: CCD Trace#: 021000026011221 Eed: 240821 Ind ID: Fcs002338441142 Ind Name: Cintra Software Servi Trn: 2346011221Tc	15,000.00
08/22	Book Transfer Credit B/O: Stratos Global Services, LLC New York NY 10020-2052 US Ref: Invoice No. 23637 Trn: 8186000235Jo	45,000.00
08/22	Book Transfer Credit B/O: Stratos Global Services, LLC New York NY 10020-2052 US Ref: Invoice No. 23639 Trn: 8185900235Jo	12,882.00
08/22	Lockbox No: 22506 For 1 Items At 16:00 5 Trn: 2500865235Lb	66,250.00
08/23	Orig CO Name: Targetbase Orig ID: 9080705421 Desc Date: CO Entry Descr: ACH10313 Sec: CCD Trace#: 021000021444364 Eed: 240823 Ind ID: Oci001830230TRX Ind Name: Cintra Software And Se Trn: 2361444364Tc	102,681.37
08/23	Orig CO Name: Dart Pay Group Orig ID: 2751813169 Desc Date: CO Entry Descr: Ap Paymentsec: CCD Trace#: 111000021444368 Eed: 240823 Ind ID: Dart- 1034024 Ind Name: Cintra Software And Se Trn: 2361444368Tc	57,187.90
08/23	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240823 CO Entry Descr: Payments Sec: CCD Trace#: 021000021444362 Eed: 240823 Ind ID: Fcs002354414662 Ind Name: Cintra Software Servi Trn: 2361444362Tc	15,000.00
08/23	Orig CO Name: Bank of America Orig ID: T941687665 Desc Date: 240823 CO Entry Descr: P2P Sec: Web Trace#: 113000021444366 Eed: 240823 Ind ID: Ajith Shetty Ind Name: Cintra Software Online Trnsfr88871070 Trn: 2361444366Tc	4,709.16
08/26	Orig CO Name: Amazon.Com Orig ID: 271093831M Desc Date: CO Entry Descr: EDI Pymntssec: CCD Trace#: 091000011108821 Eed: 240826 Ind ID: Dasebvtij7R3Nn Ind Name: Cintra Software And Se EDI Trn: 2391108821Tc	25,761.31
08/27	Orig CO Name: Forward Thinking Orig ID: 1294287528 Desc Date: 240827 CO Entry Descr: 23354 / 23Sec: CCD Trace#: 121140398069208 Eed: 240827 Ind ID: E51671740 Ind Name: Cintra Software & Serv 23354 / 23433 / 23535Inv 23354 / 23 433 / 23535 Trn: 2408069208Tc	8,613.00
08/28	Orig CO Name: Amazon.Com, Inc. Orig ID: 9000020015 Desc Date: 240828 CO Entry Descr: Payments Sec: CCD Trace#: 021000029536557 Eed: 240828 Ind ID: Fcs002359919122 Ind Name: Cintra Software Servi Trn: 2419536557Tc	10,000.00
08/28	Orig CO Name: Church Pension G Orig ID: 4753089458 Desc Date: CO Entry Descr: Dd Cpgs 08Sec: PPD Trace#: 071000159536559 Eed: 240828 Ind ID: 9033881 Ind Name: Cintra Software & Serv 1626039 Trn: 2419536559Tc	8,331.67
08/28	Orig CO Name: Fiserv Solutions Orig ID: 1391833695 Desc Date: CO Entry Descr: ACH Creditsec: CTX Trace#: 091000013438322 Eed: 240828 Ind ID: 0001052816 Ind Name: 0005Cintra Software Direct Deposit Trn: 2413438322Tc	5,743.75
08/29	Book Transfer Credit B/O: Republic Bank Limited Port of Spain Tt Org:/300348582101Chq Republic Bank Limited Ref: Payment For Support Services Invoice No 23665 And 23666/Chgs/USD0,/Chg S/USD25,00/Ocmt/USD9815,/ Trn: 8034024242Fs	9,790.00
08/29	Orig CO Name: Elevance Hlth Ap Orig ID: 1352145715 Desc Date: CO Entry Descr: E-Payment Sec: CTX Trace#: 111000020776287 Eed: 240829 Ind ID: Ee52852804 Ind Name: 0007Cintra Software Trn: 2420776287Tc	14,304.08
08/29	Orig CO Name: ADP Wage Pay Orig ID: 9333006057 Desc Date: 240829 CO Entry Descr: Wage Pay Sec: CCD Trace#: 021000028490804 Eed: 240829 Ind ID: 939432132757WV2 Ind Name: Cintra Software And Se 323298036 Trn: 2428490804Tc	8,122.26
08/29	Orig CO Name: Key Food Stores Orig ID: P311095140 Desc Date: CO Entry Descr: EDI Pymts Sec: CTX Trace#: 011500121438968 Eed: 240829 Ind ID: 2000074063 Ind Name: 0007Cintra Software Citizensedi Trn: 2421438968Tc	982.50



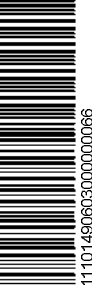
August 01, 2024 through August 30, 2024
Account Number: 000937506690965

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
08/30	Chips Credit Via: Citibank N.A./0008 B/O: Lodging Solutions, LLC DbA USA 117474833 Ref: Nbnf=Cintra Software & Services Inc. New York NY 10016-5902 US/Ac-0000 09375066 Org=/006796564887 USA 1174 74833 Ogb=Citibank NA USA Obi=/Uri/Invoice No. 23615, 23616 Bbi=/Chgs/USD0,00/Ocmt/USD9913,00/Bnf/Lodging Solutions, Ssn: 00694880 Trn: 0162163243Fc	9,913.00
08/30	Orig CO Name:Estee Lauder Inc Orig ID:1411891207 Desc Date: CO Entry Descr:El Ap Pymtsec:CCD Trace#:028000086526781 Eed:240830 Ind ID: Ind Name:Cintra Software Servc Direct Deposit Trn: 2436526781Tc	195,520.88
08/30	Orig CO Name:18101Screenvisio Orig ID:1311788242 Desc Date: CO Entry Descr:Payments Sec:CCD Trace#: 122016066526786 Eed:240830 Ind ID: Ind Name:Cintrasoftwaresrcv Inv 23431 Trn: 2436526786Tc	6,990.00
08/30	Orig CO Name:Elseducationalse Orig ID:1462121493 Desc Date: CO Entry Descr:EDI Pymtsec:CCD Trace#:091000016526789 Eed:240830 Ind ID:102012084485687 Ind Name:Cintra Software Servi EDI Trn: 2436526789Tc	5,500.00
08/30	Orig CO Name:Raymond James Orig ID:1591237041 Desc Date: CO Entry Descr:ACH Sec:CTX Trace#:028000086526783 Eed:240830 Ind ID:Ap0000577111 Ind Name:0001Cintra Software Trn: 2436526783Tc	3,500.00
08/30	Orig CO Name:Njr Service Corp Orig ID:1223754019 Desc Date: CO Entry Descr:Payment Sec:CCD Trace#:043000096526791 Eed:240830 Ind ID:1002230 Ind Name:Cintra Software & Serv 23678 242808 153500 243008 2660028 Trn: 2436526791Tc	1,535.00
Total Deposits and Additions		\$1,964,802.81

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
08/01	Orig CO Name:ADP 401K Orig ID:1223006057 Desc Date:240801 CO Entry Descr:ADP 401K Sec:CCD Trace#:021000028964374 Eed:240801 Ind ID:Kmwv2 073112V02 Ind Name:Cintra Software And Se Aa Trn: 2148964374Tc	\$23,033.94
08/01	Orig CO Name:Beneflex Inc Orig ID:2223205534 Desc Date: CO Entry Descr:Funding Sec:CCD Trace#:021205238964376 Eed:240801 Ind ID:Bencintra Ind Name:Cintra Corporation Trn: 2148964376Tc	441.66
08/02	08/02 Online ACH Payment 11140107409 To 3Parkavenuebuildingcolp (_#####8018)	11,029.68
08/02	08/02 Online ACH Payment 11139931465 To Clemilsondeoliveiraabreu (_#####2697)	20,800.00
08/02	08/02 Online ACH Payment 11139465518 To Amerisoftprosystemsllc (_#####6695)	12,532.48
08/02	Orig CO Name:ADP Payroll Fees Orig ID:9659605001 Desc Date:240802 CO Entry Descr:ADP Fees Sec:CCD Trace#:021000020341950 Eed:240802 Ind ID:925033348615 Ind Name:666602537Cintra Softwa 550374703 Trn: 2150341950Tc	1,372.84
08/02	Orig CO Name:Beneflex Inc Orig ID:2223205534 Desc Date: CO Entry Descr:Funding Sec:CCD Trace#:021205230341948 Eed:240802 Ind ID:Bencintra Ind Name:Cintra Corporation Trn: 2150341948Tc	441.66
08/02	Orig CO Name:T-Mobile.Com Orig ID:0000450304 Desc Date:240802 CO Entry Descr:Pcs Svc Sec:Web Trace#:021000020341946 Eed:240802 Ind ID:3175265 Ind Name:Cintra Software & Serv 800-937-8997 Trn: 2150341946Tc	124.46
08/02	Orig CO Name:Paycor Inc Orig ID:A311299990 Desc Date:136137 CO Entry Descr:Paycorfeessec:CCD Trace#:242071750341952 Eed:240802 Ind ID:64942908621452 Ind Name:Cintra Software And Se 136137022024001 Trn: 2150341952Tc	108.88
08/05	Orig CO Name:Verizon Orig ID:9783397101 Desc Date: CO Entry Descr:Vz Billpaysec:PPD Trace#:091000016799040 Eed:240805 Ind ID:U0187055 Ind Name:X Trn: 2186799040Tc	797.48
08/05	Orig CO Name:Federal Express Orig ID:1710427007 Desc Date:240803 CO Entry Descr:Debit Sec:Web Trace#:021000026799036 Eed:240805 Ind ID:Epa70231538 Ind Name:Cintra Software & Serv Trn: 2186799036Tc	382.91



ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
08/05	Orig CO Name: Verizon Orig ID: 9783397101 Desc Date: CO Entry Descr: Vz Billpaysec: Web Trace#: 091000016799038 Eed: 240805 Ind ID: 6517591480001 Ind Name: Cintra Trn: 2186799038Tc	42.89
08/06	08/06 Online ACH Payment 11140495422 To Cherrybekaert (_#####6656)	5,250.00
08/06	08/06 Online ACH Payment 11140493692 To Murphybovallp (_#####0444)	5,000.00
08/06	08/06 Online ACH Payment 11140489284 To Puneetgupta (_#####8213)	3,245.78
08/06	08/06 Online ACH Payment 11140503716 To Beckimemmer (_#####8332)	1,040.03
08/06	08/06 Online ACH Payment 11140489991 To Ajithshetty (_#####8651)	3,767.33
08/06	08/06 Online ACH Payment 11140488896 To Hubspotinc (_#####3542)	3,139.39
08/06	08/06 Online ACH Payment 11140489054 To Jamesmcnamee (_#####7261)	8,441.22
08/06	08/06 Online ACH Payment 11140494270 To Fernandadugini (_#####3072)	2,614.96
08/06	08/06 Online Payment 21636681399 To Cogent Communications	675.00
08/06	08/06 Online Domestic Wire Transfer Via: Northern Chgo/071000152 A/C: Cdw Direct Vernon Hills IL 60061 US Ref: Invoice Payment/Bnf/Invoice Payment Imad: 0806Mmqfmp2K014967 Trn: 3302884219Es	7,305.28
08/06	08/06 Online Domestic Wire Transfer Via: Northern Intl Nyc/026001122 A/C: Tenet Bank Ltd George Town KY19006 KY Ref: For Further Credit To 0152300001 (Ensana Management Services)/Time/11: 03 Imad: 0806Mmqfmp2N014620 Trn: 3303784219Es	21,334.00
08/06	08/06 Online International Wire Transfer A/C: Emirates NBD Bank Pjsc Dubai U.A.E. 0000 - Ae Ref: Invoice 000006 Trn: 3305024219Es	9,166.67
08/06	08/06 Online International Wire Transfer A/C: National Westminster Bank Plc London United Kingdom Ec2M -4Aa Gb Ref: Cus Funds Transfer To Cuk, Payment 1 of 2 Business Expenses Trn: 3304924219Es	250,000.00
08/06	Orig CO Name: Beneflex Inc Orig ID: 2223205534 Desc Date: 080524 CO Entry Descr: Bt0805 Sec: CCD Trace#: 021205234745422 Eed: 240806 Ind ID: 000000283688217 Ind Name: Cintra Software & Serv Beneflex Trn: 2194745422Tc	110.77
08/07	08/07 Online International Wire Transfer Via: Standard Chartered Bank/0256 A/C: Banco Topazio S.A. Porto Alegre Brazil 90240-040 Br Ben: Klaus Rilke Pachel Ribeiro Sao Paulo 04564003 Br Ref: Invoice Payment Taxid40298050862/Invoice Payment/Int/Rilke.Klausatgmai L.Com/Bnf/Invoice Payment Ssn: 00189343 Trn: 3112444220Es	3,672.89
08/07	Orig CO Name: Unitedhealthcare Orig ID: 1411289245 Desc Date: CO Entry Descr: Billing Sec: CTX Trace#: 042000011822395 Eed: 240807 Ind ID: 924100076275 Ind Name: 0007Cintra Software Premiumbilling Trn: 2201822395Tc	37,998.38
08/08	08/08 Online International Wire Transfer A/C: National Westminster Bank Plc London United Kingdom Ec2M -4Aa Gb Ref: Transfer To Cuk, Payment 2 of 2 Business Expenses/Bnf/None Trn: 3085194221Es	250,000.00
08/08	Orig CO Name: Avt Technology S Orig ID: 9937116003 Desc Date: CO Entry Descr: De000 Sec: CCD Trace#: 021000027787032 Eed: 240808 Ind ID: Ind Name: Cintra Software & #38; Direct Debiting Trn: 2217787032Tc	53,017.29
08/09	Orig CO Name: Federal Express Orig ID: 1710427007 Desc Date: 240809 CO Entry Descr: Debit Sec: Web Trace#: 021000026232659 Eed: 240809 Ind ID: Epa70402495 Ind Name: Cintra Software & Serv Trn: 2226232659Tc	526.16
08/12	08/12 Online International Wire Transfer Via: Citibank Nyc/021000089 A/C: Colopapaxxx Panama City PA Ben: NH Collection Royal Teleport Bogota CO Ref: Cintra Payment For Fernanda Dugini Business Expenses/Bnf/For Further Credit To Hoteles Royal Sa/Time/10:0 2 Imad: 0812Mmqfmp2N014433 Trn: 3332514225Es	4,583.89
08/12	Orig CO Name: The Guardian Orig ID: 9555837002 Desc Date: Aug 01 CO Entry Descr: Aug Gp Inssec: CCD Trace#: 021000026210779 Eed: 240812 Ind ID: 55045700Bbg0000 Ind Name: Cintra Software Servi Trn: 2256210779Tc	5,170.88
08/14	Orig CO Name: ADP Wage Pay Orig ID: 9333006057 Desc Date: 240814 CO Entry Descr: Wage Pay Sec: CCD Trace#: 021000028815575 Eed: 240814 Ind ID: 937831925710WV2 Ind Name: Cintra Software And Se 323298036 Trn: 2278815575Tc	228,536.30



August 01, 2024 through August 30, 2024
Account Number: 000937506690965

ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
08/14	Orig CO Name:ADP Tax Orig ID:1223006057 Desc Date:240814 CO Entry Descr:ADP Tax Sec:CCD Trace#:021000028815573 Eed:240814 Ind ID:Kmwv2 081513A01 Ind Name:Cintra Software And Se Aa Trn: 2278815573Tc	142,687.28
08/14	Orig CO Name:ADP Wage Garn Orig ID:9333006057 Desc Date:240814 CO Entry Descr:Wage Garn Sec:CCD Trace#:021000028815577 Eed:240814 Ind ID:937831925711WV2 Ind Name:Cintra Software And Se 323298036 Trn: 2278815577Tc	2,056.50
08/15	08/15 Basic Online Payroll Payment 11141561299 To #####7453	6,460.35
08/15	08/15 Basic Online Payroll Payment 11141659266 To #####3939	1,361.18
08/15	08/15 Online International Wire Transfer A/C: Banco Inter S.A. Belo Horizonte Brazil 30110-51 Br Ref: Inv. 7 - It Services For July. 2024For Armando Desouza Taxid4896236300 0134/Salary/Payroll Payments/Int/Ad Esouzaatcintra.Com Trn: 3696964228Es	6,960.00
08/15	08/15 Online International Wire Transfer A/C: Banco Ourinvest S/A Sao Paulo Brazil 01310-919 Br Ref: Inv. 03 - Rodrigo Oliveira Taxid54936298000175/Tel5511972959622/Salary/Payroll Payments/Int/Roliveiraatci Ntra.Com Trn: 3698514228Es	6,000.00
08/15	08/15 Online International Wire Transfer A/C: Emirates NBD Bank Pjsc Dubai U.A.E. 0000 - Ae Ref: Invoice 000001 Trn: 3698464228Es	1,361.38
08/16	08/16 Online ACH Payment 11141622986 To Fernandadugini (_#####3072)	8,333.33
08/16	08/16 Online ACH Payment 11141623151 To Ajithshetty (_#####8651)	941.83
08/16	08/16 Online ACH Payment 11141642953 To Hubspotinc (_#####3542)	850.00
08/16	Orig CO Name:ADP 401K Orig ID:1223006057 Desc Date:240816 CO Entry Descr:ADP 401K Sec:CCD Trace#:021000024808322 Eed:240816 Ind ID:Kmwv2 081513V02 Ind Name:Cintra Software And Se Aa Trn: 2294808322Tc	26,533.45
08/20	Orig CO Name:Beneflex Inc Orig ID:2223205534 Desc Date: CO Entry Descr:Funding Sec:CCD Trace#:021205239276374 Eed:240820 Ind ID:Bencintra Ind Name:Cintra Corporation Trn: 2339276374Tc	441.66
08/21	Orig CO Name:Webfile Tax Pymt Orig ID:2146000311 Desc Date: CO Entry Descr:Dd Sec:CCD Trace#:021000029883882 Eed:240821 Ind ID:902/76694213 Ind Name:33311/12345/EDI/Xml - Cpa Tax Payments Trn: 2349883882Tc	5,732.34
08/23	08/23 Basic Online Payroll Payment 11142446915 To #####7931	5,478.20
08/23	Orig CO Name:ADP Payroll Fees Orig ID:9659605001 Desc Date:240823 CO Entry Descr:ADP Fees Sec:CCD Trace#:021000020102861 Eed:240823 Ind ID:928434386267 Ind Name:668660157Cintra Softwa 550374703 Trn: 2360102861Tc	125.30
08/27	08/27 Online ACH Payment 11142446525 To Dillonlandino (_####1221)	5,923.72
08/27	08/27 Online ACH Payment 11142532085 To Henricksenandco (_#####6999)	4,326.14
08/27	08/27 Online ACH Payment 11142463691 To Stellentitllc (_#####8205)	13,600.00
08/27	08/27 Online ACH Payment 11142463910 To Clemilsondeoliveiraabreu (_#####2697)	23,920.00
08/27	08/27 Online ACH Payment 11142447068 To Melissafof (_#####1022)	1,600.00
08/27	08/27 Online ACH Payment 11142453699 To Amitahuja (_#####1262)	991.91
08/27	08/27 Online ACH Payment 11142463346 To Integrabytelic (_#####9259)	14,521.92
08/27	08/27 Online ACH Payment 11142465512 To Marathondayinteriordesigners (_#####5318)	8,034.87
08/27	08/27 Online International Wire Transfer A/C: National Westminster Bank Plc London United Kingdom Ec2M -4Aa Gb Ref: Cus To Cuk Transfer 1 of 2 Businessexpenses/Bnf/None Trn: 3144124240Es	250,000.00
08/27	08/27 Online International Wire Transfer A/C: Hdfe Bank Ltd Kanjur Marg East Mumbai India IN Ref: Invoice Payment Tel8284066042/P0803/IN/Bnf/Invoice Payment For Cintra Software Private Limited Trn: 3143934240Es	115,000.00
08/27	08/27 Online International Wire Transfer Via: Wellsfargo NY Int/026005092 A/C: Cibccattxxx Toronto M5G 2C2 CA Ben: Abbott It Consulting Ltd Calagary T2M0Z4 CA Ref: Jul 2024 Invoices Invoice Payment/Bnf/Payment To Abbott It Consulting Ltd Imad: 0827Mmqfmp2N002543 Trn: 3144084240Es	13,866.67
08/27	08/27 Online Domestic Wire Transfer Via: Northern Chgo/071000152 A/C: Cdw Direct Vernon Hills IL 60061 US Ref: Invoice Payment/Bnf/Invoice Payment Imad: 0827Mmqfmp2M006219 Trn: 3144074240Es	6,364.93



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ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
08/27	08/27 Online International Wire Transfer A/C: Jc JPMorgan Chase Bank N A Toronto Toronto Msj2J2 Canada 3511 - CA Ref: Invoice Payments Invoice Payment/Bnf/None Trn: 3143994240Es	62.90
08/27	Orig CO Name: Jp Morgan Chase Orig ID: 36-0899825 Desc Date: 082624 CO Entry Descr: Comm Card Sec: CCD Trace#: 021000026430003 Eed: 240827 Ind ID: 556375790004586 Ind Name: Cintra Software Autopay Trn: 2406430003Tc	24,038.59
08/27	08/27 Online International Wire Transfer A/C: JPMorgan Chase Bank NA - London London United Kingdom E14 5Jp Gb Ben:/le91Revo99036036100849 Jabba Ventures Limited Ref: Invoice Payment From Cintra Software Invoice Payment/Bnf/021000021 Trn: 3144064240Es	4,000.00
08/27	Orig CO Name: Nys Dtf Promp St Orig ID: 8146013200 Desc Date: CO Entry Descr: Tax Paymntsec: CCD Trace#: 091000012898712 Eed: 240827 Ind ID: 000000117445532 Ind Name: Cintra Software Servi Trn: 2402898712Tc	8,400.81
08/27	Orig CO Name: Federal Express Orig ID: 1710427007 Desc Date: 240827 CO Entry Descr: Debit Sec: Web Trace#: 021000022898710 Eed: 240827 Ind ID: Epa70951265 Ind Name: Cintra Software & Serv Trn: 2402898710Tc	790.27
08/28	08/28 Online International Wire Transfer A/C: National Westminster Bank Plc London United Kingdom Ec2M -4Aa Gb Ref: Cus To Cuk Transfer 2 of 2 Businessexpenses/Bnf/None Trn: 3136504241Es	250,000.00
08/28	08/28 Online ACH Payment 11142455287 To Oracleamericainc (_#####0841)	75,078.29
08/28	08/28 Online ACH Payment 11142461563 To Linkedincorporation (_#####3713)	56,208.57
08/28	08/28 Online ACH Payment 11142458200 To Inventussolutionsllc (_#####1995)	51,360.00
08/28	08/28 Online ACH Payment 11142451610 To Newyorktechnologypartnersinc (_#####9564)	29,773.04
08/28	08/28 Online ACH Payment 11142464133 To Caderlineinc (_#####3012)	18,671.84
08/28	08/28 Online ACH Payment 11142451884 To Apextechnologysystemsinc (_#####5525)	17,385.00
08/28	08/28 Online ACH Payment 11142447316 To Amerisoftprosystemsllc (_#####6695)	17,232.16
08/28	Orig CO Name: Avt Technology S Orig ID: 9937116003 Desc Date: CO Entry Descr: De000 Sec: CCD Trace#: 021000028402093 Eed: 240828 Ind ID: Ind Name: Cintra Software & #38; Direct Debiting Trn: 2418402093Tc	53,017.29
08/29	08/29 Online ACH Payment 11143061886 To Puneetgupta (_#####8213)	8,579.75
08/29	Orig CO Name: ADP Wage Pay Orig ID: 9333006057 Desc Date: 240829 CO Entry Descr: Wage Pay Sec: CCD Trace#: 021000024840603 Eed: 240829 Ind ID: 280095904739WV2 Ind Name: Cintra Software And Se 323298036 Trn: 2424840603Tc	167,284.18
08/29	Orig CO Name: ADP Tax Orig ID: 1223006057 Desc Date: 240829 CO Entry Descr: ADP Tax Sec: CCD Trace#: 021000024840607 Eed: 240829 Ind ID: Kmwv2 083014A01 Ind Name: Cintra Software And Se Aa Trn: 2424840607Tc	88,491.11
08/29	Orig CO Name: ADP Wage Garn Orig ID: 9333006057 Desc Date: 240829 CO Entry Descr: Wage Garn Sec: CCD Trace#: 021000024840605 Eed: 240829 Ind ID: 280095904740WV2 Ind Name: Cintra Software And Se 323298036 Trn: 2424840605Tc	2,056.50
Total Electronic Withdrawals		\$2,521,608.36

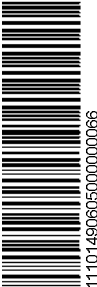
FEES

DATE	DESCRIPTION	AMOUNT
08/05	Service Charges For The Month of July	\$180.90
Total Fees		\$180.90



DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
08/01	\$1,412,973.36	08/13	1,651,520.76	08/22	1,628,283.25
08/02	1,502,881.86	08/14	1,295,340.68	08/23	1,802,258.18
08/05	2,232,353.85	08/15	1,316,117.77	08/26	1,828,019.49
08/06	1,914,583.14	08/16	1,335,740.47	08/27	1,341,189.76
08/07	1,898,161.79	08/19	1,407,169.76	08/28	796,538.99
08/08	1,595,144.50	08/20	1,431,450.51	08/29	563,326.29
08/09	1,642,560.53	08/21	1,504,151.25	08/30	786,285.17
08/12	1,640,748.26				



SERVICE CHARGE SUMMARY

Monthly Service Fee	\$0.00
Other Service Charges	\$186.00
Total Service Charges	\$186.00 Will be assessed on 9/5/24

As an added benefit of your Chase Private Client Checking account, the monthly service fee was waived on your Chase Platinum Business Checking account because you maintained an average ledger balance of \$50,000.00 or more in deposits and investments.

SERVICE CHARGE DETAIL

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
Monthly Service Fee					
Monthly Service Fee Waived	0			\$95.00	\$0.00
Other Service Charges:					
Electronic Credits					
Electronic Credits	57	Unlimited	0	\$0.40	\$0.00
Credits					
Non-Electronic Transactions	45	500	0	\$0.40	\$0.00
Cash Management Services					
Standard ACH Pmnts Initial Fee	10	0	10	\$2.50	\$25.00
Std ACH Pmnts Volume Fee	40	0	40	\$0.15	\$6.00
Debit Block Maintenance	1	0	1	\$0.00	\$0.00
ACH Debit Block - Authorized ID	76	0	76	\$0.00	\$0.00
R1 Economy Lockbox With Image Maintenance	1	0	1	\$155.00	\$155.00
Cms Economy Lockbox With Image Items	8	100	0	\$1.55	\$0.00
Subtotal Other Service Charges (Will be assessed on 9/5/24)					\$186.00

ACCOUNT 000937506690965

Other Service Charges:	
Electronic Credits	
Electronic Credits	
Credits	
Non-Electronic Transactions	
Cash Management Services	
Standard ACH Pmnts Initial Fee	
Std ACH Pmnts Volume Fee	
Debit Block Maintenance	
ACH Debit Block - Authorized ID	
R1 Economy Lockbox With Image Maintenance	
Cms Economy Lockbox With Image Items	

Reminder: Fees associated with ACH Payments, Real Time Payments, Same Day ACH, ACH Collections and Chase QuickDepositSM are based on previous month activity.



August 01, 2024 through August 30, 2024
Account Number: **000937506690965**

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

The following are excerpts of the more significant updates to *Section X. Arbitration; Resolving Disputes* to be published November 17, 2024:

- **What claims or disputes subject to arbitration?:**
Claims or disputed factual or legal issues that arise out of or in any way relate in any way to any aspect of our relationship or interactions with each other, including but not limited to your deposit account, transactions involving your deposit account, whether actual, potential, canceled, or other transactions, any related product, service, or agreement with, or interactions of any kind with Chase employees are subject to arbitration.
- **Can I (customer) cancel or opt out of this agreement to arbitrate?:**
You have the right to opt out of this agreement to arbitration if you tell us within sixty (60) days of opening your account, or by January 16, 2025, whichever is later. The exclusive way to opt out is by calling us at 1-800-242-7338. Any other method, form, or means of opting out will be treated as invalid or ineffective. Requests to opt out made more than sixty (60) days after opening your account or by January 16, 2025, whichever is later will be invalid.
- **Does arbitration apply to Claims involving third parties?:**
For purposes of arbitration, "you" includes any person who is listed on your account or claims a right or interest in your account, and "we" and "us" includes JPMorgan Chase Bank, N.A., all its affiliates, third-party beneficiaries of this agreement and all third parties who are regarded as agents or representatives of ours in connection with a Claim.
- **How does arbitration work?:**
Arbitration between us shall be administered by the American Arbitration Association ("AAA"), which will apply its Consumer Arbitration Rules in effect at the time the arbitration is commenced and the Mass Arbitration Supplementary Rules to mass arbitration matters. A single arbitrator shall conduct proceedings under the Consumer Arbitration Rules, and a Process Arbitrator and single Merits Arbitrator shall conduct each mass arbitration case. The Parties agree that, upon motion by either of us, the arbitrator or Merits Arbitrator shall have the power to decide dispositive issues of law prior to hearing, consistent with Federal Rules of Civil Procedure 12 and 56. All pleadings, information and documents exchanged, and the arbitrator's ruling shall be treated as confidential and have no precedential value. However, if either Party seeks to confirm the arbitrator's decision in court, the Parties agree that the documents necessary for such confirmation need not be filed under seal.

Who will pay for costs?:

Each Party will be responsible for the arbitration costs as allocated by the applicable AAA rules (www.adr.org). However, except for claims filed as part of a mass arbitration, if the arbitrator ultimately rules in your favor, you will be entitled to reimbursement by Chase for all fees you paid to the AAA.

NEW SECTION: What about mass arbitration matters?:

You agree that these additional requirements ("Mass Arbitration Procedures") shall apply to your Claim if it is filed as part of a "mass arbitration," which means twenty-five (25) or more arbitration claims involving the same or similar subject matter and/or issues of law or fact, and where representation of all claimants is the same or coordinated across the cases. You agree to these procedures even though they may delay the arbitration of your individual claim. If at any point you are unsatisfied with the speed by which your matter is proceeding, you are free to withdraw your arbitration demand and proceed in small claims court if the Claim is in that court's jurisdiction and proceeds on an individual basis.

1. Mass Arbitration Filing Requirements:

In addition to the requirements set forth in the AAA Mass Arbitration Supplementary Rules, you agree that upon commencing a case with the AAA, you will provide your name, full Chase account number, mailing address, telephone number, email address, a factual description of every disputed transaction for which you seek compensation (date, amount, and transaction type) and/or event (date, location, and individuals involved), explanation of the basis of your Claim, an itemized calculation of all alleged damages, and, if represented by counsel, a signed statement authorizing us to share information regarding your account and the Claim with them. You agree and understand that failure to provide this information may result in dismissal of your Claim, though you have the right to refile once you provide the information described in the previous sentence.

2. Process Arbitrator Appointment:

You and Chase agree that before an arbitrator is assigned to determine the merit of your claim, a "Process Arbitrator" will be appointed. The Process Arbitrator will have the authority to ensure these Mass Arbitration Procedures and the AAA rules are followed. The Parties agree that the Process Arbitrator will be selected by the process set forth in AAA Mass Arbitration Supplementary Rule MA-7(a). In short, each Party will receive a list of proposed Process Arbitrators provided by the AAA and will meet and confer to identify a mutually-agreeable candidate. If the Parties cannot agree, they will submit their preferences to the AAA, and the AAA will select a Process Arbitrator.



3. Matters To Be Decided by a Process Arbitrator:

In addition to the authority outlined in AAA Mass Arbitration Supplementary Rules, the parties agree that the Process Arbitrator shall be empowered to resolve any dispute regarding whether your Claim should be dismissed because, for example, you failed to comply with the Mass Arbitration Filing Requirements, any other requirements outlined in this agreement, or any other reason. You agree that if the Process Arbitrator finds you failed to comply with any requirement, your claim will be dismissed, without prejudice to refiling once the deficiencies are remedied. The Process Arbitrator will also have the power to decide whether, based on the information submitted in the Mass Arbitration Filing Requirements, other threshold eligibility issues for your case to proceed, including but not limited to whether you had an account at Chase, experienced the transaction, fee, or event at issue, or otherwise cannot pursue the claim due to a clear legal or factual deficiency, and to dismiss your claim as appropriate. The Process Arbitrator shall have the power to determine whether or not a given dispute regarding these Mass Arbitration Filing Requirements and/or Procedures are within their jurisdiction. The Process Arbitrator shall be authorized to afford any relief or impose any sanctions available under Federal Rule of Civil Procedure 11, 28 U.S.C. § 1927, or any applicable state law.

4. Mass Arbitration Procedures:

Following the resolution of any disputes within the jurisdiction of the Process Arbitrator, if any, counsel for the claimants and counsel for Chase shall each select fifteen (15) cases (per side) to proceed first in individual arbitration proceedings on the merits of each claim. Unless the Parties otherwise agree, in no event shall any individual Merits Arbitrator be assigned more than three (3) cases. No AAA per case fee shall be assessed in connection with any case until they are selected to proceed to individual arbitration proceedings as part of the process identified in this section. The Parties agree that each side shall have the right to have fifteen (15) cases of their choosing proceed to final hearing before the process described in this section moves forward. After the first thirty (30) cases are resolved, counsel will meet and confer regarding ways to improve the efficiency of the proceedings, including whether to mediate or change the number of cases filed in each stage. If the Parties are unable to resolve the remaining cases after the conclusion of the initial thirty (30) proceedings and conferring in good faith, each side shall select another fifteen (15) cases (per side) to proceed to individual arbitration proceedings. Each of these thirty (30) cases shall be assigned to a different Merits Arbitrator, though if the Parties otherwise agree, a single Merits Arbitrator may be assigned up to three (3) cases. No AAA per case fee shall be assessed in connection with the remaining cases until they are selected to proceed to individual arbitration proceedings as part of the process identified in this section. After this second set of thirty (30) cases are resolved, counsel will again meet and confer regarding ways to improve the efficiency of the proceedings, including whether to mediate or change the number of cases filed in each stage. If the Parties do not reach a global resolution after the second set of cases are resolved, on either Party's motion, the Process Arbitrator can decide to expedite the proceedings by forgoing more rounds of case selection and instead assigning Merits Arbitrators to all of the remaining cases at once. If no motion is made, this Mass Arbitration Procedure shall continue with thirty (30) cases in each set of proceedings, consistent with the parameters identified above. You and Chase agree to engage in these Mass Arbitration Procedures in good faith, which includes an agreement to pay the Parties' respective case fee if your case is selected. Any dispute regarding any aspect of the specific Mass Arbitration Procedures outlined in this section shall be resolved by the Process Arbitrator.

5. Interpretation and Enforcement of Mass Arbitration Provision:

Any dispute regarding the interpretation or enforcement of these mass arbitration procedures shall be decided by the Process Arbitrator or, in cases that have been released to merits proceedings, the Merits Arbitrator. Their decisions regarding the mass arbitrations process and procedures shall be considered interlocutory in nature and not subject to immediate judicial review. If any terms of these Mass Arbitration Procedures are found to be legally unenforceable for any reason, then the proceedings shall otherwise continue in arbitration in accordance with AAA's Mass Arbitration Supplementary rules.



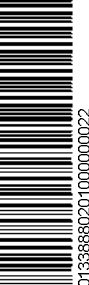
JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

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Account Number: **000301147190065**

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Para Espanol: **1-888-622-4273**
International Calls: **1-713-262-1679**
We accept operator relay calls

00133888 DRE 802 219 24424 NNNNNNNNNN 1 000000000 60 0000
CINTRA SOFTWARE & SERVICES INC.
3 PARK AVE FL 32
NEW YORK NY 10016-5902



We're updating our Deposit Account Agreement, including the Arbitration section

On November 17, 2024, we're updating section *X. Arbitration; Resolving Disputes* in the Deposit Account Agreement. We've included excerpts of the more significant updates at the end of this statement. The Arbitration section explains how potential disputes and claims are handled between us. **You can opt out of arbitration any time before January 16, 2025, by calling us at 1-800-242-7338.**

You can view the full updated section in the Deposit Account Agreement which will be available on November 17 at chase.com/business/disclosures or by visiting a branch. The new agreement will include these changes as well as any additional updates occurring at this time.

If you have any questions, please call the number on this statement. We accept operator relay calls.

SAVINGS SUMMARY

Chase Business Select High Yield Savings

	INSTANCES	AMOUNT
Beginning Balance		\$2,001,405.80
Deposits and Additions	1	25.40
Electronic Withdrawals	1	-500,000.00
Ending Balance	2	\$1,501,431.20
Annual Percentage Yield Earned This Period		0.02%
Interest Paid This Period		\$25.40
Interest Paid Year-to-Date		\$141.61

Your monthly service fee was waived because you maintained an average savings balance of \$10,000 or more during the statement period.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$2,001,405.80
08/05	08/03 Online Transfer To Chk ...0965 Transaction#: 21612431035	-500,000.00	1,501,405.80
08/30	Interest Payment	25.40	1,501,431.20
	Ending Balance		\$1,501,431.20

You earned a higher interest rate on your Chase Business Select High Yield Savings account during this statement period because you had a qualifying Chase Platinum Business Checking account.



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30 deposited items are provided with your account each month. There is a \$0.20 fee for each additional deposited item.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

The following are excerpts of the more significant updates to *Section X. Arbitration; Resolving Disputes* to be published November 17, 2024:

- **What claims or disputes subject to arbitration?:**
Claims or disputed factual or legal issues that arise out of or in any way relate in any way to any aspect of our relationship or interactions with each other, including but not limited to your deposit account, transactions involving your deposit account, whether actual, potential, canceled, or other transactions, any related product, service, or agreement with, or interactions of any kind with Chase employees are subject to arbitration.
- **Can I (customer) cancel or opt out of this agreement to arbitrate?:**
You have the right to opt out of this agreement to arbitration if you tell us within sixty (60) days of opening your account, or by January 16, 2025, whichever is later. The exclusive way to opt out is by calling us at 1-800-242-7338. Any other method, form, or means of opting out will be treated as invalid or ineffective. Requests to opt out made more than sixty (60) days after opening your account or by January 16, 2025, whichever is later will be invalid.
- **Does arbitration apply to Claims involving third parties?:**
For purposes of arbitration, "you" includes any person who is listed on your account or claims a right or interest in your account, and "we" and "us" includes JPMorgan Chase Bank, N.A., all its affiliates, third-party beneficiaries of this agreement and all third parties who are regarded as agents or representatives of ours in connection with a Claim.
- **How does arbitration work?:**
Arbitration between us shall be administered by the American Arbitration Association ("AAA"), which will apply its Consumer Arbitration Rules in effect at the time the arbitration is commenced and the Mass Arbitration Supplementary Rules to mass arbitration matters. A single arbitrator shall conduct proceedings under the Consumer Arbitration Rules, and a Process Arbitrator and single Merits Arbitrator shall conduct each mass arbitration case. The Parties agree that, upon motion by either of us, the arbitrator or Merits Arbitrator shall have the power to decide dispositive issues of law prior to hearing, consistent with Federal Rules of Civil Procedure 12 and 56. All pleadings, information and documents exchanged, and the arbitrator's ruling shall be treated as confidential and have no precedential value. However, if either Party seeks to confirm the arbitrator's decision in court, the Parties agree that the documents necessary for such confirmation need not be filed under seal.

Who will pay for costs?:

Each Party will be responsible for the arbitration costs as allocated by the applicable AAA rules (www.adr.org). However, except for claims filed as part of a mass arbitration, if the arbitrator ultimately rules in your favor, you will be entitled to reimbursement by Chase for all fees you paid to the AAA.

NEW SECTION: What about mass arbitration matters?:

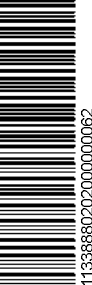
You agree that these additional requirements ("Mass Arbitration Procedures") shall apply to your Claim if it is filed as part of a "mass arbitration," which means twenty-five (25) or more arbitration claims involving the same or similar subject matter and/or issues of law or fact, and where representation of all claimants is the same or coordinated across the cases. You agree to these procedures even though they may delay the arbitration of your individual claim. If at any point you are unsatisfied with the speed by which your matter is proceeding, you are free to withdraw your arbitration demand and proceed in small claims court if the Claim is in that court's jurisdiction and proceeds on an individual basis.

1. Mass Arbitration Filing Requirements:

In addition to the requirements set forth in the AAA Mass Arbitration Supplementary Rules, you agree that upon commencing a case with the AAA, you will provide your name, full Chase account number, mailing address, telephone number, email address, a factual description of every disputed transaction for which you seek compensation (date, amount, and transaction type) and/or event (date, location, and individuals involved), explanation of the basis of your Claim, an itemized calculation of all alleged damages, and, if represented by counsel, a signed statement authorizing us to share information regarding your account and the Claim with them. You agree and understand that failure to provide this information may result in dismissal of your Claim, though you have the right to refile once you provide the information described in the previous sentence.

2. Process Arbitrator Appointment:

You and Chase agree that before an arbitrator is assigned to determine the merit of your claim, a "Process Arbitrator" will be appointed. The Process Arbitrator will have the authority to ensure these Mass Arbitration Procedures and the AAA rules are followed. The Parties agree that the Process Arbitrator will be selected by the process set forth in AAA Mass Arbitration Supplementary Rule MA-7(a). In short, each Party will receive a list of proposed Process Arbitrators provided by the AAA and will meet and confer to identify a mutually-agreeable candidate. If the Parties cannot agree, they will submit their preferences to the AAA, and the AAA will select a Process Arbitrator.



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3. Matters To Be Decided by a Process Arbitrator:

In addition to the authority outlined in AAA Mass Arbitration Supplementary Rules, the parties agree that the Process Arbitrator shall be empowered to resolve any dispute regarding whether your Claim should be dismissed because, for example, you failed to comply with the Mass Arbitration Filing Requirements, any other requirements outlined in this agreement, or any other reason. You agree that if the Process Arbitrator finds you failed to comply with any requirement, your claim will be dismissed, without prejudice to refiling once the deficiencies are remedied. The Process Arbitrator will also have the power to decide whether, based on the information submitted in the Mass Arbitration Filing Requirements, other threshold eligibility issues for your case to proceed, including but not limited to whether you had an account at Chase, experienced the transaction, fee, or event at issue, or otherwise cannot pursue the claim due to a clear legal or factual deficiency, and to dismiss your claim as appropriate. The Process Arbitrator shall have the power to determine whether or not a given dispute regarding these Mass Arbitration Filing Requirements and/or Procedures are within their jurisdiction. The Process Arbitrator shall be authorized to afford any relief or impose any sanctions available under Federal Rule of Civil Procedure 11, 28 U.S.C. § 1927, or any applicable state law.

4. Mass Arbitration Procedures:

Following the resolution of any disputes within the jurisdiction of the Process Arbitrator, if any, counsel for the claimants and counsel for Chase shall each select fifteen (15) cases (per side) to proceed first in individual arbitration proceedings on the merits of each claim. Unless the Parties otherwise agree, in no event shall any individual Merits Arbitrator be assigned more than three (3) cases. No AAA per case fee shall be assessed in connection with any case until they are selected to proceed to individual arbitration proceedings as part of the process identified in this section. The Parties agree that each side shall have the right to have fifteen (15) cases of their choosing proceed to final hearing before the process described in this section moves forward. After the first thirty (30) cases are resolved, counsel will meet and confer regarding ways to improve the efficiency of the proceedings, including whether to mediate or change the number of cases filed in each stage. If the Parties are unable to resolve the remaining cases after the conclusion of the initial thirty (30) proceedings and conferring in good faith, each side shall select another fifteen (15) cases (per side) to proceed to individual arbitration proceedings. Each of these thirty (30) cases shall be assigned to a different Merits Arbitrator, though if the Parties otherwise agree, a single Merits Arbitrator may be assigned up to three (3) cases. No AAA per case fee shall be assessed in connection with the remaining cases until they are selected to proceed to individual arbitration proceedings as part of the process identified in this section. After this second set of thirty (30) cases are resolved, counsel will again meet and confer regarding ways to improve the efficiency of the proceedings, including whether to mediate or change the number of cases filed in each stage. If the Parties do not reach a global resolution after the second set of cases are resolved, on either Party's motion, the Process Arbitrator can decide to expedite the proceedings by forgoing more rounds of case selection and instead assigning Merits Arbitrators to all of the remaining cases at once. If no motion is made, this Mass Arbitration Procedure shall continue with thirty (30) cases in each set of proceedings, consistent with the parameters identified above. You and Chase agree to engage in these Mass Arbitration Procedures in good faith, which includes an agreement to pay the Parties' respective case fee if your case is selected. Any dispute regarding any aspect of the specific Mass Arbitration Procedures outlined in this section shall be resolved by the Process Arbitrator.

5. Interpretation and Enforcement of Mass Arbitration Provision:

Any dispute regarding the interpretation or enforcement of these mass arbitration procedures shall be decided by the Process Arbitrator or, in cases that have been released to merits proceedings, the Merits Arbitrator. Their decisions regarding the mass arbitrations process and procedures shall be considered interlocutory in nature and not subject to immediate judicial review. If any terms of these Mass Arbitration Procedures are found to be legally unenforceable for any reason, then the proceedings shall otherwise continue in arbitration in accordance with AAA's Mass Arbitration Supplementary rules.