

2020 TAX RETURN

CLIENT COPY

Client: 120C05

Prepared for: SIGMA SOLVE INC
1401 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323
954-397-0800

Prepared by: SHAILESH PATEL
CHUGH CPAS, LLP
15925 CARMENITA RD.
CERRITOS, CA 90703
(562) 229-1220

Date: APRIL 15, 2021

Comments:

Route to: _____

2020 Corporate Return
prepared for:

SIGMA SOLVE INC
1401 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

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SUNRISE, FL 33323
954-397-0800

FEDERAL FORMS

Form 1120	2020 U.S. Corporation Income Tax Return
Schedule G	Information on Persons Owning Stock
Form 1125-A	Cost of Goods Sold
Form 1125-E	Compensation of Officers
Form 2220	Underpayment of Estimated Tax by Corporations
Form 4562	Depreciation and Amortization
Form 5472	Information Return/Foreign-Owned U.S. Corp.
Form 8050	Direct Deposit of Corporate Tax Refund
Form 8879-C	IRS e-file Signature Authorization
	Depreciation Schedules

FLORIDA FORMS

Form F-1120	2020 FL Corp. Inc./Franc. & Emerg. Exc. Tax Rtn
Form F-1120ES	FL Corp. Declaration/Installment of Estimated Tax
Form F-2220	FL Corp. Underpayment of Estimated Tax

GEORGIA FORMS

Form 600	2020 Georgia Corporation Tax Return
Form 4562	Georgia Depreciation and Amortization
Form 602ES	Corporation Estimated Tax
8453C	Georgia Declaration for Electronic Filing
600 UET	Underpayment of Estimated Tax by Corporations
	Georgia Depreciation Schedules

FEE SUMMARY

Preparation Fee

2021 ESTIMATED TAX PAYMENTS

PAYMENT:

PAYMENTS MUST BE ELECTRONICALLY DEPOSITED THROUGH THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS) IN ACCORDANCE WITH THE SCHEDULE BELOW.

WHEN TO DEPOSIT:

THE DUE DATE FOR EACH PERIOD IS SHOWN BELOW, BUT IN ORDER FOR ELECTRONIC DEPOSITS TO BE MADE ON TIME, THE CORPORATION MUST INITIATE THE TRANSACTION AT LEAST ONE BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE.

ESTIMATED TAX SCHEDULE:

DUE DATE	PAYMENT
4/15/21	\$ 42,000
6/15/21	42,000
9/15/21	42,000
12/15/21	42,000

	\$ 168,000
	=====

2020

FEDERAL FILING INSTRUCTIONS

SIGMA SOLVE INC

32-0025506

ELECTRONICALLY FILED:

FORM 1120 - 2020 U.S. CORPORATION INCOME TAX RETURN

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879C - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

REFUND:

THE REFUND OF \$1,970 WILL BE DIRECTLY DEPOSITED INTO YOUR BANK ACCOUNT.

ESTIMATED TAXES:

REFER TO THE ENCLOSED INSTRUCTIONS FOR INFORMATION REGARDING 2021 ELECTRONIC ESTIMATED TAX PAYMENTS.

IRS e-file Signature Authorization for Form 1120

For calendar year **2020**, or tax year beginning _____, **2020**, ending _____, _____

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879C for the latest information.**

Name of corporation SIGMA SOLVE INC	Employer identification number 32-0025506
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Part I Tax Return Information (Whole dollars only)

1 Total income (Form 1120, line 11)	1	1,579,638.
2 Taxable income (Form 1120, line 30)	2	789,661.
3 Total tax (Form 1120, line 31)	3	165,829.
4 Amount owed (Form 1120, line 35)	4	
5 Overpayment (Form 1120, line 36)	5	1,970.

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 2020 electronic income tax 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 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 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 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 CHUGH CPAS, LLP to enter my PIN 12030 as my signature
ERO firm name do not enter all zeros
 on the corporation's 2020 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2020 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. 33791330350
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ SHAILESH PATEL Date ▶ _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **1120**

Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2020 or tax year beginning _____, 2020, ending _____,
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

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 instrs)
- 4 Schedule M-3 attached

**TYPE
OR
PRINT**

SIGMA SOLVE INC
1401 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

B Employer identification number

32-0025506

C Date incorporated

9/20/2006

D Total assets (see instructions)

\$ 1,381,328.

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

INCOME	1 a Gross receipts or sales	1 a	2,667,951.	
	b Returns and allowances	1 b		
	c Balance. Subtract line 1b from line 1a	1 c	2,667,951.	
	2 Cost of goods sold (attach Form 1125-A)	2	1,088,313.	
	3 Gross profit. Subtract line 2 from line 1c	3	1,579,638.	
	4 Dividends and inclusions (Schedule C, line 23)	4		
	5 Interest	5		
	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 (see instructions — attach statement)	10			
11 Total income. Add lines 3 through 10	11	1,579,638.		
DEDUCTIONS	12 Compensation of officers (see instructions — attach Form 1125-E)	12	225,000.	
	13 Salaries and wages (less employment credits)	13	247,851.	
	14 Repairs and maintenance	14		
	15 Bad debts	15		
	16 Rents	16	10,987.	
	17 Taxes and licenses	17	70,622.	
	18 Interest (see instructions)	18	2,321.	
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	34,606.	
	21 Depletion	21		
	22 Advertising	22	2,372.	
	23 Pension, profit-sharing, etc., plans	23		
	24 Employee benefit programs	24		
	25 Reserved for future use	25		
	26 Other deductions (attach statement) SEE STATEMENT 1	26	196,218.	
	27 Total deductions. Add lines 12 through 26	27	789,977.	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	789,661.	
29 a Net operating loss deduction (see instructions)	29 a			
	b Special deductions (Schedule C, line 24)	29 b		
	c Add lines 29a and 29b	29 c		
TAXES, CREDITS, AND REFUNDABLE PAYMENTS	30 Taxable income. Subtract line 29c from line 28. See instructions	30	789,661.	
	31 Total tax (Schedule J, Part I, line 11)	31	165,829.	
	32 2020 net 965 tax liability paid (Schedule J, Part II, line 12)	32		
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33	168,000.	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input checked="" type="checkbox"/>	34	201.	
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35		
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36	1,970.	
37 Enter amount from line 36 you want: Credited to 2021 estimated tax ▶ Refunded ▶	37	1,970.		

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: _____ Date: _____ Title: **PRESIDENT**

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

Paid Preparer Use Only

Print/Type preparer's name: **SHAILESH PATEL** Preparer's signature: **SHAILESH PATEL** Date: **4/15/21** Check if self-employed PTIN: **P00393694**

Firm's name ▶ **CHUGH CPAS, LLP** Firm's EIN ▶ **47-2202224**

Firm's address ▶ **15925 CARMENITA RD. CERRITOS, CA 90703** Phone no. **(562) 229-1220**

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) Percentage	(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 for limitations.		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 Section 965(a) inclusion		See instructions	
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 15, 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)). See instructions.	<input type="checkbox"/>	
2	Income tax. See instructions		165,829.
3	Base erosion minimum tax amount (attach Form 8991).		
4	Add lines 2 and 3.		165,829.
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	165,829.
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	165,829.

Part II – Section 965 Payments (see instructions)

12	2020 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32.	12	
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Part III – Payments and Refundable Credits, and Section 965 Net Tax Liability

13	2019 overpayment credited to 2020	13	
14	2020 estimated tax payments.	14	168,000.
15	2020 refund applied for on Form 4466.	15	
16	Combine lines 13, 14, and 15.	16	168,000.
17	Tax deposited with Form 7004.	17	
18	Withholding (see instructions).	18	
19	Total payments. Add lines 16, 17, and 18.	19	168,000.
20	Refundable credits from:		
a	Form 2439	20 a	
b	Form 4136	20 b	
c	Reserved for future use	20 c	
d	Other (attach statement – see instructions).	20 d	
21	Total credits. Add lines 20a through 20d.	21	
22	2020 net 965 tax liability from Form 965-B, Part I, column (d), line 4. See instructions.	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33.	23	168,000.

Schedule K Other Information (see instructions)

1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2 See the instructions and enter the: a Business activity code no. ▶ <u>518210</u> b Business activity ▶ <u>SOFTWARE</u> c Product or service ▶ <u>SOFT CONSULTING</u>		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidary 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
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(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>51.00%</u> and (b) Owner's country ▶ <u>INDIA</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>1</u>	X	
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount. ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ NONE		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ▶ <input type="checkbox"/> 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.) ▶ \$ _____ NONE		

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.		
15 a Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		
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 \$26 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		
Percentage: By Value		

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash.....		861,442.		1,063,572.
2a	Trade notes and accounts receivable.....	291,487.		282,423.	
b	Less allowance for bad debts.....		291,487.		282,423.
3	Inventories.....				
4	U.S. government obligations.....				
5	Tax-exempt securities (see instructions)....				
6	Other current assets (attach statement) SEE ST. 2.		3,546.		
7	Loans to shareholders.....				
8	Mortgage and real estate loans.....				
9	Other investments (attach statement).....				
10a	Buildings and other depreciable assets.....	90,312.		120,312.	
b	Less accumulated depreciation.....	50,373.	39,939.	84,979.	35,333.
11a	Depletable assets.....				
b	Less accumulated depletion.....				
12	Land (net of any amortization).....				
13a	Intangible assets (amortizable only).....				
b	Less accumulated amortization.....				
14	Other assets (attach statement).....				
15	Total assets.....		1,196,414.		1,381,328.
Liabilities and Shareholders' Equity					
16	Accounts payable.....				
17	Mortgages, notes, bonds payable in less than 1 year....				
18	Other current liabilities (attach stmt) SEE ST. 3.		230,488.		130,234.
19	Loans from shareholders.....		222,022.		1,621.
20	Mortgages, notes, bonds payable in 1 year or more....		33,441.		
21	Other liabilities (attach statement).....				
22	Capital stock: a Preferred stock.....				
	b Common stock.....	81,700.	81,700.	81,700.	81,700.
23	Additional paid-in capital.....		253,119.		253,119.
24	Retained earnings — Approp (att stmt).....				
25	Retained earnings — Unappropriated.....		375,644.		914,654.
26	Adjmt to shareholders' equity (att stmt).....				
27	Less cost of treasury stock.....				
28	Total liabilities and shareholders' equity.....		1,196,414.		1,381,328.

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.....	539,010.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books.....	247,254.		Tax-exempt interest \$	
3	Excess of capital losses over capital gains ..			-----	
4	Income subject to tax not recorded on books this year (itemize):			-----	
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation..... \$			a Depreciation.. \$	
b	Charitable contributions.. \$			b Charitable contribns \$	
c	Travel & entertainment .. \$	3,290.		-----	
	STATEMENT 4	107.		-----	
		3,397.	9	Add lines 7 and 8.....	0.
6	Add lines 1 through 5.....	789,661.	10	Income (page 1, line 28) — line 6 less line 9.....	789,661.

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

1	Balance at beginning of year.....	375,644.	5	Distributions..... a Cash.....	
2	Net income (loss) per books.....	539,010.		b Stock..... c Property.....	
3	Other increases (itemize):		6	Other decreases (itemize):	
	-----			-----	
	-----		7	Add lines 5 and 6.....	
4	Add lines 1, 2, and 3.....	914,654.	8	Balance at end of year (line 4 less line 7).....	914,654.

Form **8050**

(November 2016)

Department of the Treasury
Internal Revenue Service

Direct Deposit of Corporate Tax Refund

▶ Attach to Form 1120 or 1120S.

▶ Information about Form 8050 and its instructions is at www.irs.gov/form8050.

OMB No. 1545-0123

Name of corporation (as shown on tax return)

SIGMA SOLVE INC

Employer identification number

32-0025506

Phone number (optional)

1 Routing number (must be nine digits). The first two digits must be between 01 and 12 or 21 through 32.

263191387

2 Account number (include hyphens but omit spaces and special symbols):

0000240386771

3 Type of account (one box must be checked):

Checking

Savings

BAA

Form **8050** (11-2016)

Cost of Goods Sold

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

Name SIGMA SOLVE INC	Employer identification number 32-0025506
--------------------------------	---

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	1,088,313.
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule)	5	
6 Total. Add lines 1 through 5	6	1,088,313.
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	1,088,313.

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? If "Yes," attach explanation. Yes No

BAA For Paperwork Reduction Act Notice, see instructions.

**SCHEDULE G
(Form 1120)**

(Rev December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

▶ **Attach to Form 1120.**
▶ **See instructions.**

OMB No. 1545-0123

Name SIGMA SOLVE INC	Employer identification number (EIN) 32-0025506
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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
SIGMA SOLVE LIMITED		CORPORATION	INDIA	51.00%

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
PRERAK PARIKH	768-14-0023	UNITED STATES	24.50%
BIREN ZAVERCHAND	368-19-5917	UNITED STATES	24.50%

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**.

Name SIGMA SOLVE INC	Employer identification number 32-0025506
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Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
	PRERAK PARIKH	768-14-0023	50 %	0.00 %	0.00 %	112,500.
	BIREN ZAVERCHAND	368-19-5917	50 %	0.00 %	0.00 %	112,500.
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
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			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
	2 Total compensation of officers					225,000.
	3 Compensation of officers claimed on Form 1125-A or elsewhere on return					
	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.					225,000.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

2020

Department of the Treasury
Internal Revenue Service

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

Name SIGMA SOLVE INC	Employer identification number 32-0025506
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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	165,829.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b 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		
c 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	165,829.
4 Enter the tax shown on the corporation's 2019 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	79,254.
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	79,254.

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. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions.	9	7/15/20	7/15/20	9/15/20	12/15/20
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule 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	19,813.	19,813.	19,814.	19,814.
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			168,000.	
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				108,560.
13 Add lines 11 and 12	13			168,000.	108,560.
14 Add amounts on lines 16 and 17 of the preceding column	14		19,813.	39,626.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	128,374.	108,560.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		19,813.	0.	
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	19,813.	19,813.		
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			108,560.	

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.

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.....	19	9/15/20	9/15/20	
20 Number of days from due date of installment on line 9 to the date shown on line 19.....	20	62	62	
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020.....	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 5% (0.05)	22			
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020.....	23	62	62	
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 3% (0.03)	24	100.69	100.69	
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021.....	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 3% (0.03)	26			
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021.....	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	28			
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021.....	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x ____ %...	30			
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021.....	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x ____ %...	32			
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022.....	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x ____ %...	34			
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022.....	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x ____ %...	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	37	100.69	100.69	
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.....	38			201.

*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 (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment
Sequence No. **179**

Name(s) shown on return

SIGMA SOLVE INC

Identifying number

32-0025506

Business or activity to which this form relates

FORM 1120

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000.
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 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	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 2021. Add lines 9 and 10, less line 12	▶ 13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2020 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
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			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 2020 Tax Year Using the Alternative Depreciation System

20 a 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	34,606.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	34,606.
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.)

24 a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If 'Yes,' is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	18,100.
26 Property used more than 50% in a qualified business use:								
AUTO	8/23/13	90.91	35,000.	31,819.	5.0	200DB HY	1,705.	
LAND ROWER	9/29/19	100.0	46,252.	46,252.	5.0	200DB HY	14,801.	
AUTO	12/21/20	100.0	30,000.	11,900.	5.0	200DB MQ		
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	34,606.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0.

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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?												
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. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**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)

(Rev. December 2018)

► Go to www.irs.gov/Form5472 for instructions and the latest information.

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For tax year of the reporting corporation beginning 1/01, 2020, and ending 12/31, 2020

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 SIGMA SOLVE INC <small>Number, street, and room or suite no. (if a P.O. box, see instructions)</small>		1b Employer identification number 32-0025506
1401 SAWGRASS CORPORATE PARKWAY <small>City or town, state, and ZIP code (if a foreign address, see instructions)</small>		1c Total assets \$ 1,381,328.
1d Principal business activity ► SOFTWARE		1e Principal business activity code ► 518210
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 1	1h Total value of gross payments made or received reported on all Forms 5472. See instructions. \$ 0.
1i Check here if this is a consolidated filing of Form 5472. ► <input type="checkbox"/>	1j Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472. ► <input type="checkbox"/>	1k Country of incorporation
1l Country(ies) under whose laws the reporting corporation files an income tax return as a resident	1m Principal country(ies) where business is conducted	
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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) ►

1a Name and address of direct 25% foreign shareholder SIGMA SOLVE LIMITED 305-308, 3RD FLOOR, ALPHA MEGACONE HOUS, S. G. HIGH WAY AHMEDABAD, GUJARAT 380054 INDIA		
1b1 U.S. identifying number, if any AA0CS2976E	1b2 Reference ID number(see instructions) SEE STATEMENT 5	1b3 Foreign taxpayer identification number (FTIN), if any (see instructions)
1c Principal country(ies) where business is conducted INDIA	1d Country of citizenship, organization, or incorporation INDIA	1e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident
2a Name and address of direct 25% foreign shareholder		
2b1 U.S. identifying number, if any	2b2 Reference ID number(see instructions)	2b3 FTIN, if any (see instructions)
2c Principal country(ies) where business is conducted	2d Country of citizenship, organization, or incorporation	2e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident
3a Name and address of ultimate indirect 25% foreign shareholder		
3b1 U.S. identifying number, if any	3b2 Reference ID number (see instructions)	3b3 FTIN, if any (see instructions)
3c Principal country(ies) where business is conducted	3d Country of citizenship, organization, or incorporation	3e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident
4a Name and address of ultimate indirect 25% foreign shareholder		
4b1 U.S. identifying number, if any	4b2 Reference ID number(see instructions)	4b3 FTIN, if any (see instructions)
4c Principal country(ies) where business is conducted	4d Country of citizenship, organization, or incorporation	4e 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?

1 a Name and address of related party
 SIGMA SOLVE LIMITED 305-308, 3RD FLOOR, ALPHA MEGACONE HOUS, S. G. HIGH WAY AHMEDABAD, GUJARAT 380054 INDIA

1 b 1 U.S. identifying number, if any FOREIGN US
1 b 2 Reference ID number (see instructions) SEE STATEMENT 6
1 b 3 FTIN, if any (see instructions) AAOCS2976E

1 c Principal business activity ▶ SOFTWARE DEVELOPMENT
1 d Principal business activity code ▶ 541511

1 e Relationship — Check boxes that apply: Related to reporting corporation Related to 25% foreign shareholder 25% foreign shareholder

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

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 ▶

1	Sales of stock in trade (inventory)	1	0.
2	Sales of tangible property other than stock in trade	2	0.
3	Platform contribution transaction payments received	3	0.
4	Cost-sharing transaction payments received	4	0.
5 a	Rents received (for other than intangible property rights)	5 a	0.
b	Royalties received (for other than intangible property rights)	5 b	0.
6	Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	6	0.
7	Consideration received for technical, managerial, engineering, construction, scientific, or like services	7	0.
8	Commissions received	8	0.
9	Amounts borrowed (see instructions) a Beginning balance _____ b Ending balance or monthly average	9 b	0.
10	Interest received	10	0.
11	Premiums received for insurance or reinsurance	11	0.
12	Other amounts received (see instructions)	12	0.
13	Total. Combine amounts on lines 1 through 12	13	0.
14	Purchases of stock in trade (inventory)	14	0.
15	Purchases of tangible property other than stock in trade	15	0.
16	Platform contribution transaction payments paid	16	0.
17	Cost-sharing transaction payments paid	17	0.
18 a	Rents paid (for other than intangible property rights)	18 a	0.
b	Royalties paid (for other than intangible property rights)	18 b	0.
19	Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	19	0.
20	Consideration paid for technical, managerial, engineering, construction, scientific, or like services	20	0.
21	Commissions paid	21	0.
22	Amounts loaned (see instructions) a Beginning balance _____ b Ending balance or monthly average	22 b	0.
23	Interest paid	23	0.
24	Premiums paid for insurance or reinsurance	24	0.
25	Other amounts paid (see instructions)	25	0.
26	Total. Combine amounts on lines 14 through 25	26	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.

- 1 Does the reporting corporation import goods from a foreign related party? Yes No
- 2a 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 1 and 2a 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
- 3 During the tax year, was the foreign parent corporation a participant in any cost-sharing arrangement? Yes No
- 4 During the course of the tax year, did the foreign parent corporation become a participant in any cost-sharing arrangement? Yes No
- 5a 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 \$ _____
- 6a Does the reporting corporation claim a foreign-derived intangible income (FDII) deduction (under section 250) with respect to amounts listed in Part IV? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) of property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions. \$ _____
- c If "Yes," enter the amount of gross income derived from a license of property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions. \$ _____
- d If "Yes," enter the amount of gross income derived from services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions. \$ _____

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

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

SIGMA SOLVE INC

32-0025506

STATEMENT 1
FORM 1120, LINE 26
OTHER DEDUCTIONS

AUTO AND TRUCK.....	\$	6,939.
BANK CHARGES.....		803.
COMMISSIONS.....		2,130.
GIFTS.....		2,361.
HOSTING CHARGES.....		49,907.
INSURANCE.....		36,626.
LEGAL AND PROFESSIONAL.....		13,085.
MEALS.....		3,290.
MISCELLANEOUS.....		12,971.
OFFICE EXPENSE.....		6,362.
QUICKBOOKS PAYMENT.....		24,436.
SUBSCRIPTIONS.....		23,996.
TRAVEL.....		3,736.
TUITION.....		9,200.
UTILITIES.....		376.
	TOTAL \$	<u>196,218.</u>

STATEMENT 2
FORM 1120, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS

	BEGINNING	ENDING
INTEREST REVCEIVABLE.....	\$ 46.	\$ 0.
LOAN TO RYAN JAMES.....	3,500.	0.
	TOTAL \$ <u>3,546.</u>	\$ <u>0.</u>

STATEMENT 3
FORM 1120, SCHEDULE L, LINE 18
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
CREDIT CARD PAYABLE.....	\$ 2,183.	\$ 0.
PAYROLL TAX PAYABLE.....	29,627.	6,648.
PAYROLL PAYABLE.....	195,768.	33,284.
PPP LOAN.....	0.	89,784.
SIMPLY CASH BUSINESS CARD 72005.....	2,910.	518.
	TOTAL \$ <u>230,488.</u>	\$ <u>130,234.</u>

STATEMENT 4
FORM 1120, SCHEDULE M-1, LINE 5
BOOK EXPENSES NOT DEDUCTED

PENALTIES.....	\$	107.
	TOTAL \$	<u>107.</u>

SIGMA SOLVE INC

32-0025506

STATEMENT 5
FORM 5472, PART II, LINE 1B(2)
REFERENCE ID NUMBER

U72200GJ2010PLC060478

STATEMENT 6
FORM 5472, PART III, LINE 1B(2)
REFERENCE ID NUMBER

U72200GJ2010PLC060478

SIGMA SOLVE INC

32-0025506

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 1120																
AUTO / TRANSPORT EQUIPMENT																
1	AUTO	8/23/13		35,000	90.91						31,819	28,323	200DB HY	5		1,705
6	LAND ROWER	9/29/19		46,252							46,252	9,250	200DB HY	5	.32000	14,801
7	AUTO	12/21/20		30,000			18,100				11,900		200DB MQ	5	.05000	0
TOTAL AUTO / TRANSPORT EQUIP				111,252		0	18,100	0	0	0	89,971	37,573				16,506
FURNITURE AND FIXTURES																
3	FURNITURE	7/01/17		2,545				2,545			0		200DB HY	7		0
5	FURNITURE	7/18/18		2,650				2,650			0		200DB HY	7		0
TOTAL FURNITURE AND FIXTURE				5,195		0	0	5,195	0	0	0	0				0
MACHINERY AND EQUIPMENT																
2	COMPUTER	7/01/17		2,754				2,754			0		200DB HY	5		0
4	PHONE	11/01/17		1,111				1,111			0		200DB HY	5		0
TOTAL MACHINERY AND EQUIPME				3,865		0	0	3,865	0	0	0	0				0
TOTAL DEPRECIATION				<u>120,312</u>		<u>0</u>	<u>18,100</u>	<u>9,060</u>	<u>0</u>	<u>0</u>	<u>89,971</u>	<u>37,573</u>				<u>16,506</u>
GRAND TOTAL DEPRECIATION				<u>120,312</u>		<u>0</u>	<u>18,100</u>	<u>9,060</u>	<u>0</u>	<u>0</u>	<u>89,971</u>	<u>37,573</u>				<u>16,506</u>

2020

FLORIDA FILING INSTRUCTIONS

SIGMA SOLVE INC

32-0025506

ELECTRONIC FILING:

FORM F-1120ES - INSTALLMENT ONE - 2021 FLORIDA CORPORATION
DECLARATION/INSTALLMENT OF ESTIMATED TAX WILL BE FILED ELECTRONICALLY
WITH THE STATE OF FLORIDA.

PAYMENT(S):

THE FIRST INSTALLMENT PAYMENT OF \$2,500 WILL BE DIRECTLY WITHDRAWN
FROM YOUR BANK ACCOUNT ON APRIL 15, 2021.

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

INTU
F-1120ES
R. 01/17

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

THIS INSTALLMENT PAYMENT WILL BE E-FILED

YOU DO NOT NEED TO MAIL THIS FORM.
THE PAYMENT WILL BE DEDUCTED FROM YOUR BANK ACCOUNT.

Make checks payable and mail to:

Florida Department of Revenue, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

Do Not Detach

FLCA0201 10/29/20

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

INTU
F-1120ES
R. 01/17

Name SIGMA SOLVE INC
Address 1401 SAWGRASS CORPORATE PARKWAY
City/State/ZIP SUNRISE, FL 33323

Installment **1**
FEIN 32-0025506
Taxable Year Ending 12/21
Estimated Tax Payment \$ 2500.

DOR USE ONLY

--	--	--	--	--	--	--

320025506	0	0	0
0	0	0	0
20211231	0	0	0
0	0	0	0
001	0	0	0
0	0	0	0
0	0	0	0
0	0	0	250000

250000

8141 0 20211231 0002005033 7 3320025506 0000 2

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

INTU
F-1120ES
R. 01/17

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

SEND PAYMENT VOUCHER TO:

FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

Make checks payable and mail to:

Florida Department of Revenue, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

Do Not Detach

FLCA0202 10/29/20

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

INTU
F-1120ES
R. 01/17

Name SIGMA SOLVE INC
Address 1401 SAWGRASS CORPORATE PARKWAY
City/State/ZIP SUNRISE, FL 33323

Installment **2**
FEIN 32-0025506
Taxable Year Ending 12/21
Estimated Tax Payment \$ 2500.

DOR USE ONLY

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320025506	0	0	0
0	0	0	0
20211231	0	0	0
0	0	0	0
001	0	0	0
0	0	0	0
0	0	0	0
0	0	0	250000

250000

8141 0 20211231 0002005033 7 3320025506 0000 2

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

INTU
F-1120ES
R. 01/17

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

SEND PAYMENT VOUCHER TO:

FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

Make checks payable and mail to:

Florida Department of Revenue, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

Do Not Detach

FLCA0203 10/29/20

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

INTU
F-1120ES
R. 01/17

Name SIGMA SOLVE INC
Address 1401 SAWGRASS CORPORATE PARKWAY
City/State/ZIP SUNRISE, FL 33323

Installment **3**
FEIN 32-0025506
Taxable Year Ending 12/21
Estimated Tax Payment \$ 2500.

DOR USE ONLY

--	--	--	--	--	--

320025506	0	0	0
0	0	0	0
20211231	0	0	0
0	0	0	0
001	0	0	0
0	0	0	0
0	0	0	0
0	0	0	250000

250000

8141 0 20211231 0002005033 7 3320025506 0000 2

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

INTU
F-1120ES
R. 01/17

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

SEND PAYMENT VOUCHER TO:

FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

Make checks payable and mail to:

Florida Department of Revenue, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

Do Not Detach

FLCA0204 10/29/20

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

INTU
F-1120ES
R. 01/17

Name SIGMA SOLVE INC
Address 1401 SAWGRASS CORPORATE PARKWAY
City/State/ZIP SUNRISE, FL 33323

Installment **4**
FEIN 32-0025506
Taxable Year Ending 12/21
Estimated Tax Payment \$ 2500.

DOR USE ONLY

--	--	--	--	--	--

320025506	0	0	0
0	0	0	0
20211231	0	0	0
0	0	0	0
001	0	0	0
0	0	0	0
0	0	0	0
0	0	0	250000

250000

8141 0 20211231 0002005033 7 3320025506 0000 2

2020

GEORGIA FILING INSTRUCTIONS

SIGMA SOLVE INC

32-0025506

FORM TO FILE:

FORM 602ES - 2021 GEORGIA CORPORATE ESTIMATED TAX

SIGNATURE:

SIGN AND DATE THE VOUCHER BEFORE SENDING THE PAYMENT.

PAYMENT:

PAYMENTS SHOULD BE MADE IN ACCORDANCE WITH THE SCHEDULE BELOW. MAKE EACH CHECK PAYABLE TO "GEORGIA DEPARTMENT OF REVENUE." WRITE THE CORPORATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER AND THE QUARTER TO WHICH THE PAYMENT APPLIES ON EACH CHECK. DO NOT ATTACH THE CHECK TO FORM 602ES. INSTEAD, PLACE IT LOOSE IN THE ENVELOPE AND ALSO ENCLOSE FORM 602ES.

NOTE THAT ANY QUARTERLY PAYMENT OF \$10,000 OR MORE MUST BE MADE VIA ELECTRONIC FUNDS TRANSFER.

WHEN TO FILE:

ON OR BEFORE THE DUE DATE FOR EACH PERIOD SHOWN BELOW.

WHERE TO FILE:

GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
P.O. BOX 105136
ATLANTA, GA 30348-5136

ESTIMATED TAX SCHEDULE

DUE DATE	PAYMENT
4/15/21	\$ 10,000
6/15/21	10,000
9/15/21	10,000
12/15/21	10,000

	\$ 40,000
	=====

SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Mail payment to:

**Processing Center
Georgia Department of Revenue
PO Box 105136
Atlanta, Georgia 30348-5136**

Failure to comply with the provisions of the law may result in a penalty of 5% of the income tax for failure to pay estimated tax and a charge at the rate of 9% per annum for underpayment of estimated tax. See Form 600UET and the 611 Booklet for more information.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website dor.georgia.gov or one produced by an approved software company listed at dor.georgia.gov/approved-software-vendors.

CORPORATION ESTIMATED TAX WORKSHEET

- 1. Amount of taxable income expected during the current year \$ _____
- 2. Estimated Tax (5.75 percent of Line 1)..... \$ _____
- 3. Less Credits..... \$ _____
- 4. Less Credit for 2020 overpayment if credit was elected on Form 600..... \$ _____
- 5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero)..... \$ _____
- 6. Computation of installment: (check box below and enter amount.)..... \$ _____

If first payment is due to be filed on April 15, 2021, enter 1/4 of Line 5 Sept. 15, 2021, enter 1/2 of Line 5
 June 15, 2021, enter 1/3 of Line 5 Dec. 15, 2021, enter amount of Line 5

If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not on a weekend or holiday.

Amount Due..... \$ _____

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. See instructions.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

----- Cut on dotted line -----

602 ES (Rev. 05/29/20)
Corporate Estimated Tax
Telephone No. 1-877-423-6711
2021



BUSINESS NAME AND ADDRESS
SIGMA SOLVE INC
1401 SAWGRASS CORPORATE
PARKWAY
SUNRISE FL 33323

Fiscal Year Beginning _____ **Ending** _____ Name Change Address Change Tax Year Change

FEI Number	Tax Year	Year Ending	Due Date	Payment #	Vendor Code
32-0025506	2021	12/31/2021	04/15/2021	1	015

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GACZ0501 09/10/20

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature _____ Title **PRESIDENT**
Telephone **954-397-0800** Date _____

Amount Paid \$ **10000.00**

60232002550600412312104152112220000001500010000008

SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Mail payment to:

**Processing Center
Georgia Department of Revenue
PO Box 105136
Atlanta, Georgia 30348-5136**

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- 5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero)..... \$ _____
- 6. Computation of installment: (check box below and enter amount.)..... \$ _____

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 June 15, 2021, enter 1/3 of Line 5 Dec. 15, 2021, enter amount of Line 5

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Amount Due..... \$ _____

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. See instructions.

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602 ES (Rev. 05/29/20)
Corporate Estimated Tax
Telephone No. 1-877-423-6711
2021



BUSINESS NAME AND ADDRESS
SIGMA SOLVE INC
1401 SAWGRASS CORPORATE
PARKWAY
SUNRISE FL 33323

Fiscal Year Beginning _____ **Ending** _____ Name Change Address Change Tax Year Change

FEI Number	Tax Year	Year Ending	Due Date	Payment #	Vendor Code
32-0025506	2021	12/31/2021	06/15/2021	2	015

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GACZ0501 09/10/20

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

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Signature _____ Title **PRESIDENT**
Telephone **954-397-0800** Date _____

Amount Paid \$ 10000.00

60232002550600412312106152122220000001500010000004

SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Mail payment to:

**Processing Center
Georgia Department of Revenue
PO Box 105136
Atlanta, Georgia 30348-5136**

Failure to comply with the provisions of the law may result in a penalty of 5% of the income tax for failure to pay estimated tax and a charge at the rate of 9% per annum for underpayment of estimated tax. See Form 600UET and the 611 Booklet for more information.

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CORPORATION ESTIMATED TAX WORKSHEET

- 1. Amount of taxable income expected during the current year \$ _____
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- 5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero)..... \$ _____
- 6. Computation of installment: (check box below and enter amount.)..... \$ _____

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 June 15, 2021, enter 1/3 of Line 5 Dec. 15, 2021, enter amount of Line 5

If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not on a weekend or holiday.

Amount Due..... \$ _____

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. See instructions.

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PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

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602 ES (Rev. 05/29/20)
Corporate Estimated Tax
Telephone No. 1-877-423-6711
2021



BUSINESS NAME AND ADDRESS
SIGMA SOLVE INC
1401 SAWGRASS CORPORATE
PARKWAY
SUNRISE FL 33323

Fiscal Year Beginning _____ **Ending** _____ Name Change Address Change Tax Year Change

FEI Number	Tax Year	Year Ending	Due Date	Payment #	Vendor Code
32-0025506	2021	12/31/2021	09/15/2021	3	015

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GACZ0501 09/10/20

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature _____ Title **PRESIDENT**
Telephone **954-397-0800** Date _____

Amount Paid \$ **10000.00**

60232002550600412312109152132220000001500010000000

SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Mail payment to:

**Processing Center
Georgia Department of Revenue
PO Box 105136
Atlanta, Georgia 30348-5136**

Failure to comply with the provisions of the law may result in a penalty of 5% of the income tax for failure to pay estimated tax and a charge at the rate of 9% per annum for underpayment of estimated tax. See Form 600UET and the 611 Booklet for more information.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website dor.georgia.gov or one produced by an approved software company listed at dor.georgia.gov/approved-software-vendors.

CORPORATION ESTIMATED TAX WORKSHEET

- 1. Amount of taxable income expected during the current year \$ _____
- 2. Estimated Tax (5.75 percent of Line 1) \$ _____
- 3. Less Credits \$ _____
- 4. Less Credit for 2020 overpayment if credit was elected on Form 600 \$ _____
- 5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero) \$ _____
- 6. Computation of installment: (check box below and enter amount.) \$ _____

If first payment is due to be filed on April 15, 2021, enter 1/4 of Line 5 Sept. 15, 2021, enter 1/2 of Line 5
 June 15, 2021, enter 1/3 of Line 5 Dec. 15, 2021, enter amount of Line 5

If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not on a weekend or holiday.

Amount Due \$ _____

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. See instructions.

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PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

----- Cut on dotted line -----

602 ES (Rev. 05/29/20)
Corporate Estimated Tax
 Telephone No. 1-877-423-6711
2021



BUSINESS NAME AND ADDRESS
 SIGMA SOLVE INC
 1401 SAWGRASS CORPORATE
 PARKWAY
 SUNRISE FL 33323

Fiscal Year Beginning _____ **Ending** _____ Name Change Address Change Tax Year Change

FEI Number	Tax Year	Year Ending	Due Date	Payment #	Vendor Code
32-0025506	2021	12/31/2021	12/15/2021	4	015

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GACZ0501 09/10/20

PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 105136
 ATLANTA GA 30348-5136

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature _____ Title **PRESIDENT**

Telephone **954-397-0800** Date _____

Amount Paid \$ 10000.00

6023200255060041231211215214220000001500010000002

SIGMA SOLVE INC

320-02-5506

Form Payment Record

THE TAXPAYER'S BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE FLORIDA ELECTRONIC PAYMENT INPUT FIELDS IN SCREEN 4.

Name of Bank

BB & T

Routing Transit Number

263191387

Bank Account Number

0000240386771

Type of Account

CHECKING

Amount of Tax Payment

2,865.

Tax Type

1120

Requested Payment Date

4/15/21

Taxpayer's Daytime Phone Number

954-397-0800

SIGMA SOLVE INC

320-02-5506

Form Payment Record

THE TAXPAYER'S BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE FLORIDA ELECTRONIC PAYMENT INPUT FIELDS IN SCREEN 4.

Estimated tax schedule	
Due Date	Amount Due
04-15-2021	2,500.

Name of Bank Routing Transit Number Bank Account Number Type of Account Tax Type Taxpayer's Daytime Phone Number

SIGMA SOLVE INC

320-02-5506

Form Payment Record

THE FORM 600 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE GEORGIA ELECTRONIC PAYMENT INPUT FIELDS IN SCREEN 4.1.

Name of Bank

BB & T

Routing Transit Number

263191387

Bank Account Number

0000240386771

Type of Account

CHECKING

Amount of Tax Payment

30,875.00

Tax Type

FORM 600

Requested Payment Date

4/15/2021

Taxpayer's Daytime Phone Number

954-397-0800

2020 TAX RETURN

FLORIDA CORPORATION

Client: 120C05

Prepared for: SIGMA SOLVE INC
1401 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323
954-397-0800

Prepared by: SHAILESH PATEL
CHUGH CPAS, LLP
15925 CARMENITA RD.
CERRITOS, CA 90703
(562) 229-1220

Date: APRIL 15, 2021

Comments:

Route to: _____



Florida Corporate Income/Franchise Tax Return

FEIN 32-0025506

INTU

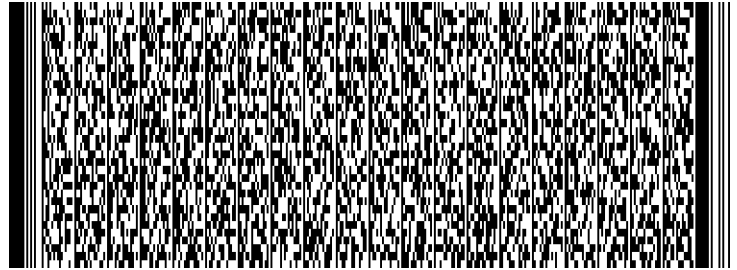
For calendar year 2020 or tax year beginning _____, 2020 ending _____

F-1120, R. 01/20

Rule 12C-1.051
Florida Administrative Code
Effective 01/21
Page 1 of 6

814102020123100020050376332002550600002

Name SIGMA SOLVE INC
Address 1401 SAWGRASS CORPORATE PARKWAY
City/State/ZIP SUNRISE FL 33323



Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Florida exemption, Florida net income, Tax due, Credits, Total corporate income/franchise tax due, Payment credits, Total amount due.

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12/31/20

INTU

F-1120

R. 01/20

To ensure proper credit to your account, enclose your check with tax return when mailing.

FLCA0512 11/04/20

Name SIGMA SOLVE INC
Address 1401 SAWGRASS CORPORATE PARKWAY
City/State/ZIP SUNRISE FL 33323

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.

Table with 4 columns: ID, Amount 1, Amount 2, Amount 3. Rows include 320025506, 20200101, 20201231, 00000000, 001, 202, 78966100, 3531200.

286500

8141 0 20201231 0002005037 6 3320025506 0000 2



FEIN 32-0025506

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)	Date	Title PRESIDENT
Paid preparers only	Preparer's signature SHAILESH PATEL	Date 4/15/21	Preparer check if self-employed <input type="checkbox"/> Preparer's PTIN P00393694
	Firm's name (or yours if self-employed) and address CHUGH CPAS, LLP 15925 CARMENITA RD. CERRITOS, CA	FEIN 47-2202224	ZIP 90703
	All Taxpayers Must Answer Questions A Through M Below – See Instructions		

- A** State of incorporation: FL
- B** Florida Secretary of State document number: 800863377688
- C** Florida consolidated return? YES NO
- D** Initial return Final return (final federal return filed)
- E** Principal Business Activity Code (as pertains to Florida) 518210
- 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: 1401 SAWGRASS CORPORATE
City: SUNRISE State: FL ZIP: 33323
- 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: BIREN ZAVERCHAND
a Contact person telephone number: 954 397 0800
b Contact person e-mail address: BIREN@SIGMASOLVE.NET
- 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 32399-0135

If 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.



FEIN 32-0025506
DATA Page 1 of 2

320025506	0	0	0
84307300	0	0	0
27892500	0	0	0
1243400	0	0	0
19600	0	0	0
0	0	0	0
14700	0	0	0
0	0	0	258600
1277700	0	1810000	0
0	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
0	0	0	0
0	0	0	9031200
0	0	0	105479100
0	0	0	56336800
0	0	0	19320800
0	0	0	156116400
0	0	0	266795100
0	0	0	.391351



FEIN 32-0025506
DATA Page 2 of 2

320025506	56336800	0	0
0	0	0	0
0	266795100	0	0
9031200	0	0	0
0	0	0	0
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9031200	0	0	0
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0	0	0	0
10531200	0	0	0
8789600	0	0	0
0	0	0	0
9031200	84048700	0	0
0	32892500	0	0
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0	0	0	0
12031200	0	0	0
0	0	0	0
0	32892500	0	0



NAME SIGMA SOLVE INC FEIN 32-0025506 TAXABLE YEAR ENDING 12/31/20

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 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 Credits	12
13	Florida Renewable energy production tax credit	13
14	New markets tax credit	14
15	Entertainment industry tax credit	15
16	Research and Development tax credit	16
17	Energy Economic Zone tax credit	17
18	s. 168(k) IRC special bonus depreciation	18 18,100.
19	Other additions (attach schedule)	19
20	Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20 18,100.

Schedule II – Subtractions from Federal Taxable Income		
1	Gross foreign source income less attributable expenses	
a	Enter s. 78, IRC income \$ _____	1
b	plus s. 862, IRC dividends \$ _____	
c	plus s. 951A, IRC, income \$ _____ Total ▶	
d	less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	
2	Gross subpart F income less attributable expenses	
a	Enter s. 951, IRC subpart F income \$ _____	2
b	less direct and indirect expenses \$ _____ Total ▶	
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
4	Florida net capital loss carryover deduction (see instructions)	4
5	Florida excess charitable contribution carryover (see instructions)	5
6	Florida employee benefit plan contribution carryover (see instructions)	6
7	Nonbusiness income (from Schedule R, Line 3)	7
8	Eligible net income of an international banking facility (see instructions)	8
9	s. 179, IRC expense (see instructions)	9
10	s. 168(k), IRC special bonus depreciation (see instructions) STMT 3	10 2,586.
11	Other subtractions (attach statement)	11
12	Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12 2,586.



NAME SIGMA SOLVE INC FEIN 32-0025506 TAXABLE YEAR ENDING 12/31/20

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 pg 9 of instructions.	(e) Weighted Factors Rounded to 6 Decimal Places
1 Property (Schedule III-B below)	90,312.	193,208.	0.467434	x 25% or	= 0.116859
2 Payroll	1,054,791.	1,561,164.	0.675644	x 25% or	= 0.168911
3 Sales (Schedule III-C below)	563,368.	2,667,951.	0.211161	x 50% or	= 0.105581
4 Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2					0.391351

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	90,312.	90,312.	90,312.	120,312.
3 Land owned				
4 Other tangible and intangible (financial org. only) assets (attach schedule)				
5 Total (Lines 1 through 4)	90,312.	90,312.	90,312.	120,312.
6 Average value of property				
a Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida).....	6 a 90,312.			
b Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere).....			6 b 105,312.	
7 Rented property (8 times net annual rent)				
a Rented property in Florida.....	7 a			
b Rented property Everywhere.....			7 b 87,896.	
8 Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a Enter Lines 6a plus 7a and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida.....	8 a 90,312.			
b Enter Lines 6b plus 7b and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere.....			8 b 193,208.	

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1 Sales (gross receipts)		2,667,951.
2 Sales delivered or shipped to Florida purchasers	563,368.	
3 Other gross receipts (rents, royalties, interest, etc. when applicable)		
4 TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))	563,368.	2,667,951.

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	840,487.
2 Florida apportionment fraction (Schedule III-A, Line 4)	2	0.391351
3 Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3	328,925.
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	328,925.



NAME SIGMA SOLVE INC FEIN 32-0025506 TAXABLE YEAR ENDING 12/31/20

Schedule V – Credits Against the Corporate Income/Franchise Tax	
1	Florida health maintenance organization 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 (attach tax credit certificate) 10
11	State housing tax credit (attach certification letter) 11
12	Florida Tax Credit: Scholarship Program Credits. (attach certificate) 12
13	Florida renewable energy production tax credit 13
14	New markets tax credit 14
15	Entertainment industry tax credit 15
16	Research and Development tax credit 16
17	Energy Economic Zone tax credit 17
18	Other credits (attach schedule) 18
19	Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12 19

Schedule R – Nonbusiness Income

Line 1 Nonbusiness income (loss) allocated to Florida		
Type		Amount
_____		_____
_____		_____
_____		_____
Total allocated to Florida	1	_____
(Enter here and on Page 1, Line 8)		
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 SIGMA SOLVE INC FEIN 32-0025506 TAXABLE YEAR ENDING 12/31/20

Estimated Tax Worksheet

For Taxable Years Beginning On or After January 1, _____

1	Florida income expected in taxable year.....	1	\$ _____
2	Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N).....	2	\$ _____
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 payment amounts:	If 6/30 year end, last day of 4th month, 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.



FLORIDA

Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax

INTU
F-2220
R. 01/19

Rule 12C-1.051, F.A.C.
Effective 01/19
Page 1 of 2

Beginning	For Tax Year: 1/01/20	Federal Employer Identification Number (FEIN): <u>32-0025506</u>
Ending	12/31/20	Name: <u>SIGMA SOLVE INC</u>
		Address: <u>1401 SAWGRASS CORPORATE PARKWAY</u>
		City/State/ZIP: <u>SUNRISE, FL 33323</u>

1 Total income/franchise tax due for the year (enter from Florida Form F-1120, Line 13)	12,434.			
2 90% of Line 1	11,191.			
Enter in Columns 1 through 4 the installment dates. (See Installment Dates in the instructions)	Computation of Underpayments			
	Due Dates of Installments			
	(1st)	(2nd)	(3rd)	(4th)
	5/31/20	6/30/20	9/30/20	12/31/20
3 Enter 25% of Line 2 in Columns 1 through 4	2,797.	2,798.	2,798.	2,798.
4a Amount paid for each period			9,912.	
b Overpayment credit from prior year				
c Overpayment of previous installment				7,114.
5 Total of Lines 4a, 4b, and 4c			9,912.	7,114.
6 Underpayment (Line 3 less Line 5) or overpayment (Line 5 less Line 3). An overpayment on Line 6 in excess of all prior underpayments is to be applied as a credit against the next installment. (See Line 4c)	2,797.	2,798.	-7,114.	-4,316.

Exception that avoids penalty and interest

7 Total cumulative amount paid (or credited) from the beginning of the taxable year through the installment date indicated.			9,912.	9,912.
8a Tax on prior year's income using current year's rates:	25% of tax 2,477.	50% of tax 4,955.	75% of tax 7,432.	100% of tax 9,909.
8b Cumulative donations made to nonprofit scholarship-funding organizations (SFOs) for the taxable year. Certificate of contribution must be issued for the taxable year.				
8c Line 8(a) less Line 8(b). This is the prior year exception adjusted for the credit for contributions to SFOs per sections (s.) 1002.395(5)(g) and 220.1875, Florida Statutes (F.S.)	2,477.	4,955.	7,432.	9,909.

Check below if the exception applies for each underpaid installment. (Line 7 must equal or exceed Line 8(c))

Attach a schedule showing the computation. If the exception does not apply, complete Lines 9 through 14 to determine the amount of the penalty and interest.

Exception: 1st Installment 2nd Installment 3rd Installment 4th Installment

If Line 6 shows an underpayment and the exception does not apply, compute the underpayment penalty and interest by completing the portion(s) of this schedule applicable to the installments. Enter same installment dates used above	Computation of Penalty and Interest			
	Due Dates of Installments			
	(1st)	(2nd)	(3rd)	(4th)
	5/31/20	6/30/20		
9 Amount of underpayment	2,797.	2,798.		
10 Enter the date of payment or the due date of the corresponding Florida Corporate Income/Franchise Tax return, whichever is earlier.	9/30/20	9/30/20		
11 Number of days from due date of installment to the dates shown on Line 10	122	92		
12 Penalty on underpayment (12% per year on the amount of underpayment on Line 9 for the number of days shown on Line 11)	111.88	84.40		Total Penalty 196.28
SEE ATTACHED WORKSHEET 13 Interest on underpayments. In general, interest will be the appropriate interest rate on the amount of underpayment on Line 9 for the number of days shown on Line 11	83.91	63.30		Total Interest 147.21
14 Total of amounts shown on Lines 12 and 13. If this Florida Form F-2220 is being filed with your return, the amounts shown as penalty and interest should be entered on appropriate line of Florida Form F-1120				343.

SIGMA SOLVE INC

32-0025506

Installment Period	Underpayment			Penalty			
	Amount	From	To	Days Late	Interest Rate Periods	Rate	Penalty *
1	2,797.	5/31/20	9/30/20	30	4/01/20 - 6/30/20	9.00%	20.63
				92	7/01/20 - 9/30/20	9.00%	63.28
TOTALS	2,797.						83.91
2	2,798.	6/30/20	9/30/20	92	7/01/20 - 9/30/20	9.00%	63.30
TOTALS	2,798.						63.30

Total Underpayment Penalty 147.

* Underpayment x $\frac{\text{Days Late}}{365 \text{ or } 366}$ x Rate

STATEMENT 1
FORM F-1120, PAGE 1, LINE 2
STATE INCOME TAXES DEDUCTED IN COMPUTING FEDERAL INCOME TAXES

FLORIDA	\$	19,821.
GEORGIA		15,491.
	TOTAL	<u>35,312.</u>

STATEMENT 2
FORM F-1120, PAGE 1, LINE 16
SCHEDULE OF PAYMENT CREDITS

9/30/2020		\$	9,912.
	TOTAL	\$	<u>9,912.</u>

STATEMENT 3
FORM F-1120, SCHEDULE II, LINE 10
SECTION 168(K) IRC SPECIAL BONUS DEPRECIATION SUBTRACTION

<u>YEAR</u>	<u>ORIGINAL ADDBACK</u>	<u>PREVIOUS SUBTRACTION (S)</u>	<u>CURRENT YEAR SUBTRACTION</u>
2020	18,100.		\$ 2,586.
		TOTAL	<u>\$ 2,586.</u>

2020 TAX RETURN

GEORGIA CORPORATION

Client: 120C05

Prepared for: SIGMA SOLVE INC
1401 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323
954-397-0800

Prepared by: SHAILESH PATEL
CHUGH CPAS, LLP
15925 CARMENITA RD.
CERRITOS, CA 90703
(562) 229-1220

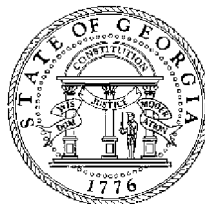
Date: APRIL 15, 2021

Comments:

Route to: _____



ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO
 GEORGIA DEPARTMENT OF REVENUE
 UNLESS REQUESTED TO DO SO.



GA-8453C
2020

IRS DCN OR SUBMISSION ID

337913202110504MX4HR

**GEORGIA CORPORATE INCOME TAX DECLARATION FOR ELECTRONIC FILING
 SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

- GA Consolidated Subsidiary Address Change Final Return
 Consolidated Parent FEIN Name Change Amended Due to IRS Audit
 Consolidated GA Parent IT-552 Attached PL 86-272
 Original Return Initial Net Worth UET Annualization Exception
 Amended Return Extension

2020 Income Tax Return	2021 Net Worth Return
Beginning <u>01/01/20</u>	Beginning <u>01/01/21</u>
Ending <u>12/31/20</u>	Ending <u>12/31/21</u>

Federal Employer ID Number 32-0025506	Name (Corporate title) SIGMA SOLVE INC	Date admitted into GA 09/20/2006
Location of Records (City & State) BUSINESS	Business Address 1401 SAWGRASS CORPORATE PARKWAY	Incorporated under laws of what state FL
Corporation's Telephone Number 954-397-0800	City or Town SUNRISE	State Zip Code FL 33323
		NAICS Code 518210

PART I		TAX RETURN INFORMATION	
1. Federal taxable income (Form 600, Sch 1, Line 1)	1.	789661.	
2. Georgia taxable income (Form 600, Sch 1, Line 7)	2.	651280.	
3. Net Worth (Form 600, Sch 2, Line 4)	3.	1249473.	
4. Net Worth Taxable by Georgia (Form 600, Sch 2, Line 6)	4.	1249473.	
5. Tax Amounts (Form 600, Sch 3, Line 1) Income 37449. Net Worth		750.	
6. Balance of Tax due with return (Form 600, Sch 3, Line 11)	6.	30875.	
7. Refund (Form 600, Sch 3, Line 12) Credited to 2021 Refunded			

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 2020 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 SIGNATURE OF OFFICER BIREN ZAVERCHAND DATE _____ TITLE PRESIDENT
BIREN ZAVERCHAND BIREN@SIGMASOLVE.NET
 PRINT NAME EMAIL

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE CORPORATION'S RETURN AND THAT THE ENTRIES ON THE GA-8453C ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only ERO's Signature SHAILESH PATEL Date 04/15/21
 Firm's Name CHUGH CPAS, LLP Check also if paid preparer
 Address 15925 CARMENITA RD.
 City, State & Zip Code CERRITOS, CA 90703

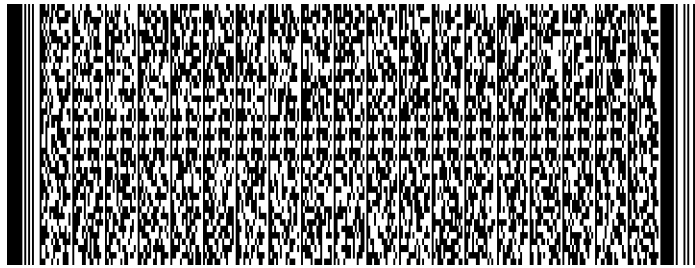
IF PREPARED BY A PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL THE INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only Paid Preparer's Signature _____ Date _____
 Firm's Name _____ FEIN/PTIN _____
 Address _____ SSN/TIN _____
 City, State & Zip Code _____

KEEP A COPY WITH YOUR RECORDS



2101401512



Georgia Form 600 (Rev. 06/20/20) Page 1
Corporation Tax Return
Georgia Department of Revenue (Approved software version)
2020 Income Tax Return

Beginning 01/01/2020

Ending 12/31/2020

2021 Net Worth Tax Return

Beginning 01/01/2021

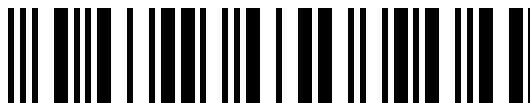
Ending 12/31/2021

- Original Return (checked), Consolidated GA Parent Return, Address Change, UET Annualization Exception attached, Initial Net Worth, GA Consolidated Subsidiary Consolidated Parent FEIN, Name Change, IT-552 attached, Amended Return, Amended due to IRS Audit, Final (attach explanation), PL 86-272, Extension attached

- A. Federal Employer ID Number 32-0025506
B. Name (Corporate title) Please give former name if applicable. SIGMA SOLVE INC
C. GA Withholding Tax Account Number 3234507JA
D. Business Address (Number and Street) 1401 SAWGRASS CORPORATE PARKWAY
E. GA Sales Tax Registration Number NOTAPPLICA
F. City or Town SUNRISE
G. State FL
H. Zip Code 33323
I. Foreign Country Name
J. NAICS Code 518210
K. Date of Incorporation 09/20/2006
L. Incorporated under laws of what state FL
M. Date admitted into GA 09/20/2006
N. Location of Records for Audit (City) & (State) SUNRISE FL
O. Corporation's Telephone Number 954-397-0800
P. Type of Business SOFTWARE
Q. Indicate latest taxable year adjusted by IRS
R. And when reported to Georgia

Table with 2 columns: Description and Amount. Title: COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 1. Rows include Federal Taxable Income, Additions to Federal Income, Total, Subtractions from Federal Income, Balance, Georgia Net Operating loss deduction, Georgia Taxable Income, and Income Tax.

Table with 2 columns: Description and Amount. Title: COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 2. Rows include Total Capital stock issued, Paid in or Capital surplus, Total Retained earnings, Net Worth, Ratio (GA. and Dom. For. Corp. - 100%), Net Worth Taxable by Georgia, and Net Worth Tax.



2101401522

(Corporation) Name SIGMA SOLVE INC

FEIN 32-0025506

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)	37449	750		38199
2. Credits and payments of estimated tax				7380
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)				30819
7. Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)				
8. Interest due (See Instructions)				
9. Form 600 UET (Estimated tax penalty)	56			56
10. Other penalty due (See Instructions)				
11. Balance of tax, interest and penalty due with return				30875
12. Amount to be credited to 2021 estimated tax (Line 7 less Lines 8-10)		Refunded		

*NOTE: Any tax credits from Schedule 10 may be applied against income tax liability only, not net worth tax liability.

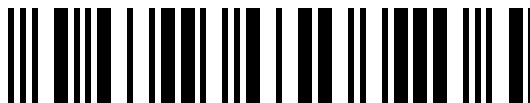
SEE PAGE 3 SIGNATURE SECTION FOR DIRECT DEPOSIT OPTIONS

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.	19821
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.	34606
9. TOTAL – Enter also on Line 2, Schedule 1			9.	54427

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.	18469
5. TOTAL – Enter also on Line 4, Schedule 1			5.	18469

APPORTIONMENT OF INCOME				SCHEDULE 6	
	A. WITHIN GEORGIA	B. EVERYWHERE	C. DO NOT ROUND COL (A) / COL (B) COMPUTE TO SIX DECIMALS		
1. Gross receipts from business	2104583	2667951			
2. Georgia Ratio (Divide Column A by Column B)					0.788838

COMPUTATION OF GEORGIA NET INCOME		(ROUND TO NEAREST DOLLAR)	SCHEDULE 7	
1. Net business income (Schedule 1, Line 5)			1.	825619
2. Income allocated everywhere (Must Attach Schedule)			2.	
3. Business income subject to apportionment (Line 1 less Line 2)			3.	825619
4. Georgia Ratio (Schedule 6, Column C)	4. 0.788838			
5. Net business income apportioned to Georgia (Line 3 x Line 4)			5.	651280
6. Net income allocated to Georgia (Attach Schedule)			6.	
7. Total of Lines 5 and 6			7.	651280
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.	651280



2101401532

(Corporation) Name SIGMA SOLVE INC

FEIN 32-0025506

COMPUTATION OF GEORGIA NET WORTH RATIO	(TO BE USED BY FOREIGN CORPS ONLY)	SCHEDULE 8
	A. WITHIN GEORGIA	B. TOTAL EVERYWHERE
1. Total value of property owned (Total assets from Federal balance sheet)	1.	1.
2. Gross receipts from business	2.	2.
3. Totals (Line 1 plus Line 2)	3.	3.
4. Georgia Ratio (Divide Line 3A by 3B)	4.	4.

C. GA Ratio (A/B)
DO NOT ROUND
COMPUTE TO 6 DECIMALS

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

Account Number

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. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

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:

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

LACERTE

SHAILESH PATEL
SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

CHUGH CPAS, LLP
FIRM PREPARING THE RETURN

P00393694
IDENTIFICATION OR SOCIAL SECURITY NUMBER

01 1032-015 2020 GA 014 T1 18



2101401542

(Corporation) Name SIGMA SOLVE INC

FEIN 32-0025506

GA NOL Carry Forward Worksheet

(ROUND TO NEAREST DOLLAR)

SCHEDULE 9

For calendar year or fiscal year beginning _____ and ending _____

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 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.



2101401552

(Corporation) Name SIGMA SOLVE INC

FEIN 32-0025506

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, Credit Certificate number, if applicable, and % of credit (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 and 100% for the percentage.

Table with 4 columns: Line Number, Company Name, Credit Certificate #, % of Credit, ID Number, Credit Generated this Tax Year. Includes lines 1-14 for credit usage and carryover.

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY



2101401562

(Corporation) Name SIGMA SOLVE INC

FEIN 32-0025506

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.
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners and, to determine when carryovers expire.
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, Credit Certificate number, if applicable, and % of credit (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 and 100% for the percentage.

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
2. Credit remaining from previous years (do not include amounts elected to be applied to withholding)

3. Company Name	ID Number	
Credit Certificate #	% of Credit	Credit Generated this Tax Year
4. Company Name	ID Number	
Credit Certificate #	% of Credit	Credit Generated this Tax Year
5. Company Name	ID Number	
Credit Certificate #	% of Credit	Credit Generated this Tax Year
6. Company Name	ID Number	
Credit Certificate #	% of Credit	Credit Generated this Tax Year
7. Company Name	ID Number	
Credit Certificate #	% of Credit	Credit Generated this Tax Year
8. Company Name	ID Number	
Credit Certificate #	% of Credit	Credit Generated this Tax Year
9. Company Name	ID Number	
Credit Certificate #	% of Credit	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 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



2101401572

(Corporation) Name SIGMA SOLVE INC

FEIN 32-0025506

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:

- 1) 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
- 2) 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.

No 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.

All assignments of credits must be made before the statutory due date of the return (including extensions) per O.C.G.A. § 48-7-42 (b).

Credit Code	Corporation Name	FEIN	Amount of Credit	Credit Certificate # (if applicable)
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	
7.			7.	
8.			8.	

CREDITS MUST BE FILED ELECTRONICALLY

CREDITS MUST BE FILED ELECTRONICALLY



For tax years 2019 and later

**HOW TO FIGURE YOUR UNDERPAYMENT
(Complete Lines 1 through 5)**

CORPORATION NAME		ID NUMBER			
SIGMA SOLVE INC		32-0025506			
1. Tax (from Form 600, Sch 1, Line 8).....	1.	37449			
2. Credits Used (from Form 600, Sch 3, Line 3 and Form 600, Sch 3, Line 5).....	2.				
3. Balance Due (Line 1 less Line 2).....	3.	37449			
4. Enter 100% of the Immediately Preceding Year's Tax (return must be for a 12-month period).....	4.	7377			
5. Enter 70% of the Amount Shown on Line 3.....	5.	26214			
DUE DATE OF INSTALLMENTS (Enter dates below)					
		7-15-20	7-15-20	9-15-20	12-15-20
6. Divide amount on Line 4 by the number of installments required for the year (see Instruction B), enter the results in appropriate columns.....	6.	1845	1844	1844	1844
7. Divide amount on Line 5 by the number of installments required for the year (see instruction B), enter the results in the appropriate column.....	7.	6554	6554	6553	6553
8. Enter the lesser of line 6 or line 7 for each period in the appropriate column.....	8.	1845	1844	1844	1844
9. Amounts paid on estimate for each period and tax withheld (withheld treated equally paid for each quarter).....	9.			7380	
10. Overpayment of previous installment (see instruction E).....	10.				1847
11. Total of Line 9 and Line 10.....	11.			7380	1847
12. Underpayment (Line 8 less Line 11) or Overpayment (Line 11 less Line 8).....	12.	1845	1844	-5536	-3

EXCEPTIONS WHICH AVOID THE PENALTY (See Instruction D)

13. Total amount paid and withheld from January 1, through the installment date indicated (withheld treated equally paid for each quarter).....	13.				
14. Exception 1. - Tax on annualized current year income (See Instructions).....	14.				Not Applicable

**HOW TO FIGURE THE PENALTY
(Complete Lines 15 through 19 for installments not avoided by an exception)**

15. Amount of underpayment (from Line 12).....	15.				
16. Date of payment or April 15, 20 <u>21</u> whichever is earlier (if S Corp use March 15)(See Instruction F).....	16.	SEE ATTACHED WORKSHEET			
17. Number of days from due date of installment to date shown on Line 16.....	17.				
18. Penalty (9 percent a year on amount shown on Line 15 for the number of days shown on Line 17).....	18.	28.13	28.11		
19. Penalty (Add amounts on Line 18).....	19.				56

SIGMA SOLVE INC

32-0025506

Installment Period	Underpayment			Penalty			
	Amount	From	To	Days Late	Interest Rate Periods	Rate	Penalty *
1	1,845.	7/15/20	9/15/20	62	7/01/20 - 9/30/20	9.00%	28.13
TOTALS	1,845.						28.13
2	1,844.	7/15/20	9/15/20	62	7/01/20 - 9/30/20	9.00%	28.11
TOTALS	1,844.						28.11

Total Underpayment Penalty 56.

* Underpayment x $\frac{\text{Days Late}}{365 \text{ or } 366}$ x Rate



2113501518

Form **4562**
(Rev. 08/19/20)
GEORGIA

Georgia Depreciation and Amortization

(Including Information on Listed Property)

Note: Georgia does not allow any additional depreciation benefits provided by I.R.C. Section 168(k), 1400L, 1400N(d)(1), and certain other provisions.
▶ See separate instructions. ▶ Attach to your return.

2020

Name(s) shown on return SIGMA SOLVE INC	Business or activity to which this form relates FORM 1120	Identification number 32-0025506
---	---	--

Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See IRS instructions for a higher limit for certain businesses	1	\$1,040,000
2	Total cost of IRC Section 179 property placed in service (see IRS instructions).	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation.	3	\$2,590,000
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 IRS instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of IRC 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 2019 Form 4562	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 lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (see instructions) (other than listed property) placed in service during the tax year.	14	Not allowed for Georgia purposes
15	Property subject to IRC Section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	

Part III MACRS Depreciation (Do not include listed property.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	463.
18	If you are electing under IRC Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2020 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 IRS instructions	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property.						
b 5-year property.						
c 7-year property.						
d 10-year property.						
e 15-year property.						
f 20-year property.						
g 25-year property.			25 yrs		S/L	
h Residential rental property.			27.5 yrs	MM	S/L	
i Nonresidential real property.			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Part IV Section C – Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a 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	



2113501528

Summary (See IRS instructions)

Table with 3 rows and 2 columns. Row 1: 21 Listed property. Enter amount from line 28. 21 18,006. Row 2: 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. 22 18,469. Row 3: 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs. 23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, 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 IRS instructions for limits for passenger automobiles.)

Section A form with multiple rows and columns. Includes questions 24a, 24b, 25, 26, 27, 28, and 29. Contains a table for property used more than 50% in a qualified business use with columns (a) through (i).

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.

Section B table with 6 columns (a-f) and 6 rows (30-36). Rows 30-33 are for total miles driven. Rows 34-36 are for personal use availability.



2113501538

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 **are not** 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 IRS 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," do not 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 2020 tax year (See IRS instructions):				
43	Amortization of costs that began before your 2020 tax year.....				43
44	Total. Add amounts in column (f).....				44

STATEMENT 1
FORM 600, SCHEDULE 4, LINE 8
OTHER ADDITIONS TO FEDERAL TAXABLE INCOME

FEDERAL DEPRECIATION	\$	34,606.
TOTAL	\$	<u>34,606.</u>

STATEMENT 2
FORM 600, SCHEDULE 5, LINE 4
OTHER SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

GEORGIA DEPRECIATION	\$	18,469.
TOTAL	\$	<u>18,469.</u>

SIGMA SOLVE INC

32-0025506

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 1120																
AUTO / TRANSPORT EQUIPMENT																
1	AUTO	8/23/13		35,000	90.91						31,819	28,323	200DB HY	5		1,705
6	LAND ROWER	9/29/19		46,252							46,252	9,250	200DB HY	5	.32000	14,801
7	AUTO	12/21/20		30,000							30,000		200DB MQ	5	.05000	1,500
TOTAL AUTO / TRANSPORT EQUIP				111,252		0	0	0	0	0	108,071	37,573				18,006
FURNITURE AND FIXTURES																
3	FURNITURE	7/01/17		2,545				2,545			0		200DB HY	7		0
5	FURNITURE	7/18/18		2,650							2,650	1,028	200DB HY	7	.17490	463
TOTAL FURNITURE AND FIXTURE				5,195		0	0	2,545	0	0	2,650	1,028				463
MACHINERY AND EQUIPMENT																
2	COMPUTER	7/01/17		2,754				2,754			0		200DB HY	5		0
4	PHONE	11/01/17		1,111				1,111			0		200DB HY	5		0
TOTAL MACHINERY AND EQUIPME				3,865		0	0	3,865	0	0	0	0				0
TOTAL DEPRECIATION				<u>120,312</u>		<u>0</u>	<u>0</u>	<u>6,410</u>	<u>0</u>	<u>0</u>	<u>110,721</u>	<u>38,601</u>				<u>18,469</u>
GRAND TOTAL DEPRECIATION				<u>120,312</u>		<u>0</u>	<u>0</u>	<u>6,410</u>	<u>0</u>	<u>0</u>	<u>110,721</u>	<u>38,601</u>				<u>18,469</u>

SIGMA SOLVE INC

32-0025506

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1120, 1125-A, 1125-E, SCH G, 2220, 4562, 5472, 8050, 8879-C
 FLORIDA: F-1120, F-1120ES, F-2220
 GEORGIA: 600, 4562, 602ES, 600 UET, 8453C

PDF ATTACHMENTS

AUTO-ATTACH PDFS WILL BE ADDED TO THE LIST AFTER THE E-FILE IS SUBMITTED

FEDERAL

FORM 1120, SINGLE PAGE FORM FOR 120C05.PDF

FLORIDA

F1120, LINE 16 - PAYMENT & CREDITS, SINGLE PAGE FORM FOR 120C05.PDF

TAX RATES

	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	21%	21%
FLORIDA	5.5%	4.5%
GEORGIA	5.75%	5.8%

UNDERPAYMENT PENALTY

FEDERAL	201.
FLORIDA	343.
GEORGIA	56.

CARRYOVERS TO 2021

NONE

STATE TAXES DEDUCTED ON FEDERAL FORM 1120

FLORIDA	19,821.
GEORGIA	15,491.

SIGMA SOLVE INC

32-0025506

ESTIMATES

FEDERAL ESTIMATES

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
4/15/21	42,000.	0.	42,000.
6/15/21	42,000.	0.	42,000.
9/15/21	42,000.	0.	42,000.
12/15/21	42,000.	0.	42,000.
TOTAL	<u>\$ 168,000.</u>	<u>\$ 0.</u>	<u>\$ 168,000.</u>

FLORIDA ESTIMATES

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
6/01/21	2,500.	0.	2,500.
6/30/21	2,500.	0.	2,500.
9/30/21	2,500.	0.	2,500.
12/31/21	2,500.	0.	2,500.
TOTAL	<u>\$ 10,000.</u>	<u>\$ 0.</u>	<u>\$ 10,000.</u>

GEORGIA ESTIMATES

	<u>ESTIMATE</u>	<u>OVERPAYMENT</u>	<u>BALANCE</u>
4/15/21	10,000.	0.	10,000.
6/15/21	10,000.	0.	10,000.
9/15/21	10,000.	0.	10,000.
12/15/21	10,000.	0.	10,000.
TOTAL	<u>\$ 40,000.</u>	<u>\$ 0.</u>	<u>\$ 40,000.</u>