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| DATE: | November 14, 2013 | |
|-------|---|-----|
| TO: | Ann Cole, Commission Clerk – PSC, Office of Commission Clerk | |
| FROM: | Sakina Deas, Research Assistant, Office of Telecommunications | |
| RE: | Docket No. 130263-TX; Barr Tell USA, Inc. | jî. |

Please add the attached financial documentation to the docket file for informational purposes. If you have any questions please contact me at 850-413-6504.

:sd

Attachment

Albert Haft, C.P.A.

3393 Long Beach Road Oceanside, New York 11572 Tel: (516) 536-1001 Fax (516) 536-0454 alberthaft@gmail.com

November 12, 2013

Attn: Ms. Sakina Deas Florida Public Service Commission Tallahassee, Florida 32390-0850

Please be advised that I am the accountant for Barr Tell, USA Inc. I have enclosed returns that have been filed for years 2010, 2011, and 2012 and as you can see from the Interim Financial Statement that I have prepared this company has been dormant over these past years and filed its compulsory minimum Franchise tax in the State of New York. If you should need any other information regarding this matter please do not hesitate to contact my office.

Very truly yours Albert Haft

| | | | | | C | | | | | | (| | | | |
|------------|--------------------|-------------------------|-------------------------------------|----------------------------|--|----------------------------|-------------------------------------|----------------------------------|--|----------------------|---|-------------------|-------------|--|--|
| Form | 11 | 20 | | | U.S | 6. Cor | poratior | Incom | ie Ta | < Ret | turn | | | OMB No. 1545-0123 | |
| Depart | ment of | f the Trea | isury | For caler | ndar year 2010 o | r tax yea | r beginning ► See sepa | | |), endir | ng | - ' | | 2010 | |
| A Ch | eck i | f: | | | Name | | | | | | | В | Employer | Identification number | |
| 1 a | Consoliattach | dated ret Form 851 | urn . | | BARR TELL | | | | | | | | 11-3415400 | | |
| b | Ife/nor | nlife conseturn | oli- | nt | Number, street, and | room or su | ite number. If a | P.O. box, see | instruction | s. | | C | Date incor | porated | |
| 2 | ersona | al holding Sch PH) | co or | | 248 WEST H | PARK A | VE SUIT | E 260 | | - | | | 1/09/ | | |
| 3 1 | Persona | al service | | 16 | City or town | | | | | ZIP co | | i China | i otal asse | ts (see instructions) | |
| | corp (se Schedu | ee instr) le M-3 | = | | LONG BEACH | | (0) | | | 115 | | \$ | | 1,000. | |
| | | d | | | f: (1) Initia | | | Final return | n (| 3) 1 | Name change | | <u> </u> | ddress change | |
| | 1.21 | | eceipts or sale | | | - | returns & allow | | | | | 1.1 | 1c 2 | 0. | |
| | 2 | | | | dule A, line 8) . a 2 from line 1c | | | | | | | | 3 | 0. | |
| | 4 | | | | ne 19) | | | | | | | | 4 | 0. | |
| Ň | 5 | | | | | | | | | | | | 5 | | |
| NCO | 6 | | | | | | | | | | | | 6 | ······ | |
| M | 7 | | | | | | | | | | | | 7 | | |
| E | 8 | | | | attach Schedule | | | | | | | | 8 | | |
| | 9 | Net ga | ain or (loss |) from Fe | orm 4797, Part I | , line 17 | (attach For | m 4797) | | | | | 9 | | |
| | 10 | | | | - attach schedule) | | | | | | | | 10 | | |
| | 11 | | | | 3 through 10 | | | | | | | | 11 | 0. | |
| | 12 | | | | (Schedule E, lin | | | | | | | | 12 | | |
| DFO | 13 | | | | employment cr | | | | | | | | 14 | | |
| DR | 14 15 | | | | 2 | | | | | | | | 15 | | |
| U C ¦ | 16 | | | | | | | | | | | | 16 | | |
| ΤM | 17 | Taxes | and licens | ses | | | | | | | | | 17 | | |
| 0 Å | 18 | | | | | | | | | | | | 18 | | |
| N T S | 19 | | | | | | | | | | | | 19 | | |
| O N | 20 | Depre | ciation from | n Form 4 | 1562 not claimed | on Sch | edule A or e | isewhere o | n return | (attac | n rorm 4562) | | 20 | | |
| SEE | 21 | Adver | tisina | | · · · · · · · · · · · · · · · · · · · | | | | • • • • • • • • • • • • • • • • • • • | | | | 22 | | |
| EON | 23 | Pensi | on, profit-s | haring, e | etc, plans | | | | | | | | 23 | | |
| -NST | 24 | Emplo | oyee benef | it progra | ms | | | | | | | | 24 | | |
| STDU | 25 | | | | vities deduction | | | | | | | | 25 | | |
| RUCT | | | | | Jle) | | | | | | | | 26 | | |
| IÓ | 27 | Total | deduction | s. Add lin | nes 12 through 2 ating loss deduction | 6 | | htract line 27 | · · · · · · · · · · · · · · · · · · · | 11 | | | 27 28 | 0. | |
| ONS | 28 | | | B = 100 S = 000 S | ating loss deduction deduction (see instru | | | | | | | | 20 | 0. | |
| S | 25 | L055. | | | ions (Schedule (| | | | | | | | 29 c | | |
| T | 30 | Taxat | ole income | . Subtrac | t line 29c from | ine 28 (s | see instruction | ons) | | | | | 30 | 0. | |
| Â | 31 | Total | tax (Sched | lule J, lir | ne 10) | | | iaraction | | | | | 31 | | |
| R | | | | | | 2a | | | | L ahe | | | AL AND | | |
| FN | | | | | | 2b 2c | | d B | | | | 18220 | 26 | | |
| AND PAY | 1 2.5 | | Contraction of the Contraction | | n 44653 7004 | | 1. 1 | lu bi | | e | | | | | |
| AAY | | | (1) Form 2439 | in ronn | |) Form | | | 32 | | | | | | |
| | | | | its from | Form 3800, line | 4136 _ 19c and | Form 8827 | line 8c | 3 | | | | 32 h | | |
| N | | | | | ee instructions). | | | | | | | | 33 | | |
| R S | | | | | h is smaller than | | | | | ount ow | ved | | 34 | 1410 | |
| CREDITS | 35 | Over | bayment. I | f line 32h | n is larger than t | he total | of lines 31 a | nd 33, ente | er amou | nt over | paid | •••• | 35 | | |
| s | 36 | | | | want: Credited to 2 | | | | | | Refunde | | 36 | | |
| <u> </u> | Un | der pena d belief, i | ties of perjury t is true, corre | , I declare ct, and con | that I have examined nplete. Declaration of | this return, preparer (| including accor other than taxpa | npanying sche yer) is based (| dules and on all info | statemer mation o | nts, and to the bes f which preparer h | t of my as any | knowledg | e. May the IRS discuss this return with the | |
| Sigr | 4 1 3 | | NNE 1124 21 25 26 28 | | | | | w.897 | 1 | | ESIDENT | | | preparer shown below (see instructions)? | |
| inert | | Signatu | ire of officer | | | | Date | | | Title | | | | Yes No | |
| | | | rint/Type prep | | | Prep | arer's signature | | | Date | Che | ck | if | PTIN | |
| Paid | | | LBERT 1 | | | | | | | 03/05 | | emplo | | P01251809 | |
| Pre Use | | | irm's name irm's address | | SERT HAFT O | | | | | | Firm | 's Ell | <u> </u> | 1-2851954 | |
| | | | anti si address | | ANSIDE | | | 1 | VY 1 | 572- | -5424 Pho | ne no. | (51 | 6) 536-1001 | |
| - | | | | | | | | | | | | | | E 1100 (0010) | |

BAA For Paperwork Reduction Act Notice, see separate instructions.

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CPCA0212 02/09/11

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Form 1120 (2010)

| | | (| | | (| 2 | |
|----------|---|------------------------------------|--|------------|---|--|--|
| Form | n 1120 (2010) BARR TELL U | ISA INC | | | | 11-3415400 | Page 2 |
| | nedule A Cost of Goods S | |) | | | | |
| 1 | Inventory at beginning of year | <u></u> | | | | 1 | |
| 2 | Purchases | | | | | | |
| 3 | Cost of labor | | | | | | |
| 4 | Additional section 263A costs (attach sched | lule) | | | | | |
| 5 | Other costs (attach schedule) | | | | | 5 | |
| 6 | Total. Add lines 1 through 5 | | | | | 6 | |
| 7 | Inventory at end of year | | | | | | |
| 8 | Cost of goods sold. Subtract line | | and on page 1, | , line | 2 | | |
| 9 a | Check all methods used for valuin | ig closing inventory: | | | | | |
| | (i) 🔲 Cost | | | | | | |
| | (ii) Lower of cost or market | | | | | | |
| | (iii) Other (Specify method used and | | | | | | |
| E | Check if there was a writedown of | subnormal goods | | | • • • • • • • • • • • • • • • • | | |
| c | Check if the LIFO inventory method | od was adopted this tax ye | ear for any good | ds (if | checked, attach | Form 970) | apanan 🏲 🛄 |
| c | If the LIFO inventory method was | used for this tax year, ent | ter percentage | (or an | nounts) of closi | ng inventory | |
| | computed under LIFO | | | | | | <u>d</u> |
| e | If property is produced or acquire | d for resale, do the rules o | of section 263A | apply | y to the corpora | tion? | Yes No |
| f | Was there any change in determin | no quantities cost or va | luations betwe | en op | ening and | | |
| | closing inventory? If 'Yes,' attach | explanation | | | | ····· | Yes No |
| Scł | iedule C Dividends and S | pecial Deductions | | | Dividends | (b) Percentage | (c) Special deductions |
| | (see instructions) | | | re | eceived | | (a) x (b) |
| 1 | Dividends from less-than-20%-ow | ned domestic corporations | s (other | | | | |
| 1 | than debt-financed stock) | | | | | 70 | |
| 2 | Dividends from 20%-or-more-own | ed domestic cornorations | (other | | | | |
| 2 | than debt-financed stock) | | | | | 80 | |
| 3 | Dividends on debt-financed stock of domes | tic and foreign corporations | | | | see instructions | |
| 4 | Dividends on certain preferred stock of les | | | | | 42 | |
| 5 | Dividends on certain preferred stock of 204 | %-or-more-owned public utilities | | | | 48 | |
| 6 | Dividends from less-than-20%-owned fore | ign corporations and certain FSC | s | | | 70 | |
| 7 | Dividends from 20%-or-more-owned foreig | | | | and the second se | 80 | |
| 8 | Dividends from wholly owned fore | ion subsidiaries | | | | 100 | |
| 9 | Total. Add lines 1 through 8. See | instructions for limitation | | | Market | 如何是在这些社会的主义的 | ilia |
| 10 | Dividends from domestic corporations rece company operating under the Small Busine | ived by a small business investm | nent | | | 100 | |
| | | | | | | 100 | |
| 11 | Dividends from affiliated group m | | | | | 100 | |
| 12 | Dividends from certain FSCs | | | | | 100 | and mouth addition and addition |
| 13 | Dividends from foreign corporations not in | | | | | 2014年3月6天代 | 是的特征。在自己的问题 |
| 14 | Income from controlled foreign corporation | | | | | 的现在是是是 | 保健长、 供称、 出现 |
| 15 | Foreign dividend gross-up | | | | | | 教 教》和10年1月1日 |
| 16 | IC-DISC and former DISC dividends not in | | 5220 | | | | A CARLES AND A CARLES |
| 17 | Other dividends Deduction for dividends paid on certain pr | | 1 | "王书都问道 | STREED STREED STORE | | nan inden ander Artenderen Artenderen (* 1997) 1997 1997 |
| 18 | Total dividends. Add lines 1 through 17. | eterred stock or public dulities . | ▶ | 2 Y Y 4403 | HA BURDA DANGARATIN | | 關調合合理論對於後有認知 |
| 19 20 | Total special deductions. Add line | oc 0, 10, 11, 12, and 18 | Enter here and | 1 on n | age 1 line 29h | | |
| | nedule E. Compensation o | f Officers (see instru | uctions for r | age | 1. line 12) | | |
| JUI | Note: Complete Sch | edule E only if total receip | ots (line 1a plus | s lines | s 4 through 10 d | on page 1) are \$500, | 000 or more. |
| 1 | (a) | (b) | | | | propration stock owned | (f) Amount of |
| 1 | Name of officer | Social security number | (c) Percent time devote to busines | bd | (d) Common | | |
| | | | to pusities. | 8 | (2) 001111011 | | 8 |
| | 4 | | | 8 | | and the second se | 8 |
| 1177 | | | | 8 | | and the second sec | 8 |
| | | | | ¥ | | 8 | 8 |
| | | | | S | | 8 | 8 |
| 2 | Total compensation of officers | | | | | | |
| 3 | Compensation of officers claimed | I on Schedule A and elsev | where on return | n | | | |
| 4 | Subtract line 3 from line 2. Enter | the result here and on pa | age 1, line 12. | | | | |
| | | | | * | | | Form 1120 (2010) |

| | | | | | 2 |
|--|--|-------------------------------|--|---|-----------------|
| And and a design of the local division of th | 1120 (2010) BARR TELL USA INC | | 11-34: | 15400 | Page 3 |
| Sci | edule I ax Computation (see instructions) | | in the second seco | and I | |
| 1 | Check if the corporation is a member of a controlled group (attach | h Schedule O (Form 1120)) | ▶□ | 5 | |
| 2 | Income tax. Check if a qualified personal service corporation | | | | |
| | (see instructions) | | | | |
| 3 | Alternative minimum tax (attach Form 4626) | | | 3 | |
| 4 | Add lines 2 and 3 | | | and the second se | |
| 5 a | Foreign tax credit (attach Form 1118) | | 462 | it. | |
| Ł | Credit from Form 8834, line 29 | | | - 192 | |
| c | General business credit (attach Form 3800) | | | 基 | |
| c | Credit for prior year minimum tax (attach Form 8827) | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| e | Bond credits from Form 8912 | | | | |
| 6 | Total credits. Add lines 5a through 5e | | | 5 | |
| 7 | Subtract line 6 from line 4 | | | , | |
| 8 | Personal holding company tax (attach Schedule PH (Form 1120)) | | | 3 | |
| 9 | Other taxes. Form 4255 Form 8611 Form 8697 | | 38 | 10 | |
| 0 | | schedule) | | | |
| 10 | Total tax. Add lines 7 through 9. Enter here and on page 1, line 3 | | | | |
| | edule K Other Information (see instructions) | | | | |
| | Check accounting method a X Cash b Accrual | c Other (specify) | ► | | Yes No |
| 1 | See the instructions and enter the: | C Otici (specify) | • | | WHERE THERE |
| 2 | | | | | 梁浩 赵贽 |
| | Business activity code no. ► 812390 | | | | |
| | Business activity SERVICE | | | | |
| C | Product or service SERVICE | | | | Barrie Kareline |
| 3 | Is the corporation a subsidiary in an affiliated group or a parent-s | | | | X NORMER |
| | If 'Yes,' enter name and EIN of the parent corporation > | | | | |
| | | | | | |
| 4 | At the end of the tax year: | | | | |
| a | Did any foreign or domestic corporation, partnership (including ar | ny entity treated as a partne | ership), trust, or tax-ex | empt | |
| | Did any foreign or domestic corporation, partnership (including ar organization own directly 20% or more, or own, directly or indirec the corporation's stock entitled to vote? If 'Yes,' complete Part I of | tly, 50% or more of the tota | al voting power of all cl | asses of | |
| | the corporation's stock entitled to vote? If Yes, complete Part I c | Schedule G (Form 1120) | (attach Schedule G) | | X |
| E | Did any individual or estate own, directly 20% or more, or own directly | rectly or indirectly, 50% or | more of the total voting | power of | |
| _ | all classes of the corporation's stock entitled to vote? If 'Yes,' cor | nplete Part II of Schedule C | a (Form 1120) (attach : | Schedule G) , | X AND AND |
| | At the end of the tax year, did the corporation: | | | i mi i | COSSI DETENI |
| 3 | Own directly 20% or more, or own, directly or indirectly, 50% or r to vote of any foreign or domestic corporation not included on Fo | rm 851. Affiliations Schedu | le? For rules of constr | uctive | |
| | ownership, see instructions | ****** | | | X |
| | If 'Yes,' complete (i) through (iv) | | | | 國國 翻起 |
| | (D.N | (ii) Employer Identification | (iii) Country of | (iv) Per | rcentage |
| | (i) Name of Corporation | Number (if any) | Incorporation | Owned in V | Voting Stock |
| | | | | | |
| | | | | | |
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| | | | · · · · · · · · · · · · · · · · · · · | | |
| | 20 C | | | | |
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Form 1120 (2010) BARR TELL USA INC

| 12 | -1 | 2 | . A | 1 | 10 | | 2 | 0 |
|----|----|--------|-----|-----|----|---|---|---|
| 1 | - | ്ട | 4 | - L | 3 | 4 | U | Ð |
| | | | | | | | | |

Schedule K Continued 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 X 治國 醫師 If 'Yes,' complete (i) through (iv) (ii) Employer Identifica-(iii) Country of (iv) Maximum Percentage Owned in Profit, Loss, or Capital tion Number (if any) Incorporation (i) Name of Entity 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. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? For rules of attribution see section 318. If 'Yes," enter: (i) Percentage owned
and (ii) Owner's country _____ (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 > 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount..... If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. 9 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) 11 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 on line 29a.) > \$_____ Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end 13 X of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value 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)? If 'Yes,' complete and attach Schedule UTP. AN A

Form 1120 (2010)

Page 4

| | (| | | ~ | |
|----------|--|--|---------------------------------------|--|---|
| Form | 1120 (2010) BARR TELL USA INC | | | 11-3415400 | Page 5 |
| | edule 12 Balance Sheets per Books | Beginning | of tax year | End of t | lax year |
| 10000 | Assets | (a) | (b) | (c) | (d) |
| 1 | Cash | 第五位的关系的 关系 | | 國和國 法规定的 | |
| 2a | Trade notes and accounts receivable | | 相望的 结构的 公司 | | 经 补偿的公式的运行的 |
| | Less allowance for bad debts | | | | |
| 3 | Inventories | 学和朝夕,注意改革 | | · · · · · · · · · · · · · · · · · · · | |
| 4 | U.S. government obligations | and the state of the state | | | |
| 5 | Tax-exempt securities (see instructions) | And the Street of | | A A MARK | • |
| 6 | Olher current assels (altach schedule) | | | A CONTRACTOR OF | |
| 7 | Loans to shareholders | Maria Maria | | A second second second | |
| 8 | Mortgage and real estate loans | | | 11月19日1月1日1日 | |
| 9 | Other investments (attach schedule) | No. A Market State | | 同时的社会社会社会社会社会 | |
| 10 a | Buildings and other depreciable assets | | 2時時1月1日日1月1日 | | 而在1993年,在199 5年代 |
| b | Less accumulated depreciation | | | | NUMBER OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION |
| 11 a | Depletable assets | | Mary Prairie | | 國民主義推測的認識 |
| b | Less accumulated depletion | | | The second second second second second | |
| 12 | Less accumulated depletion | | | 医 有的 的复数 | A CONTRACTOR OF A CONTRACTOR OF A |
| 13a | Intangible assets (amortizable only) | | | | |
| b | Less accumulated amortization | | | The state is installed and the state of the state of the state | |
| 14 | Other assets (attach schedule) | · 新教学校的主义 | | | |
| | Total assets | | | | and a complete the second state of the second of the |
| | Liabilities and Shareholders' Equity | 这一时,我们 在一部分。 | 10年5月1日1日1日1日1日1日1日 | | |
| 16 | Accounts payable | | | | |
| 17 | Mortgages, notes, bonds payable in less than 1 year $\hfill \ldots$. | A Low Providence of the | | A MARIA | |
| 18 | Other current liabilities (attach sch) | A strange to be been to | · · · · · · · · · · · · · · · · · · · | | |
| 19 | Loans from shareholders | CAPITAL CONTRACTOR AND | | | |
| 20 | Mortgages, notes, bonds payable in 1 year or more Other liabilities (attach schedule) | | | 1985、公共、公司等于198 | |
| 21 22 | Capital stock: a Preferred stock | | NACIONAL CONTRACTOR | | 新教会主要的 自己的主义的利 |
| 44 | b Common stock | | NEUGOINETAE STANGARDITAN STANS | | . BUT LET CLITCHIC LLINE FALL CLITCHICS |
| 23 | Additional paid-in capital | | | E. A. S. M. S. Likes | |
| 24 | Retained earnings - Approp (att sch) | | | | |
| 25 | Retained earnings - Unappropriated | · · · · · · · · · · · · · · · · · · · | | | |
| 26 | Adjmnt to shareholders' equity (att sch) | · · · · · · · · · · · · · · · · · · · | | | |
| 27 | Less cost of treasury stock | | | | |
| 28 | Total liabilities and shareholders' equity | 司法官定的原始的理论的 | J | 合於教育的研究及他的教育 | |
| Sch | Reconciliation of Income Note: Schedule M-3 required ins | (Loss) per Books | With Income per I | Return | tructions |
| | | L | | | Lang semiliar oscorator activity |
| 1 | Net income (loss) per books | | | I on books this year not | |
| 2 | Federal income tax per books | | included on this | | |
| 3 | Excess of capital losses over capital gains | THE OF SHARWARD ALL PAULING ALL PROPERTY AND | Tax-exempt interest | \$ | |
| 4 | Income subject to tax not recorded on books | | | | |
| | this year (itemize): | | i | | MASSING CONTRACTOR CONTRACTOR |
| | | NOT THE ADDRESS OF THE WAY WATER CONTINUES AND | 8 Deductions on this re | | |
| 5 | Expenses recorded on books this year not | | against book income | | |
| | deducted on this return (itemize): | | | \$ | 一般现象。经 |
| а | Depreciation \$ | | b Charitable contribus | \$ | |
| b | Charitable contributions . \$ | | | | |
| c | Travel & entertainment \$ | | | | |
| - | | - | | | |
| - | | | - | 8 | |
| 6 | Add lines 1 through 5 | | 10 Income (page 1, line | 28) - line 6 less line 9 | · |
| Sci | edule M-2 Analysis of Unappropria | | ings per Books (L | ine 25, Schedule L |) |
| 1 | Balance at beginning of year | | 5 Distributions | a Cash | |
| 2 | Net income (loss) per books Other increases (itemize): | WE RELEASED TO THE PROPERTY AND THE RELEASED | | c Property . | |
| 3 | Other increases (itemize): | | 6 Other decreases | s (itemize): | |
| - | | | | | |
| - | | | | 6 | |
| 4 | Add lines 1, 2, and 3 | | 8 Balance at end of ye | ear (line 4 less line 7) | |

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|---|---|--|--|--|---|
| Form 8879-C | IRS e-file Signatur | re Authorization | | OMB No | . 1545-1864 |
| Form OO7 5-C | for Form | 1 1120 | | | |
| | Franks days 2010 as human basis as | 0010 | | 20 | 010 |
| Department of the Treasury Internal Revenue Service | For calendar year 2010, or lax year beginning ► See instructions, Do not send to | the IRS. Keep for your records. | | 1 | |
| Name of corporation | | | Employer | Identification num | ber |
| BARR TELL USA INC | 3 | | 11-34 | 15400 | |
| Part I Tax Return In | formation (Whole dollars only) | | | | |
| 1 lotal income (Form 1 | 120, line 11) | | | 1 | 0. |
| | n 1120, line 30) | | | | 0. |
| | line 31) | | | | |
| | 1120, line 34) | | | | |
| | 120, line 35) | | | | |
| Partille Declaration a | nd Signature Authorization of Officer | (Be sure to get a copy of | the corp | poration's r | eturn) |
| return. I consent to allow m the IRS and to receive from in processing the return or to initiate an electronic fund payment of the corporation payment, I must contact the date. I also authorize the fin necessary to answer inquiri signature for the corporation | that the amounts in Part I above are the amount by electronic return originator (ERO), transmitter in the IRS (a) an acknowledgement of receipt or n refund, and (c) the date of any refund. If applica is withdrawal (direct debit) entry to the financial is federal taxes owed on this return, and the fina a U.S. Treasury Financial Agent at 1-888-353-455 hancial institutions involved in the processing of es and resolve issues related to the payment. I n's electronic income tax return and, if applicable | , or intermediate service provider eason for rejection of the transmi able, I authorize the U.S. Treasury institution account indicated in th ancial institution to debit the entry 37 no later than 2 business days the electronic payment of taxes I | to send the ssion, (b) and its d to this ac prior to the prior to the | he corporation the reason for lesignated Fina paration softw. ccount. To revo he payment (se confidential in | 's return to any delay ancial Agent are for oke a ettlement) iformation |
| Officer's PIN: check one bo | • | | | | |
| I authorize | ERO firm name | to enter my PIN | | as | my signature |
| on the cornoration's 201 | ERO firm name IO electronically filed income tax return. | | do not ente | r all zeros | |
| on the corporation's zon | o electronically neo medine tax return. | | | | |
| X As an officer of the corp | poration, I will enter my PIN as my signature on | the corporation's 2010 electronic | ally filed i | ncome tax retu | .กาเ |
| Officer's signature | | Date ► | Title P | PRESIDE | Ϋ́ |
| | | | | | |
| Part III Certification a | and Authentication | | | | |
| ERO's EFIN/PIN. Enter your | slx-digit EFIN followed by your five-digit self-se | | | <u>111</u> do no | |
| indicated above. I confirm t | eric entry is my PIN, which is my signature on t hat I am submitting this return in accordance wi B, Modernized e-File (MeF) Information for Autho | ith the requirements of Pub 3112, | IRS e-file | Application a | poration nd |
| ERO's signature | | | Date 🏲 | 03/05/12 | 1 |
| | ERO Must Retain This Fo Do Not Submit This Form to the IF | | | | 5 |

BAA For Paperwork Reduction Act Notice, see instructions

Form 8879-C (2010)

| | | | | 1. | | | | | (| | | | | |
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| 201 | 0 | CT-4 | | | | le forms here | | | | | | | | |
| | | | New York | State Depa | rtment of Ta: | kation and Financi | | | | | | | | 1 |
| | . x (| | | | | | ation Frai | ncr | nse | | | | | |
| | | | lax F | eturr | 1 Short | Form | | | | | | | | |
| | | | Tax Law | v – Artic | le 9-A | | | | | | | | | |
| | | | | | | | | | All filers must | ontor tay | neriod | | | |
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| | l return | Amended | return | | | | beginning | | 01-01-10 | o er | nding 📕 | 12-5 | 1 | 10 |
| (see | the instructions | 9 | | | | | | | | | | | | |
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| | Employer identifica | tion number | File numbe | er Bus | siness teleph | one number | | | | | | | | |
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| | 11-34154 | 400 | AA5 | 9 | 17 - 54 | 9-0100 | | | | | an | X in the box | K | |
| | | | | | | | | | | | | | | |
| Legal | name of corporation | | | | | | Trade | name | DBA | | | | | |
| BAI | RR TELL I | USA INC | | | | | | | | | | | | |
| Mailing | name (il different from leg | and asme above) | | | | | State | or cou | untry of | Date receiv | ed (for Tax | Department | use on | ily) |
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| 1621 1 22 | | | | | | | | of inco | orporation | | | | | |
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| | NG BEACH | | | | NY | 11561 | | | | | | | | |
| | business code no. (| from fed return) | If address/p aboye is new | hone w, | | | | | | Audit (fo | ir Tax Depar | rtment use o | nly) | |
| 8 | 312390 | | above is ner mark an X in the box | | | If you need to u | pdate your address | s or pl | hone information for | | | | | |
| | | | | | | | or other tax types, | | | | | | | |
| Prin | cipal business vity | SERVICE | | | | | te at www.nystax.g ress option. Otherw | | | | | | | |
| | 0.050 | | | | | information in F | 1 | NISE, 5 | see Dosmess | 67) | | | | |
| See | e Form CT-3/4-I | Instructions | for Forms (| CT-4 CT | -3 and C | | | this | return | | | | | |
| | tropolitan trans | | | | . 영양 강남양 전. 프 | | to completing | 0110 | Totarri. | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | arte ar maiate | | n office in the | | | | | |
| | ring the tax year | and the state of the state of the state | | | | | | | | | | | | |
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| | ludes the count | | | | | | chess, Nassau, | , Ora | ange, Putnam, | Vaa | | Ne | | |
| Roc | kland, Suffolk, | and Westches | ter. (mark | an X in I | the approp | oriate box) | | | | Yes | | No | | Х |
| | | | | | | | | | Pa | yment enclos | ed | | | |
| Α. | Pay amount sh | own on line 4 | 3. Make ch | eck paya | able to: N | ew York State | e Corporation | Tax | | | | | 1275 | - |
| + | Attach your pag | yment here. D | etach all cl | heck stul | bs. (See i | nstructions fo | or details.) | | A. | | | | 25 | 5. |
| | | | | | | | | | | | | | | |
| В. | Federal return | filed (you mus | t mark an | X in one |): Attach | a complete c | opy of your fee | dera | l return. | | | | | |
| | | 0 | | | • | | | | | | | | | |
| | Form 1120 | | Х | Form 11 | 20-H | | | | Other: | | | | | |
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| | Consellidat | ad beats | Υ. | Feeter 11 | 200 | | | | | | | | | |
| 1 and | Consolidate | ed basis | | Form 11 | 205 | | | | | | | | | |
| - | and a second s | | 2011 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | | | | | | | | | | | |
| C. | If you included | | bchapter S | subsidia | ary (QSSS | in this return | rn, mark an X | in th | ne box and attac | :h | | | | |
| | Form CT-60- | QSSS | | | | | | | | | | | | |
| D. | Have you unde | rreported your | tax due or | n past re | eturns? To | correct with | out penalty, vis | sit us | s at www.nysta. | x.gov. | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| E. | Did the entity h | ave an interes | st in real o | roperty l | ocated in | New York Sta | ate during the | last | 3 years? | | | | | |
| _ | | n the appropri | | opony . | oodtoo iii | | | | ., | Yes | | No | ٠ | Х |
| | (main all A I | | | | | | | | | | | 14/0701 | | |
| F | Has there have | a transfor | aquisities | of cont | rolling int | aract in the e | ntitu durina tha | alac | + 3 years? | | | | | |
| г. | Has there been | | and a state of Constant | or conti | ioning inte | erest in the el | naty during the | a ids | s years: | Yes | | No | | Х |
| | (mark an X i | n the appropri | ate box) | | | | | | | 105 | | 110 | | Δ |
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| | | | | | | | | | | | | (con | tinue | d) |
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Page 2 of 4 Form CT-4 (2010)

BARR TELL USA INC

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| 11-341540 |
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| | · | 17 34 35 M 36M 47 | | | |
|---|--|---|--|---------------|------------|
| | nputation of entire net income (ENI) base | | 121-121 | | 0 |
| 1 | Federal taxable income (FTI) before net operating loss (NOL) & s | | • 1. | | 0. |
| 2 | Interest on federal, state, municipal, and other obligations not inc | | • 2. | | |
| 3 | Interest paid to a corporate stockholder owning more than 50% of | | • 3. | | |
| 4 | New York State and other state and local taxes deducted on your | | • 4. | | |
| 5 | Federal depreciation from Form CT-399, if applicab | le (see instructions) | • 5. | | Ο. |
| 6 | Add lines 1 through 5 | | • 6. | | υ. |
| 7 | New York net operating loss deduction (NOLD) (attach federal & | | • 7. | | |
| 8 | Allowable New York State depreciation from Form CT-399, if app | licable (see instructions) | • 8. | | |
| 9 | Refund or credit of certain taxes (see instructions) | | • 9. • 10. | 41 | |
| 10 | Total subtractions (add lines 7 through 9) | cian active base and an line (1) | • 11. | | 0. |
| 11 | ENI base (subtract line 10 from line 6; show loss with a minus (-) | | | | 0. |
| 12 | ENI base tax (multiply line 11 by the appropriate ra | | • 12. | | |
| C | the Form CT-3/4-1 instructions; enter here and on I | | | | |
| Cor | nputation of capital base (enter whole dollars | A A A A A A A A A A A A A A A A A A A | B | с | |
| | Bea | inning of year | End of year | Average value | |
| | 269 | initial of year | | Therage Tulae | |
| 13 | Total assets from federal return • | 1,000. • | 1,000. • | 1, | 000. |
| 14 | Real property and marketable | | | | |
| | securities included on line 13 | 1,000. | 1,000. | 1 | 000. |
| 15 | Subtract line 14 from line 13 | 1,000. | 1,000. | 1, | 000. |
| 16 | Real property and marketable | | | | |
| 17 | securities at fair market value | 1,000. | 1,000. • | 1. | 000. |
| 17 18 | Adjusted total assets (add lines 15 and 16) - Total liabilities | 1,000. | | ± 7 | |
| | | | • 19. | 1 | 000. |
| 19 | Capital base (subtract line 18, column C, from line | 17, column C) | • 20. | / سل | 2. |
| 20 | Capital base tax (see instructions) nputation of minimum taxable income (N | ITI) bace | - 20. | | υ. |
| COI | 21 ENI base from line 11 | in base | 21. | | Ο. |
| | 22 Depreciation of tangible property placed in service | after 1986 (see instructions) | • 22. | | 0. |
| | 23 New York NOLD from line 7 | | • 23. | | |
| 10 | 24 Total (add lines 21 through 23) | | 24. | | Ο. |
| | 25 Alternative net operating loss deduction (ANOLD) | (see instructions) | • 25. | | |
| | 26 MTI base (subtract line 25 from line 24 | | • 26. | | 0. |
| | 27 Tax on MTI base (multiply line 26 by 1. | | • 27. | | Ο. |
| Cor | nputation of tax (continued on page 3) | | | | |
| | | | | | |
| | | 2 | • 28. | | |
| 22.2 | Tax on ENI base from line 12 | 2 | • 28. | | |
| 29 | | Second year • | 28.29. | | 2. |
| 29 | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year • | Second year • | • 29. | | 2. |
| 29 | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year • Fixed dollar minimum tax (See Table 7 in the Tax i | Second year • rates schedule in the Form CT- | • 29. 3/4-1 | | |
| 29 30 | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year • Fixed dollar minimum tax (See Table 7 in the Tax instructions. You must enter an amount on line 31) | Second year • rates schedule in the Form CT- | • 29. | ο. | 2. 25. |
| 29 | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year Fixed dollar minimum tax (See Table 7 in the Tax instructions. You must enter an amount on line 31, New York receipts (see instructions) | Second year • rates schedule in the Form CT- ; see instructions) • 31. | • 29. <i>3/4-1</i> • 30. | Ο. | |
| 29 30 31 32 | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year Fixed dollar minimum tax (See Table 7 in the Tax instructions. You must enter an amount on line 31, New York receipts (see instructions) Tax due (amount from line 27, 28, 29, or 30, whichever is largest, | Second year • rates schedule in the Form CT- ; see instructions) • 31. | • 29. 3/4-1 | Ο. | 25. |
| 29 30 31 32 First | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year Fixed dollar minimum tax (See Table 7 in the Tax instructions. You must enter an amount on line 31, New York receipts (see instructions) Tax due (amount from line 27, 28, 29, or 30, whichever is largest, installment of estimated tax for next period: | Second year • rates schedule in the Form CT- ; see instructions) • 31. : see instructions for exception) | • 29. <i>3/4-1</i> • 30. | Ο. | 25. |
| 29 30 31 32 First 33a | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year Fixed dollar minimum tax (See Table 7 in the Tax instructions. You must enter an amount on line 31, New York receipts (see instructions) Tax due (amount from line 27, 28, 29, or 30, whichever is largest, | Second year • rates schedule in the Form CT- ; see instructions) • 31. : see instructions for exception) rom Form CT-5, line 2 | • 29. 3/4-1 • 30. 1 32. | 0. | 25. |
| 29 30 31 32 First 33a | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year Fixed dollar minimum tax (See Table 7 in the Tax instructions. You must enter an amount on line 31, New York receipts (see instructions) Tax due (amount from line 27, 28, 29, or 30, whichever is largest, installment of estimated tax for next period: If you filed a request for extension, enter amount of for the state of the stat | Second year • rates schedule in the Form CT- ; see instructions) • 31. : see instructions for exception) rom Form CT-5, line 2 | • 29. 3/4-1 • 30. ■ 32. • 33a. | Ο. | 25. |
| 29 30 31 32 First 33a 33b | Tax on ENI base from line 12 Tax on capital base from line 20 (see instructions) New small business: First year Fixed dollar minimum tax (See Table 7 in the Tax instructions. You must enter an amount on line 31, New York receipts (see instructions) Tax due (amount from line 27, 28, 29, or 30, whichever is largest, installment of estimated tax for next period: If you filed a request for extension, enter amount fil you did not file Form CT-5 and line 32 is over \$1 | Second year • rates schedule in the Form CT- ; see instructions) • 31. : see instructions for exception) rom Form CT-5, line 2 | • 29. 3/4-1 • 30. ■ 32. • 33a. ■ 33b. | Ο. | 25. 25. |

NYCA1312 11/08/10

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|--------------------------|--|--|--------------------|---|-----|-------|----|-----|
| Form | n CT-4 (2010) Page 3 of 4 | | | | | | | |
| BA | RR TELĽ USA INC | | 11-3415 | 400 | | | | L |
| Cor 37 38 39 | nputation of tax (continued from page 2) Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is . Interest on late payment (see instructions) Late filing and late payment penalties (see instructions) | attached) | • | 37.38.39. | | | | 0. |
| 40 | Balance (add lines 36 through 39) | | | 40. | 2 | | | 25. |
| 41a 41b 41c 41d | ntary gifts/contributions (see instructions): Amount for Return a Gift to Wildlife Amount for Breast Cancer Research and Education Fund Amount for Prostate Cancer Research, Detection, and Education Fund Amount for 9/11 Memorial | 41a. 41b. 41c. 41d. 41e. | | | | | A | |
| 41e 42 | Amount for Volunteer Firefighting & EMS Recruitment Fund Total (add lines 34, 37, 38, 39, and 41a through 41e) | 4 410. | | 42. | | | | 25. |
| 43 | Balance due (if line 35 is less than 42, subtract line 35 from lin This is the amount due; enter the payment amount on line A o | on page 1) | | 43. | | | | 25. |
| 44 | Overpayment (if line 35 is more than line 42, subtract line 42 f overpayment; enter here and see instructions) 45 Amount of overpayment to be credited to next period | from line 35. | This is your | 44. ∎ 45. | | | | 0. |
| | 46 Balance of overpayment (<i>subtract line 45 from line 44</i>) 47 Amount of overpayment to be credited to Form CT-3M/ | | | • 46. • 47. | | | | 0. |
| | 48 Refund of overpayment (subtract line 47 from line 46) | | | 48. | | | | 0. |
| Cor 49 | nposition of prepayments on line 35 (see instructions Mandatory first installment | e) 49. | Date paid | | | Amoun | ŧ | |
| 50a | Second installment from Form CT-400 | 50a. | | | | | | |
| 50b | Third installment from Form CT-400 | 50b. | | | | | | |
| 50c | Fourth installment from Form CT-400 | 50c. | | | | | | |
| 51 | Payment with extension request from Form CT-5, line 5 | 51. | | | | | | |
| 52 | Overpayment credited from prior years Period | | | 52. | | | | |
| 53 | Overpayment credited from Form CT-3M/4M Period | | | 53. | | | | |
| 54 | Total prepayments (add lines 49 through 53; enter here and on line 35) | | | 54. | | | | |
| | rest paid to shareholders | | | | | | | |
| 55 | Did this corporation make any payments treated as interest in the computation or indirectly, individually or in the aggregate, more than 50% of the corporation stock? (mark an X in the appropriate box) If Yes, complete the following and lin | n's issued and ou | itstanding capital | У | | | | |
| | sheets if necessary) Shareholder's name | SSN or EIN | | 55. | Yes | • | No | • |
| 56 | Interest paid to shareholder | | | • 56. | | | | |
| 57 | Total indebtedness to shareholder described above | | | 57. | | | | |
| 58 | Total interest paid | | | • 58. | | | | |
| 59 | Is there written evidence of the indebtedness? (mark an X in t | the appropria | te box) | 59. | Yes | • | No | • |
| | porations organized outside New York State only | 12 | | 22 | | | | |
| | ital stock issued and outstanding: | | č | Value | | | | |
| 60 | Number of par shares | | \$ | Value | | | | |
| 61 | Number of no-par shares | | \$ | 1000000000000 | | | | |

NYCA1334 12/23/10

| Page 4 of | 4 | Form | CT-4 (2) | 010) |
|-----------|---|------|----------|------|
| BARR | T | ELL | USA | INC |

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11-3415400

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| | 62 Total receipts entered on your federal return 63 Interest deducted in computing FTI (see instructions) 64 Depreciable assets and land entered on your federal return If the Internal Revenue Service (IRS) has completed an audit of any of your returns we last five years, list years: If you are a member of an affiliated federal group, enter primary corporation name and anterest of the second seco | | | | | 0. |
|--------|--|------------------------|-----------|--------------|-------------|-----|
| | Name | | | EIN ● | ie S | |
| | | | | | | |
| 67 | If you are more than 50% owned by another corporation, enter parent corporation name \ensuremath{Name} | me and EIN: | | EIN | | |
| | • | | | • | | |
| 68 | Are you claiming small business taxpayer status for lower ENI tax rates? (see Small | | | 12220 | | |
| | business taxpayer definition in the Form CT-3/4-1 instrs; mark an X in appropriate bo | x) 68. | Yes | • X | No • | |
| | If you marked Yes on line 68, enter totl capital contributions (see wks in instrs) | • 69. | | | 1,00 | 0. |
| 70 | Are you claiming qualified New York manufacturer status for lower capital base tax limitation? (see instructions; mark an X in the appropriate box) | 70. | Yes | • | No | Х |
| 71 | Are you claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; | 71 | Vee | | No | Х |
| | mark an X in the appropriate box) | 71. | Yes | • | 140 | 41 |
| | e nded return information ng an amended return, mark an X in the box for any items that apply and attach docu | mentation. | | | | |
| it thu | | | | | | |
| Final | federal determination If marked, enter date of determination | ion: • | | | | |
| Net o | operating loss (NOL) carryback Capital loss carryback | • | | | | |
| Fede | ral return filed Form 1139 • Form 1120X | • | | | | |
| Net | operating loss (NOL) information | | | | | |
| | York State NOL carryover total available for use this tax year from all prior tax years ral NOL carryover total available for use this tax year from all prior tax years | | | | | |
| | York State NOL carryforward total for future tax years | • | | | | |
| | ral NOL carryforward total for future tax years | • | | | | |
| Thir | d-party Yes No | | | | | |
| | usignee Designee's name | Designee's phone n | umber | F | PIN | |
| | ification: I certify that this document and any attachments are to the best of my know | vledge and belief true | correct | | | |
| Aut | horized Signature of authorized person Official literson | PRESIDENT | 2 | | | |
| | E-mail address of authorized person | 3 | | Date | 03-05 | -11 |
| | Paid Firm's name (or yours if self-employed) eparer ALBERT HAFT CPA PC | Firm's EIN | 1954 | r reparer's | PTIN or SSN | |
| 1 | USP Signature of individual preparing this return Address | City | | | code | 101 |
| | e instr.) 3393 LONG BEACH RD | OCEANSIDE | MTDOW | | 1572-5 | 424 |
| | E-mail address of individual preparing this return | Preparer's I | at IPPKUN | Date 03-0 | 5-11 | |
| | See instructions for where to file | | | | | |

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|-----------------|-------------------|---|------------------|--------------|--|---------------------|---------------------------------------|--|--|---|-----------|--|
| | 1 | 120 | Ê | | US Cor | oratio | on Income | Tax | Poturn | | | |
| For | 5 025 | | For caler | ndar year | 2012 or tax year | beginnin | | , 2012. e | ending | | | OMB No. 1545-0123 |
| Depa | rtment tal Rev | of the Trezsury renue Service | ► Infe | ormation | about Form 1120 |) and its | separate instruc | ctions is | at www.irs.gov | form1 | 120. | - 2012 |
| | heck | | | Name | | | | 1.2 | | | | er identification number |
| 227 | (atlac | olidated return In Form 851) | TYPE | | TELL USA I | | | | | 1 | .1-34 | 15400 |
| b | | return | OR | Number, s | treet, and room or sui | te number. | If a P.O. box, see in | nstructions. | | C | Date inco | orporated |
| 2 | | h Sch PH) | PRINT | | AST PARK A | VE SU | ITE 522 | | | | | /1998 |
| 3 | Perso | nal service | - | City or tow | 'n | | | State Z | IP code | | Total ass | sets (see instructions) |
| 4 | | (see instrs) L dule M-3 r | | | BEACH | | | The state of the s | 11561 | \$ | | 1,000. |
| | - | ned | E Check | | | (2) | Final return | (3) | Name chang | and the second se | | Address change |
| | | | | | | | | 1a 1b | 72, | 116. | | |
| | | C Balance Si | a allowances | from lin | e la | •••• | • • • • • • • • • • • • • • • • | | | | | 70 110 |
| | 2 | | | | 125-A) | | | | | | 1 c | 72,116. 71,545. |
| 1 N | 3 | Gross profit | . Subtract line | e 2 from I | ine 1c | | ********** | • • • • • • • • • • | • | •• | 3 | <u>71,545.</u> 571. |
| - ZCOX | 4 | | | | | | | | | | 4 | |
| ME | 5 | | | | | | | | | | 5 | |
| | 6 | | | | | | | | | | 6 | |
| | 7 | Gross royal | ties | | | | | | | | 7 | |
| | 8 | | | | hedule D (Form | | | | | | 8 | |
| | 10 | | | | , Part II, line 17 (hedule) | | | | | | 10 | |
| | 11 | Total incom | e. Add lines 3 | through | 10 | | • • • • • • • • • • • • • • • • • • • | | | ·· ► | | 571. |
| | 12 | | | | ructions - attach | | | | | | | 571. |
| | 13 | | | | nent credits) | | | | | | 13 | |
| F | 14 | 1. The second | | | | | | | | | 14 | |
| DER | 15 | | | | | | | | | | 15 | |
| D L | 16 | | | | | | | | | | 16 | 1,000. |
| DEDDOT | 17 | | | | | | | | | | 18 | |
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| N A S T | 20 | | | | laimed on Form | | | | | | 20 | |
| s o | 21 | | | | | | | | | | 21 | |
| SEE | 22 | Advertising | | | | | | | | | 22 | |
| 1. 0 | 23 | Pension, pro | ofit-sharing, e | tc, plans | | | | | | | 23 | |
| N DEDUC | 24 | | | | | | | | | | 24 | |
| T R U U | 25 | | | | uction (attach For | | | | | | 25 | |
| DUCT | 26 | | | | | | | | | | 26 | |
| 1 7 | 27 | | | | ough 26 | | | | | | 27 | 1,000. |
| 0 N N | 28 | | | | eduction and special o | | | | | | 28 | -429. |
| S | 1.00000000 | | | | instructions) | | | | | | | |
| | | 여행 수업 방송 방송 영 가지 않는 | | | ne 20) | | | | | | 1.30111 | |
| | 1112121 | c Add lines 29 | a and 29b | | (| | | | | | 29 c | |
| TX, CR, | 30 | | | | from line 28 (see | | | | | | 30 | -429. |
| R ^{S,} | 31 | | | | 1) | | | | | | 31 | |
| AND | 32 | | | | edits (Schedule J, | | | | | Ξ. | 32 33 | |
| ND | 33 34 | | | | tions). Check if For than the total of | | | | and the second | | 34 | |
| D P M B | 35 | | | | nan the total of lir | | | | | | 35 | |
| S AND PMTS | 36 | | | | ed to 2013 estimated | | | ount ove | Refund | | 36 | |
| | | and the second second second second | | | and the second | | | s and state | | | | ge May the IRS discuss |
| Sign | 1 | | correct, and com | plete. Decla | examined this return, in anation of preparer (oth | ner than tax | payer) is based on a | all informat | tion of which preparer | has an | y knowled | ge, this return with the preparer shown below |
| Here | | March 1997 | N | | | | | | PRESIDENT | | | (see instructions)? |
| | | Signature of off | preparer's name | 8 | Drapar | Da er's signatur | 334 | Date | fitle | | | Yes No |
| Paid | | 1000 | 100 K., | | | 1.5 | | Date | | eck Lorrala | lif | PTIN |
| Prep | | | t haft | ERT DI | AFT CPA PC | ert ha | 11 L | | | r's EIN | | P01251809 |
| Use | | | | | g Beach Rd | | | | | CIN | | |
| | | | | anside | | | NY | 1157 | 72Ph | one no. | | |
| BAA | For | Paperwork R | | | ee separate instr | uctions. | | | CA0212 11/13/12 | | | Form 1120 (2012) |

1-

| - | | λ. | 11 2415400 | Page 2 |
|----|--|---|------------------------------|-------------------------------------|
| | n 1120 (2012) BARR TELL USA INC hedule C Dividends and Special Deductions (see instructions) | (a) Dividends received | 11-3415400 (b) Percentage | (c) Special deductions (a) x (b) |
| 1 | Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | | 70 | |
| 2 | Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | | 80 | |
| 3 | Dividends on debt-financed stock of domestic and foreign corporations | | see instructions | |
| 4 | Dividends on certain preferred stock of less-than-20%-owned public utilities | | 42 | |
| 5 | Dividends on certain preferred stock of 20%-or-more-owned public utilities | | 48 | |
| 6 | Dividends from less-than-20%-owned foreign corporations and certain FSCs | | 70 | |
| 7 | Dividends from 20%-or-more-owned foreign corporations and certain FSCs | | 80 | |
| 8 | Dividends from wholly owned foreign subsidiaries | | 100 | |
| 9 | Total. Add lines 1 through 8. See instructions for limitation Dividends from domestic corporations received by a small business | | | |
| 10 | 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 | Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 | | | |
| 14 | Income from controlled foreign corporations under subpart F (attach Form(s) 5471) | 8, 1 | | |
| 15 | Foreign dividend gross-up | | | |
| 16 | IC-DISC and former DISC dividends not included on lines 1, 2, or 3 | | | |
| 17 | Other dividends | a and a state of the second | | |
| | Deduction for dividends paid on certain preferred stock of public utilities | | | |
| 19 | Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 | | | |
| 20 | Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here | and on page 1, line 29b | | > |

Form 1120 (2012)

| | n 1120 (2012) BARR TELL USA INC | 1 | L-3415400 | P | age 3 |
|----------|---|--|--|------------|--------------|
| | hedule J Tax Computation and Payment (see instructions) | | | | |
| | Check if the corporation is a member of a controlled group (attach Schedule O (For | m 1120)) | 14-1-1 | | |
| 2 | Income tax. Check if a qualified personal service corporation | | | | |
| 4 | (see instructions) | | 2 | | |
| 3 | Alternative minimum tax (attach Form 4626) | 20 March 20 Mar | 3 | | |
| 4 | Add lines 2 and 3 | | 4 | | |
| 5 : | Foreign tax credit (attach Form 1118) | 5 a | | | |
| I | Credit from Form 8834, line 30 (attach Form 8834) | 5 b | 1911.0 | | |
| (| : General business credit (attach Form 3800) | 5 c | | | |
| c | Credit for prior year minimum tax (attach Form 8827) | 5 d | | | |
| 0 | Bond credits from Form 8912 | 5 e | ر در مداند آندر د | | |
| 6 | Total credits. Add lines 5a through 5e | | 6 | | _ |
| 7 | Subtract line 6 from line 4 | ····· | 7 | | |
| 8 | Personal holding company tax (attach Schedule PH (Form 1120)) | | 8 | | |
| 9 a | Recapture of investment credit (attach Form 4255) | 9 a | Print Print | | |
| E | Recapture of low-income housing credit (attach Form 8611) | 9 b | 12.20 | | |
| c | Interest due under the look-back method - completed long-term contracts | | | | |
| | (attach Form 8697) | 9 c | A Contraction | | |
| c | Interest due under the look-back method – income forecast method (attach | | A CARLENT AND A | | |
| | Form 8866) | 9 d | All Control of Control | | |
| | Alternative tax on qualifying shipping activities (attach Form 8902) | 9 e | | | |
| f | Other (see instructions - attach statement) | 9f | 1,41,03,1 | | |
| 10 | Total. Add lines 9a through 9f | | 10 | | |
| 11 | Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31 | | 11 | | |
| | II – Payments and Refundable Credits | | | | |
| 12 | 2011 overpayment credited to 2012 | | 12 | | |
| 13 | 2012 estimated tax payments | | 13 | - | |
| 14 | 2012 refund applied for on Form 4466 | | 14 | | |
| 15 | Combine lines 12, 13, and 14 | | 15 | | |
| 16 | Tax deposited with Form 7004 | | 17 | | |
| 17 | Total payments. Add lines 15, 16 and 17 | | 18 | | |
| 18 19 | Refundable credits from: | *********** | 10 | | |
| | Form 2439 | 19a | | | |
| | Form 4136 | 19b | | | |
| | Form 8827, line 8c | 19c | | | |
| | Other (attach statement – see instructions) | 19d | | | |
| | Total credits. Add lines 19a through 19d | | 20 | | |
| 21 | Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 3 | | and the second se | | |
| | edule K Other Information (see instructions) | | | 1 | |
| | | (specify) ► | | Yes | No |
| | See the instructions and enter the: | (opecily) | | | |
| | Business activity code no. ► 812390 | | | | |
| b | Business activity SERVICE | | | | 1013 1013 |
| с | Product or service SERVICE Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controll | | | _ (199.36) | |
| 3 | | | | | X |
| | If 'Yes,' enter name and EIN of the parent corporation F | | | - | |
| | | | | | |
| 4 | At the end of the tax year: | 1 10 1 10 1 | A | | |
| a | Did any foreign or domestic corporation, partnership (including any entity treated a organization own directly 20% or more, or own, directly or indirectly, 50% or more | of the total voting power of | ax-exempt all classes of | **** | |
| | the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Fo | rm 1120) (attach Schedule | G) | | X |
| h | 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 S | Schedule G (Form 1120) (at | t Schedule G) | | X |
| BAA | CPCA0234 12/28/12 | | Form | 1120 | (2012) |

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| Form 1120 (2012) BARR TELL USA INC | × | 11-3415400 | | Ρ | age 4 |
|--|--|-----------------------------------|----------------------------|---------------|-----------------|
| Schedule K Other Information continued (see in | nstructions) | | | | |
| 5 At the end of the tax year, did the corporation: | | | | Yes | No |
| a Own directly 20% or more or own directly or indirectly 50 | % or more of the total voting powe | r of all classes of stock | entitled | 11 F. | tribula a |
| to vote of any foreign or domestic corporation not included ownership, see instructions | on Form 851, Affiliations Schedul | e? For rules of construc | tive | | Х |
| If 'Yes,' complete (i) through (iv) below. | | | | h digu | |
| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Pero Owned in V | | |
| ************************************** | (ri driy) | | | | |
| | | | | | |
| | | | | | |
| 1 | | | | | |
| | | | | | |
| | | | 1 | | |
| b Own directly an interest of 20% or more, or own, directly o partnership (including an entity treated as a partnership) or ownership, see instructions | r in the beneticial interest of a trus | (? For fules of construct | ive | Yes | No X |
| If tes, complete (i) through (iv) below. | (ii) Employer | (iii) Country of | (iv) Ma | ximum | 1 |
| (i) Name of Entity | Identification Number (if any) | • Organization | Percentage Profit, Loss | Owne or Ca | ed in anital |
| | (ir driy) | | 1 1011, 2000 | 1 01 01 | apricat |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6 During this tax year, did the corporation pay dividends (oth | er than stock dividends and distrib | utions in exchange for s | tock) in | | |
| excess of the corporation's current and accumulated earni If 'Yes,' file Form 5452, Corporate Report of Nondividend I | ngs and profits? (See sections 301 Distributions. | and 316.) | | | X |
| If this is a consolidated return, answer here for the parent | | | n nower of | | 100 |
| 7 At any time during the tax year, did one foreign person ow all classes of the corporation's stock entitled to vote or (b For rules of attribution, see section 318. If 'Yes,' enter: |) the total value of all classes of th | e corporation's stock? | | | X |
| (i) Percentage owned > and (ii) Owner's | country | | | | |
| (c) The corporation may have to file Form 5472, Information Corporation Engaged in a U.S. Trade or Business. Enter t | he number of Forms 5472 attached | j • | | | |
| 8 Check this box if the corporation issued publicly offered de If checked, the corporation may have to file Form 8281, Information Return | in for Publicly Offered Original Issue Discou | int instruments. | | | |
| 9 Enter the amount of tax-exempt interest received or accri | | | | | |
| 10 Enter the number of shareholders at the end of the tax ye | ear (if 100 or fewer) | | | | |
| If the corporation has an NOL for the tax year and is elect If the corporation is filing a consolidated return, the statem attached or the election will not be valid. | nent required by Regulations section | on 1.1502-21(b)(3) must | be | | |
| 12 Enter the available NOL carryover from prior tax years (do not reduce it b | any deduction on line 29a.) 🕨 💲 | | | | |
| 13 Are the corporation's total receipts (line 1c plus lines 4 thr of the tax year less than \$250,000? | | | at the end | X | |
| If 'Yes,' the corporation is not required to complete Sched the total amount of cash distributions and the book value made during the tax year. $rac{1}{2}$ | property distributions (other than o | asiy | | | |
| 14 Is the corporation required to file Schedule UTP (Form 11) If 'Yes,' complete and attach Schedule UTP. | 20), Uncertain Tax Position Staten | | | | X |
| 15 a Did the corporation make any payments in 2012 that would | ld require it to file Form(s) 1099? | | | - | X |
| b If 'Yes,' did or will the corporation file required Forms 109 | 9? | | | | - |
| 16 During this tax year, did the corporation have an 80% or n its own stock? | | | | | x |
| 17 During or subsequent to this tax year, but before the filing value) of its assets in a taxable, non-taxable, or tax defer | rred transaction? | | | - | x |
| 18 Did the corporation receive assets in a section 351 transf fair market value of more than \$1 million | er in which any of the transferred a | assets had a fair markel | basis or | | х |

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| 20 | | | ľ. | 11 0415400 | Deep 5 |
|----------|--|--|---|---|--|
| | n 1120 (2012) BARR TELL USA INC hedule L Balance Sheets per Books | Beginning | of tax year | 11-3415400 End of 1 | Page 5 |
| SC | Assets | (a) | (b) | (c) | (d) |
| 2 | | | (0) | | (u) |
| 1 | Cash | and the second | annan sanara is ing daalaar | | Constantine and the second |
| | a Trade notes and accounts receivable | | | | والمستخلف الشرائيات والمراج المتقاه المراج |
| | b Less allowance for bad debts | Contraction and a second | | n and a national data | |
| 3 | Inventories | | | | |
| 4 | U.S. government obligations | | | | |
| 5 | Tax-exempt securities (see instructions) | | | | |
| 6 | Other current assets (attach statement) | | | | |
| 7 | Loans to shareholders | | | | |
| 8 | Mortgage and real estate loans | | | | |
| 9 | Other investments (attach statement) | 는 분석 관계 관계로 가슴 것 | | | |
| 10 a | Buildings and other depreciable assets | | | | |
| | Less accumulated depreciation | | | | |
| | Depletable assets | | | | 经一部上市公司债务 |
| | Less accumulated depletion | | e e en antida a la regilitada en a telado en antida | | a de la decisión des calificacións desidentadas de la calencia de la calificación de la calificación de la cali |
| | Land (net of any amortization) | | | | |
| | | | Stand States Street States | and a set of the set of | |
| | Intangible assets (amortizable only) | | | | |
| | Less accumulated amortization | lander - and that a graphic control for | | Sectore constraints of sectores | |
| | Other assets (attach statement) | | | | |
| 15 | Total assets | | an tone scale protection of a second | | THE PART OF THE |
| -210 | Liabilities and Shareholders' Equity | | | | |
| 16 | Accounts payable | | | | |
| 17 | Mortgages, notes, bonds payable in less than 1 year | | | | |
| 18 | Other current liabilities (attach stmt) | · · · · · · · · · · · · · · · · · · · | | | |
| 19 | Loans from shareholders | | | | |
| 20 | Mortgages, notes, bonds payable in 1 year or more | | | | |
| 21 | Other liabilities (altach statement) | | | | Service and the service of the servi |
| 22 | Capital stock: a Preferred stock | | Charles and an and a state of the second | | and the case of the second |
| 07 | b Common stock | | | THE REAL MANAGEMENT | |
| 23 | Additional paid-in capital Retained earnings — Approp (att stmt) | | | | |
| 24 | Retained earnings – Approp (att still) | | | | |
| 25 26 | Adjmt to shareholders' equity (att stmt) | | | | |
| 27 | Less cost of treasury stock | | | | |
| 28 | Total liabilities and shareholders' equity | | | | |
| | redule M-1 Reconciliation of Income | (Loss) per Books | With Income per R | aturn | |
| SCI | Note: Schedule M-3 required ins | tead of Schedule M-1 if | total assets are \$10 mil | lion or more – see ins | structions |
| 1 | Net income (loss) per books | 1 | 1 | on books this year not | Martheore New 1 |
| - | Federal income tax per books | | included on this re | 10 C | |
| 2 | | | - | | |
| 3 | Excess of capital losses over capital gains | En al seguration and | Tax-exempt interest 4 | | |
| 4 | Income subject to tax not recorded on books | | | | MINING STONE DUNCES |
| | this year (itemize): | | | | Anna Alexandra Anna Anna Anna Anna Anna Anna Anna An |
| 0.67 | | | 8 Deductions on this ret | | |
| 5 | Expenses recorded on books this year not | | against book income t | | |
| | deducted on this return (itemize): | | a Depreciation | | |
| | Depreciation \$ | | b Charitable contribns | | |
| 1 | Charitable contributions . \$ | | | | |
| â | c Travel & entertainment \$ | | | | |
| | | | | | |
| 7 | | | 9 Add lines 7 and 1 | 8 | |
| 6 | Add lines 1 through 5 | | 10 Income (page 1, line | 28) — line 6 less line 9 | the second |
| Sc | hedule M-2 Analysis of Unappropriat | ted Retained Earni | ings per Books (Lir | e 25, Schedule L) | |
| 1 | | | | a Cash | |
| 2 | Net income (loss) per books | | | c Property . | |
| - 21 | | the second and the second s | 6 Other decreases | (itemize). | |
| 3 | Other increases (itemize): | | 2 | | |
| 1 | | | | б | |
| 2 | | | 것 것같았거? 김 모양한 강남자 모양한 것 | | |
| 4 | Add lines 1, 2, and 3 | | o balance at end of ye | ar (line 4 less line 7) | () |

| | 1 | -1 | OF | Δ. |
|------|---|----|----|----|
| Form | 1 | 1 | 25 | -A |

Department of the Treasury

(Rex December 2012)



Cost of Goods Sold

OMB No. 1545-2225

Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, or 1065-B.
 Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

| Name | Employer identification number | |
|---|-----------------------------------|---------|
| BARR TELL USA INC | 11-3415400 | |
| 1 Inventory at beginning of year | | |
| 2 Purchases | | ,545. |
| 3 Cost of labor | | |
| 4 Additional section 263A costs (attach schedule) | | |
| 5 Other costs (attach schedule) | | |
| 6 Total. Add lines 1 through 5 | | ,545. |
| 7 Inventory at end of year | 7 | |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, pa appropriate line of your tax return (see instructions) | ige 1, line 2 or the 8 71 | ,545. |
| (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 ch d If the LIFO inventory method was used for this tax year, enter amount of closing i under LIFO | necked, attach Form 970) | |
| e If property is produced or acquired for resale, do the rules of section 263A apply | to the entity (see instructions)? | No |
| f Was there any change in determining quantities, cost, or valuations between oper closing inventory? If 'Yes,' attach explanation | Ires (| No |
| BAA For Paperwork Reduction Act Notice, see instructions. | Form 1125-A (Rev | 12-2012 |

CPCZ0401 12/26/12

Form 1120, Line 29a

Net Operating Loss Worksheet

2012

| Name | Employer Identification Number |
|-------------------|--------------------------------|
| BARR TELL USA INC | 11-3415400 |

Two, three, four, or five year carryback, twenty year carryover

| NOL Carryover Year | A Carryover | B Less Carrybacks/ Carryovers | C Adjusted Carryover |
|--------------------------|----------------|--|----------------------------|
| 2011 | | | |
| 2010 | | | |
| 2009 | | | |
| 2008 | | | |
| 2007 | | | |
| 2006 | | | |
| 2005 | | | |
| 2004 | | | |
| 2003 | | | |
| 2002 | | | |
| 2001 | | | |
| 2000 | | | |
| 1999 | | | 2004 (m. 2004) |
| 1998 | | | |
| 1997 | | | |
| Total new law | | | |

OLD LAW: Three year carryback, fifteen year carryover

| NOL Carryover Year | A Carryover | B Less Carrybacks/ | C Adjusted Carryover |
|--------------------------|----------------|--------------------------|----------------------------|
| | | Carryovers | |
| 2011 | | | |
| 2010 | | | |
| 2009 | | | |
| 2008 | | | |
| 2007 | | | |
| 2006 | | | |
| 2005 | | | |
| 2004 | | | |
| 2003 | | | |
| 2002 | | | |
| 2001 | | | |
| 2000 | | | |
| 1999 | | | |
| 1998 | | | |
| 1997 | | | |
| Total old law | | | |

BARR TELL USA INC

| 11- | 3 | 4 | 1 | 5 | 4 | 0 | 0 | |
|-----|---|---|---|---|---|---|---|--|
|-----|---|---|---|---|---|---|---|--|

Net Operating Loss Summary

| NOL Carryover Year | A NOL Carryover Available | B Deduction Allowed in Current Year | C Adjustment Under Section 172(b)(2) | D Remaining Carryover 20 Years | E Remaining Carryover 15 Years |
|--------------------------|------------------------------------|--|---|---|---|
| 2011 | | | | | |
| 2010 | | | | | |
| 2009 | | | | | |
| 2008 | | | | | |
| 2007 | | | | | |
| 2006 | | | | | |
| 2005 | | | | | |
| 2004 | | | | | |
| 2003 | | | | | |
| 2002 | | | | | |
| 2001 | | | | | |
| 2000 | | | | | |
| 1999 | | | | | |
| 1998 | | | | | |
| 1997 | | | | | |
| Totals | | | | | |
| L | | | | | |
| | | | | | |
| | | | | | 42 |
| | | | | | |
| Net operating loss | carryover to next | year | | | 42 |

CPCW7601.SCR 10/22/12

| CBT-100 ` '2012 PAGE 1 | | NEW JERSEY CORPORATION BUSINESS TAX RETURN For taxable years ending on or after July 31, 2012 through June 30, 2013 Taxable year beginning 01/01/2012 and ending 12/31/2012 DIVISION USE: NJCA0801 12/03/12 RP NP A R |
|------------------------------|--------------------------------|---|
| 113-4 | 15-400/000 1134-1540 | -00 FAC 812390 VC 1030 |
| BARR | TELL USA INC | |
| 218 E | AST PARK AVE SUITE 522 | |
| LONG | BEACH NY 1 | 1561 |
| STATE AN | ND DATE OF INCORPORATION: | NY 01091998 |
| DATE AU | THORIZED TO DO BUSINESS IN NJ: | 01012012 |
| CORPOR | ATION BOOKS ARE IN CARE OF: | 01/01/2012 |
| CORPOR | ATION BOOKS AT: | ALBERT HAFT CPA |
| TELEPHO | NE NUMBER: | 2122264420 |
| DIVISION | USE - NAB | 725 |

| Date | Signature | Title |
|---------------------------|--------------|---|
| Paid Preparer's Signature | Address | Federal Identification Number |
| albert haft | | P01251809 |
| Firm's Name | Address 3393 | ong Beach Rd Federal Employer Identification Numt |
| ALBERT HAFT CPA PC | | NY 11572 |

CBT-100⁺ • 2012 PAGE 2



NEW JERSEY CORPORATION BUSINESS TAX RETURN

BARR TELL USA INC

NJCA0802 12/03/12

| FID CBT BEG END INITR 11205 INACT FAC PPFID FFEIN P3001 P3002 P3003 P304a P3005 P3006 P3007 P3008 P3007 P3008 P3009 P3010 P3011 P3012 P3012 P3012 P3012 P3013 P3016 P3017 P3018 P3015 P3016 P3017 P3018 P3017 P3018 P3017 P3018 P3019 P3022 P3022 P3022 P3022 P3022 P3022 P3022 P3022 P3022 P3024 CDV |
|--|
| 11341540000 1134154000 01 12 0 0 812390 P01251809 00000000 0 1000000 0 0 0 0 0 0 0 0 0 0 0 |
| A0005 A0006 A0007 A0008 A0009 A0010 A0011 A0012 A0013 A0014 A0015 A0016 A0017 A0018 A0019 A0020 A0021 A0022 A0023 A0024 A0025 A0026 A0027 A0028 A0026 A0027 A0028 A0026 A0027 A0028 A0027 A0028 A0027 A0028 A0027 A0028 A0030 A0031 A0032 A0031 A0032 A0033 A0031 A0032 A0033 A0034 A0035 A0036 A0037 A2003 A3001 A3002 A3003 A3004 A3005 A3007 A3008 |
| |
| $\begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 $ |
| A 3009 A 3010 A 3011 A 3012 A 3013 A 3014 A 3015 A 3016 A 3017 A 3018 A 3019 A 4001 A 4002 A 4003 A 4004 A 4005 A 4006 A 4007 A 4006 A 4007 A 4008 A 4007 A 4001 B $B001$ B $B001$ B $B003$ B $B006$ B $B020$ B $B020$ B $B020$ B $B024$ B $B002$ B $B024$ B $B020$ B $B024$ C 1003 C 1005 H $008b$ J $302c$ J $302c$ J $302c$ J $302c$ J $302c$ J $302c$ |
| |
| |



CBT-100 ' * 2012 PAGE 4

NEW JERSEY CORPORATION BUSINESS TAX RETURN

BARR TELL USA INC

113-415-400/000 1030

SCHEDULE A Computation of Entire Net Income (See Instruction 16) Every Corporation must complete Lines 1-38 of this schedule.

| | | | 70 110 | |
|------|--|------|--------|---|
| 1 | Gross receipts or sales 72,116 Less returns and allowances | 1 | 72,116 | |
| 2 | Less: Cost of goods sold (Schedule A-2, line 8) | 2 | 71,545 | × |
| 3 | Gross profit - Subtract line 2 from line 1 | 3 | 571 | × |
| 4 | Dividends | 4 | | • |
| 5 | Interest | 5 | | • |
| 6 | Gross rents | 6 | | • |
| 7 | Gross royalties | 7 | | • |
| 8 | Capital gain net income (attach separate Federal Schedule D) | 8 | | |
| 9 | Net gain or (loss) from Federal Form 4797 (attach Federal Form 4797) | 9 | | • |
| 10 | Other income (attach sch) | 10 | | • |
| 11 | TOTAL INCOME - Add lines 3 through 10 | 11 | 571 | • |
| 12 | Compensation of officers (Schedule F) | 12 | | • |
| 13 | Salaries and wages Less jobs credit Balance | 13 | | |
| 14 | Repairs (Do not include capital expenditures) | 14 | | |
| 15 | Bad debts | 15 | | • |
| 16 | Rents | 16 | 1,000 | • |
| 17 | Taxes | 17 | | • |
| 18 | Interest | 18 | | |
| 19 | Contributions | 19 | | |
| 20 a | Depreciation from Federal Form 4562 (attach copy) 20a · | | | |
| 20 b | Less depreciation claimed in Schedule A and elsewhere on return 20b • | 20c | | • |
| 21 | Depletion | 21 | | • |
| 22 | Advertising | 22 | | • |
| 23 | Pension, profit-sharing plans, etc | 23 | | • |
| 24 | Employee benefit programs | 24 | | ٠ |
| 25 | Domestic production activities deduction | 25 | | ٠ |
| 26 | Other deductions (attach sch) | 26 | | ٠ |
| 27 | TOTAL DEDUCTIONS - Add lines 12 through 26 | 27 | 1,000 | • |
| 28 | Taxable income before net operating loss deductions and special deductions (line 11 less line 27 | 28 | -429 | • |
| | must agree with line 28, page 1 of the Unconsolidated Federal Form 1120, or the appropriate | | | |
| | line item from the Federal Forms 1120-IC-DISC, 1120-FSC or 1120-A, whichever is | | | |
| | applicable.) (see instrs 8(b) and 16(c)) | | | |
| 29 | Interest on Federal, State, Municipal and other obligations not included in line 5 above (see instruction 16(d)) | 29 . | | • |
| 30 | Related interest addback (Schedule G, Part I) | 30 | | |
| 31 | New Jersey State and other states taxes deducted above (see instruction 16(f)) | 31 | | • |
| 32 | Depreciation and other adjustments from Schedule S (see instruction 43) | 32 | | |
| 33 a | Deduction for IRC Section 78 Gross-up not deducted at line 37 below | 33a | | |
| ł | Other deductions and additions. Explain on separate rider. (see instr 16(h)) | 33b | | |
| | Elimination of nonoperational activity (Schedule O, Part I) | 33c | | • |
| | Interest and intangible expenses and costs addback (Schedule G, Part II) | 33d | | |
| 34 | Entire net income before net operating loss deduction and dividend exclusion (total of line 28 | | | |
| 202 | through 33 inclusive) | 34 | -429 | |
| 35 | Net operating loss deduction from Form 500 (see instructions 16(i) and 17) | 35 | | • |
| 36 | Entire net income before dividend exclusion (line 34 minus line 35) | 36 | -429 | |
| 37 | Dividend exclusion from Schedule R, line 7 (see instruction 16(j)) | 37 | | • |
| 38 | ENTIRE NET INCOME (line 36 minus line 37 - carry to page 3, line 1) | 38 | -429 | |
| | STRATES/AND-AND-AND-AND-AND-AND-AND-AND-AND-AND- | | | |

CBT-100 * *2012 PAGE 5



NEW JERSEY CORPORATION BUSINESS TAX RETURN

BARR TELL USA INC

113-415-400/000

1030

SCHEDULE A-2 COST OF GOODS SOLD (See instruction 18)

| 1 | Inventory at beginning of year | 1 | | |
|---|--|---|--------|---|
| 2 | Purchases | 2 | 71,545 | * |
| 3 | Cost of labor | 3 | | |
| 4 | Additional section 263A costs | 4 | | ٠ |
| 5 | Other costs (attach sch.) | 5 | | * |
| 6 | Total – Add lines 1 through 5 | 6 | 71,545 | ٠ |
| 7 | Inventory at end of year | 7 | | × |
| 8 | Cost of goods sold - Subtract line 7 from line 6. Enter here and on Schedule A, line 2 | 8 | 71,545 | × |

SCHEDULE A-3 SUMMARY OF TAX CREDITS (See instruction 19)

| 1 | Urban Transit Hub Tax Credit from Form 319 | 1 | |
|----|---|----|--|
| 2 | Grow NJ Tax Credit from Form 320 | 2 | |
| 3 | HMO Assistance Fund Tax Credit from Form 310 | 3 | |
| 4 | New Jobs Investment Tax Credit from Form 304 | 4 | |
| 5 | EITHER: a Urban Enterprise Zone Employee Tax Credit from Form 300 | | |
| | OR b Urban Enterprise Zone Investment Tax Credit from Form 301 | 5 | |
| 6 | Redevelopment Authority Project Tax Credit from Form 302 | 6 | |
| | Recycling Equipment Tax Credit from Form 303 | 7 | |
| | Manufacturing Equipment and Employment Investment Tax Credit from Form 305 | 8 | |
| | Research and Development Tax Credit from Form 306 | 9 | |
| | Small New Jersey-Based High-Technology Business Investment Tax Credit from Form 308 | 10 | |
| | Neighborhood Revitalization State Tax Credit from Form 311 | 11 | |
| | Effluent Equipment Tax Credit from Form 312 | 12 | |
| | Economic Recovery Tax Credit from Form 313 | 13 | |
| 14 | Remediation Tax Credit from Form 314 | 14 | |
| 15 | AMA Tax Credit from Form 315 | 15 | |
| 16 | Business Retention and Relocation Tax Credit from Form 316 | 16 | |
| | Sheltered Workshop Tax Credit from Form 317 | 17 | |
| | Film Production Tax Credit from Form 318 | 18 | |
| | Other Tax Credits (see inst. 44(r)) | 19 | |
| | Total tax credits taken on this return. Add 1 through 19. Enter here and on page 3, line 10 | 20 | |
| | | | |



NEW JERSEY CORPORATION BUSINESS TAX RETURN

BARR TELL USA INC

113-415-400/000 1030

SCHEDULE A-4 SUMMARY SCHEDULE (See instruction 20)

| Net Operating Loss Deduction and Carryover | | | | 7 Schedule J, Part III, line 2(h) | 7 | 1.000000 | |
|---|---|----------|---|-----------------------------------|----------|----------|--|
| 1 Form 500, line 6 minus line 8 | 1 | 0 | | 8 Schedule J, Part III, line 3(c) | 8 | 1.000000 | |
| Interest and Intangible | | | | Non-operational Income Info | ormation | | |
| Costs and Expenses | | | | 9 Schedule O, Part III, line 31 | 9 | 0 | |
| 2 Schedule G, Part I, line b | 2 | 0 | | Dividend Exclusion Informa | tion | | |
| 3 Schedule G, Part II, line b | 3 | 0 | | 10 Schedule R, line 4 | 10 | 0 | |
| Schedule J Information | | | | 11 Schedule R, line 6 | 11 | 0 | |
| 4 Schedule J, Part III, line 1(c) | 4 | 1.000000 | | Schedule A-GR Information | | | |
| 5 Schedule J, Part III, line 2(f) | 5 | 0 | • | 12 Schedule A-GR, line 6 | 12 | 0 | |
| 6 Schedule J, Part III, line 2(g) | 6 | 0 | • | | | | |

SCHEDULE A-5 FEDERAL IRC SECTION 199 ADJUSTMENT (See instruction 21)

Federal Section 199 Domestic Production expensed in arriving at federal taxable income
 Less: New Jersey Separate Entity Domestic Production allowed from Form 501
 Net Section 199 adjustment - line 1 minus line 2. Include on Schedule A, line 33b

| C | | C | | | |
|---|--|---|---|------------|---------------------------------|
| Form NJ CRT 100 (2012) | | <u>}-</u> | | | 1030 Page 7 |
| Form NJ CBT-100 (2012) NAME AS SHOWN ON RETURN | | | FEDERAL I | D NUMBE | |
| BARR TELL USA INC | * | | 113-4 | 15-4 | 00/000 |
| SCHEDULE A-GR COMPUTATION OF NEW JI | ERSEY GROSS RECEIF | TS AND MINIMUM TAX | the second se | | |
| 1 Enter sales of tangible personal property shipped | | and the second se | | 1 | Ο. |
| 2 Enter services performed in New Jersey | | | | 2 | |
| 3 Enter rentals of property situated in New Jersey | | | | 3 | |
| 4 Enter royalties for the use in New Jersey of pate | ents and copyrights | | | 4 | |
| 5 Enter all other business receipts earned in New | Jersey | | | 5 | |
| 6 Total New Jersey Gross Receipts | | | | 6 | 0. |
| 7 Enter minimum tax per instruction 11(d). Carry | to page 3, line 13 | | | 7 | 500. |
| SCHEDULE AM ALTERNATIVE MINIMUM ASS | SESSMENT FOR C COP | RPORATIONS (See Inst | ruction 23) | | |
| PART I COMPUTATION OF NEW JERSEY GRO | DSS RECEIPTS | | | | |
| 1 Enter sales of tangible personal property shippe | | | | 1 | |
| 2 Enter services performed in New Jersey | | | | 2 | |
| 3 Enter rentals of property situated in New Jersey | | | | 3 | |
| 4 Enter royalties for the use in New Jersey of pate | | | | 4 | |
| 5 Enter all other business receipts earned in New | | | | 5 | |
| 6 Total New Jersey Gross Receipts | | | | 6 | |
| PART II COMPUTATION OF NEW JERSEY GRO | | | | | |
| 1 Enter New Jersey Gross Receipts from Part I, li | | | | 1 | |
| 2 Enter Cost of Goods Sold amount from Schedul | | | | 2 | |
| 3 Enter the Allocation Factor or Receipts Factor fi | | | | 3 | |
| 4 New Jersey Cost of Goods Sold - multiply line | | | | 4 | |
| 5 New Jersey Gross Profits - subtract line 4 from | the second s | In the provided when the second | | 2 | |
| PART III GROSS SALES AND COST OF GOODS | S SOLD FOR CURRENT | AND PRIOR YEARS | | | |
| | Year 2009 | Year 2010 | Year 2011 | | Year 2012 From Part II Above |
| | | | | | |
| 1 New Jersey Gross receipts | | | | | |
| 2 New Jersey Cost of Goods Sold | | | | | |
| PART IV ALTERNATIVE MINIMUM ASSESSMEN | T BASED UPON GROS | SS PROFITS | | | |
| 1 New Jersey Gross Profits – enter amount from and go to Part V | Part II, line 5; if less th | nan \$1,000,000, enter ze | ero on line 5 | 1 | |
| A | - 610 000 000 | a line 2 | | | |
| 2 If line 1 is greater than \$1,000,000, but not ove If line 1 is greater than \$10,000,000 then go to | | e line 5. | | | |
| 3 a Maximum exclusion amount | | | | 3 a | \$1,000,000 |
| b Subtract line 3a from line 1 | | | | 3 b | |
| c Multiply line 3b by .0025 | | | | 3 c | |
| d Multiply line 3c by 1.11111, the New Jersey AM | A Exclusion Rate | | | 3 d | |
| 4a If line 1 is greater than \$10,000,000, but not ov | rer \$15,000,000, multipl | y line 1 by .0035 | | 4a | |
| b If line 1 is greater than \$15,000,000, but not ov | ver \$25,000,000, multipl | ly line 1 by .006 | | 4 b | |
| ${\bf c}$ If line 1 is greater than \$25,000,000, but not ov | | | | | |
| | ver \$37,500,000, multipl | ly line 1 by .007 | | 4 c | |
| d If line 1 is greater than \$37,500,000, multiply li | | | | 4 c 4 d | |

| For | n NJ CBT-100 (2012) | | 1030 Page 8 |
|-----|---|------|-------------|
| | E AS SHOWN ON RETURN | | |
| - | | 13-4 | 00/000 |
| PA | RT V ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS RECEIPTS | · | |
| 1 | New Jersey Gross Receipts – enter amount from Part I, line 6; if less than \$2,000,000, enter zero on line 5 and go to Part VI | 1 | |
| 2 | If line 1 is greater than \$2,000,000, but not over \$20,000,000, complete line 3. If line 1 is greater than \$20,000,000 then go to line 4. | | |
| 3 | a Maximum exclusion amount | 3 a | \$2,000,000 |
| 1 | b Subtract line 3a from line 1 | 3 Ь | |
| | c Multiply line 3b by .00125 | 3 c | |
| 3 | d Multiply line 3c by 1.11111, the NJ AMA Exclusion Rate | 3 d | |
| 4; | a If line 1 is greater than \$20,000,000, but not over \$30,000,000, multiply line 1 by .00175 | 4a | |
| 1 | b If line 1 is greater than \$30,000,000, but not over \$50,000,000, multiply line 1 by .003 | 4 b | |
| | c If line 1 is greater than \$50,000,000, but not over \$75,000,000, multiply line 1 by .0035 | 4 c | |
| (| d If line 1 is greater than \$75,000,000, multiply line 1 by .004 | 4 d | |
| 5 | AMA based on Gross Receipts - amount from line 3d or 4a, 4b, 4c, or 4d | 5 | |
| PAI | RT VI CORPORATION BUSINESS TAX/ALTERNATIVE MINIMUM ASSESSMENT | | |
| | | | |
| 1 | Enter amount from Part V, line 5, Alternative Minimum Assessment (Gross Receipts) | 1 | |
| 2 | Enter amount from Part IV, line 5, Alternative Minimum Assessment (Gross Profits) | 2 | |
| 3 | Maximum Alternative Minimum Assessment | 3 | \$5,000,000 |
| 4 | For the first privilege period, the taxpayer has the option to select the computation of the Alternative Minimum Assessment on line 1 or 2. However, once selected, the method must be employed for that privilege period, and for the next succeeding four privilege periods. Enter your selection on line 4 | 4 | |
| 5 | Amount of Tax — enter the lesser of line 3 or line 4. Enter this amount on line 12, page 3 of the CBT-100. If taxpayer is part of an affiliated group claiming the AMA Threshold Limit, enter zero on line 14 and go to Part VII | 5 | 0. |
| PA | RT VII KEY CORPORATION ELECTION | | |
| 1 | Enter the name of the elected Key Corporation | | |
| 2 | Enter the FID Number of the Key Corporation | | |
| 3 | Enter the AMA tax from Part VI, line 5 | 3 | |
| 4 | Enter the CBT liability from CBT-100, page 1, line 11, or the minimum tax, whichever is greater | 4 | |
| 5 | Excess AMA over CBT - line 3 minus line 4 (If less than zero, enter zero) | 5 | |

| Form | N. | J CBT | 100 | 1 (2012) |
|------|----|-------|------|----------|
| NAME | AS | SHOWN | ON F | RETURN |

FEDERAL ID NUMBER

 EARR TELL USA INC
 113-415-400/000

 SCHEDULE B
 BALANCE SHEET AS OF
 December 31
 , 2012

 Figures appearing below must be the same as year-end figures shown on the taxpayer's books. If not, explain and reconcile on rider. Consolidated returns are not permitted. See instruction 24.
 Beginning of
 End of

| | Ass | ets | | Beginning of the Tax Year | End of Tax Year |
|----|--|---|-----------------------------|------------------------------|---|
| 1 | Cash | | | | 0. |
| 2 | Trade notes and accounts receivable | | | | 19 |
| | Reserve for bad debts | | | | |
| 3 | Loans to stockholders/affiliates | | | | |
| 4 | Stock of subsidiaries | | | | |
| 5 | Corporate stocks | | | | |
| 6 | Bonds, mortgages and notes | | | | |
| 7 | New Jersey State and Local government obli | nations | | | |
| 8 | All other government obligations | | | | |
| 9 | Patents and copyrights | ••••••• | | | |
| 10 | Deferred charges | | | | |
| 11 | Goodwill | | | | |
| 12 | All other intangible personal property (itemize | | | | |
| 13 | Total intangible personal property (total lines | | | | 0. |
| | Land | | | | 0. |
| | Buildings and other improvements | | | | |
| | Less accumulated depreciation | | | | |
| | Machinery and equipment | | | | |
| 10 | Less accumulated depreciation | | | | |
| | Inventories | | | | |
| | All other tangible nersonalty (net) | | | | · · · · · · · · · · · · · · · · · · · |
| 10 | (itemize on rider) | | | | |
| 19 | Total real and tangible personal property (to | tal lines 14 to 18) | | | |
| 20 | Total assets (add lines 13 and 19) | | | | 0. |
| | Liabilities and Stockholder's Equity | W | | | in the second states of the second |
| 21 | Accounts payable | | | | |
| 22 | Mortgages, notes, bonds payable in less | | | | |
| | than 1 year (attach schedule) | | | | |
| | Other current liabilities (attach schedule) | | | | |
| | Loans from stockholders/affiliates | | | | |
| 25 | Mortgages, notes, bonds payable in 1 year or more (attach schedule) | | | | |
| 26 | Other liabilities (attach schedule) | | | | 429. |
| | Capital stock: a Preferred stock | | | | 1651 |
| 21 | b Common stock | | | | |
| 28 | Paid-in or capital surplus | | | | |
| | Potained earnings - appropriated | | | | |
| | (attach schedule) | | | | |
| | Retained earnings - unappropriated | | | | -429. |
| 31 | Adjustments to shareholders' equity (attach schedule) | | | | |
| 22 | Less cost of treasury stock | | | | |
| 22 | Total liabilities and stockholder's equity (tota | l lines 21 to 32) | | | 0. |
| | EDULE C RECONCILIATION OF INCO | | | | 0. |
| - | | and the second | 7 Income recorded on I | | |
| | Net income per books | -429. | included in this return | itemize) | |
| | Federal income tax | | a Tax-exempt | N | |
| 3 | Excess of capital losses over capital gains | | interest \$ | | |
| 4 | Income subject to tax not recorded on books this year (itemize) | | b | | |
| | on books this year (itemize) | | c | | |
| | - P | | 8 Deductions in this tax | x return not charged | |
| 5 | Expenses recorded on books this year | | against book income | this year (itemize) | |
| 5 | not deducted in this return (itemize) | | a Depreciation \$ | | |
| 2 | Depreciation \$ | | h Contributions | | |
| h | Contributions | | Carryover Ş | | |
| | Carryover \$ | | | | |
| С | Contributions Carryover \$ Other (itemize) \$ | | | | |
| | | | | 3 | |
| 6 | Total of lines 1 through 5 | -429. | 10 Income (Item 28, Schedul | e A) — line 6 less 9 | -429. |
| | | NJCA080 | 9 12/03/12 | | |

| | (| | | | | | |
|--|--|--|--|---|---|--|--|
| orm NJ CBT-100 (2012) | ζ. | | | × | | | 1030 Page 1 |
| ME AS SHOWN ON RETURN | | | | | FEDE | RAL ID NUMBER | 2 |
| ARR TELL USA INC | | | | | | 3-415-40 | 0/000 |
| CHEDULE C-1 ANALYSI | S OF UNAPPROPRIAT | ED RETAINED EA | the second se | and the second se | Instruction 2 | 25) | |
| Balance at beginning of yea | | × | 5 Distribution | | | | |
| 2 Net income per books | | -429. | a Cash | | | | |
| 8 Other increases (itemize) | 1 | | b Stock | ş | | | |
| | | | c Property | ې بې | | | |
| | | | 6 Other decr | eases (itemiz | e) | | |
| | | | | | | | |
| | | | | and southern the | | | |
| | | | 7 Total of lin | es 5 and 6 | | | |
| Total of lines 1, 2 and 3 | | -429. | | nd of year (lin | | A1228C16056011254 | -429. |
| HEDULE E GENERAL | INFORMATION (See 1 | | | | | | |
| ALL TAXE | INFORMATION (See I AYERS MUST ANSWE | R THE FOLLOWI | NG QUESTION | S. RIDERS M | UST BE PRO | OVIDED WHI | ERE NECESSARY. |
| Type of business SERVI | CE | | | | | | |
| Principal products handled | | | AND | | | | |
| Internal Revenue Center where corre | | was filed | Cincinna | ci, OH | 45999-01 | 012 | |
| FINAL DETERMINATION OF NET IN | COME BY FEDERAL GOVERN | MENT (See Instruction | 15) Has a change of | or correction in th | e amount of ta | able income of | the reporting |
| FINAL DETERMINATION OF NET IN corporation or for any other corpora | ition purchased, merged or c | onsolidated with the re | porting corporation | , been finally det | ermined by the | Internal Revenu | e Service, and not |
| previously reported to New Jersey? | | | | | | | |
| 'Yes' or 'No' No | If 'Yes,' an amend | | | ok of townsor | , nornerali- | or did the - | ama interacta |
| Did one or more other corpo own beneficially, or control, | a majority of the stock | y, or control, a ma | jority of the sto ration and of or | ck of taxpaye | r corporation ner corporati | or alla the s | ame interests |
| 'Yes' or 'No' No | If 'Yes,' give full in | | | | | | \$5 |
| | | | cent of Stock | 1 | By WH | om Controlle | ed . |
| Name of Control | led corporations | Owne | ed or Controlled | | by m | ion control | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | No al a | INI-1 NT | | lf uga a | nanify ayaha | upped where listed |
| Is the capital stock of the taxpayer I | listed on any exchange? | 'Yes' or | 'No' <u>No</u> | roturn | lf yes, s | pecify excha | inges where listed |
| and submit taxpayer's Annu | al Report to stockholde | ers for the period c | overed by this | | 100 | 8 10 | |
| and submit taxpayer's Annu Is this corporation a Profess | al Report to stockholde ional Corporation (PC) | ers for the period of formed pursuant | overed by this to NJSA 14A:1 | 7.1 et.seq. or | any similar | law from a p | 31 |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat | al Report to stockholde ional Corporation (PC) e, or political subdivision th | ers for the period c formed pursuant ereof? 'Yes' or | to NJSA 14A:1 'No' <u>No</u> | 7-1 et.seq. or If ye | any similar es, go to nex | law from a p t question. | ossession or |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals a | al Report to stockholde sional Corporation (PC) e, or political subdivision th re owners, shareholders, and | ers for the period c formed pursuant ereof? 'Yes' or /or employees from th | to NJSA 14A:1 'No' <u>No</u> is PC as of the firs | 7-1 et.seq. or If ye t day of the privil | any similar es, go to nex ege period? | law from a p t question. | ossession or |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals a | al Report to stockholde sional Corporation (PC) e, or political subdivision th re owners, shareholders, and | ers for the period c formed pursuant ereof? 'Yes' or /or employees from th | to NJSA 14A:1 'No' <u>No</u> is PC as of the firs | 7-1 et.seq. or If ye t day of the privil | any similar es, go to nex ege period? | law from a p t question. | ossession or |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals an Attach a rider providing the names, complete Schedule PC — Per Capita | al Report to stockholde ional Corporation (PC) e, or political subdivision th re owners, shareholders, and addresses, and FID or SS nu a Licensed Professional Fee. | ers for the period c formed pursuant ereof? 'Yes' or /or employees from th umbers of the licensed See instruction 41 for | to NJSA 14A:1 'No' <u>No</u> is PC as of the first professionals in the examples of licens | 7-1 et.seq. or If ye t day of the privil e PC. If the numi ed professionals. | any similar es, go to nex ege period? per of licensed p | law from a p t question. | ossession or |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals an Attach a rider providing the names, complete Schedule PC — Per Capita This guestion must be ansy | al Report to stockholde ional Corporation (PC) e, or political subdivision th re owners, shareholders, and addresses, and FID or SS m a Licensed Professional Fee. vered by corporations | ers for the period c formed pursuant ereof? 'Yes' or /or employees from th umbers of the licensed See instruction 41 for with income from | to NJSA 14A:1 'No' <u>No</u> is PC as of the first professionals in the examples of license sources outsi | 7-1 et.seq. or If ye t day of the privil e PC. If the number of professionals. de the United | any similar es, go to nex ege period? er of licensed p States. | law from a p t question. professionals is | ossession or greater than 2, |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals an Attach a rider providing the names, complete Schedule PC — Per Capita This question must be answ Is iscent from source outside the | al Report to stockholde ional Corporation (PC) e, or political subdivision the re owners, shareholders, and addresses, and FID or SS million a Licensed Professional Fee. vered by corporations United States included in an | ers for the period c formed pursuant ereo? 'Yes' or /or employees from the umbers of the licensed See instruction 41 for with income from the period provide the license | to NJSA 14A:1 'No' <u>No</u> is PC as of the first professionals in the examples of licens sources outsi 38 of Schedule A? | 7-1 et.seq. or If ye t day of the privil e PC. If the numi ed professionals. de the United | any similar es, go to nex ege period? per of licensed p States. | law from a p t question. professionals is 'Yes' or 'Ni | ossession or greater than 2, o' |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals an Attach a rider providing the names, complete Schedule PC — Per Capita This question must be answ Is income from source outside the | al Report to stockholde ional Corporation (PC) e, or political subdivision the re owners, shareholders, and addresses, and FID or SS million a Licensed Professional Fee. vered by corporations United States included in an | ers for the period c formed pursuant ereo? 'Yes' or /or employees from the umbers of the licensed See instruction 41 for with income from the period provide the license | to NJSA 14A:1 'No' <u>No</u> is PC as of the first professionals in the examples of licens sources outsi 38 of Schedule A? | 7-1 et.seq. or If ye t day of the privil e PC. If the numi ed professionals. de the United | any similar es, go to nex ege period? per of licensed p States. | law from a p t question. professionals is 'Yes' or 'Ni | ossession or greater than 2, o' |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals an Attach a rider providing the names, complete Schedule PC — Per Capit This question must be answ a Is income from sources outside the b If the answer is 'No', set forth such difference between the net of such i During the period covered by the rel | al Report to stockholde ional Corporation (PC) e, or political subdivision the re owners, shareholders, and addresses, and FID or SS million a Licensed Professional Fee. vered by corporations United States included in er items of gross income, the sincome and the amount of for turn, did the taxpayer acquir | ers for the period c formed pursuant ereo? 'Yes' or /or employees from the umbers of the licensed See instruction 41 for with income from titre net income at line source, the deductions e or dispose of directly | to NJSA 14A:1 r 'No' <u>No</u> is PC as of the first professionals in the examples of licensi sources outsi 38 of Schedule A? and the amount of in not previously do or indirectly a com | 7-1 et.seq. or If ye t day of the privil e PC. If the numi ed professionals. de the United foreign taxes pair ducted. trolling interest i | any similar es, go to nex ege period? wer of licensed p States. d thereon. Enter n certain | law from a p t question. professionals is 'Yes' or 'No at line 33b, Sc | ossession or greater than 2, o' hedule A, the |
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| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals an Attach a rider providing the names, complete Schedule PC — Per Capita This question must be answ a Is income from sources outside the b If the answer is 'No', set forth such difference between the net of such i During the period covered by the re commercial property? (1) Name and Current Address of Officer ROLD BARR 8 WEST PINE ST NG BEACH NY | al Report to stockholde ional Corporation (PC) e, or political subdivision th re owners, shareholders, and addresses, and FID or SS m a Licensed Professional Fee. vered by corporations United States included in er items of gross income, the s income and the amount of fo turn, did the taxpayer acquir ATE OFFICERS – GEN (2) Social Security | ers for the period c formed pursuant ereof? 'Yes' or /or employees from the umbers of the licensed See instruction 41 for with income from titre net income at line source, the deductions reign taxes paid thered e or dispose of directly IERAL INFORMA' (3) Title PRESIDENT | to NJSA 14A:T 'No' <u>No</u> is PC as of the first professionals in the examples of licens sources outsi as of Schedule A? and the amount of in not previously di or indirectly a con TION AND CON Dates Er in this p From 01/01/12 | 7-1 et.seq. or If ye It day of the privil e PC. If the numble de professionals. de the United foreign taxes pai- ducted. trolling interest i MPENSATION ployed osition To Present | any similar es, go to nex ege period? States. States. d thereon. Enter n certain (See Instru- (5 Percent of tion Stock Common | law from a p t question. professionals is 'Yes' or 'No at line 33b, Sc 'Yes' or 'No' <u>ttion 27)</u> Corpora- Corpora- | ossession or greater than 2, o' hedule A, the <u>No</u> (6) Amount of Compensation |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals an Attach a rider providing the names, complete Schedule PC — Per Capita This question must be answ a Is income from sources outside the b If the answer is 'No', set forth such difference between the net of such i During the period covered by the rel commercial property? (1) Name and Current Address of Officer ROLD BARR 8 WEST PINE ST NG BEACH NY 561 | al Report to stockholde ional Corporation (PC) e, or political subdivision th re owners, shareholders, and addresses, and FID or SS m a Licensed Professional Fee. vered by corporations United States included in er items of gross income, the s income and the amount of fo turn, did the taxpayer acquir ATE OFFICERS – GEN (2) Social Security Number | ers for the period c formed pursuant ereof? 'Yes' or /or employees from the imbers of the licensed See instruction 41 for with income from tire net income at line isource, the deductions ource, the deductions isource, the deductions isource, the deductions isource, the deductions ource, the deductions ource, the deductions isource, the deductions isource, the deductions of dispose of directly IERAL INFORMA (3) Title PRESIDENT PRESIDENT | rovered by this to NJSA 14A:T 'No' <u>No</u> is PC as of the firs professionals in th examples of licens as of Schedule A? and the amount of n not previously de or indirectly a com TION AND COM Dates Er in this p From 01/01/12 01/01/12 | 7-1 et.seq. or If ye It day of the privil e PC. If the numble d professionals. de the United foreign taxes pain iducted. trolling interest i MPENSATION pholoyed osition To Present Present | any similar es, go to nex ege period? States. d thereon. Enter n certain (See Instruc (See Instruc (See Instruc (See Instruc) (See Instruc) (S | law from a p t question. orofessionals is 'Yes' or 'No' cat line 33b, Sc 'Yes' or 'No' Corpora- Corpora- Corpora- Cowned Preferred | ossession or greater than 2, o' hedule A, the <u>NO</u> (6) Amount of Compensation 0 |
| and submit taxpayer's Annu Is this corporation a Profess territory of the United States, a stat How many licensed professionals an Attach a rider providing the names, complete Schedule PC — Per Capita This question must be answ a Is income from sources outside the b If the answer is 'No', set forth such difference between the net of such i During the period covered by the re- commercial property? (1) Name and Current Address of Officer ROLD BARR 8 WEST PINE ST NG BEACH NY | al Report to stockholde ional Corporation (PC) e, or political subdivision th re owners, shareholders, and addresses, and FID or SS m a Licensed Professional Fee. vered by corporations United States included in er items of gross income, the sincome and the amount of fo turn, did the taxpayer acquir ATE OFFICERS – GEN (2) Social Security Number | ers for the period c formed pursuant ereo? 'Yes' or /or employees from the imbers of the licensed See instruction 41 for with income from titre net income at line isource, the deductions reign taxes paid therec e or dispose of directly IERAL INFORMAT (3) Title PRESIDENT PRESIDENT | rovered by this to NJSA 14A:T 'No' <u>No</u> is PC as of the firs' professionals in th examples of licens sources outsi 38 of Schedule A? and the amount of in not previously di or indirectly a con <u>TION AND CON</u> <u>Dates Er</u> in this p From 01/01/12 01/01/12 | 7-1 et.seq. or If ye It day of the privil e PC. If the numble d professionals. de the United foreign taxes pain ducted. trolling interest i Present Present Present | any similar es, go to nex ege period? States. d thereon. Enter n certain (See Instruc (See Instruc (See Instruc) (See Instruc) (| law from a p t question. professionals is 'Yes' or 'No' 'Yes' or 'No' Corpora- Corpora- Cowned Preferred | ossession or greater than 2, o' hedule A, the <u>No</u> (6) Amount of Compensation |

| | (| | | (| - | | | |
|---|--|--|-------------------|------------------------|-------------------------------|-------------------------------|----------------------------|---------------|
| Form NJ CBT-100 (2012) | ~ | | | | | | | Page 11 |
| NAME AS SHOWN ON RETURN | | | | | | FEDERAL ID NUN | | |
| BARR TELL USA INC | | 1 | | | | 113-415- | 400/000 | |
| SCHEDULE G - PART | | (See Instruction 28) | | | | | | |
| 1 Was interest paid, accru 'Yes' or 'No' No | | related member(s), out the following sch | | entire net i | ncome? | | | |
| Management of the second se | f Related Member | | Federal ID N | Number | Relationshi | p to Taxpayer | Amount Ded | ucted |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| a Total amount of interest b Less: Exceptions (see i c Balance of interest dedu | nstruction 28) | | | •••••• | | | | |
| SCHEDULE G - PART | II INTEREST | EXPENSES AND CO | STS AND INTA | NGIBLE E | XPENSES A | ND COSTS (See | Instruction 28) | |
| Were intangible expension deducted from entire net 'Yes' or 'No' No | t income? | ng intangible interes | | costs, pai | d, accrued or | incurred to relat | ed members, | |
| Name of Related M | lember | Federal ID Numbe | | tionship to axpayer | Type | of Intangible nse Deducted | Amount Ded | lucted |
| | | | | | | | | |
| | | | | | | | | |
| | 8 | | | | | | | |
| T. I. J | t | ata daduatad | | | | | | |
| a Total amount of intangil b Less: Exceptions (see i | 방송 방송 이 가지 않는 것 같은 것이 같은 것 같이 가지 않는 것 같은 것 같이 많이 | | | | | | | |
| c Balance of intangible ex | | | | | | | | |
| SCHEDULE H TAXE | S (See Instructions le all taxes paid or a | 16(f) and 29) accrued during the a | ccounting period | d wherever | deducted on | Schedule A. | | |
| | (a) | (b) | (C) | | (d) | (e) | (f) | |
| | Corporation Franchise/ Business Taxes* | Corporation Business/ Occupancy Taxes* | Property Taxes | | UCC or yroll Taxes | Other Taxes (attach schedu | | al |
| 1 New Jersey Taxes | | | | | | | | |
| 2 Other States and U.S. Possessions | | | | | | | | |
| 3 City and Local Taxes . | | | | | | | | |
| 4 Taxes Paid to Foreign Countries | | | | | | | | |
| 5 Total | | | | | The state of the second state | L | with the second states are | Acres Courses |
| 6 Combine lines 5(a) and 5(b) | | | | | | | | |
| 7 Sales and Use Taxes Paid by a Utility Vendor | | | | | | | | |
| 8 Add lines 6 and 7 – Carry to Schedule A, line 31 | Manufacture and the second seco | | | | | | | |
| 9 Federal Taxes | | 1124 15 0547 | | | | | | |
| 10 Total (Combine line 5 and line 9 | | | | | | | | |

*Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

| C. | | Ć | | |
|--|---------------------------------|-------------------------------|-------------------------------------|---|
| Form NJ CBT-100 (2012) | | | | 1030 Page 1 |
| NAME AS SHOWN ON RETURN | | | FEDERAL ID N | JMBER |
| BARR TELL USA INC | | | 113-415 | -400/000 |
| SCHEDULE P SUBSIDIARY INVESTME | ENT ANALYSIS (See Instruction | 1 39) | | |
| NOTE: Taxpayers must hold at least 80% of t total number of shares of all other clas each subsidiary. Do not include advan | ses of stock, except non-voting | stock which is limite | | |
| (1) Name of Subsidiary | | (2) Percentage of Interest | | (4) Dividend Income (as reported in |
| | N/stree | | (as reported in | (as reported in |

| | Voting | Non-Voting | Schedule B) | Schedule A) | | | | |
|--------|--|------------|-------------|-------------|--|--|--|--|
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| | a second and a second | | | | | | | |
| Totals | | · · · · · | | | | | | |
| Totals | | | | | | | | |

SCHEDULE P-1 PARTNERSHIP INVESTMENT ANALYSIS (See Instruction 40)

| (1) Name of Partnership LLC, or Other Entity and Federal ID Number | (2) Date and State where Organized | (3) Percentage of Ownership | Percentage | (4) Limited General Partner Partner | | Limited General | | (5) Tax Accounting Method | | N Je | 6) ew rsey xus | (7) Tax Payments Made on Behalf of Taxpayer by Partnerships |
|---|---|-----------------------------------|-------------|---|-----------------|------------------------|-----|---------------------------------|---|---------|-------------------------|--|
| | | | | | Flow Through | Separate Accounting | Yes | No | | | | |
| | | | | | | | | | | | | |
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| Total Column 7 | | | | | I | | | 1 | | | | |
| | A LICENSED PROFE | a complete second second | | | | | | | | | | |
| 1 a Enter number of resident and | non-resident profess | ionals with phys | ical nexus | with | | | | | 1 | | | |
| New Jersey | X \$150 | •••••• | | | | | * * | 1a | | | | |
| 1 b Enter number of non-resident | professionals withou | t physical nexus | with | | | | | | | | | |
| New Jersey | X \$150 X alloc | ation factor of th | e PC | | | | | 1 b | | | | |
| 1 c Total Fee Due - Add lines 1a | and line 1b | | | | | | | 1 c | | | | |
| 2 Installment Payment - 50% o | f line 1c | | | | | | | 2 | | | | |
| 3 Total Fee Due (line 1c plus line | e 2) | | | | | | | 3 | | | | |
| 4 Less prior year 50% installmen | nt payment and cred | lit (if applicable) | | | | | | 4 | | | | |
| 5 Balance of Fee Due (line 3 minus line | 4). If the result is zero of | above, enter this an | nount on CB | T-100, page 3 | 8, line 17 . | | | 5 | | | | |

 5
 Balance of Fee Due (line 3 minus line 4). If the result is zero or above, enter this amount on CBT-100, page 3, line 17
 5

 6
 Credit to next year's Professional Corporation Fee (if line 5 is below zero, enter the amount here)
 6

SCHEDULE Q QUALIFIED SUBCHAPTER S SUBSIDIARIES (QSSS)

SCHEDULE R DIVIDEND EXCLUSION (See Instruction 42)

| 1 | Dividend income included in Schedule A | 1 |
|---|--|---|
| 2 | Less: Dividend Income - Schedule P, Column (4) | 2 |
| 3 | Balance (line 1 less line 2) | 3 |
| 4 | Less: Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock | 4 |
| 5 | Balance (line 3 less line 4) | 5 |
| 6 | 50% of line 5 | 6 |
| 7 | DIVIDEND EXCLUSION: Line 2 plus line 6 (Carry to Schedule A, line 37) | 7 |

| | (|
|---|--------------------------------|
| Form NJ CBT-100 (2012) | 1030 Page 17 |
| NAME AS SHOWN ON RETURN | FEDERAL ID NUMBER |
| BARR TELL USA INC SCHEDULE S – PARTI DEPRECIATION AND SAFE HARBOR LEASING (See Ins | |
| | |
| 1 Section 179 Deduction | |
| 2 Special Depreciation Allowance - for certain property acquired after September 10, | 2001 2 |
| 3 a MACRS - for assets placed in service during accounting periods beginning on and | |
| b MACRS — included in line 3a for assets on which bonus depreciation and excess sec depreciation taken | tion 179 3 b |
| 4 MACRS - for assets placed in service during accounting periods beginning prior to | July 7, 1993 4 |
| 5 ACRS | |
| 6 Other Depreciation - for assets placed in service after December 31, 1980 | |
| 7 Other Depreciation – for assets placed in service prior to January 1, 1981 | |
| 8 Listed Property - for assets placed in service during accounting periods beginning | on and after |
| July 7, 1993 | |
| 9 Listed Property - for assets placed in service during accounting periods beginning p | rior to July 7, 1993 9 |
| 10 Total depreciation claimed in arriving at line 28, Schedule A | 10 |
| Attach Federal Form 4562 to Return and Include Federal D | |
| Adjustments at Line 32, Schedule A - Depreciation and Certain | Safe Harbor Lease Transactions |
| 11 Additions | |
| a Amounts from lines 4, 5, 6 and 9 above | a |
| b Special Depreciation Allowance — for assets placed in service during accounting periods beginning on and after January 1, 2002, and for which federal 30% or 50% bonus depreciation was taken in the current tax year. Include the initial 30% or 50% bonus amount and the regular depreciation on the adjusted basis | , b |
| c Distributive share of ACRS and MACRS from a partnership | . c |
| d Deductions on Federal return resulting from an election made pursuant to IRC Section 168(f)8 exclusive of elections made with respect to mass commuting vehicles. | n |
| Interest | |
| Rent | |
| Amortization of Transactional Costs | d d |
| e Section 179 depreciation in excess of New Jersey allowable deduction. | |
| Fiscal year filers refer to instruction 43 Total line 11 (lines a, b, c, d and e) | e 11 |
| 12 Deductions | |
| a New Jersey depreciation - (From Schedule S, Part II(A)) | . a |
| b New Jersey depreciation - (From Schedule S, Part II(B)) | . b |
| c Recomputed depreciation attributable to distributive share of recovery property from a partnership | c |
| d Any income included in the return with respect to property described at line 11d solely as a result of that election | |
| e The lessee/user should enter the amount of depreciation which would have been | |
| allowable under the Internal Revenue Code at December 31, 1980 had there been no safe harbor lease election | |
| f Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated NJ depreciation on physical disposal of recovery property (attach computations) | Jf |
| Total line 12 (lines a, b, c, d, e and f) | |
| 13 ADJUSTMENT – (line 11 minus line 12) Enter at line 32, Schedule A | |

| | | | C | -22 | | |
|--|--|---|--|--|---------------------------------|---|
| Form NJ CBT-100 (2012) | ~ | | | | | 1030 Page 18 |
| NAME AS SHOWN ON RETURN | | | | F | EDERAL ID NUM | BER |
| BARR TELL USA INC | | | | | 13-415- | |
| SCHEDULE S - PART II(A) | New Jersey Dep to Taxpayers Fis | reciation on Recovery scal or Calendar Acco | Property Placed in unting Periods Begin | Service On or A nning On and A | fter January fter July 7, 19 | 1, 1981 and Prior 993. |
| (A) Description of Property | (B) Month, Day and Year placed in service* | (C) Use Federal basis | (D) Depreciation allowable in earlier years | (E) Method of figuring depreciation | (F) Life or rate | (G) New Jersey depreciation computations |
| * Year placed in service acceptable | | erty only. | | | | |
| DO NOT USE 'VARIOUS' IN ANY CO | | | | | | |
| Class Life Asset Depreciation Range | e (CLADR) Syster | n Depreciation - Atta | ich Computations | | | |
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| Total Column G | | | | | | 1 |

Form NJ CBT-100 (2012)

Page 19 1030 FEDERAL ID NUMBER

NAME AS SHOWN ON RETURN BARR TELL USA INC

113-415-400/000

Special Depreciation Allowance – for assets placed in service during accounting periods beginning on and after January 1, 2002, and for which federal 30% or 50% bonus depreciation or excess section 179 depreciation was taken. SCHEDULE S - PART II (B) (E) Depreciation allowable in (F) Method of (G) Life (H) New Jersey (D) Special Depreciation (A) Description of Property (B) Month, Day and Year (C) Use Federal figuring or rate Depreciation basis Allowance earlier years depreciation Computations placed in service*

Total Column H

* Year placed in service acceptable for personal property only.

| | | | | Ć. | | | (| | | |
|---|--|--------------------|-------------------|---|---|--|--|----------------------------|------------|---|
| | 110 | 0 | 1 | 115 0 | orporation Inc | ome Tay | Return | | 1 | OMB No. 1545-0123 |
| | 112 | | For cale | ndar year 2011 or tax | year beginning | ,2011, 6 | ending | _ , | | 2011 |
| Department of the Treasury Internal Revenue Service Esparate Instruction | | | | | | | | | | |
| | eck if: Consolidated | d column | | Name | | | | | | ntification number |
| (| attach Forn | 1 851) . | TYPE | BARR TELL USA | A INC or suite number. If a P.O. box | ree instructions | | | 3415 | the second se |
| - d | ife/nonlife of all the state of | | OR | | | | | 1000 | 09/1 | |
| 2 F | Personal ho attach Sch | Iding co | PRINT | 218 EAST PARE | AVE SUITE 52 | State 2 | IP code | | | see instructions) |
| | Personal se torp (see in | | | LONG BEACH | | NY | 11561 | ş | | 1,000. |
| 4 5 | Schedule M | 3 1 | E Check | Line of the second s | arn (2) Final r | | Name change | (4) | Add | Iress change |
| | 1a Me | erchant car | d and third- | party payments. For 2 | 2011, enter -0 | 1a | | 0. | | |
| | | | | not reported on line 1a | | | | 0. | | |
| | | | | lb | | | | 0. | | |
| | dRe | turns and | allowances | plus any other adjustr e 1c | nents (see instruction | 57 | | | e | 0. |
| 1 | 2 Cc | st of good | s sold from | Form 1125-A, line 8 (| attach Form 1125-A) | | | 2 | 2 | |
| N | 3 Gr | oss profit. | Subtract lin | e 2 from line 1e | | | | | 3 | 0. |
| co | 4 Di | vidends (S | chedule C, I | ine 19) | | | | 4 | 1 | |
| ME | 5 Int | erest | | ······ | | | | | 5 | |
| | 6 Gr 7 Gr | oss rents | AS | | | | | | 7 | |
| | 8 Ca | pital gain | net income | (attach Schedule D (F | orm 1120)) | | | | 3 | |
| | 9 Ne | et gain or (| loss) from F | orm 4797, Part II, line | e 17 (atlach Form 479 | 7) | | | | |
| | 10 Oth | ter income (s | ee instructions | - attach schedule) | | | | ▶ 11 | | 0. |
| | 11 To | tal income | e. Add lines | 3 through 10 from Form 1125-E, I | ine 4 (attach Form 11) | 25-F) | | ··· ► 13 | | 01 |
| | 13 Sa | laries and | wages (less | s employment credits) |) | | | | 3 | |
| D | 14 Re | epairs and | maintenanc | e | | | | | | |
| DED | 15 Ba | debts | | | | | | | | |
| 11 | 16 Re | ents | | | •••••• | | | | | |
| CL | 17 Ta 18 In | axes and li | censes | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | 19 0 | paritable co | ontributions | | | | | 1 | 9 | |
| | 20 D | enreciation | from Form | 4562 not claimed on | Form 1125-A or elsew | here on return | (attach Form 456 | 2) 2 | | |
| SONS | 21 De | epletion | | | | | | 2 | | |
| SEE O | 22 A | dvertising . | | | | | | | | |
| EON | 23 P | ension, pro | fit-sharing, | etc, plans | | | | 2 | 4 | |
| N DE | 24 E | mployee be | enefit progra | tivities deduction (atta | ch Form 8903) | | | 2 | 5 | |
| SETD | | | | dule) | | | | | 6 | |
| TRUCT-OZS | 27 T | otal deduc | tions. Add li | ines 12 through 26 | | | | ► 2 | .7 | |
| Ť | 28 Ta | axable income | before net ope | erating loss deduction and s | special deductions. Subtract | line 27 from line | μ | 2 | 8 | 0. |
| -025 | 29a N | et operatin | ig loss dedu | ction (see instructions | 5) | 29 a | | 265 | | |
| S | bS | pecial ded | uctions (Sch | nedule C, line 20) | | 29 b | Lesson and the second s | | | |
| - | c A | dd lines 29 | a and 29b | | | | | | 29 c 30 | 0. |
| T C X R S | 30 T | axable inc | ome. Subtra | act line 29c from line 2 | 28 (see instructions). | | | ····· | 31 | 0. |
| RS | 31 T | otal tax (Se | chedule J, P | Part I, line 11) | dula I Dart II lina 21 | ····· | | | 32 | |
| REFU | 32 T | otal payme | ents and refu | see instructions). Che | ck if Form 2220 is att | ached | ► | | 33 | |
| N D | 1 Cost 1 | mount ow | ed If line 30 | 2 is smaller than the t | otal of lines 31 and 33 | 3. enter amoun | t owed | | 34 | |
| D P A M B N | | verpayme | nt. If line 32 | is larger than the tot | al of lines 31 and 33, | enter amount | overpaid | [] | 35 | |
| NDABLE | 36 F | nter amount f | rom line 35 vol | want: Credited to 2012 es | stimated tax 🕨 | | Refun | ded 🏲 🔡 | 36 | |
| | Under | penalties of p | erjury, I declare | e that I have examined this romplete. Declaration of prepa | elurn, including accompanyir | ng schedules and st based on all inform | atements, and to the be ation of which preparer | est of my kn has any kn | owledge. | May the IRS discuss this return with the |
| Sig | | eller, it is true, | conect, and co | inplete. Declaration of prope | | | PRESIDENT | | | preparer shown below (see instructions)? |
| Her | e s | ignature of off | licer | | Date | | Title | | | Yes No |
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| BAA | For Pa | perwork R | | ct Notice, see separat | te instructions. | | CPCA0212 12/12/11 | | | Form 1120 (2011 |

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|-----|--|---------------------------|---------------------|-------------------------------------|
| | 1120 (2011) BARR TELL USA INC | | 11-3415400 | Page 2 |
| Sch | (see instructions) | (a) Dividends received | (b) Percentage | (c) Special deductions (a) x (b) |
| 1 | Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | | 70 | |
| 2 | Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | | 80 | |
| 3 | Dividends on debt-financed stock of domestic and foreign corporations | | see instructions | |
| 4 | Dividends on certain preferred stock of less-than-20%-owned public utilities | | 42 | |
| 5 | Dividends on certain preferred stock of 20%-or-more-owned public utilities | | 48 | |
| 6 | Dividends from less-than-20%-owned foreign corporations and certain FSCs | | 70 | |
| 7 | Dividends from 20%-or-more-owned foreign corporations and certain FSCs | | 80 | |
| 8 | Dividends from wholly owned foreign subsidiaries | | 100 | |
| 9 | Total. Add lines 1 through 8. See instructions for limitation | | and second since a | |
| | 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 | Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 | | | |
| 14 | Income from controlled foreign corporations under subpart F (attach Form(s) 5471) | | | |
| 15 | Foreign dividend gross-up | | | |
| 16 | IC-DISC and former DISC dividends not included on lines 1, 2, or 3 | | | |
| 17 | Other dividends | | | |
| 18 | Deduction for dividends paid on certain preferred stock of public utilities | | | |
| 19 | Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 | • | | |
| _20 | Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here | and on page 1, line 29 | b | Form 1120 (2011) |

Form 1120 (2011)

| Form 1120 (2011) BARR. TELL USA INC 11-3413400 Pbgs 3 SCREEDURGHEND Tax Computation and Payment (see instructions) PPril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions) Pril (- Tax Computation and Payment (see instructions)) Pril (- Tax Computation and Payment (see instructions)) Pril (- Tax Computation and Payment (see instructions)) Pril (- Tax Computation and Payment (see instructions)) Pril (- Tax Computation and Payment (see instructions)) Pril (- Tax Computation and Payment (see instructions)) Pril (- Tax Computation and Payment (see instructions)) Pril (- Tax Computation and Payment (see instructions)) Pril (- Tax Computation and Payment (see instructions))) Pril (- Tax Computation and Payment (see | | ſ | C | | |
|---|-----------------------|---|-------------------------|--|---|
| Scheduling/Joint Tax Computation Part I - Tax Computation Part I - Tax Computation 1 Credit the corporation is a member of a centrolled group (dtach Schedula O (Ferm 1120)) * 1 Credit the corporation is a member of a centrolled group (dtach Schedula O (Ferm 1120)) * 2 Internative minimum tax (dtach Form 4526) * 3 Attainas's dtach Form 1180, 5a 5a Forsign tax credit (dtach Form 8530) 5c 5c 6 Cardit on Form 6534, Ima 30 (dtach Form 8527) 5c 6 Tax Compare animum tax (dtach Form 8527) 5c 6 Tax Compare animum tax (dtach Form 8527) 5c 6 Tax Compare animum tax (dtach Form 8527) 5c 6 Tax Compare animum tax (dtach Form 8527) 5c 7 Subtract line 6 from line 4 7 8 Personal houging compare tax (dtach Schedula Pri (Grom 1120)) 9a 9a Respute of low-income housing credit (dtach Form 852) 9a 10 10 11 11 Tax Completed long-taxm contacts 9a 12 120 9a 13 14 11 <t< td=""><td>Farm</td><td>1100 (2011) DADD TETT USA INC</td><td>ν.</td><td>11-3415400</td><td>Page 3</td></t<> | Farm | 1100 (2011) DADD TETT USA INC | ν. | 11-3415400 | Page 3 |
| Part - Tax Computation | | | | | |
| 1 Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation 2 Income tax, Check if qualified personal service corporation Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation 3 Attaines 2 and 3 Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation 5 a formation personal service corporation Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation 6 Total credits from Form 8912 Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation 9 Rescapture of investment credit (attach Form 451) Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation 9 Rescapture of investment credit (attach Form 452) Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation Image: Check if qualified personal service corporation 9 Rescapture of investment credit (attach Form 452) Image: Check if qualified personal service corporatin a contracts Image: Check if qualified personal se | | | | | |
| 2 Income tax. Check if a qualified personal service corporation (sea instructions) Image: Check if a qualified personal service corporation Image: Check if a q q q q q q q q q q q q q q q q q q | 1 1 | Check if the corporation is a member of a controlled group (attach Schedule O (For | m 1120)) | | |
| (con Instructions) | 2 | ncome tax. Check if a qualified personal service corporation | | Sec. | |
| 3 Alternative minimum tax (attach Form 4426) 3 4 Add lines 2, and 3 4 5a Foreign fax credit (attach Form 8834) 5b 5d 5d 6 5d 7 5d 6 5d 7 5d 8 5d 8 5d 9 5d 6 5d 7 5d 7 5d 8 7 7 5d 9 7d 8 7d 9 8 9 9a | - 1990 - 1990 1990 | (see instructions) | | ▶ 2 | |
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| 5a Foreign tax credit (attach Form 1118) 5a b Credit from Form 8834, lines 30 (ditach Form 8834) 5b 5d Central business credit (attach Form 8837) 5d 6 Total credits. Add lines 5 through 5e 6e 7 Subtract lines form line 3012 5e 6 Total credits. Add lines 5 through 5e 7 7 Subtract line form line 44255 9a 9a Recepture of Investment credit (attach Form 8611) 9a 9a Recepture of Investment credit (attach Form 8611) 9a 9a Recepture of Investment credit (attach Form 8611) 9a 9a Recepture of Investment credit (attach Form 8611) 9a 9a Recepture of Investment credit (attach Form 8612) 9a 9a Recepture of Investment credit (attach Form 8612) 9a 9a Recepture of Investment credit (attach Form 8612) 9a 9a Recepture of Investment credit (attach Form 8612) 9a 9a Recepture of Investment credit (attach Form 8612) 9a 9a Recepture 30 Recepture 30 Recepture 31 Recept | 4 | Add lines 2 and 3 | | | |
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| c General business credit (attach Form 3900) 5 c d Credit forpi vyez minimum tax (attach Form 3827) 5 d 5 c 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d | b | Credit from Form 8834, line 30 (attach Form 8834) | 5b | | |
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| 14 14 15 Combine lines 12, 13, and 14 16 15 17 16 18 17 19 Refundable credits from: a Form 2439 19 b Form 4136 19a c Form 3800, line 17c and Form 8227, line 8c 19 19c 19 19c 19 19c 20 19d 20 Total credits Add lines 18 and 20. Enter here and on page 1, line 32 21 Total credits. Add lines 19 at nrough 19d 20 20 21 Total credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Cotal credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Cotal credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Cotal credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Cotal credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Cotal credits. Add lines 18 and 20. Enter here and on page 1, line 32 22 23 13 c here name and ElN of the parent corporation subsidiary controlled group? 3 14 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 50% or more of the total voling power of all classes of the corporation's stock entitled to vole? 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 conditiones stock organization own directly 20% or more, or own, directly condite the corporation's stock entitled to vole? If 'Yes,' complete Part II of Schedule G (Form 1120) (atta | 13 | 2011 estimated tax payments | | 13 | |
| 15 Combine lines 12, 13, and 14 15 16 Tax deposited with Form 7004 16 17 Total payments. Add lines 15, 16 and 17 17 18 Total payments. Add lines 15, 16 and 17 18 19 Refundable credits from: 19a a Form 2439 19b c Form 3800, line 17c and Form 8827, line 8c 19c d Other (attach schedule – see instructions) 19d 20 Total payments and credits. Add lines 19a through 19d 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 22 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 23 I Check accounting method a Business activity §12.390 b Business activity SERVICE c Product or service §12.390 b BENTICE X 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 4 At the end of the tax year: a Did any foreign or domestic corporation, partnership (including any entity treated as a partne | 14 | 2011 refund applied for on Form 4466 | | | |
| 16 Tax deposited with Form 7004 17 Withholding (see instructions) 18 Total payments. Add lines 15, 16 and 17 19 Refundable credits from: a Form 2439 19a b Form 4136 19b c Form 3800, line 17c and Form 8827, line 8c d Other (attach schedule – see instructions) 20 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Check accounting method a K Cash b Laccrual c I Other (specify) * Yes No 2 See the instructions and enter the: a Business activity code no. * 8 12.3.90 b Business activity code no. * 8 12.3.90 b Business activity code no. * 9 1 Check accounting method 16 'Yes,' enter name and ElN of the parent corporation * 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 classe | 15 | Combine lines 12, 13, and 14 | | 15 | |
| 17 Withholding (see instructions) 17 18 Total payments. Add lines 15, 16 and 17 18 19 Refundable credits from: 19a a Form 2439 19b 19b b Form 4136 19b 20 c Form 3800, line 17c and Form 8827, line 8c 19c 20 20 Total credits. Add lines 19 a through 19d 20 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 25 Check accounting method a K2 Cash b Accrual c Other (specify) ► 2 Schedüle[Kkm] Other Information (see instructions) 10 10 10 2 See the instructions and enter the: a Business activity code no. ► 812390 b Accrual c Other (specify) ► Yes No 2 See the instructions and enter the: a Business activity code no. ► 812390 Karue X X 4 At the end of the tax year: a Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X X 4 At the end of the tax year: a Id any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt | 16 | Tax deposited with Form 7004 | | | |
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| 19 Refundable credits from: 19 a a Form 2439 19 b b Form 4136 19 b c Form 3800, line 17c and Form 8827, line &c | 18 | Total payments. Add lines 15, 16 and 17 | | | |
| b Form 4136 19b c Form 3800, line 17c and Form 8827, line 8c 19c d Other (attach schedule – see instructions) 19d 20 Total credits. Add lines 19a through 19d 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Z1 SchedülerKus Other Information (see instructions) 1 Check accounting method a X Cash b Accrual c Other (specify) 2 See the instructions and enter the: a Business activity code no. 812390 b Business activity SERVICE c Product or service > SERVICE c Product or service > SERVICE c Product or service > SERVICE a the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X If 'Yes,' enter name and EIN of the parent corporation > 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 all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G) x x | 19 | Refundable credits from: | í | | |
| c Form 3800, line 17c and Form 8827, line & | а | Form 2439 | 19a | | |
| c Form 3800, line 17c and Form 8827, line & | b | Form 4136 | 19b | 1 222 | |
| d Other (attach schedule – see instructions) 19d 20 Total credits. Add lines 19a through 19d 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 ScheddliejKue Other Information (see instructions) 1 Check accounting method a X_Cash b Accrual 2 See the instructions and enter the: a Business activity code no. 812390 b Business activity code no. 812390 b Business activity code no. 812390 c Product or service SERVICE c Product or service SERVICE a Business activity code no. 812390 b Business activity code no. 812390 b Business activity code no. 812390 c Product or service SERVICE a Reversion a subsidiary in an affiliated group or a parent-subsidiary controlled group? 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 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, 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) b Did any individual or estate own, directly 20% or more, or own | C | Form 3800, line 17c and Form 8827, line 8c | 190 | | |
| 20 Total credits. Add lines 19a through 19d 20 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 21 SchedtilejKue Other Information (see instructions) 1 1 Check accounting method a X Cash b Accrual c Other (specify) * Yes No 2 See the instructions and enter the: a Business activity code no. * 812390 Yes No b Business activity * SERVICE c Product or service * SERVICE X c Product or service * SERVICE x X a Bus ness activity in an affiliated group or a parent-subsidiary controlled group? X If 'Yes,' enter name and ElN 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) 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) (att Schedule G) | d | Other (attach schedule - see instructions) | 19d | 2222225 | |
| 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 21 IScheduleIK Other Information (see instructions) Yes No 1 Check accounting method a X Cash b Accrual c Other (specify) ► Yes No 2 See the instructions and enter the: a Business activity code no. ► 812.390 Ves No b Business activity > SERVICE c Product or service ► SERVICE X if 'Yes,' enter name and EIN of the parent corporation ► X 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 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 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 I of Schedule G (Form 1120) (att Schedule G) X | 20 | Total credits. Add lines 19a through 19d | | | |
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| 1 Check accounting method a X cash b _ Actual b | Sch | edule K Other Information (see instructions) | | | Mag Na |
| a Business activity code no. > <u>812390</u> b Business activity > <u>SERVICE</u> c Product or service > <u>SERVICE</u> 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 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) 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 all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G) 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 I of Schedule G (Form 1120) (att Schedule G) x | 1 | | (specify) | | Tes No |
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| c Product or service > SERVICE 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X If 'Yes,' enter name and EIN of the parent corporation > 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) (att Schedule G) 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 I of Schedule G (Form 1120) (att Schedule G) | | Business activity code no. 812390 | | | - 333 |
| If 'Yes,' enter name and EIN of the parent corporation 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) 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) (att Schedule G) X | b | Business activity SERVICE | | | - |
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| 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) 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 | 3 | Is the corporation a subsidiary in an annaled group of a parent subsidiary content | | | |
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| 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) | 4 | At the end of the tax year: | | | |
| 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) (att Schedule G) | 7 | Did any foreign or domestic corporation, partnership (including any entity treated | as a partnership), tr | ust, or tax-exempt | |
| 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) (att Schedule G) | 6 | organization own directly 20% or more, or own, directly or indirectly, 50% or more | e of the total voting p | ower of all classes of | X X X X X X X X X X X X X X X X X X X |
| b Did any individual or estate own, directly 20% or more, or own, directly or indirectly, 50% or more of the total volting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (att Schedule G) X | | the corporation's stock entitled to vote? If 'Yes,' complete Part 1 or Schedule G (Fo | uni 1120) (allacit Si | | the second se |
| | Ł | Did any individual or estate own, directly 20% or more, or own, directly or indirect | tly, 50% or more of t | the total voting power of (120) (att Schedule G) | and the second se |
| | | all classes of the corporation's stock entitled to vote? If tes, complete Part if of | concours a g onit i | For | |

| Form 1120 (2011) | | TELL | | | | | |
|------------------|---------|--------|-------|-----------|------|--------------|---|
| ScheduleK | Other I | nforma | ation | continued | (see | instructions |) |

| а | At the end of the tax year, did the corporation: Own directly 20% or more, or own, directly or indirectly, 50% or to vote of any foreign or domestic corporation not included on Fo ownership, see instructions | MILLIAN ANNUALIONS SCHOOL | | k entitled ictive | Yes | X |
|----|--|--|--|-------------------------------------|-----------------|-------------|
| | (i) Name of Corporation | (ii) Employer Identification Number | (iii) Country of Incorporation | (iv) Per Owned in V | centag oting | e Stock |
| | | (if any) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| b | Own directly an interest of 20% or more, or own, directly or indi partnership (including an entity treated as a partnership) or in the ownership, see instructions | le periencial interest or a trus | | 0000 | Yes | x |
| | (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Ma Percentag Profit, Los | aximur e Own | n ied in |
| | | (ir ariy) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6 | During this tax year, did the corporation pay dividends (other th excess of the corporation's current and accumulated earnings a If 'Yes,' file Form 5452, Corporate Report of Nondividend Distrit | ing profiles: (See sections 50 | ibutions in exchange fo 1 and 316.) | r stock) in | | X |
| | If this is a consolidated return, answer here for the parent corpo | oration and on Form 851 for | | | | |
| 7 | At any time during the tax year, did one foreign person own, dia all classes of the corporation's stock entitled to vote or (b) the t | rectly or indirectly, at least 2 total value of all classes of th | 5% of (a) the total votir ne corporation's stock? | ng power of | | X |
| | For rules of attribution, see section 318. If 'Yes,' enter: (i) Percentage owned A and (ii) Owner's count | rv ► | | | | |
| | (c) The corporation may have to file Form 5472, Information Re | eturn of a 25% Foreign-Owne | ed U.S. Corporation or a | a Foreign | | |
| 8 | Corporation Engaged in a U.S. Trade or Business. Enter the nu Check this box if the corporation issued publicly offered debt in If checked, the corporation may have to file Form 8281, Information Return for | struments with original issue | e discount | • | | |
| 9 | Enter the amount of tax-exempt interest received or accrued di | uring the tax year > \$ | | | - | |
| 10 | Enter the number of shareholders at the end of the tax year (if If the corporation has an NOL for the tax year and is electing to | 100 or fewer) | | | - | |
| 11 | If the corporation has an NOL for the tax year and is electing to If the corporation is filing a consolidated return, the statement attached or the election will not be valid. | required by Regulations sect | ion 1.1502-21(b)(3) mu | ust be | | |
| 12 | Enter the available NOL carryover from prior tax years (do not reduce it by any | deduction on line 29a.)► \$ | | | - 6 | i i i i i i |
| 13 | Are the corporation's total receipts (line 1c plus lines 4 through of the tax year less than \$250,000? | | | at the end | . X | |
| | If 'Yes,' the corporation is not required to complete Schedules the total amount of cash distributions and the book value proprimade during the tax year. \blacktriangleright | ••• 1 | | | | |
| 14 | Is the corporation required to file Schedule UTP (Form 1120), If 'Yes,' complete and attach Schedule UTP. | Uncertain Tax Position State | ment (see Instructions) |)? | | X |
| 15 | a Did the corporation make any payments in 2011 that would rea | quire it to file Form(s) 1099 (| (see instructions)? | | | X |
| | b If 'Yes,' did or will the corporation file all required Forms 1099 | (| | | •• | _ |

Form 1120 (2011)

Page 4

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| Ç | | | 11-3415400 | Page 5 |
| Form 1120 (2011) BARR TELL USA INC | Beginning | of tax year | End of ta | |
| Schedulel Balance Sheets per Books | (a) | (b) | (c) | (d) |
| Assets | | | State of the second second | |
| 1 Cash 2a Trade notes and accounts receivable | Contraction of the contract of | | | |
| b Less allowance for bad debts | | | | |
| | | | | |
| | 的原则是不是是 | | AN ALLAN STAT | |
| 4 U.S. government obligations 5 Tax-exempt securities (see instructions) | | | 188. 金属的 · · · · · · · · · · · · · · · · · · · | |
| 6 Other current assets (attach schedule) | Soft and the second s second second s second second sec | | | |
| 7 Loans to shareholders | | | | |
| 8 Mortgage and real estate loans | | | | |
| 9 Other investments (attach schedule) | | | | |
| 10 a Buildings and other depreciable assets | TENNIS REVISE OF A DESCRIPTION OF A DESC | | | |
| b Less accumulated depreciation | | | | |
| 11 a Depletable assets | | | | |
| b Less accumulated depletion | | | | |
| 12 Land (net of any amortization) | | | | |
| 13a Intangible assets (amortizable only) | | and the second second second | | |
| h Less accumulated amortization | | | | |
| 14 Other assets (attach schedule) | PROFESSION STREET | | | |
| 15 Total assets | | | | |
| Liabilities and Shareholders' Equity | | | | 是在在这些问题的是 |
| 16 Accounts payable | | | States and states dates | |
| 17 Mortgages, notes, bonds payable in less than 1 year | | | | |
| 18 Other current liabilities (attach sch) | | | | |
| 19 Loans from shareholders | | | | |
| 20 Mortgages, notes, bonds payable in 1 year or more | | | | |
| 21 Other liabilities (attach schedule) | | CAN LAURAN HAR STREAM CONT | | |
| 22 Capital stock: a Preferred stock b Common stock | | | | ENCLOSED AND A DESCRIPTION OF THE OWNER OWNER OF THE OWNER |
| The Sector Secto | | 1 | | |
| 23 Additional paid-in capital | | | | |
| 25 Retained earnings - Unappropriated | | | a de secto de entre | |
| 26 Adjmnt to shareholders' equity (att sch) | The second se | | | |
| 27 Less cost of treasury stock | | | | |
| 28 Total liabilities and shareholders' equity | | | ····································· | |
| Schedule Malk Reconciliation of Income | e (Loss) per Books | With Income per | Return | tructions |
| Note: Schedule M-3 required in | stead of Schedule M-1 | if total assets are \$10 ii | infinition of more - see man | REPORTED BELLEVILLE |
| 1 Net income (loss) per books | | - | d on books this year not | and the second second second second |
| 2 Federal income tax per books | | - | return (itemize): | |
| 3 Excess of capital losses over capital gains | | Tax-exempt interest | \$ | |
| 4 Income subject to tax not recorded on books | S | | | |
| this year (itemize): | | | | |
| | ACUSE MATTIC COMMANDAL STREET | 8 Deductions on this r | | 的现在分词 。 |
| 5 Expenses recorded on books this year not | | - | e this year (itemize): | The last of the second second |
| deducted on this return (itemize): | | 261 | \$ | |
| a Depreciation \$ | | D Charitable contribins | \$ | · |
| b Charitable contributions . \$ | - | | | |
| c Travel & entertainment \$ | | S | | |
| | | | 8 | |
| | | | e 28) — line 6 less line 9 | |
| 6 Add lines 1 through 5 | | ings per Books (| ine 25 Schedule L | · <u> </u> |
| Schedule M 22 Analysis of Unappropria | lea Retainea Fan | 5 Distributions | a Cash | 1 |
| 1 Balance at beginning of year | | | c Property . | |
| 2 Net income (loss) per books | | 6 Other decrease | | 1 |
| 3 Other increases (itemize): | - | | 8 8. | |
| | | | | |
| 4 Add lines 1, 2, and 3 | | _ | year (line 4 less line 7) | |
| 4 Add lines 1, 2, and 3 | CALL CONTRACTOR CONTRACTOR CONTRACTOR | - Durantes at one of | | |

CPCA0234 10/31/11

| 2011 CT-4 Stage forms here Prove York State Department of Paratice and Finance General Business Corporation Franchise Tax Law – Article 9-A All filers must enter tax period: Final return Amended return beginning 01-01-11 ending 12-31-11 (see the Instructions) Ended return beginning 01-01-21 ending 12-31-11 (see the Instructions) Ended return Business bischare number If you caling a median provide the second provide |
|---|
| Tax Return Short Form Tax Law – Article 9-A All filters must enter tax period: Final return for the mended return for the must enter the period of the form of the form of the form of the must enter tax period of the form of the for |
| Amended return beginning 01-01-11 ending 12-31-11 (zee the Instructions) Employer identification number Business telephone number Bryou claim an order tax period. 11-3415400 AA5 212-941-1500 Browney and the tax period. Bryou claim an order tax behaves. Logat name of copication Trade name/DBA Barren TEIL USA INC Browney and states take provention. Date received (for Tax Department use only. NY Number and statest or Po bas Subjects Tax Department use only. NY Date received (for Tax Department use only. NY 1213 EAST PARK AVE SUITE 522 01-09-98 Every taxes of difference on the dreshow. Number and statest or Po bas NY 11561 Addit (for Tax Department use only. NY 1213 2300 BERVICE NY 11561 Addit (for Tax Department use only. NY See Form CT:34:4.1, Instructions for Forms CT:4, CT:3, and CT:34:74, Tr.5, and CT:34:74, Before completing this return. Metropolitan Commuter Transportation District (MCTD): If Yes, you must file Form CT:34:44, Mings, Queers, Brites, Nassau, Orange, Putuan, Rowne, Putuan, Row |
| Final return Amended return Designating Counting Counting </td |
| III-3415400 AA5 212-941-1500 If you claim an overgeneration makes and you claim an overgeneration makes and you claim and |
| 11-3415400 AA5 212-941-1500 Consolidated basis AA5 212-941-1500 Consolidated basis Form 1120 AA5 212-941-1500 Consolidated basis Form 1120 AA5 Consolidated basis Form 1120 A |
| Lage met of corporation BARR TELL USA INC Wains que of different form lage mane abord State or country of incorporation of NY 213 EAST PARK AVE SUITE 522 01-09-98 City State ZIP code NMCS business code no. (from for robur) If address sphone 812390 If address sphone Principal business SERVICE If how read to usable voir address or phone information for corporation in form C1-1. See Form CT-3/4-1, Instructions for Forms CT-4, CT-3, and CT-3-ATT, before completing this return. Metropolitan transportation District (WCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box) A. Pay amount shown on line 43. Make check payable to: New York State Corporation Tax • Attach your payment here. Detach all check stubs. (See instructions for details.) • A Pay amount shown on line 43. Make check stubs. (See instructions for details.) • A pay and payment here. Detach all check stubs. (See instructions for details.) • Consolidated basis • Form 1120 • Consolidated basis • Form 1120-H • Consolidated basis • Form 1120-H • Consolidated basis • Form 1120-H |
| Waiter same (if different train legit rame above) State pairs (if different train legit rame above) Date received (for Tax Department use only) Vol Number and street or PO box Date or country of incorporation 218 EAST PARK AVE SUITE 522 01-09-98 City State ZIP code Date of incorporation NMCS business code no. (from ford return) If addressiphone above in new, With the box Audit (for Tax Department use only) Principal business SERVICE NY 11561 Audit (for Tax Department use only) Principal business SERVICE If addressiphone above in new, With the box Audit (for Tax Department use only) Principal business SERVICE If you need to used to your address or phone information for corporation tax, protein tax yours and to so online. See Form CT-3/4-1, Instructions for Forms CT-4, CT-3, and CT-3-ATT, before completing this return. Metropolitan transportation business tax (MTA surchargo) During the tax year did you do business, employ capital, own or lease property, or maintain an office in the MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Sutfolk, and Westhester. (mark an X in the appropriate box) Yes X No A. Pay amount shown on line 43. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) A. <t< td=""></t<> |
| Number and street or PO box 01-09-98 City State ZiP code LONG BEACH NY 11561 NALES business code no. (from led relum) "address/bhene "Book" is new." Audit (for Tax Department use only) Principal business SERVICE If you need to update your address or phone information for comportation tax, or other tax types, you can do so online. See Business information in form CT-1. See Form CT-3/4-1, Instructions for Forms CT-4, CT-3, and CT-3-ATT, before completing this return. Metropolitan transportation business tax (MTA surcharge) During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box) Yes X No A. Pay amount shown on line 43. Make check payable to: New York State Corporation Tax • Attach your payment here. Detach all check stubs. (See instructions for details.) A. A. 25. B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return. • Attach your payment here. Detach all check stubs. • Consolidated basis • Form 1120S • Consolidated basis • Form 1120S C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attt |
| Audit (for Tax Department use only) NAICS business Audit (for Tax Department use only) NAICS business SERVICE Principal business SERVICE Hyou need to update your address or phone information for comportation for comportation for max, or other tax types, you can do so online. See Form CT-3/4-1, Instructions for Forms CT-4, CT-3, and CT-3-ATT, before completing this return. Metropolitan transportation business tax (MTA surcharge) During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box) Yes X A. Pay amount shown on line 43. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return. Form 1120 X Y Form 1120S C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS |
| activity SERVICE If you need back you can do so online. See During the tax yees information in form C1-1. See Form CT-3/4-1, Instructions for Forms CT-4, CT-3, and CT-3-ATT, before completing this return. Metropolitan transportation business tax (MTA surcharge) During the tax yeer did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box) Yes X No A. Pay amount shown on line 43. Make check payable to: New York State Corporation Tax A. Payment enclosed B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return. Other: 25. Consolidated basis Form 1120 X Form 1120 0 Consolidated basis Form 1120S C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS |
| See Form CT-3/4-1, Instructions for Forms CT-4, CT-3, and CT-3-ATT, before completing this return. Metropolitan transportation business tax (MTA surcharge) During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box) Yes X No A. Pay amount shown on line 43. Make check payable to: New York State Corporation Tax Payment enclosed A. Pay amount shown on line 43. Make check stubs. (See instructions for details.) A. A. B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return. 25. Consolidated basis Form 1120 X Form 1120 Consolidated basis Form 1120S • Consolidated basis C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Error CT-60-QSSS If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach |
| Attach your payment here. Detach all check stubs. (See instructions for details.) B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return. Form 1120 X Form 1120-H Other: Consolidated basis Form 1120S C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS |
| Form 1120 • X Form 1120-H Other: Consolidated basis • Form 1120S • C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach |
| Consolidated basis • Form 1120S C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS |
| C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach |
| Form CT-60-QSSS |
| D. Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see Need help?). |
| |
| E. Do you have an interest in, or have you rented, real property located in New York State? (mark an X in the appropriate box) Yes No X |
| F. Has there been a transfer or acquisition of controlling interest in the entity during the last 3 years? (mark an X in the appropriate box) Yes No X |
| (continued) |
| |
| NYCA1312 01/04/12 |

Page 2 of 4 Form CT-4 (2011)

BARR TELL USA INC

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11-3415400

| Con | nputation of entire net income (ENI) base (see instructions) | | | 0 |
|------|--|--------------|--------|-----------|
| | Federal taxable income (FTI) before net operating loss (NOL) & special deductions | • 1. | | 0. |
| 2 | Interest on federal, state, municipal, and other obligations not included on line 1 (see instrs.) | • 2. | | |
| 3 | Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock | • 3. | | |
| 4 | New York State and other state and local taxes deducted on your federal return (see instrs.) | • 4. | | |
| 5 | Federal depreciation from Form CT-399, if applicable (see instructions) | • 5. | | 0. |
| 6 | Add lines 1 through 5 | • 6. | | 0. |
| 7 | New York net operating loss deduction (NOLD) (attach federal & New York State computations) | • 7. | | |
| 8 | Allowable New York State depreciation from Form CT-399, if applicable (see instructions) | • 8. | | |
| 9 | Refund or credit of certain taxes (see instructions) | • 9. | | |
| 10 | Total subtractions (add lines 7 through 9) | • 10. | | 0. |
| 11 | ENI base (subtract line 10 from line 6; show loss with a minus (-) sign; enter here and on line 21) | • 11. | | 0. |
| 12 | ENI base tax (multiply line 11 by the appropriate rate from the Tax rates schedule | in • 10 | | |
| | the Form CT-3/4-I instructions; enter here and on line 28) | • 12. | | |
| Cor | nputation of capital base (enter whole dollars for lines 13 through 18; see ins | B | | с |
| | A Desiration of voor | End of year | Avera | ige value |
| | Beginning of year | End of year | 711010 | .90 1000 |
| 13 | Total assets from federal return | 1,000. | • | 500. |
| 14 | Real property and marketable | | | |
| 1.4 | securities included on line 13 | 1 000 | • | 500. |
| 15 | Subtract line 14 from line 13 | 1,000. | • | 500. |
| 16 | Real property and marketable | | | |
| | securities at fair market value | 1,000. | | 500. |
| 17 | | 1,0001 | | 0000 |
| 18 | Total liabilities | | | |
| | Contraction of the 10 polymer C from line 17 column () | • 19. | | 500. |
| 19 | Capital base (subtract line 18, column C, from line 17, column C) | • 20. | | 1. |
| 20 | Capital base tax (see instructions) nputation of minimum taxable income (MTI) base | | | |
| COL | 21 ENI base from line 11 | 21. | | Ο. |
| | (in 1000 (in the line) | • 22. | | 0. |
| | 22 Depreciation of tangible property placed in service after 1986 (see instructions) 23 New York NOLD from line 7 | • 23. | | |
| | 24 Total (add lines 21 through 23) | 24. | | Ο. |
| | 25 Alternative net operating loss deduction (ANOLD) (see instructions) | • 25. | | 1.22 |
| | 26 MTI base (subtract line 25 from line 24) | • 26. | | 0. |
| | 27 Tax on MTI base (multiply line 26 by 1.5% (.015); see instructions) | • 27. | | 0. |
| Co | mputation of tax (continued on page 3) | | | |
| 28 | Tax on ENI base from line 12 | • 28. | | |
| 29 | | | | |
| | New small business: First year Second year | • 29. | | 1. |
| | | | | |
| 30 | Fixed dollar minimum tax (See Table 7 in the Tax rates schedule in the Form CT- | -3/4-1 | | 25 |
| | instructions. You must enter an amount on line 31; see instructions) | • 30. | 0 | 25. |
| 31 | New York receipts (see instructions) • 31. | | Ο. | 25 |
| 32 | | 32. | | 25. |
| Firs | t installment of estimated tax for next period: | | | |
| 33a | | • 33a. | | |
| 33b | | ∎ 33b. | | 25. |
| 34 | | 34. • 35. | | 201 |
| 35 | | • 35. 36. | | 25. |
| 36 | Balance (subtract line 35 from line 34; if line 35 is more than line 34, enter 0) | 50, | | |

NYCA1312 01/04/12

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| | (| | (| | | | |
|-------------|---|-------------------------------|---------|-----|--------|----|-----|
| Form CT-4 | (2011) Page 3 of 4 | | × | | | | |
| 10000 | (2017) Tage 3 01 4 | | | | | | |
| BARR 7 | ELL USA INC | 11-341 | L5400 | | | | |
| | | | | | | | |
| Computa | tion of tax (continued from page 2) | | | | | | 0 |
| 37 Estimat | ed tax penalty (see instructions; mark an X in the box if Form CT-222 is attach | ed) • | • 37. | | | | 0. |
| | st on late payment (see instructions) | | • 38. | | | | |
| | iling and late payment penalties (see instructions) | | • 39. | | | | 0.5 |
| | ce (add lines 36 through 39) | | 40. | | | | 25. |
| | | | | | | | |
| Voluntary g | ifts/contributions (see instructions): | | | | | | |
| | int for Return a Gift to Wildlife | 41a. | | | | | |
| 41b Amou | int for Breast Cancer Research and Education Fund | 41b. | | | | | |
| 41c Amoun | t for Prostate Cancer Research, Detection, and Education Fund | 41c. | | | | | |
| | int for 9/11 Memorial | 41d. | | | | | |
| | int for Volunteer Firefighting & EMS Recruitment Fund | 41e. | | | | | 25. |
| 42 Total | (add lines 34, 37, 38, 39, and 41a through 41e) | | 42. | | | | 23. |
| 43 Balar | ice due (if line 35 is less than 42, subtract line 35 from line 4. | 2 and enter here. | | | | | 25. |
| This | s the amount due; enter the payment amount on line A on pa | age 1) | 43. | | | | 20. |
| | bayment (if line 35 is more than line 42, subtract line 42 from | line 35. This is your | | | | | Ο. |
| | ayment; enter here and see instructions) | | 44. | | | | 0. |
| | Amount of overpayment to be credited to next period | | 45. | | | | 0. |
| | Balance of overpayment (subtract line 45 from line 44) | | e 46. | | | | ۰. |
| 47 | Amount of overpayment to be credited to Form CT-3M/4M | | • 47. | | | | 0. |
| 48 | Refund of overpayment (subtract line 47 from line 46) | | 48. | | | | |
| • | ut (| Date paid | | | Amount | | |
| | ition of prepayments on line 35 (see instructions) | 49. | | | | | |
| | latory first installment | 45. 50a. | | | | | |
| | nd installment from Form CT-400 | 50b. | | | | | |
| | installment from Form CT-400 | 50c. | | | | | |
| | h installment from Form CT-400 | 51. | | | | | |
| | nent with extension request from Form CT-5, line 5 | 51. | 52. | | | | |
| | ayment credited from prior years | | 53. | | | | |
| | ayment credited from Form CT-3M/4M Period | | 54. | | | | |
| 54 Total | prepayments (add lines 49 through 53; enter here and on line 35) | | | | | | |
| Interact | paid to shareholders | | | | | | |
| EE Did th | is corporation make any payments treated as interest in the computation of E | NI to shareholders owning d | irectly | | | | |
| or ind | irectly, individually or in the aggregate, more than 50% of the corporation's i | ssued and outstanding capita | al | | | | |
| stock | (mark an X in the appropriate box) If Yes, complete the following and lines 5 | 6 through 59 (attach addition | onal | | | | |
| | s if necessary) | | 55. | Yes | • | No | • |
| | | N or EIN | | | | | |
| | | | | | | | |
| 56 Inter | est paid to shareholder | | • 56. | | | | |
| | I indebtedness to shareholder described above | | 57. | | | | |
| | l interest paid | | • 58. | | | | |
| 50 1010 | | | | | | | |
| 59 Is th | ere written evidence of the indebtedness? (mark an X in the | appropriate box) | 59. | Yes | • | No | • |
| | | | | | | | |
| Corpora | tions organized outside New York State only | | | | | | |
| | ock issued and outstanding: | | Value | | | | |
| | ber of par shares | Ş | | | | | |
| | | | Value | | | | |
| 61 Num | ber of no par shares | Ş | | | | | |
| | | 2 | | | | | |

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NYCA1334 11/03/11

Page 4 of 4 Form CT-4 (2011) BARR TELL USA INC

11-3415400

| 65 | 62 Total receipts entered on your federal 63 Interest deducted in computing FTI (see 64 Depreciable assets and land entered of If the Internal Revenue Service (IRS) has complet last five years, list years: | <i>ee instructions)</i> on your federal return | • 62. • 63. • 64. e | | (|). |
|--------------------------|---|--|--|----------|------------------------------|-----|
| 66 | If you are a member of an affiliated federal group. Name | , enter primary corporation name and EIN: | | EIN | | |
| 67 | If you are more than 50% owned by another corpo Name | oration, enter parent corporation name and | EIN: | EIN ● | | |
| 68 | Are you claiming small business taxpayer status business taxpayer definition in the Form CT-3/4-1 | for lower ENI tax rates? (see Small instrs; mark an X in appropriate box) | 68. Yes | • X | No • | |
| 69 | If you marked Yes on line 68, enter totol capital contributions | (see wks in instrs.) | • 69. | | 1,00 | 0. |
| 70 | Are you claiming qualified New York manufacture limitation? (see instructions; mark an X in the ap | er status for lower capital base tax propriate box) | 70. Yes | • | No | Х |
| 71 | Are you claiming qualified New York manufacturer status for I mark an X in the appropriate box) | ower ENI tax rates? (see instructions; | 71. Yes | • | No | Х |
| | ended return information ng an amended return, mark an X in the box for ar | ny items that apply and attach documentat | ion. | | | |
| Fina | federal determination | If marked, enter date of determination: | • | | | |
| Net | operating loss (NOL) carryback | Capital loss carryback | • | | | |
| Fede | eral return filed Form 1139 | Form 1120X | • | | | |
| New Fed New Fed | operating loss (NOL) information York State NOL carryover total available for use the aral NOL carryover total available for use this tax y York State NOL carryforward total for future tax y eral NOL carryforward total for future tax years | year from all prior tax years | • • • | | | |
| d | rd—party Yes No esignee Designee's name | | Designee's phone number | F | IN | |
| Cer Au | ee instrs) Designee's e-mail address ification: I certify that this return and any attachm thorized Printed name of authorized person person | nents are to the best of my knowledge and Signature of authorized person | belief true, correct, ar Official title PRE | | | |
| - | And the second | | Phone number | | Date 02-12 | -12 |
| | | dress City | Firm's EIN 11-2851954 | P012 | PTIN or SSN 51809 code | |
| (5 | only 3 | 393 LONG BEACH RD OC | CEANSIDE Preparer's NYTPRIN | | 1572 | |
| | E-mail address of individual preparing this return | | | 03-0 | 3-12 | |
| | | See instructions for where to file. | | | | |

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NYCA1334 11/03/11

| | | C | | | | C | | | |
|----------|--|------------------------|-----------------------|-----------------|----------------|------------------|-------------|--------------------|----------------------------------|
| | | <u>C</u> | Staple for | me hare] | | C | | | |
| 0011 | | New York Ch | te Department of Tax | | 00 | | | | |
| 2011 | CT-3M/4M | | al Busines | | | | | | |
| | | MTA S | urcharge F | Return | adon | | | | |
| | | | - Article 9-A, Se | | | All file | s must e | enter tax peri | od: |
| | Amended return | | | | | | | | |
| | | | | begir | nning 📕 | 01-01 | 1-11 | ending 📕 | 12-31-11 |
| E | mployer identification number | File number | Business telephone ni | | | | | 11 | you claim an verpayment, mark |
| | L1-3415400 🔳 | AA5 | 212-941- | 1500 | | | | a | X in the box |
| | | | | | Trade second | 004 | | | |
| 0.000 | me of corporation | | | | Trade name/ | DBA | | | |
| | R TELL USA INC | | | | State or cour | ntry of incorpor | ation | Date received | (for Tax Dept use only) |
| | name (if different from legal name above) | | | | NY | (ii) of incorpor | | | |
| c/o | and street or PO box | | | | Date of incor | poration | | | |
| 218 | 생각은 방법을 위해서 한 것을 위해 있는 것은 것은 것을 가지 않는 것을 했다. | TTE 522 | | | 01-09 | -98 | | | |
| City | EADI TANK AVE 50 | | State ZIP code | | | orations: date | began | | |
| | G BEACH | | NY 1156 | 1 | DUSINGSS IN I | 115 | | | |
| | need to update your address or pho | one information | for corporation t | ax, or other | tax types. | vou can do | so onlin | e. See Busi | ness information |
| in For | n CT-1. | | | | | | | | |
| If you d | o business, employ capital, own or lease pro | perty, or maintain a | n office in the Metro | politan Commu | ter Transporta | ation District (| MCTD), yo | u must file this f | orm. If not, you do |
| not have | a to file this form. However, you must disclai Richmond, Dutchess, Nassau, Orange, Putn | im liability for the N | IA surcharge on For | 11 61-3, 61-3- | A, DI G1-4. 11 | ie muid inci | udes the co | Junues of New 1 | ork, bronk, nings, |
| Queens, | Richmond, Duchess, Ressud, Orange, 1 and | ani, noonana, oano | ing and needed | | | | | | |
| A | Pay amount shown on line 12. Mak | e payable to: N | ew York State C | orporation | Тах | | Payment | enclosed | |
| - | Attach your payment here. Detach a | all check stubs. | (See instruction | s for details | .) | A. | | | 4. |
| | putation of MTA surcharge | | | | | | | | 0.5 |
| 1 1 | Net New York State franchise tax (see Form | CT-3M/4M-I, Instru | ctions for Form CT-3 | 3M/4M) | | • 1. | 100 | 0000 | 25. |
| 2 1 | MCTD allocation percentage from li | ine 35, line 43, (| or line 45 | | | • 2. | 100 | .0000 | 25. |
| 3 | Allocated franchise tax (multiply lin | ne 1 by line 2) | | | | • 3. | | | 4. |
| | MTA surcharge (multiply line 3 by | | | | | 4. | | | 4. |
| | nstallment of estimated tax for new | | | | | | | | |
| | f you filed a request for extension, enter an | | | line 10 | | • 5a. | | | Ο. |
| | f you did not file Form CT-5 or CT- | 5.3, see instruc | tions | | | 5b. 6. | | | 4. |
| 8 | Add lines 4 and line 5a or 5b | | | | | o. 7. | | | |
| | Total prepayments from line 52 | | 7 (| | | 8. | | | 4. |
| | Balance (if line 7 is less than line t | | | had | | • 9. | | | 0. |
| 9 | Estimated tax penalty (see instructions; man | k an X in the box if i | | or CT.A) | | • 10. | | | |
| | Interest on late payment (see instruct | | | | or $(CT.4)$ | • 11. | | | |
| 11 | Late filing and late payment penalt Balance due (add lines 8 through 11 and ent | tes (see mstruc | avment amount on | line A above) | , 0, 0, 1, | 12. | | | 4. |
| 12 | Overpayment (if line 6 is less than line 7, su | blreet line 6 from lin | nayment amount on | ee instructions |) | 13. | | | |
| | Amount of overpayment to be cred | | | | | • 14. | | | |
| | Amount of overpayment to be cred | | | | | 15. | | | |
| | Amount of overpayment to be refu | | undige for the f | | | 16. | | | |
| 10 | , and an er er er peyment to ee er | | | | | | | | |
| Sche | edule A – Computation of I | MCTD alloca | tion percenta | age | | | | | |
| | edule A, Part 1 - MCTD allo | | | | A | | | B | |
| | age value of property (see instructi | | | N | ICTD | | | New Yor | K State |
| | 17 Real estate owned | | 17. | | | | | | |
| | 18 Real estate rented | | 18. | | | | | | |
| 10 | 19 Inventories owned | | 19. | | | | | | |
| | 20 Tangible personal prop | | 20. | | | | | | |
| | 21 Tangible personal prop | | 21. | | | 10.2 | | | |
| | 22 Total (add lines 17 three | | • 22. | - | | | | | ક |
| 23 | MCTD property factor (divide line a | 22, column A, b | y line 22, colum | n B) | | | 23. | | |
| NYCAO | 912 10/20/11 | | | | | | | | (continued) |

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| | /4M (2011) Page 2 of 2 R TELL USA INC | | | 11-34154 | 00 | |
| Receip | ts in the regular course of business from: | | | | | |
| | ales of tangible personal property allocated to the MCTD | 24, | | | | |
| | ales of tangible personal property allocated to New York S | State 25. | | | | |
| | Services performed | 26. | | | | |
| | Rentals of property | 27. | | | | |
| | | 28. | | | | |
| | Royalties | 29. | | | | |
| | Other business receipts | • 30. | | | | |
| | otal (add lines 24 through 29) | | | • 31. | | 8 |
| 31 N | ACTD receipts factor (divide line 30, column A | , by line 30, column b) | | 51. | | U I |
| 32 P | ayroll - Wages and other compensation of | | | | | |
| | mployees except general executive officers | • 32. | | . 22 | | 8 |
| | ACTD payroll factor (divide line 32, column A, | by line 32, column B) | | • 33. | | 8 |
| | otal MCTD factors (add lines 23, 31, and 33) | | | 34. | | 000 |
| 35 M | CTD allocation percentage (divide line 34 by three or by t | he number of factors; enter here | and on line 2) | • 35. | | 8 |
| | | | | | | |
| Sche | dule A, Part 2 – Computation of MC | CTD | A MCTD | New | B York State | |
| | ation for aviation corporations (see i | | MCID | INEW | TORK State | |
| | Revenue aircraft arrivals and departures | • 36. | | | | 0 |
| 37 N | ACTD percentage (divide line 36, column A, b | | | • 37. | | S |
| 38 F | Revenue tons handled | • 38. | | | | |
| 39 N | ACTD percentage (divide line 38, column A, b | y line 38, column B) | | • 39. | | 8 |
| 40 0 | Driginating revenue | • 40. | | • | | 12 |
| 41 N | ACTD percentage (divide line 40, column A, b | y line 40, column B) | | • 41. | | 8 |
| | otal (add lines 37, 39, and 41) | | | 42. | | Ş |
| | ACTD allocation percentage (divide line 42 by | three; enter here and or | line 2) | • 43. | | 8 |
| 0.00 00 0 - 0.00 | | | | | | |
| Scho | dule A, Part 3 - Computation of MCTD | allocation for | А | | В | |
| | | | | | 1 1/ 1 01 1 | |
| | | | MCTD | ľ | New York State | |
| trucki | ng and railroad corporations (see instruction | s) | MCTD | • | New York State | |
| truckii 44 F | ng and railroad corporations (see instruction Revenue miles | • 44 . | | • | 45. | 8 |
| truckii 44 F | ng and railroad corporations (see instruction | • 44 . | | • | | % |
| truckii 44 F | ng and railroad corporations (see instruction Revenue miles ACTD allocation percentage (divide line 44, column A, by a | ns) • 44. line 44, column B; enter here and | d on line 2) | • | | ક્ર |
| truckii 44 F | ng and railroad corporations (see instruction Revenue miles ACTD allocation percentage (divide line 44, column A, by Composition of prepayments | ns) • 44. line 44, column B; enter here and | d on line 2) see instructions) | • • | 45. | 8 |
| truckii 44 F | ng and railroad corporations (see instruction Revenue miles ACTD allocation percentage (divide line 44, column A, by a Composition of prepayments 46 Mandatory first installment | • 44. line 44, column B; enter here and claimed on line 7 (| d on line 2) see instructions) 46. | • • | 45. | ₽ 8 |
| truckii 44 F | ng and railroad corporations (see instruction Revenue miles ACTD allocation percentage (divide line 44, column A, by Composition of prepayments 46 Mandatory first installment 47 a Second installment from Form C | • 44. line 44, column B; enter here and c claimed on line 7 (CT-400 | d on line 2) see instructions) 46. 47a. | • • | 45. | 8 |
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