

State of Florida



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## Public Service Commission

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TALLAHASSEE, FLORIDA 32399-0850

**-M-E-M-O-R-A-N-D-U-M-**

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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.

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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.

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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

**U.S. Corporation Income Tax Return**

For calendar year 2010 or tax year beginning \_\_\_\_\_, 2010, ending \_\_\_\_\_

**2010**

▶ See separate instructions.

<b>A Check if:</b> 1 a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co (attach Sch PH) <input type="checkbox"/> 3 Personal service corp (see instr) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>		Name <b>BARR TELL USA INC</b> Number, street, and room or suite number. If a P.O. box, see instructions. <b>248 WEST PARK AVE SUITE 260</b> City or town State ZIP code <b>LONG BEACH NY 11561</b>	B Employer identification number <b>11-3415400</b> C Date incorporated <b>01/09/1998</b> D Total assets (see instructions) \$ <b>1,000.</b>
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change <input type="checkbox"/>			

<b>INCOME</b>	1 a Gross receipts or sales	0.	b Less returns & allowances		c Balance	1 c	0.
	2 Cost of goods sold (Schedule A, line 8)					2	
	3 Gross profit. Subtract line 2 from line 1c					3	0.
	4 Dividends (Schedule C, line 19)					4	
	5 Interest					5	
	6 Gross rents					6	
	7 Gross royalties					7	
	8 Capital gain net income (attach Schedule D (Form 1120))					8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					9	
	10 Other income (see instructions — attach schedule)					10	
	11 Total income. Add lines 3 through 10					11	0.

<b>DEDUCTIONS</b>	12 Compensation of officers (Schedule E, line 4)		12
	13 Salaries and wages (less employment credits)		13
	14 Repairs and maintenance		14
	15 Bad debts		15
	16 Rents		16
	17 Taxes and licenses		17
	18 Interest		18
	19 Charitable contributions		19
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)		20
	21 Depletion		21
	22 Advertising		22
	23 Pension, profit-sharing, etc, plans		23
24 Employee benefit programs		24	
25 Domestic production activities deduction (attach Form 8903)		25	
26 Other deductions (attach schedule)		26	
27 Total deductions. Add lines 12 through 26		27	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	0.
29 Less: a Net operating loss deduction (see instructions)	29 a		
b Special deductions (Schedule C, line 20)	29 b		29 c

<b>TAX AND REFUNDABLE CREDITS</b>	30 Taxable income. Subtract line 29c from line 28 (see instructions)		30	0.
	31 Total tax (Schedule J, line 10)		31	
	32 a 2009 overpayment credited to 2010	32 a		
	b 2010 estimated tax payments	32 b		
	c 2010 refund applied for on Form 4466	32 c		
	d Tax deposited with Form 7004	32 d		
	e Credits: (1) Form 2439 (2) Form 4136	32 e		
	f Refundable credits from Form 3800, line 19c, and Form 8927, line 8c	32 f		
	g Estimated tax penalty (see instructions). Check if Form 2220 is attached	32 g		32 h
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached			33
34 Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34	
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35	
36 Enter amount from line 35 you want: Credited to 2011 estimated tax			36	

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

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>ALBERT HAFT CPAPC</b>		<b>03/05/11</b>		<b>P01251809</b>
	Firm's name ▶ <b>ALBERT HAFT CPA PC</b>	Firm's EIN ▶ <b>11-2851954</b>			
Firm's address ▶ <b>3393 LONG BEACH RD</b>		<b>OCEANSIDE NY 11572-5424</b>	Phone no. <b>(516) 536-1001</b>		

**Schedule A Cost of Goods Sold** (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

- (i)  Cost
- (ii)  Lower of cost or market
- (iii)  Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods

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

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?  Yes  No

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

**Schedule C Dividends and Special Deductions** (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		
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100	
11	Dividends from affiliated group members	100	
12	Dividends from certain FSCs	100	
13	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 29b		

**Schedule E Compensation of Officers** (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation	
				(d) Common	(e) Preferred		
			%	%	%		
			%	%	%		
			%	%	%		
			%	%	%		
			%	%	%		
2	Total compensation of officers						
3	Compensation of officers claimed on Schedule A and elsewhere on return						
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12						

**Schedule J Tax Computation** (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
5a	Foreign tax credit (attach Form 1118)		5a
5b	Credit from Form 8834, line 29		5b
5c	General business credit (attach Form 3800)		5c
5d	Credit for prior year minimum tax (attach Form 8827)		5d
5e	Bond credits from Form 8912		5e
6	<b>Total credits.</b> 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	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (att schedule)		9
10	<b>Total tax.</b> Add lines 7 through 9. Enter here and on page 1, line 31		10

**Schedule K Other Information** (see instructions)

1	Check accounting method a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. <input type="checkbox"/> 812390		
b	Business activity <input type="checkbox"/> SERVICE		
c	Product or service <input type="checkbox"/> SERVICE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own, directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. If 'Yes,' complete (i) through (iv)		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

Schedule K-1 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
If 'Yes,' complete (i) through (iv)

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) ..... X
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

7 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? ..... X
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 has an NOL for the tax year and is electing to forego the carryback period, check here ..... [ ]
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) > \$-----

13 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 of the tax year less than \$250,000? ..... X
If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 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)? ..... X
If 'Yes,' complete and attach Schedule UTP.

Schedule L-1 Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach schedule)				
15 Total assets				
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable				
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)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
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				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return			
Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions			
1 Net income (loss) per books		7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books		Tax-exempt interest \$	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation .. \$	
a Depreciation .. \$		b Charitable contribns \$	
b Charitable contributions .. \$			
c Travel & entertainment .. \$		9 Add lines 7 and 8 .....	
		10 Income (page 1, line 28) — line 6 less line 9 .....	
6 Add lines 1 through 5 .....			

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)			
1 Balance at beginning of year		5 Distributions .....	
2 Net income (loss) per books		a Cash .....	
3 Other increases (itemize):		b Stock .....	
		c Property .....	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6 .....	
4 Add lines 1, 2, and 3 .....		8 Balance at end of year (line 4 less line 7) .....	

IRS *e-file* Signature Authorization  
for Form 1120

**2010**

Department of the Treasury  
Internal Revenue Service

For calendar year 2010, or tax year beginning \_\_\_\_\_, 2010, ending \_\_\_\_\_  
▶ See instructions. Do not send to the IRS. Keep for your records.

Name of corporation

**BARR TELL USA INC**

Employer identification number

**11-3415400**

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

1	Total income (Form 1120, line 11)	1	0.
2	Taxable income (Form 1120, line 30)	2	0.
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	

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

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2010 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name do not enter all zeros  
on the corporation's 2010 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2010 electronically filed income tax return.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_ Title ▶ **PRESIDENT**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN ..... **11112411124**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 3112, IRS *e-file* Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **03/05/11**

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



General Business Corporation Franchise Tax Return Short Form

Tax Law - Article 9-A

All filers must enter tax period:

Final return Amended return (see the instructions)

beginning 01-01-10 ending 12-31-10

Employer identification number 11-3415400 File number AA5 Business telephone number 917-549-0100

If you claim an overpayment, mark an X in the box

Legal name of corporation BARR TELL USA INC

Trade name/DBA

Mailing name (if different from legal name above) c/o

State or country of incorporation NY

Date received (for Tax Department use only)

Number and street or PO box 248 WEST PARK AVE SUITE 260 City LONG BEACH

Date of incorporation 01-09-98

State ZIP code NY 11561

Foreign corporations; date began business in NYS

NAICS business code no. (from fed return) 812390

If address/phone above is new, mark an X in the box

Audit (for Tax Department use only)

Principal business activity SERVICE

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, 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 No X

Payment enclosed

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. 25.

B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return.

Form 1120 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

D. Have you underreported your tax due on past returns? To correct without penalty, visit us at www.nystax.gov.

E. Did the entity have an interest in real property located in New York State during the last 3 years? (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)

BARR TELL USA INC

11-3415400

**Computation of entire net income (ENI) base** (see instructions)

1	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.	
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.	
11	ENI base (subtract line 10 from line 6; show loss (-) 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 the Form CT-3/4-1 instructions; enter here and on line 28)	• 12.	

**Computation of capital base** (enter whole dollars for lines 13 through 18; see instructions)

	A Beginning of year	B End of year	C Average value
13	Total assets from federal return • 1,000. •	1,000. •	1,000.
14	Real property and marketable securities included on line 13		
15	Subtract line 14 from line 13	1,000. •	1,000.
16	Real property and marketable securities at fair market value		
17	Adjusted total assets (add lines 15 and 16) • 1,000. •	1,000. •	1,000.
18	Total liabilities		
19	Capital base (subtract line 18, column C, from line 17, column C)	• 19.	1,000.
20	Capital base tax (see instructions)	• 20.	2.

**Computation of minimum taxable income (MTI) base**

21	ENI base from line 11	• 21.	0.
22	Depreciation of tangible property placed in service after 1986 (see instructions)	• 22.	0.
23	New York NOLD from line 7	• 23.	
24	Total (add lines 21 through 23)	• 24.	0.
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 1.5% (.015); see instructions)	• 27.	0.

**Computation of tax** (continued on page 3)

28	Tax on ENI base from line 12	• 28.	
29	Tax on capital base from line 20 (see instructions)	• 29.	2.
	New small business: First year • Second year •		
30	Fixed dollar minimum tax (See Table 7 in the Tax rates schedule in the Form CT-3/4-1 instructions. You must enter an amount on line 31; see instructions)	• 30.	25.
31	New York receipts (see instructions) • 31.		0.
32	Tax due (amount from line 27, 28, 29, or 30, whichever is largest; see instructions for exception)	■ 32.	25.

**First installment of estimated tax for next period:**

33a	If you filed a request for extension, enter amount from Form CT-5, line 2	• 33a.	
33b	If you did not file Form CT-5 and line 32 is over \$1,000, see instructions	■ 33b.	
34	Add line 32 and line 33a or 33b	• 34.	25.
35	Total prepayments from line 54	• 35.	
36	Balance (subtract line 35 from line 34; if line 35 is more than line 34, enter 0)	• 36.	25.

BARR TELL USA INC

11-3415400

**Computation of tax** (continued from page 2)

- 37 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) 0.
- 38 Interest on late payment (see instructions) 0.
- 39 Late filing and late payment penalties (see instructions) 0.
- 40 Balance (add lines 36 through 39) 25.

**Voluntary gifts/contributions** (see instructions):

- 41a Amount for Return a Gift to Wildlife 41a.
- 41b Amount for Breast Cancer Research and Education Fund 41b.
- 41c Amount for Prostate Cancer Research, Detection, and Education Fund 41c.
- 41d Amount for 9/11 Memorial 41d.
- 41e Amount for Volunteer Firefighting & EMS Recruitment Fund 41e.
- 42 Total (add lines 34, 37, 38, 39, and 41a through 41e) 42. 25.
- 43 Balance due (if line 35 is less than 42, subtract line 35 from line 42 and enter here. This is the amount due; enter the payment amount on line A on page 1) 43. 25.
- 44 Overpayment (if line 35 is more than line 42, subtract line 42 from line 35. This is your overpayment; enter here and see instructions) 44. 0.
- 45 Amount of overpayment to be credited to next period 45.
- 46 Balance of overpayment (subtract line 45 from line 44) 46. 0.
- 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. 0.

**Composition of prepayments on line 35** (see instructions)

	Date paid	Amount
49 Mandatory first installment	49.	
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 <span style="float: right;">Period</span>	52.	
53 Overpayment credited from Form CT-3M/4M <span style="float: right;">Period</span>	53.	
54 Total prepayments (add lines 49 through 53; enter here and on line 35)	54.	

**Interest paid to shareholders**

- 55 Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an X in the appropriate box) If Yes, complete the following and lines 56 through 59 (attach additional sheets if necessary) 55. Yes  No
- |                    |            |  |
|--------------------|------------|--|
| Shareholder's name | SSN or EIN |  |
|--------------------|------------|--|
- 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 the appropriate box) 59. Yes  No

**Corporations organized outside New York State only**

- Capital stock issued and outstanding:**
- 60 Number of par shares \$ Value
  - 61 Number of no-par shares \$ Value

0.

- 62 Total receipts entered on your federal return • 62.
- 63 Interest deducted in computing FTI (see instructions) • 63.
- 64 Depreciable assets and land entered on your federal return • 64.
- 65 If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years:
- 66 If you are a member of an affiliated federal group, enter primary corporation name and EIN:  
Name EIN  
• •
- 67 If you are more than 50% owned by another corporation, enter parent corporation name and EIN:  
Name EIN  
• •
- 68 Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition in the Form CT-3/4-I instrs; mark an X in appropriate box) 68. Yes • X No •
- 69 If you marked Yes on line 68, enter totl capital contributions (see wks in instrs) • 69. 1,000.
- 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 X
- 71 Are you claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; mark an X in the appropriate box) 71. Yes • No X

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

- Final federal determination • If marked, enter date of determination: •
- Net operating loss (NOL) carryback • Capital loss carryback •
- Federal return filed Form 1139 • Form 1120X •

**Net operating loss (NOL) information**

- New York State NOL carryover total available for use this tax year from all prior tax years •
- Federal NOL carryover total available for use this tax year from all prior tax years •
- New York State NOL carryforward total for future tax years •
- Federal NOL carryforward total for future tax years •

Third-party designee (see instrs) Yes No  
 Designee's name Designee's phone number  
 Designee's e-mail address PIN

**Certification:** I certify that this document and any attachments are to the best of my knowledge and belief true, correct, and complete.

**Authorized person** Signature of authorized person Official title **PRESIDENT**

E-mail address of authorized person Date **03-05-11**  
 Paid preparer use only (see instr.) Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN  
**ALBERT HAFT CPA PC** **11-2851954**  
 Signature of individual preparing this return Address City State ZIP code  
**3393 LONG BEACH RD** **OCEANSIDE** **NY** **11572-5424**  
 E-mail address of individual preparing this return Preparer's NYTPRIN Date  
**03-05-11**

See instructions for where to file.

Form **1120**

Department of the Treasury  
Internal Revenue Service

**U.S. Corporation Income Tax Return**

For calendar year 2012 or tax year beginning \_\_\_\_\_, 2012, ending \_\_\_\_\_

OMB No. 1545-0123

**2012**

Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

<b>A Check if:</b> <b>1 a</b> Consolidated return (attach Form 851) <input type="checkbox"/> <b>b</b> Life/nonlife consolidated return <input type="checkbox"/> <b>2</b> Personal holding co (attach Sch PH) <input type="checkbox"/> <b>3</b> Personal service corp (see instr's) <input type="checkbox"/> <b>4</b> Schedule M-3 attached <input type="checkbox"/>		<b>TYPE</b> <b>OR</b> <b>PRINT</b>	<b>Name</b> BARR TELL USA INC <b>Number, street, and room or suite number. If a P.O. box, see instructions.</b> 218 EAST PARK AVE SUITE 522 <b>City or town</b> State ZIP code LONG BEACH NY 11561	<b>B Employer identification number</b> 11-3415400 <b>C Date incorporated</b> 01/09/1998 <b>D Total assets (see instructions)</b> \$ 1,000.
<b>E Check if:</b> (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change				

INCOME	1 a Gross receipts or sales	1 a	72,116.
	b Returns and allowances	1 b	
	c Balance. Subtract line 1b from line 1a	1 c	72,116.
	2 Cost of goods sold (attach Form 1125-A)	2	71,545.
	3 Gross profit. Subtract line 2 from line 1c	3	571.
	4 Dividends (Schedule C, line 19)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10 Other income (see instructions - attach schedule)	10		
11 Total income. Add lines 3 through 10	11	571.	
FOR LIMITATIONS SEE INSTRUCTIONS	12 Compensation of officers (see instructions - attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	
	14 Repairs and maintenance	14	
	15 Bad debts	15	
	16 Rents	16	1,000.
	17 Taxes and licenses	17	
	18 Interest	18	
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21 Depletion	21	
	22 Advertising	22	
	23 Pension, profit-sharing, etc, plans	23	
	24 Employee benefit programs	24	
	25 Domestic production activities deduction (attach Form 8903)	25	
	26 Other deductions (attach statement)	26	
	27 Total deductions. Add lines 12 through 26	27	1,000.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	-429.
29 a Net operating loss deduction (see instructions)	29 a		
b Special deductions (Schedule C, line 20)	29 b		
c Add lines 29a and 29b	29 c		
TX, CRS, AND REFUNDABLE	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	-429.
	31 Total tax (Schedule J, Part I, line 11)	31	
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32	
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33	
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	
	36 Enter amount from line 35 you want: Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	36	

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

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Signature of officer _____ Date _____	Title PRESIDENT
Print/Type preparer's name albert haft	Preparer's signature albert haft
Firm's name ALBERT HAFT CPA PC	Check <input type="checkbox"/> if self-employed PTIN P01251809
Firm's address 3393 Long Beach Rd Oceanside NY 11572	Firm's EIN Phone no.

<b>Schedule C</b> Dividends and Special Deductions (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 <b>Total.</b> Add lines 1 through 8. See instructions for limitation .....			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 .....		100	
11 Dividends from affiliated group members .....		100	
12 Dividends from certain FSCs .....		100	
13 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 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4 .....			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b .....			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
5a	Foreign tax credit (attach Form 1118)	5 a	
b	Credit from Form 8834, line 30 (attach Form 8834)	5 b	
c	General business credit (attach Form 3800)	5 c	
d	Credit for prior year minimum tax (attach Form 8827)	5 d	
e	Bond credits from Form 8912	5 e	
6	<b>Total credits.</b> 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
9a	Recapture of investment credit (attach Form 4255)	9 a	
b	Recapture of low-income housing credit (attach Form 8611)	9 b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9 c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9 d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9 e	
f	Other (see instructions - attach statement)	9 f	
10	<b>Total.</b> Add lines 9a through 9f		10
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31		11

**Part 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		16
17	Withholding (see instructions)		17
18	<b>Total payments.</b> Add lines 15, 16 and 17		18
19	Refundable credits from:		
a	Form 2439	19 a	
b	Form 4136	19 b	
c	Form 8827, line 8c	19 c	
d	Other (attach statement - see instructions)	19 d	
20	<b>Total credits.</b> Add lines 19a through 19d		20
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32		21

**Schedule K Other Information** (see instructions)

1	Check accounting method	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual	c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No	
2	See the instructions and enter the:						
a	Business activity code no.	▶ <u>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?						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 the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (att Schedule G)						X

**Schedule K** Other Information *continued* (see instructions)

5 At the end of the tax year, did the corporation:

Yes	No
	X

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions  
If 'Yes,' complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions  
If 'Yes,' complete (i) through (iv) below.

Yes	No
	X

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

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)  
If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions.  
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary

	X

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (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:

	X

(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.

	<input type="checkbox"/>
--	--------------------------

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 has an NOL for the tax year and is electing to forego the carryback period, check here  
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

	<input type="checkbox"/>
--	--------------------------

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$ \_\_\_\_\_

13 Are the corporation's total receipts (line 1c plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?

X	
---	--

If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 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.

	X
--	---

15a Did the corporation make any payments in 2012 that would require it to file Form(s) 1099?

	X
--	---

b If 'Yes,' did or will the corporation file required Forms 1099?

16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

	X
--	---

17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

	X
--	---

18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million

	X
--	---



Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach statement)				
15 Total assets				
<b>Liabilities and Shareholders' Equity</b>				
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 (attach statement)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings — Approp (att stmt)				
25 Retained earnings — Unappropriated				
26 Adjmt to shareholders' equity (att stmt)				
27 Less cost of treasury stock				
28 Total liabilities and shareholders' equity				

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

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

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

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

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

### Cost of Goods Sold

▶ 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](http://www.irs.gov/form1125a).

Name <b>BARR TELL USA INC</b>	Employer identification number <b>11-3415400</b>
----------------------------------	---

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	71,545.
3 Cost of labor .....	3	
4 Additional section 263A costs (attach schedule) .....	4	
5 Other costs (attach schedule) .....	5	
6 Total. Add lines 1 through 5 .....	6	71,545.
7 Inventory at end of year .....	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions) .....	8	71,545.

**9 a** Check all methods used for valuing closing inventory:

- (i)  Cost
- (ii)  Lower of cost or market
- (iii)  Other (Specify method used and attach explanation) .....

**b** Check if there was a writedown of subnormal goods .....

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

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

**e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? .....  Yes  No

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

Name BARR TELL USA INC	Employer Identification Number 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 .....			
1998 .....			
1997 .....			
Total new law .....			

OLD LAW: Three year carryback, fifteen 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 .....			
1998 .....			
1997 .....			
Total old law .....			

**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 .....					
Less: Carryover expiring due to 15-year limitation .....					
Add: Current year net operating loss .....					429.
Less: Carryback of current year net operating loss .....					
Net operating loss carryover to next year .....					429.



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 \_\_\_\_\_

113-415-400/000      1134-1540-00      FAC 812390      VC 1030

BARR TELL USA INC

218 EAST PARK AVE SUITE 522

LONG BEACH      NY 11561

STATE AND DATE OF INCORPORATION:      NY 01091998

DATE AUTHORIZED TO DO BUSINESS IN NJ:      01012012

CORPORATION BOOKS ARE IN CARE OF:      01/01/2012

CORPORATION BOOKS AT:      ALBERT HAFT CPA

TELEPHONE NUMBER:      2122264420

DIVISION USE - NAB      725

Date	Signature	Title	
Paid Prepare's Signature	Address	Federal Identification Number	
albert haft	3393 Long Beach Rd	P01251809	
Firm's Name	Address	Federal Employer Identification Number	
ALBERT HAFT CPA PC	Oceanside NY 11572		



NEW JERSEY CORPORATION BUSINESS TAX RETURN

BARR TELL USA INC

NJCA0802 12/03/12

FID	113415400000	A0005	0	A3009	0
CBT	1134154000	A0006	0	A3010	0
BEG	01	A0007	0	A3011	0
END	12	A0008	0	A3012	0
INITR	0	A0009	0	A3013	0
1120S	0	A0010	0	A3014	0
INACT	0	A0011	571	A3015	0
FAC	812390	A0012	0	A3016	0
PPFID	P01251809	A0013	0	A3017	0
FFEIN	0000000000	A0014	0	A3018	0
P3001	0	A0015	0	A3019	0
P3002	1000000	A0016	1000	A4001	0
P3003	0	A0017	0	A4002	0
P304a	0	A0018	0	A4003	0
P304b	0	A0019	0	A4004	1000000
P3005	0	A020c	0	A4005	0
P3006	0	A0021	0	A4006	0
P3007	0	A0022	0	A4007	1000000
P3008	0	A0023	0	A4008	1000000
P3009	0	A0024	0	A4009	0
P3010	0	A0025	0	A4010	0
P3011	0	A0026	0	A4011	0
P3012	0	A0027	1000	A4012	0
P312a	0	A0028	-429	BB001	0
P3013	500	A0029	0	BE001	0
P3014	0	A0030	0	BB003	0
P3015	500	A0031	0	BE003	0
P3016	0	A0032	0	BB006	0
P3017	0	A033a	0	BE006	0
P3018	500	A033b	0	BB020	0
P3019	0	A033c	0	BE020	0
P319a	0	A033d	0	BB024	0
P3020	500	A0034	-429	BE024	0
P0321	0	A0035	0	C0007	0
P3022	500	A0036	-429	C1003	0
P3023	0	A0037	0	C1005	0
P324C	0	A2003	0	H008b	0
P324R	0	A3001	0	J301a	0
A0001	72116	A3002	0	J302a	0
A0002	71545	A3003	0	J302b	0
A0003	571	A3004	0	J302c	0
A0004	0	A3005	0	J302d	0
VC	1030	A3006	0	J302e	0
CDV	645	A3007	0	J303a	0
		A3008	0		



NEW JERSEY CORPORATION BUSINESS TAX RETURN

BARR TELL USA INC

113-415-400/000

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Check if applicable: Initial return 1120-S filer Inactive

1	Entire net income from Schedule A, line 38 (if a net loss, enter zero)	1	0 .
2	Allocation factor from Schedule J, Part III, line 5. Non-allocating taxpayers enter 1.000000	2	1.000000
3	Allocated net income — Multiply line 1 by line 2. Non-allocating taxpayers enter the amount from line 1	3	0 .
4a	Total nonoperational income (Schedule O, Part I) (see instruction 38)	4a	.
b	Allocated New Jersey nonoperational income (Schedule O, Part II)	4b	.
5	Total operational and nonoperational income (line 3 plus line 4(b))	5	0 .
6	Investment Company — Enter 40% of line 1	6	.
7	Real Estate Investment Trust — Enter 4% of line 1	7	.
8	Tax Base — Enter amount from line 5 or line 6 plus 4(b), or line 7 plus 4(b), whichever is applicable	8	0 .
9	Amount of Tax — Multiply line 8 by the applicable tax rate (see instruction 11(a))	9	.
10	Tax Credits (from Schedule A-3) (see instruction 44)	10	.
11	TOTAL CBT TAX LIABILITY — line 9 minus line 10	11	.
12	Alternative Minimum Assessment (Schedule AM, Part VI, line 5)	12	.
12a	Check and enter zero if AMA paid by a Key Corporation (see instruction 23)	12	.
13	Tax Due (greater of line 11 or 12 or minimum tax due from Schedule A-GR or instruction 11(d))	13	500 .
14	Key Corporation AMA Payment (Form 401, Part II, line 5)	14	.
15	Subtotal (Sum of lines 13 and 14)	15	500 .
16	INSTALLMENT PAYMENT (Only applies if line 13 is \$500 see instruction 45)	16	.
17	Professional Corporation Fees (Schedule PC, line 5)	17	.
18	TOTAL TAX AND PROFESSIONAL CORPORATION FEES (Sum of lines 15, 16 and 17)	18	500 .
19	Payments and Credits (see instruction 46)	19	.
a	Payments made by Partnerships on behalf of taxpayer (attach copies of all NJ-K-1's)	19a	.
20	Balance of Tax Due — line 18 minus line 19 and 19a	20	500 .
21	Penalty and Interest Due — (see instructions 7(e) and 47)	21	.
22	Total Balance Due — line 20 plus line 21	22	500 .
23	If line 19 plus 19a is greater than 18 plus 21, enter the amount of overpayment	.	.
24	Amount of line 23 to be Credited to 2013	.	.
	Refunded	.	.

Division Use



NEW JERSEY CORPORATION BUSINESS TAX RETURN

BARR TELL USA INC

113-415-400/000

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

1	Gross receipts or sales	<u>72,116</u>	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	<b>TOTAL INCOME</b> - 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	.	.
20a	Depreciation from Federal Form 4562 (attach copy)		20a	.	.	.	.
20b	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	.	.
25	Domestic production activities deduction				25	.	.
26	Other deductions (attach sch)				26	.	.
27	<b>TOTAL DEDUCTIONS</b> - Add lines 12 through 26				27	1,000	.
28	Taxable income before net operating loss deductions and special deductions (line 11 less line 27 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))				28	-429	.
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	.	.
33a	Deduction for IRC Section 78 Gross-up not deducted at line 37 below				33a	.	.
	b Other deductions and additions. Explain on separate rider. (see instr 16(h))				33b	.	.
	c Elimination of nonoperational activity (Schedule O, Part I)				33c	.	.
	d 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 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	<b>ENTIRE NET INCOME</b> (line 36 minus line 37 - carry to page 3, line 1)				38	-429	.





BARR TELL USA INC

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**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		.
5	Other costs (attach sch.)	5		.
6	Total — Add lines 1 through 5	6	71,545	.
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	5		.
	OR b Urban Enterprise Zone Investment Tax Credit from Form 301			.
6	Redevelopment Authority Project Tax Credit from Form 302	6		.
7	Recycling Equipment Tax Credit from Form 303	7		.
8	Manufacturing Equipment and Employment Investment Tax Credit from Form 305	8		.
9	Research and Development Tax Credit from Form 306	9		.
10	Small New Jersey-Based High-Technology Business Investment Tax Credit from Form 308	10		.
11	Neighborhood Revitalization State Tax Credit from Form 311	11		.
12	Effluent Equipment Tax Credit from Form 312	12		.
13	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		.
17	Sheltered Workshop Tax Credit from Form 317	17		.
18	Film Production Tax Credit from Form 318	18		.
19	Other Tax Credits (see inst. 44(r))	19		.
20	Total tax credits taken on this return. Add 1 through 19. Enter here and on page 3, line 10	20		.



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**SCHEDULE A-4 SUMMARY SCHEDULE (See instruction 20)**

<b>Net Operating Loss Deduction and Carryover</b>					
			7 Schedule J, Part III, line 2(n)	7	1.000000
1 Form 500, line 6 minus line 8	1	0 .	8 Schedule J, Part III, line 3(c)	8	1.000000
<b>Interest and Intangible Costs and Expenses</b>			<b>Non-operational Income Information</b>		
			9 Schedule O, Part III, line 31	9	0 .
2 Schedule G, Part I, line b	2	0 .	<b>Dividend Exclusion Information</b>		
3 Schedule G, Part II, line b	3	0 .	10 Schedule R, line 4	10	0 .
<b>Schedule J Information</b>			11 Schedule R, line 6	11	0 .
4 Schedule J, Part III, line 1(c)	4	1.000000	<b>Schedule A-GR Information</b>		
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)**

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

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**SCHEDULE A-GR COMPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See Instruction 22)**

1	Enter sales of tangible personal property shipped to points within New Jersey .....	1	0.
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 patents 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 ASSESSMENT FOR C CORPORATIONS (See Instruction 23)**

**PART I COMPUTATION OF NEW JERSEY GROSS RECEIPTS**

1	Enter sales of tangible personal property shipped to points within New Jersey .....	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 patents and copyrights .....	4	
5	Enter all other business receipts earned in New Jersey .....	5	
6	Total New Jersey Gross Receipts .....	6	

**PART II COMPUTATION OF NEW JERSEY GROSS PROFITS**

1	Enter New Jersey Gross Receipts from Part I, line 6 .....	1	
2	Enter Cost of Goods Sold amount from Schedule A-2, line 8 .....	2	
3	Enter the Allocation Factor or Receipts Factor from Schedule J (Non-allocators enter 100%) .....	3	
4	New Jersey Cost of Goods Sold — multiply line 2 by line 3 .....	4	
5	New Jersey Gross Profits — subtract line 4 from line 1 .....	5	

**PART III GROSS SALES AND COST OF GOODS 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 ASSESSMENT BASED UPON GROSS PROFITS**

1	New Jersey Gross Profits — enter amount from Part II, line 5; if less than \$1,000,000, enter zero on line 5 and go to Part V .....	1	
2	If line 1 is greater than \$1,000,000, but not over \$10,000,000, complete line 3. If line 1 is greater than \$10,000,000 then go to line 4.		
3a	Maximum exclusion amount .....	3a	\$1,000,000
b	Subtract line 3a from line 1 .....	3b	
c	Multiply line 3b by .0025 .....	3c	
d	Multiply line 3c by 1.11111, the New Jersey AMA Exclusion Rate .....	3d	
4a	If line 1 is greater than \$10,000,000, but not over \$15,000,000, multiply line 1 by .0035 .....	4a	
b	If line 1 is greater than \$15,000,000, but not over \$25,000,000, multiply line 1 by .006 .....	4b	
c	If line 1 is greater than \$25,000,000, but not over \$37,500,000, multiply line 1 by .007 .....	4c	
d	If line 1 is greater than \$37,500,000, multiply line 1 by .008 .....	4d	
5	AMA based on Gross Profits — amount from line 3d or 4a, 4b, 4c, or 4d .....	5	

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**PART 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.		
3a	Maximum exclusion amount .....	3a	\$2,000,000
b	Subtract line 3a from line 1 .....	3b	
c	Multiply line 3b by .00125 .....	3c	
d	Multiply line 3c by 1.11111, the NJ AMA Exclusion Rate .....	3d	
4a	If line 1 is greater than \$20,000,000, but not over \$30,000,000, multiply line 1 by .00175 .....	4a	
b	If line 1 is greater than \$30,000,000, but not over \$50,000,000, multiply line 1 by .003 .....	4b	
c	If line 1 is greater than \$50,000,000, but not over \$75,000,000, multiply line 1 by .0035 .....	4c	
d	If line 1 is greater than \$75,000,000, multiply line 1 by .004 .....	4d	
5	AMA based on Gross Receipts — amount from line 3d or 4a, 4b, 4c, or 4d .....	5	

**PART 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.

**PART 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	

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**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.

Assets	Beginning of the Tax Year	End of Tax Year
1 Cash .....		0.
2 Trade notes and accounts receivable .....		
a 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 obligations .....		
8 All other government obligations .....		
9 Patents and copyrights .....		
10 Deferred charges .....		
11 Goodwill .....		
12 All other intangible personal property (itemize) .....		
13 <i>Total intangible personal property</i> (total lines 1 to 12) .....		0.
14 Land .....		
15 Buildings and other improvements .....		
a Less accumulated depreciation .....		
16 Machinery and equipment .....		
a Less accumulated depreciation .....		
17 Inventories .....		
18 All other tangible personalty (net) (itemize on rider) .....		
19 <i>Total real and tangible personal property</i> (total lines 14 to 18) .....		
20 <i>Total assets</i> (add lines 13 and 19) .....		0.
<b>Liabilities and Stockholder's Equity</b>		
21 Accounts payable .....		
22 Mortgages, notes, bonds payable in less than 1 year (attach schedule) .....		
23 Other current liabilities (attach schedule) .....		
24 Loans from stockholders/affiliates .....		
25 Mortgages, notes, bonds payable in 1 year or more (attach schedule) .....		
26 Other liabilities (attach schedule) .....		429.
27 Capital stock:   a Preferred stock .....		
b Common stock .....		
28 Paid-in or capital surplus .....		
29 Retained earnings — appropriated (attach schedule) .....		
30 Retained earnings — unappropriated .....		-429.
31 Adjustments to shareholders' equity (attach schedule) .....		
32 Less cost of treasury stock .....		
33 <i>Total liabilities and stockholder's equity</i> (total lines 21 to 32) .....		0.

**SCHEDULE C RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN (See Instruction 25)**

1 Net income per books .....	-429.	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax .....		a Tax-exempt interest ..... \$ _____	
3 Excess of capital losses over capital gains .....		b _____	
4 Income subject to tax not recorded on books this year (itemize) .....		c _____	
5 Expenses recorded on books this year not deducted in this return (itemize)		8 Deductions in this tax return not charged against book income this year (itemize)	
a Depreciation ..... \$ _____		a Depreciation .... \$ _____	
b Contributions Carryover ..... \$ _____		b Contributions Carryover ..... \$ _____	
c Other (itemize) ... \$ _____		9 Total of lines 7 and 8 .....	
6 Total of lines 1 through 5 .....	-429.	10 Income (Item 28, Schedule A) — line 6 less 9 .....	-429.

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**SCHEDULE C-1 ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (See Instruction 25)**

1 Balance at beginning of year		5 Distributions	
2 Net income per books	-429.	a Cash	\$
3 Other increases (itemize)		b Stock	\$
		c Property	\$
		6 Other decreases (itemize)	
4 Total of lines 1, 2 and 3	-429.	7 Total of lines 5 and 6	
		8 Balance end of year (line 4 less 7)	-429.

**SCHEDULE E GENERAL INFORMATION (See Instruction 26)**  
**ALL TAXPAYERS MUST ANSWER THE FOLLOWING QUESTIONS. RIDERS MUST BE PROVIDED WHERE NECESSARY.**

- Type of business SERVICE  
 Principal products handled SERVICE  
 Internal Revenue Center where corresponding Federal tax return was filed Cincinnati, OH 45999-0012
- FINAL DETERMINATION OF NET INCOME BY FEDERAL GOVERNMENT (See Instruction 15) Has a change or correction in the amount of taxable income of the reporting corporation or for any other corporation purchased, merged or consolidated with the reporting corporation, been finally determined by the Internal Revenue Service, and not previously reported to New Jersey?  
 'Yes' or 'No' No If 'Yes,' an amended return must be filed.
- Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?  
 'Yes' or 'No' No If 'Yes,' give full information below (Attach rider if necessary).

Name of Controlled Corporations	Percent of Stock Owned or Controlled	By Whom Controlled

- Is the capital stock of the taxpayer listed on any exchange? 'Yes' or 'No' No If yes, specify exchanges where listed and submit taxpayer's Annual Report to stockholders for the period covered by this return.
- Is this corporation a Professional Corporation (PC) formed pursuant to NJSA 14A:17-1 et.seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? 'Yes' or 'No' No If yes, go to next question.  
 How many licensed professionals are owners, shareholders, and/or employees from this PC as of the first day of the privilege period? \_\_\_\_\_  
 Attach a rider providing the names, addresses, and FID or SS numbers of the licensed professionals in the PC. If the number of licensed professionals is greater than 2, complete Schedule PC — Per Capita Licensed Professional Fee. See instruction 41 for examples of licensed professionals.
- This question must be answered by corporations with income from sources outside the United States.  
 a Is income from sources outside the United States included in entire net income at line 38 of Schedule A? 'Yes' or 'No'  
 b If the answer is 'No', set forth such items of gross income, the source, the deductions and the amount of foreign taxes paid thereon. Enter at line 33b, Schedule A, the difference between the net of such income and the amount of foreign taxes paid thereon not previously deducted.
- During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property? 'Yes' or 'No' No

**SCHEDULE F CORPORATE OFFICERS — GENERAL INFORMATION AND COMPENSATION (See Instruction 27)**

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percent of Corporation Stock Owned		(6) Amount of Compensation
			From	To	Common	Preferred	
HAROLD BARR 218 WEST PINE ST LONG BEACH NY 11561		PRESIDENT	01/01/12	Present			0.
		PRESIDENT	01/01/12	Present			0.

- Total compensation of officers 0.
- Less: Compensation of officers claimed elsewhere on the return
- Balance of compensation of officers (enter here and on Schedule A, line 12, page 4) 0.

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**SCHEDULE G – PART I INTEREST (See Instruction 28)**

1 Was interest paid, accrued or incurred to a related member(s), deducted from entire net income?  
 'Yes' or 'No' **No** If 'Yes,' fill out the following schedule.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Amount Deducted
a Total amount of interest deducted			
b Less: Exceptions (see instruction 28)			
c Balance of interest deducted (carry to Schedule A, line 30)			

**SCHEDULE G – PART II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COSTS (See Instruction 28)**

1 Were intangible expenses and costs including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income?  
 'Yes' or 'No' **No** If 'Yes,' fill out the following schedule.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Amount Deducted
a Total amount of intangible expenses and costs deducted				
b Less: Exceptions (see instruction 28)				
c Balance of intangible expenses and costs deducted (carry to Schedule A, line 33d)				

**SCHEDULE H TAXES (See Instructions 16(f) and 29)**  
 Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

	(a) Corporation Franchise/ Business Taxes*	(b) Corporation Business/ Occupancy Taxes*	(c) Property Taxes	(d) UCC or Payroll Taxes	(e) Other Taxes (attach schedule)	(f) Total
1 New Jersey Taxes ...						
2 Other States and U.S. Possessions ....						
3 City and Local Taxes ..						
4 Taxes Paid to Foreign Countries ...						
5 Total .....						
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 .....						
9 Federal Taxes .....						
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.

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**SCHEDULE P SUBSIDIARY INVESTMENT ANALYSIS (See Instruction 39)**

**NOTE:** Taxpayers must hold at least 80% of the combined voting power of all classes of stock entitled to vote and at least 80% of the total number of shares of all other classes of stock, except non-voting stock which is limited and preferred as to dividends, for each subsidiary. Do not include advances to subsidiaries in book value.

(1) Name of Subsidiary	(2) Percentage of Interest		(3) Book Value (as reported in Schedule B)	(4) Dividend Income (as reported in Schedule A)
	Voting	Non-Voting		
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	(4)		(5) Tax Accounting Method		(6) New Jersey Nexus		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
			Limited Partner	General Partner	Flow Through	Separate Accounting	Yes	No	
Total Column 7 .....									

**SCHEDULE PC PER CAPITA LICENSED PROFESSIONAL FEE (See Instruction 41)**

1 a Enter number of resident and non-resident professionals with physical nexus with New Jersey _____ X \$150 .....	1 a
1 b Enter number of non-resident professionals without physical nexus with New Jersey _____ X \$150 X allocation factor of the PC .....	1 b
1 c Total Fee Due — Add lines 1a and line 1b .....	1 c
2 Installment Payment — 50% of line 1c .....	2
3 Total Fee Due (line 1c plus line 2) .....	3
4 Less prior year 50% installment payment and credit (if applicable) .....	4
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)**

1 Does this corporation own any Qualified Subchapter S Subsidiaries? Yes \_\_\_ No X  
 If yes, list all the QSSS's names, addresses, and FID#s below. Attach additional rider if necessary. Separately note those subsidiaries that have made a New Jersey QSSS election and whose activities are included in this return.

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**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



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**SCHEDULE S – PART I DEPRECIATION AND SAFE HARBOR LEASING (See Instruction 43)**

1	Section 179 Deduction .....	1	
2	Special Depreciation Allowance – for certain property acquired after September 10, 2001 .....	2	
3a	MACRS – for assets placed in service during <b>accounting periods</b> beginning on and after July 7, 1993 .....	3a	
b	MACRS – included in line 3a for assets on which bonus depreciation and excess section 179 depreciation taken .....	3b	
4	MACRS – for assets placed in service during <b>accounting periods</b> beginning prior to July 7, 1993 .....	4	
5	ACRS .....	5	
6	Other Depreciation – for assets placed in service after December 31, 1980 .....	6	
7	Other Depreciation – for assets placed in service prior to January 1, 1981 .....	7	
8	Listed Property – for assets placed in service during accounting periods beginning on and after July 7, 1993 .....	8	
9	Listed Property – for assets placed in service during accounting periods beginning prior 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 Depreciation Worksheet**

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.
    - Interest ..... \_\_\_\_\_
    - Rent ..... \_\_\_\_\_
    - Amortization of Transactional Costs ..... \_\_\_\_\_
    - Other Deductions ..... d \_\_\_\_\_
  - e Section 179 depreciation in excess of New Jersey allowable deduction. Fiscal year filers refer to instruction 43 ..... e \_\_\_\_\_
- Total line 11 (lines a, b, c, d and 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 ..... d \_\_\_\_\_
- 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 ..... e \_\_\_\_\_
- f Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated NJ depreciation on physical disposal of recovery property (attach computations) ..... f \_\_\_\_\_

Total line 12 (lines a, b, c, d, e and f) ..... 12 \_\_\_\_\_

**13 ADJUSTMENT – (line 11 minus line 12) Enter at line 32, Schedule A ..... 13 \_\_\_\_\_**





**U.S. Corporation Income Tax Return**  
For calendar year 2011 or tax year beginning \_\_\_\_\_, 2011, ending \_\_\_\_\_, \_\_\_\_\_  
▶ See separate instructions.

<b>A Check if:</b> 1 a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co (attach Sch PH) <input type="checkbox"/> 3 Personal service corp (see instrs) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	<b>TYPE OR PRINT</b>	Name <b>BARR TELL USA INC</b> Number, street, and room or suite number. If a P.O. box, see instructions. <b>218 EAST PARK AVE SUITE 522</b> City or town State ZIP code <b>LONG BEACH NY 11561</b>	<b>B Employer identification number</b> <b>11-3415400</b> <b>C Date incorporated</b> <b>01/09/1998</b> <b>D Total assets (see instructions)</b> \$ <b>1,000.</b>
<b>E Check if:</b> (1) Initial return (2) Final return (3) Name change (4) Address change			

<b>I N C O M E</b>	1 a Merchant card and third-party payments. For 2011, enter -0-	1 a	0.	
	b Gross receipts or sales not reported on line 1a (see instructions)	1 b		
	c Total. Add lines 1a and 1b	1 c	0.	
	d Returns and allowances plus any other adjustments (see instructions)	1 d		
	e Subtract line 1d from line 1c	1 e		0.
	2 Cost of goods sold from Form 1125-A, line 8 (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1e	3		0.
	4 Dividends (Schedule C, line 19)	4		
	5 Interest	5		
	6 Gross rents	6		
	7 Gross royalties	7		

<b>D E D U C T I O N S  F O R L I M I T A T I O N S  S E E I N S T R U C T I O N S</b>	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
	10 Other income (see instructions - attach schedule)	10		
	11 Total income. Add lines 3 through 10	11		0.
	12 Compensation of officers from Form 1125-E, line 4 (attach Form 1125-E)	12		
	13 Salaries and wages (less employment credits)	13		
	14 Repairs and maintenance	14		
	15 Bad debts	15		
	16 Rents	16		
	17 Taxes and licenses	17		
	18 Interest	18		
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		
	21 Depletion	21		
	22 Advertising	22		
	23 Pension, profit-sharing, etc, plans	23		
	24 Employee benefit programs	24		

<b>T X C R S  A N D  P A Y M E N T S</b>	25 Domestic production activities deduction (attach Form 8903)	25		
	26 Other deductions (attach schedule)	26		
	27 Total deductions. Add lines 12 through 26	27		
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		0.
	29 a Net operating loss deduction (see instructions)	29 a		
	b Special deductions (Schedule C, line 20)	29 b		
	c Add lines 29a and 29b	29 c		
30 Taxable income. Subtract line 29c from line 28 (see instructions)	30		0.	
31 Total tax (Schedule J, Part I, line 11)	31			
32 Total payments and refundable credits (Schedule J, Part II, line 21)	32			
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33			
34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34			
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35			
36 Enter amount from line 35 you want: Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	36			

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

<b>Sign Here</b> Signature of officer		Date	Title	
			<b>PRESIDENT</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ALBERT HAFT CPAPC</b>	Preparer's signature	Date <b>03/03/12</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01251809</b>
	Firm's name ▶ <b>ALBERT HAFT CPA PC</b>	Firm's EIN ▶ <b>11-2851954</b>			
	Firm's address ▶ <b>3393 Long Beach Rd</b> <b>Oceanside NY 11572</b>	Phone no. <b>(516) 536-1001</b>			

<b>Schedule C Dividends and Special Deductions</b> (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 <b>Total.</b> Add lines 1 through 8. See instructions for limitation .....			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 .....		100	
11 Dividends from affiliated group members .....		100	
12 Dividends from certain FSCs .....		100	
13 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 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4 .....			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b .....			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
5a	Foreign tax credit (attach Form 1118)	5 a	
5b	Credit from Form 8834, line 30 (attach Form 8834)	5 b	
5c	General business credit (attach Form 3800)	5 c	
5d	Credit for prior year minimum tax (attach Form 8827)	5 d	
5e	Bond credits from Form 8912	5 e	
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
9a	Recapture of investment credit (attach Form 4255)	9 a	
9b	Recapture of low-income housing credit (attach Form 8611)	9 b	
9c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9 c	
9d	Interest due under the look-back method - income forecast method (attach Form 8866)	9 d	
9e	Alternative tax on qualifying shipping activities (attach Form 8902)	9 e	
9f	Other (see instructions - attach schedule)	9 f	
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

**Part II - Payments and Refundable Credits**

12	2010 overpayment credited to 2011		12
13	2011 estimated tax payments		13
14	2011 refund applied for on Form 4466		14
15	Combine lines 12, 13, and 14		15
16	Tax deposited with Form 7004		16
17	Withholding (see instructions)		17
18	Total payments. Add lines 15, 16 and 17		18
19	Refundable credits from:		
19a	Form 2439	19 a	
19b	Form 4136	19 b	
19c	Form 3800, line 17c and Form 8827, line 8c	19 c	
19d	Other (attach schedule - see instructions)	19 d	
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

**Schedule K Other Information** (see instructions)

1	Check accounting method	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual	c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:					
a	Business activity code no.	▶ 812390				
b	Business activity	▶ SERVICE				
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) (attach Schedule G)					X
b	Did any individual or estate own, directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (attach Schedule G)					X

Schedule K Other Information continued (see instructions)

5 At the end of the tax year, did the corporation:

Table with Yes/No columns for question 5. 'No' is checked.

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions

If 'Yes,' complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock.

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions

Table with Yes/No columns for question 5b. 'No' is checked.

If 'Yes,' complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital.

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

Table with Yes/No columns for question 6. 'No' is checked.

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

7 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?

Table with Yes/No columns for question 7. 'No' is checked.

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 has an NOL for the tax year and is electing to forego the carryback period, check here

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a)

13 Are the corporation's total receipts (line 1c plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?

Table with Yes/No columns for question 13. 'Yes' is checked.

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.

Table with Yes/No columns for question 14. 'No' is checked.

15a Did the corporation make any payments in 2011 that would require it to file Form(s) 1099 (see instructions)?

Table with Yes/No columns for question 15a. 'No' is checked.

b If 'Yes,' did or will the corporation file all required Forms 1099?

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach schedule)				
15 Total assets				
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable				
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)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings — Approp (att sch)				
25 Retained earnings — Unappropriated				
26 Adjmt to shareholders' equity (att sch)				
27 Less cost of treasury stock				
28 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return	
Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions	
1 Net income (loss) per books	7 Income recorded on books this year not included on this return (itemize):
2 Federal income tax per books	Tax-exempt interest \$ _____
3 Excess of capital losses over capital gains	-----
4 Income subject to tax not recorded on books this year (itemize):	8 Deductions on this return not charged against book income this year (itemize):
5 Expenses recorded on books this year not deducted on this return (itemize):	a Depreciation .. \$ _____
a Depreciation .. \$ _____	b Charitable contribns \$ _____
b Charitable contributions .. \$ _____	-----
c Travel & entertainment .. \$ _____	9 Add lines 7 and 8 .....
-----	10 Income (page 1, line 28) — line 6 less line 9 .....
6 Add lines 1 through 5 .....	

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)	
1 Balance at beginning of year	5 Distributions .....
2 Net income (loss) per books	a Cash .....
3 Other increases (itemize):	b Stock .....
-----	c Property .....
4 Add lines 1, 2, and 3 .....	6 Other decreases (itemize):
	-----
	7 Add lines 5 and 6 .....
	8 Balance at end of year (line 4 less line 7) .....



General Business Corporation Franchise Tax Return Short Form

Tax Law - Article 9-A

All filers must enter tax period:

Final return (see the instructions)

Amended return

beginning 01-01-11 ending 12-31-11

Employer identification number 11-3415400 File number AA5 Business telephone number 212-941-1500

If you claim an overpayment, mark an X in the box

Legal name of corporation BARR TELL USA INC

Trade name/DBA

Mailing name (if different from legal name above)

State or country of incorporation NY

Date received (for Tax Department use only)

c/o

Date of incorporation 01-09-98

Number and street or PO box 218 EAST PARK AVE SUITE 522

Foreign corporations; date began business in NYS

City LONG BEACH State ZIP code NY 11561

NAICS business code no. (from fed return) 812390 If address/phone above is new, mark an X in the box

Audit (for Tax Department use only)

Principal business activity SERVICE

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.

See Form CT-314-I, 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

Payment enclosed

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. 25.

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

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)

BARR TELL USA INC

11-3415400

**Computation of entire net income (ENI) base** (see instructions)

1	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.	
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.	
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 the Form CT-3/4-1 instructions; enter here and on line 28)	• 12.	

**Computation of capital base** (enter whole dollars for lines 13 through 18; see instructions)

	A	B	C
	Beginning of year	End of year	Average value
13	Total assets from federal return	1,000.	500.
14	Real property and marketable securities included on line 13		
15	Subtract line 14 from line 13	1,000.	500.
16	Real property and marketable securities at fair market value		
17	Adjusted total assets (add lines 15 and 16)	1,000.	500.
18	Total liabilities		
19	Capital base (subtract line 18, column C, from line 17, column C)	• 19.	500.
20	Capital base tax (see instructions)	• 20.	1.

**Computation of minimum taxable income (MTI) base**

21	ENI base from line 11	• 21.	0.
22	Depreciation of tangible property placed in service after 1986 (see instructions)	• 22.	0.
23	New York NOLD from line 7	• 23.	
24	Total (add lines 21 through 23)	• 24.	0.
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 1.5% (.015); see instructions)	• 27.	0.

**Computation of tax** (continued on page 3)

28	Tax on ENI base from line 12	• 28.	
29	Tax on capital base from line 20 (see instructions)	• 29.	1.
	New small business: First year • Second year •		
30	Fixed dollar minimum tax (See Table 7 in the Tax rates schedule in the Form CT-3/4-1 instructions. You must enter an amount on line 31; see instructions)	• 30.	25.
31	New York receipts (see instructions)	• 31.	0.
32	Tax due (amount from line 27, 28, 29, or 30, whichever is largest; see instructions for exception)	• 32.	25.
<b>First installment of estimated tax for next period:</b>			
33a	If you filed a request for extension, enter amount from Form CT-5, line 2	• 33a.	
33b	If you did not file Form CT-5 and line 32 is over \$1,000, see instructions	• 33b.	
34	Add line 32 and line 33a or 33b	• 34.	25.
35	Total prepayments from line 54	• 35.	
36	Balance (subtract line 35 from line 34; if line 35 is more than line 34, enter 0)	• 36.	25.

BARR TELL USA INC

11-3415400

**Computation of tax** (continued from page 2)

37	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	<input type="checkbox"/>	• 37.	0.
38	Interest on late payment (see instructions)	<input type="checkbox"/>	• 38.	
39	Late filing and late payment penalties (see instructions)	<input type="checkbox"/>	• 39.	
40	Balance (add lines 36 through 39)	<input type="checkbox"/>	• 40.	25.

**Voluntary gifts/contributions** (see instructions):

41a	Amount for Return a Gift to Wildlife	<input type="checkbox"/>	41a.	
41b	Amount for Breast Cancer Research and Education Fund	<input type="checkbox"/>	41b.	
41c	Amount for Prostate Cancer Research, Detection, and Education Fund	<input type="checkbox"/>	41c.	
41d	Amount for 9/11 Memorial	<input type="checkbox"/>	41d.	
41e	Amount for Volunteer Firefighting & EMS Recruitment Fund	<input type="checkbox"/>	41e.	
42	Total (add lines 34, 37, 38, 39, and 41a through 41e)		42.	25.
43	Balance due (if line 35 is less than 42, subtract line 35 from line 42 and enter here. This is the amount due; enter the payment amount on line A on page 1)	<input type="checkbox"/>	43.	25.
44	Overpayment (if line 35 is more than line 42, subtract line 42 from line 35. This is your overpayment; enter here and see instructions)	<input type="checkbox"/>	44.	0.
45	Amount of overpayment to be credited to next period	<input type="checkbox"/>	45.	
46	Balance of overpayment (subtract line 45 from line 44)	<input type="checkbox"/>	46.	0.
47	Amount of overpayment to be credited to Form CT-3M/4M	<input type="checkbox"/>	47.	
48	Refund of overpayment (subtract line 47 from line 46)	<input type="checkbox"/>	48.	0.

**Composition of prepayments on line 35** (see instructions)

	Date paid	Amount
49	Mandatory first installment	49.
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 <small>Period</small>	52.
53	Overpayment credited from Form CT-3M/4M <small>Period</small>	53.
54	Total prepayments (add lines 49 through 53; enter here and on line 35)	54.

**Interest paid to shareholders**

55 Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an X in the appropriate box) If Yes, complete the following and lines 56 through 59 (attach additional sheets if necessary)

55.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Shareholder's name		SSN or EIN	
56	Interest paid to shareholder	<input type="checkbox"/>	56.	
57	Total indebtedness to shareholder described above	<input type="checkbox"/>	57.	
58	Total interest paid	<input type="checkbox"/>	58.	
59	Is there written evidence of the indebtedness? (mark an X in the appropriate box)	<input type="checkbox"/>	59.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Corporations organized outside New York State only**

**Capital stock issued and outstanding:**

60	Number of par shares	\$	Value
61	Number of no-par shares	\$	Value

0.

- 62 Total receipts entered on your federal return • 62.
- 63 Interest deducted in computing FTI (see instructions) • 63.
- 64 Depreciable assets and land entered on your federal return • 64.
- 65 If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years:
- 66 If you are a member of an affiliated federal group, enter primary corporation name and EIN:  
Name • EIN •
- 67 If you are more than 50% owned by another corporation, enter parent corporation name and EIN:  
Name • EIN •
- 68 Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition in the Form CT-3/4-1 instrs; mark an X in appropriate box) 68. Yes • X No •
- 69 If you marked Yes on line 68, enter total capital contributions (see wks in instrs.) • 69. 1,000.
- 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 X
- 71 Are you claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; mark an X in the appropriate box) 71. Yes • No X

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

- Final federal determination • If marked, enter date of determination: •
- Net operating loss (NOL) carryback • Capital loss carryback •
- Federal return filed Form 1139 • Form 1120X •

**Net operating loss (NOL) information**

- New York State NOL carryover total available for use this tax year from all prior tax years •
- Federal NOL carryover total available for use this tax year from all prior tax years •
- New York State NOL carryforward total for future tax years •
- Federal NOL carryforward total for future tax years •

Third-party designee (see instrs) Yes No  
 Designee's name Designee's phone number  
 Designee's e-mail address PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.  
 Authorized person Printed name of authorized person Signature of authorized person Official title **PRESIDENT**

E-mail address of auth. person  
 Paid preparer use only (see instr.) Firm's name (or yours if self-employed) **ALBERT HAFT CPA PC**  
 Signature of individual preparing this return Address **3393 LONG BEACH RD OCEANSIDE**  
 E-mail address of individual preparing this return  
 Phone number **11-2851954**  
 Firm's EIN **11-2851954**  
 City **OCEANSIDE**  
 Preparer's NYTPRIN  
 Date **02-12-12**  
 Preparer's PTIN or SSN **P01251809**  
 State ZIP code **NY 11572**  
 Date **03-03-12**

See instructions for where to file.

2011

CT-3M/4M

Staple forms here

New York State Department of Taxation and Finance

General Business Corporation MTA Surcharge Return

Tax Law — Article 9-A, Section 209-B

All filers must enter tax period:

Amended return

beginning 01-01-11 ending 12-31-11

Employer identification number 11-3415400 File number AA5 Business telephone number 212-941-1500

If you claim an overpayment, mark an X in the box

Legal name of corporation BARR TELL USA INC Mailing name (if different from legal name above)

Trade name/DBA

State or country of incorporation NY

Date received (for Tax Dept use only)

c/o Number and street or PO box 218 EAST PARK AVE SUITE 522 City LONG BEACH State ZIP code NY 11561

Date of incorporation 01-09-98

Foreign corporations: date began business in NYS

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-3, CT-3-A, or CT-4. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

A Pay amount shown on line 12. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)

Payment enclosed

Computation of MTA surcharge

- 1 Net New York State franchise tax (see Form CT-3M/4M-1, Instructions for Form CT-3M/4M)
2 MCTD allocation percentage from line 35, line 43, or line 45
3 Allocated franchise tax (multiply line 1 by line 2)
4 MTA surcharge (multiply line 3 by 17% (.17))

Table with 2 columns: Line number, Amount. Row 1: 1, 25. Row 2: 2, 100.0000. Row 3: 3, 25. Row 4: 4, 4.

First installment of estimated tax for next period:

- 5a If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10
b If you did not file Form CT-5 or CT-5.3, see instructions
6 Add lines 4 and line 5a or 5b
7 Total prepayments from line 52
8 Balance (if line 7 is less than line 6, subtract line 7 from line 6)
9 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)
10 Interest on late payment (see instructions for Form CT-3, CT-3-A, or CT-4)
11 Late filing and late payment penalties (see instructions for Form CT-3, CT-3-A, or CT-4)
12 Balance due (add lines 8 through 11 and enter here, enter the payment amount on line A above)
13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)
14 Amount of overpayment to be credited to New York State franchise tax
15 Amount of overpayment to be credited to MTA surcharge for next period
16 Amount of overpayment to be refunded

Table with 2 columns: Line number, Amount. Row 5a: 0. Row 5b: 4. Row 6: 4. Row 7: 0. Row 8: 4. Row 9: 0. Row 10: 4. Row 11: 4. Row 12: 4. Row 13: 0. Row 14: 0. Row 15: 0. Row 16: 0.

Schedule A — Computation of MCTD allocation percentage

Schedule A, Part 1 — MCTD allocation (see instructions)

Average value of property (see instructions)

A MCTD

B New York State

- 17 Real estate owned 17.
18 Real estate rented 18.
19 Inventories owned 19.
20 Tangible personal property owned 20.
21 Tangible personal property rented 21.
22 Total (add lines 17 through 21) 22.

23 MCTD property factor (divide line 22, column A, by line 22, column B)

23.

NYCA0912 10/20/11

(continued)

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Receipts in the regular course of business from:

24	Sales of tangible personal property allocated to the MCTD	24.		
25	Sales of tangible personal property allocated to New York State	25.		
26	Services performed	26.		
27	Rentals of property	27.		
28	Royalties	28.		
29	Other business receipts	29.		
30	Total (add lines 24 through 29)	• 30.	•	
31	MCTD receipts factor (divide line 30, column A, by line 30, column B)		• 31.	⊗
32	Payroll — Wages and other compensation of employees except general executive officers	• 32.	•	
33	MCTD payroll factor (divide line 32, column A, by line 32, column B)		• 33.	⊗
34	Total MCTD factors (add lines 23, 31, and 33)		34.	⊗
35	MCTD allocation percentage (divide line 34 by three or by the number of factors; enter here and on line 2)		• 35.	⊗

Schedule A, Part 2 — Computation of MCTD allocation for aviation corporations (see instructions)

	A MCTD	B New York State
36	Revenue aircraft arrivals and departures	• 36.
37	MCTD percentage (divide line 36, column A, by line 36, column B)	• 37.
38	Revenue tons handled	• 38.
39	MCTD percentage (divide line 38, column A, by line 38, column B)	• 39.
40	Originating revenue	• 40.
41	MCTD percentage (divide line 40, column A, by line 40, column B)	• 41.
42	Total (add lines 37, 39, and 41)	42.
43	MCTD allocation percentage (divide line 42 by three; enter here and on line 2)	• 43.

Schedule A, Part 3 — Computation of MCTD allocation for trucking and railroad corporations (see instructions)

	A MCTD	B New York State
44	Revenue miles	• 44.
45	MCTD allocation percentage (divide line 44, column A, by line 44, column B; enter here and on line 2)	• 45.

Composition of prepayments claimed on line 7 (see instructions)

	Date paid	Amount
46	Mandatory first installment	46.
47a	Second installment from Form CT-400	47a.
47b	Third installment from Form CT-400	47b.
47c	Fourth installment from Form CT-400	47c.
48	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	48.
49	Overpayment credited from prior years	49.
50	Add lines 46 through 49	• 50.
51	Overpayment credited from Form CT- Period	• 51.
52	Total prepayments (add lines 50 and 51; enter here and on line 7)	52.

Third-party designee (see instrs) Yes No  
 Designee's name  
 Designee's e-mail address  
 Designee's phone number  
 PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person Printed name of authorized person Signature of authorized person Official title **PRESIDENT**  
 Phone Number Date

E-mail add. of auth. person

Paid preparer use only Firm's name (or yours if self-employed) **ALBERT HAFT CPA PC** Firm's EIN **11-2851954** Preparer's PTIN or SSN **P01251809**  
 Signature of individual preparing this return Address **3393 LONG BEACH RD** City **OCEANSIDE** State **NY** ZIP Code **11572**  
 E-mail address of individual preparing this return Preparer's NYTPRIN Date **03-03-12**